



Maryland  
Hospital Association

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

**Position: *Support***

March 18, 2026

House Health Committee

On behalf of the Maryland Hospital Association’s (MHA) member hospitals and health systems, we appreciate the opportunity to comment in support of House Bill 1558.

In Maryland, anesthesia is administered directly by a physician anesthesiologist or by a certified nurse anesthetist as part of a care team led by a physician. HB 1558 would close the gap between the supply of anesthesia providers and increasing demand for anesthesia services. Maryland hospital and health systems increasingly rely on locum tenens to provide anesthesiology services, and sometimes surgeries needed to be postponed due to unavailability of anesthesiologists.

Twenty-three jurisdictions allow another licensed health care provider—certified anesthesiologist assistants (CAAs) — to help expand care delivery under the same physician-supervised model.<sup>1</sup> This profession has been in existence since the 1960s and requires a rigorous education journey similar to medical school or physician assistant school<sup>2</sup>. Attached to this testimony is a case study from St. Luke’s, a hospital in Missouri, where anesthesiologist assistants have been licensed since 2003.<sup>3</sup> This model allows a single anesthesiologist to oversee up to four CAAs and/or certified nurse anesthetists (CRNAs) simultaneously. The case study shows positive outcomes with this model.

Passing HB 1558 aligns with Maryland’s work to modernize the health care workforce to meet the changing needs of the health care delivery system. For example, in 2024, given the growing shortage of radiologic technologists and lack of access to radiological services outside of hospitals, the General Assembly passed legislation to create the limited scope X-ray machine operator licensure exception. This allowed medical assistants, already working in urgent care centers and physician offices, to receive additional training to perform limited scope X-rays. This change allows lower acuity patients to access care in community-based settings like urgent care centers, instead of higher cost settings like emergency departments.

Similarly, HB 1558 will expand the ability of physician anesthesiologists to supervise additional cases, delivering care to more Marylanders in hospitals and ambulatory surgical centers. As care increasingly moves outside the hospital walls, we need to support the growth of our health care workforce to meet this demand. The demand is great enough that we will need both CRNAs and CAAs to meet the expected volume.

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<sup>1</sup> [Certification Practice Map | AAAA](#)

<sup>2</sup> [Anesthesiologist Assistant | Health Professions Advising Office](#)

<sup>3</sup> [The Role of Anesthesiology Assistants in the Anesthesiology Patient Care Team - PMC](#)

Taking steps to modernize the health care workforce and ensure health care providers are practicing at the top of their scope is critical as Maryland transitions to the Achieving Healthcare Efficiency through Accountable Design (AHEAD) Model. With the goal of focusing on primary and community-based care, improving population health, and containing costs, we will continue to see more care delivery outside the hospital. It is important that the health care workforce, as the backbone of the health care delivery system, is nimble and flexible to accommodate these changes.

For these reasons, we request a favorable report on HB 1558.

For more information, please contact:

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