



House Bill 1558 - State Board of Physicians – Anesthesiologist Assistants – Licensing

Position: Support

March 16, 2026
House Health Committee

Ascension Saint Agnes Hospital respectfully submits this statement in strong support of legislation to authorize the licensure of Certified Anesthesiologist Assistants (CAAs) in Maryland. While our hospital currently maintains adequate anesthesia staffing, we recognize a growing statewide workforce crisis that is already disrupting surgical care at many hospitals across Maryland — and that will affect all health systems, including our own, in the years ahead.

A Worsening Anesthesia Workforce Crisis

The U.S. faces a projected shortage of 12,500+ anesthesia professionals by 2033.¹ Recruiting and retaining Certified Registered Nurse Anesthetists (CRNAs) has become extraordinarily — and unsustainably — expensive. Sign-on bonuses, relocation packages, elevated wages, and costly *locum tenens* contracts are now standard. For Maryland hospitals operating on thin margins, this bidding war is not merely a budget challenge; it is a threat to their ability to keep operating rooms open at all. For rural hospitals, when it loses its one or two CRNAs, surgeries are delayed or cancelled, patients must travel hours for procedures that should be available locally, and the hospital's financial viability is placed at risk.

Why CAAs Are Part of the Solution

CAAs are master's-prepared anesthesia professionals trained exclusively for the physician-led Anesthesia Care Team model. Their advanced education makes them ideal partners for both physician anesthesiologists and CRNAs:

- Master's-level preparation equips CAAs to manage complex anesthesia cases under physician supervision, enabling anesthesiologists to direct multiple concurrent cases and meaningfully increase surgical capacity.
- CAAs complement existing CRNA teams, relieving scheduling pressure, reducing burnout, and improving staff retention.
- Adding CAAs to a rural team with a single supervising physician or CRNA allows that facility to expand Operating Room hours and restore surgical access — without competing in the costly CRNA market alone.

¹Becker's ASC Review, "Anesthesia Workforce Under Pressure: Shortages, Pay Cuts, Burnout" (2025): nearly 30% of anesthesiologists are projected to leave by 2033, leaving an anticipated shortfall of 12,500 providers. See also: Becker's ASC Review, "The Anesthesia Workforce Shortage Demystified" (2025), reporting a projected shortage of approximately 12,500 CRNAs by 2033, representing nearly 22% of the current workforce.

CMS recognizes CAAs and CRNAs equally as qualified anesthesia providers, and commercial insurers make no reimbursement distinction between the two under physician direction.² CAAs are authorized at all VA facilities nationally.³

Proven in Ascension States — Including Our Neighbors

CAAs are now licensed in 24 jurisdictions.⁴ Critically, the states where Ascension Health System operates have already demonstrated the model works:

- Virginia enacted CAA licensure in early 2025 — effective July 1, 2025 — driven by the same rural access concerns Maryland faces, leaving Maryland the only state in the immediate region without CAA authorization.⁵
- Tennessee signed CAA licensure into law in May 2025, with Ascension Saint Thomas facilities positioned to benefit.⁶
- Texas, Indiana, and Wisconsin, — all states with Ascension presence — already license CAAs within physician-led teams.

Ascension's operational experience across these states confirms that integrating CAAs into anesthesia teams does not compromise patient safety, disrupt existing professional relationships, or change how care is billed and reimbursed.

Ascension Saint Agnes' Position: Act Now, Before the Need Is Urgent

Ascension Saint Agnes does not currently face an anesthesia staffing crisis — but responsible health system management requires building the regulatory framework before one arrives. The demographic pressures driving today's rural hospital shortages will reach all Maryland hospitals in the coming decade. Without CAA licensure in place, we cannot recruit or credential CAAs quickly when circumstances change. As we grow and expand surgical services, the ability to integrate master's-prepared CAAs into our physician-led teams will give us the staffing flexibility and financial sustainability to do so without compromising care.

²American Society of Anesthesiologists (ASA), "Statement on Certified Anesthesiologist Assistants (CAAs): Description and Practice" (asahq.org): "CMS recognizes CAAs as qualified non-physician anesthesia providers, just like their nurse anesthetist (CRNA) counterparts." Under medical direction, CMS treats CAAs and CRNAs identically for reimbursement purposes within the Anesthesia Care Team model. See also: American Society of Anesthesiologists, "Certified Anesthesiologist Assistants" (asahq.org/advocating-for-you/anesthesiologist-assistants, updated September 2025).

³U.S. Department of Veterans Affairs, VHA Directive 1123, Anesthesia Service (VA.gov). The Veterans Health Administration Handbook 1123 includes anesthesiologist assistants as recognized allied health professionals. CAAs are authorized to practice at any Veterans Affairs facility in all 50 states. See also: Wikipedia, "Certified Anesthesiologist Assistant," citing VA/DoD TRICARE authorization effective December 22, 2006.

⁴American Society of Anesthesiologists, "Certified Anesthesiologist Assistants" (asahq.org/advocating-for-you/anesthesiologist-assistants, updated September 2025). As of 2025, CAAs may practice in 24 jurisdictions: Alabama, Colorado, District of Columbia, Florida, Georgia, Kansas, Kentucky, Indiana, Michigan, Missouri, Nevada, New Mexico, North Carolina, Ohio, Oklahoma, Pennsylvania, South Carolina, Tennessee, Texas, Utah, Vermont, Virginia, Washington, and Wisconsin.

⁵American Society of Anesthesiologists, News Release, "Certified Anesthesiologist Assistants Now Authorized to Practice in Virginia" (March 25, 2025, asahq.org): Virginia Gov. Glenn Youngkin signed Senate Bill 882 into law, effective July 1, 2025. See also: LegiScan, VA SB882, 2025 Regular Session.

⁶American Society of Anesthesiologists, News Release, "Certified Anesthesiologist Assistants Authorized to Practice in Tennessee" (May 23, 2025, asahq.org): Tennessee Gov. Bill Lee signed House Bill 979 into law on May 21, 2025. See also: Chambliss, Bahner & Stophel P.C., "Tennessee Law Now Allows for Licensure and Employment of Anesthesiologist Assistants" (chamblisslaw.com, 2025).

Conclusion

Many of Maryland's hospitals need this now. Maryland's larger health systems will need it soon. Twenty-four jurisdictions have already acted. We urge the Maryland General Assembly to pass CAA licensure legislation and ensure that every patient in this state has access to the surgical care they need, close to home.

For these reasons, we request a favorable report on HB1558

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