

Department of Legislative Services
 Maryland General Assembly
 2026 Session

FISCAL AND POLICY NOTE
First Reader

House Bill 1558
 Health

(Delegate Woods, *et al.*)

State Board of Physicians - Anesthesiologist Assistants - Licensing

This bill creates an anesthesiologist assistant (AA) license under the Maryland Board of Physicians (MBP). A license permits an individual to perform specified acts under the supervision of an anesthesiologist and prohibits an AA from practicing independent of an anesthesiologist. The bill establishes requirements for licensure, application, and renewal; sets the scope of practice and requirements for supervision of an AA; establishes disciplinary procedures; and sets requirements for fees. MBP must adopt specified regulations related to licensure of AAs by October 1, 2027, including establishing the date by which MBP will begin accepting applications for licensure.

Fiscal Summary

State Effect: Maryland Department of Health (MDH) general fund expenditures increase by \$1,800 in FY 2028 for a one-time software update. MBP special fund expenditures increase by \$70,800 in FY 2027 for staff and by \$207,100 in FY 2028 for ongoing staff costs and one-time software updates. Out-year expenditures reflect ongoing costs. MDH general fund revenues and MBP special fund revenues increase by an indeterminate amount beginning in FY 2028 from fees, as discussed below.

(in dollars)	FY 2027	FY 2028	FY 2029	FY 2030	FY 2031
GF Revenue	\$0	-	-	-	-
SF Revenue	\$0	-	-	-	-
GF Expenditure	\$0	\$1,800	\$0	\$0	\$0
SF Expenditure	\$70,800	\$207,100	\$85,900	\$89,900	\$93,800
Net Effect	(\$70,800)	(\$208,800)	(\$85,900)	(\$89,900)	(\$93,800)

Note: () = decrease; GF = general funds; FF = federal funds; SF = special funds; - = indeterminate increase; (-) = indeterminate decrease

Local Effect: None.

Small Business Effect: Minimal.

Analysis

Bill Summary: “Anesthesiologist” means a physician licensed by MBP who has completed a residency in anesthesiology approved by the American Board of Anesthesiology or the American Osteopathic Board of Anesthesiology.

An individual must be licensed by MBP before practicing as an AA in the State, except for (1) a student enrolled in an AA program accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP), or a successor organization, performing assigned tasks under the supervision of a licensed anesthesiologist, AA, or any other licensed anesthesia professional or (2) an individual employed by the United States government while acting within the scope of that employment.

Application, Licensure, and Renewal Requirements

To qualify for a license, an applicant must (1) be of good moral character; (2) have graduated from an AA program accredited by CAAHEP or a successor organization; (3) have passed the certifying examination administered by the National Commission on Certification of Anesthesiologist Assistants (NCCAA) or a successor organization, or an examination approved by MBP; and (4) meet any additional education, training, or examination requirements established by MBP.

To apply for a license, an applicant must (1) complete a criminal history records check (CHRC); (2) submit an application and any required documentation or attestation to MBP; and (3) pay the fee set by MBP. The term of a license may not exceed three years.

An applicant for expedited licensure must (1) hold a current, active license as an AA in good standing in another jurisdiction that MBP designates by regulation; and (2) meet any verification, moral character, and CHRC requirements set by MBP. The board may require evidence of substantially equivalent education, training, and examination for an applicant for expedited licensure.

MBP may issue a temporary license to a graduate of an AA program accredited by CAAHEP who is awaiting the next administration of the NCCAA exam. A temporary license authorizes an individual to practice for up to 12 months, as set by MBP in regulation.

A license expires on the date set by MBP unless renewed. At least one month before expiration, MBP must send the licensee a notice that states (1) the expiration date of the current license; (2) the date by which the renewal application must be received by the board; and (3) the renewal fee. MBP must renew the license of a licensee who is otherwise entitled to be licensed, pays the renewal fee, submits to MBP a renewal application and

evidence of compliance with continuing education requirements and other requirements, and meets any other renewal requirements established by MBP.

Scope of Practice

An AA may not exceed the scope of a supervising anesthesiologist's practice. An AA may perform duties and responsibilities delegated by the supervising anesthesiologist for which the AA is competent through education, training, and experience, including:

- conducting pre- and post-anesthesia evaluations;
- documenting patient progress notes;
- obtaining informed consent for anesthesia or related procedures;
- under supervising anesthesiologist's consultation and direction, ordering (1) perioperative medications and fluids or (2) controlled substances for use only at the facility where ordered and with timely co-signature by the supervising anesthesiologist consistent with facility policy;
- performing (1) advanced airway interventions; (2) induction, maintenance, and emergence; (3) placement and management of neuraxial and regional anesthesia; and (4) cardiopulmonary resuscitation and emergency response;
- establishing peripheral, central, and arterial lines;
- administering (1) vasoactive pharmaceuticals and infusions; (2) blood and fluids; and (3) anesthetic medications, adjuvant pharmaceutical, and accessory pharmaceuticals;
- providing anesthesia education and training;
- participating in administrative, research, and clinical teaching activities as authorized by the supervising anesthesiologist; and
- performing other tasks not prohibited by law.

