STATE LINES

Spring 2026

COMPONENT SOCIETY NEWS

California Society of Anesthesiologists

State Affairs Updates

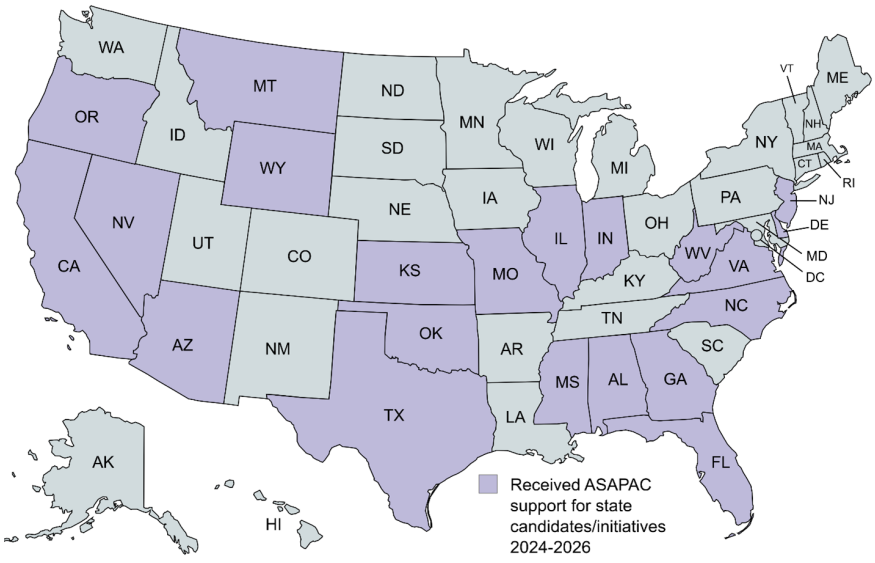
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ASAPAC Making State-Level ImPACts

ASA recognizes that some of the most critical healthcare decisions are made in state legislatures. ASAPAC's influence goes beyond congressional races, driving change for anesthesiologists at every level of government. Working hand-in-hand with state components, ASAPAC supports candidates who will act as state-level champions for the profession and its patients.

Across the country, ASA and its state components are tackling the advocacy issues that matter most. These include fighting against CRNA-only legislation, establishing certified anesthesiologist assistant licensure, protecting against title misappropriation, and opposing harmful insurance policies. These efforts help safeguard patient care and the integrity of our specialty. However, these victories do not happen without resources. They depend on strategic investments in the right leaders.



To learn more about anesthesia and the importance of patient-centered, physician-led anesthesia care, please visit ASA's Made for This Moment website.

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Federal Legislative Update

- ASA Leaders on Capitol Hill for Policy Updates
- Jewish War Veterans Urge VA to Maintain Physician-Led Anesthesia Care in Congressional Testimony
- ASA Urges US Departments of State and Homeland Security to Fix Physician Visa Delays
- ASA Joins National Coalition Urging Improved NSA Enforcement and Accountability
- ASA Urges Congress to Increase Funding for AHRQ in FY27
- ASA Urges Congress to Fund Lorna Breen Act Program in the Fiscal Year of 2027
- ASA Applauds Rep. Joyce's Leadership on Insurer Accountability