An AA may not independently prescribe, order, compound, or dispense drugs, medications, or devices. An AA may sign and attest to any certificates, cards, forms, or other required documentation that the supervising anesthesiologist may sign, if the act is within the AA's authorized scope of practice.

The specified AA scope of practice may not be construed to (1) prevent an AA from accessing or obtaining drugs as directed by the supervising anesthesiologist; or (2) prohibit a student AA who is enrolled in a program accredited by CAAHEP or a successor organization from engaging in acts that constitute the practice of an AA as part of the student's clinical education under appropriate supervision.

Supervision Requirements

“Supervision” means the responsibility for immediate availability of the directing anesthesiologist for consultation and direction of the activities of the AA, including (1) physician proximity that allows the anesthesiologist to reestablish direct contact with the patient to meet medical needs and any urgent or emergent clinical matters and (2) personal participation by the directing anesthesiologist in the most demanding procedures of the anesthesia plan, including, as clinically appropriate, induction and emergence.

Unless otherwise provided by MBP regulations, an anesthesiologist may not supervise more than four AAs at one time.

Each AA must practice under a written supervision agreement with one or more anesthesiologists. A “supervision agreement” is a written document executed between an AA and an anesthesiologist describing the supervisory relationship and practice parameters required under the bill. The agreement (1) must be maintained on-site at each practice location; (2) is not subject to pre-approval; and (3) must be available to MBP on request. The agreement must include (1) parties and practice locations; (2) provisions detailing supervision and backup supervision; (3) processes for clinical review and quality assurance; (4) emergency procedures; (5) any applicable facility or system protocols; and (6) any other information required by MBP.

MBP may audit supervision agreements for compliance and to enforce the bill.

Fees

MBP must set reasonable fees for the issuance and renewal of licenses and other services the board provides to AAs. The fees must be set to provide funds to approximate the cost of maintaining the licensure program and other services for AAs, and the fees must be used to cover the actual documented costs of fulfilling statutory and regulatory duties of MBP under the bill.

MBP must pay all fees collected under the bill to the Comptroller, and the Comptroller must distribute all fees to MBP.

Title Protection

Only a person licensed under the bill may use the titles “anesthesiologist assistant,” “AA,” “certified anesthesiologist assistant,” or “CAA,” or otherwise represent themselves as authorized to practice as an AA in the State.

Disciplinary Procedures

Subject to hearing provisions, a disciplinary panel may deny a license to any applicant, reprimand any licensee, place any licensee on probation, or suspend or revoke a license on the affirmative vote of a majority of the quorum of a disciplinary panel, if the applicant or licensee violates any one of 29 disciplinary grounds.

Except as otherwise provided under the Administrative Procedure Act, before MBP or a disciplinary panel takes any disciplinary action, it must give the individual against whom action is contemplated an opportunity for a hearing before MBP or the disciplinary panel.

If, after a hearing, a disciplinary panel finds there are grounds to reprimand any licensee, place any licensee on probation, or suspend or revoke a license, the panel may impose a fine subject to MBP's regulations in addition to reprimanding the licensee, placing the licensee on probation, or suspending or revoking a license. In addition to any sanction, a disciplinary panel may require a licensee to comply with specified terms and conditions. MBP must pay any fines collected into the State general fund.

Any person aggrieved by a final decision of MBP or a disciplinary panel under the bill may take a direct judicial appeal. The appeal must be made as provided for judicial review of final decisions in the Administrative Procedure Act. An order of MBP or a disciplinary panel may not be stayed pending review. MBP may appeal any decision that reverses or modifies an order of MBP or a disciplinary panel.

On the filing of certified docket entries with MBP by the Office of the Attorney General (OAG), a disciplinary panel must order the suspension of a license if the licensee is convicted of or pleads guilty or *nolo contendere* with respect to a crime involving moral turpitude, whether or not any appeal or other proceeding is pending to have the conviction/plea set aside. After completion of the appellate process, if the conviction has not been reversed or the plea has not been set aside, a disciplinary panel must order the revocation of a license on the certification by OAG.

Regulations

By October 1, 2027, MBP must adopt regulations establishing (1) qualifications and procedures for licensure and renewal; (2) supervision standards; (3) the default and adjusted number of concurrent procedures an anesthesiologist is directing or supervising at one time; (4) continuing education requirements; (5) qualifications and procedures for temporary and expedited licensure; (6) supervision agreement content and audit procedures; and (7) procedures for enforcement of the bill.

MBP may adopt regulations (1) governing inactive status and reinstatement of a license holder and (2) authorizing different ratios of supervision with appropriate safeguards, including recognition of group-based supervision and backup arrangements.

Current Law: In addition to physicians, MBP governs several allied health practitioners, including respiratory care practitioners, radiation therapists, radiographers, nuclear medicine technologists, radiology assistants, polysomnographic technologists, athletic trainers, perfusionists, naturopathic doctors, genetic counselors, and physician assistants, among others. Generally, each allied health profession has a standards committee that develops and recommends to MBP (1) regulations and (2) any statutory changes that affect the profession. The committees may also provide recommendations regarding the practice of their occupation and advise MBP on any other relevant matters.

Radiologist assistants are licensed under MBP to perform certain examinations and procedures only while under the direction or supervision of a radiologist or radiation oncologist, as outlined in Maryland regulations (COMAR 10.32.10.11).

Nurse Anesthetist

A nurse anesthetist must be licensed by the State Board of Nursing to practice registered nursing and certified to practice as a nurse anesthetist. A nurse anesthetist may perform the following functions: (1) perioperative assessment and management of patients requiring anesthesia services; (2) administration of anesthetic agents; (3) management of fluids in intravenous therapy; and (4) respiratory care. These authorizations may not be construed to authorize a nurse anesthetist to diagnose a medical condition, provide care that is not consistent with the scope of practice of a nurse anesthetist, or provide care for which the nurse anesthetist does not have proper education and experience. A nurse anesthetist has the right and obligation to refuse to perform a delegated act if, in the nurse anesthetist's judgement, the act is unsafe, an invalidly prescribed medical act, or beyond the clinical skills of the nurse anesthetist.

An anesthesiologist, a licensed physician, or a dentist must be physically available to the nurse anesthetist for consultation during the administration of, and recovery from, anesthesia. An anesthesiologist, or if an anesthesiologist is unavailable, a licensed physician or dentist, must also be available for consultation for other aspects of the practice of nurse anesthesia. A written collaboration agreement is not required.

State Revenues: License and renewal fees generate indeterminate revenues for MBP. Additionally, through the issuance of controlled dangerous substances (CDS) registrations for AAs, revenues for the Office of Controlled Substances Administration (OCSA) may increase. This analysis assumes that any increases in revenue would not begin until fiscal 2028, after regulations are adopted by October 1, 2027, and licenses begin to be

issued. To the extent MBP issues fines on an applicant or licensee, general fund revenues may increase beginning as early as fiscal 2028. Any such increase is not anticipated to materially impact State finances.

Board of Physicians

The bill authorizes MBP to set fees for licensure and renewal. To the extent that MBP utilizes that authorization, board special fund revenues increase indeterminately – likely minimally – beginning as early as fiscal 2028, depending on when MBP begins to issue licenses.

Office of Controlled Substances Administration

OCSA advises that, should an AA utilize CDS (as is necessary for certain forms of anesthesia), the AA would require a State CDS registration. A CDS registration costs \$120 for a three-year period. Thus, depending on the number of AAs that seek licensure and CDS registration under the bill, general fund revenues increase beginning in fiscal 2028. Out-year revenues are contingent on growth in AA licenses in the State but are likely minimal.

State Expenditures: OCSA and MBP require one-time software updates prior to issuing CDS certificates and licenses to AAs, respectively; both entities therefore incur one-time expenditures in fiscal 2028. Additionally, MBP requires staff to issue the new AA license. Because staff need time to establish the new licensing program, staffing expenditures begin in fiscal 2027.

Office of Controlled Substances Administration

OCSA advises that it will need to update its database for AAs applying for CDS registrations. This would incur a one-time \$1,750 expense to the database vendor in fiscal 2028. Thus, MDH general fund expenditures increase by \$1,750 in fiscal 2028 only.

Board of Physicians

MBP advises that it also requires updates to both its licensing system and web-based practitioner profile platform. Together, these updates incur a one-time \$125,000 expense in fiscal 2028.

Additionally, MDH advises that it requires two additional staff members to issue licenses and update regulations. However, the Department of Legislative Services disagrees. MBP already is responsible for updating regulations, and therefore can do so with existing staff, and would only require additional staff to handle the new licensing program.

Thus, MBP special fund expenditures increase by \$70,836 in fiscal 2027, and by \$207,065 in fiscal 2028, which accounts for the bill’s October 1, 2026 effective date and the start of the licensure program in fiscal 2028. This estimate reflects the cost of hiring one licensure analyst to process applications and renewals and issue licenses, among other duties related to the AA license. It includes a salary, fringe benefits, one-time start-up costs and software updates, and ongoing operating expenses.

	<u>FY 2027</u>	<u>FY 2028</u>
Position	1.0	-
Salary and Fringe Benefits	\$61,695	\$79,260
Software Updates	0	125,000
Other Operating Expenses	<u>9,141</u>	<u>2,805</u>
Total MBP Special Fund Expenditures	\$70,836	\$207,065

Future year expenditures reflect a full salary with annual increases and employee turnover as well as annual increases in ongoing operating expenses.

Small Business Effect: A small business medical practice or facility may hire AAs to conduct certain anesthesiologist duties under supervision of a licensed anesthesiologist.

Additional Information

Recent Prior Introductions: Similar legislation has not been introduced within the last three years.

Designated Cross File: SB 951 (Senator Ellis) - Finance.

Information Source(s): Maryland Department of Health; Department of Legislative Services

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