Federal Regulatory Update

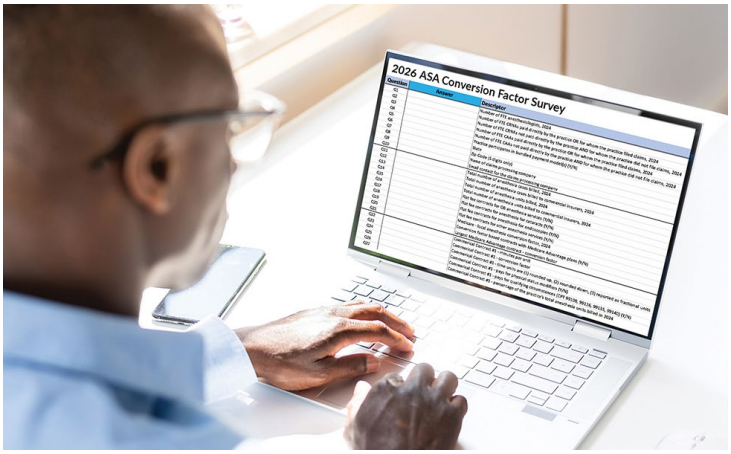
- ASA Responds to CRUSH RFI, Offers Perspectives on Use of Artificial Intelligence on Coding and Billing Practices
- CMS Issues Final Rule on Administrative Simplification for Health Care Claims Attachments
- ASA Encourages CMS to Amend and Improve the Ambulatory Specialty Model
- ASA Supports Payer Accountability, More Robust Transparency in Coverage Regulations
- ASA Urges CMS to Expand Medicare Advantage Network Adequacy Standards to Include Anesthesiology
- ASA and Pain Medicine Coalition Convenes Meeting with MACS to Oppose Elimination of Coverage of Peripheral Nerve Blocks

That's why ASAPAC invests in key state races nationwide with direct contributions to support efforts where state law permits. In the 2024 and 2026 election cycles alone, ASAPAC has collaborated with state components to invest in 21 states from Alabama to Oregon. These investments help elect lawmakers who understand and advocate for anesthesiology at the state level. Unprecedented turnover in Congress is reshaping the political landscape and now is the time to act. Today's state leaders are tomorrow's federal decision-makers. This is our moment to build a pipeline of champions who will protect anesthesiologists and our patients for years to come.

Your sustained support powers this work. Donate to ASAPAC today and help secure strong advocates for anesthesiology—at every level, in every state.

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Participate in the 2026 ASA Anesthesia Conversion Factor Survey (Deadline: July 1)



The American Society of Anesthesiologists (ASA) is requesting participation in the ASA Anesthesia Conversion Factor Survey of Commercial Payment Rates, a key initiative that supports informed decision making and advocacy for our specialty. This annual survey gathers national data on commercial anesthesia payment rates. The aggregated and anonymized results provide essential benchmarking insights that help practices assess their market position, inform contact strategies, and support long term financial planning. Details on how to complete the survey.

Strategic Value of Participation

- Market Intelligence: Gain reliable benchmarking data to understand national compensation trends.
- Data Driven Decision Support: Leverage objective insights to inform payer negotiations, contract reviews, and operational strategy.
- Specialty Advocacy: Strengthen a critical industry resource published in the ASA Monitor that supports the financial sustainability of anesthesia practices nationwide.

Public Relations Update

- New Study Shows Limitations of Naloxone in Reversing Overdoses from Powerful Synthetic Opioids
- ASA Applauds Congressional Support for Non-Opioid Pain Treatments
- National Health Insurers vs. Anesthesiology Practices: ASA Weighs in on No Surprises Act Dispute
- Rare Gene Mutation in Some with Venezuelan Ancestry Linked to Severe Neurologic Complications and Death After General Anesthesia

Upcoming Events

- LEGCON 2026
  (May 18-20, 2026)
- ANESTHESIOLOGY 2026
  (Oct 16-20, 2026)
- ASA ADVANCE 2027
  (Jan 22 - 24, 2027)

Take Action by Participating

- If you are not the clinical leader, please forward this request to your group's leadership.
- If you are the clinical leader, we ask that you coordinate with your administrative or billing teams to ensure completion of the survey.

The survey can be initiated immediately, even if all billing data is not readily available, and subsequently forwarded to your billing partner for completion. Your participation directly contributes to a stronger data foundation for the specialty and reinforces ASA's ability to advocate effectively on behalf of anesthesia practices.

Any questions, email CFSurvey@asahq.org

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ASA/ISA Backed Bill Targeting Abusive Insurer Practices Signed into Law in Indiana

Marking a major victory for patients, hospitals, and physician practices, Indiana Governor Mike Braun signed Senate Bill 189 (SB 189) into law. Effective immediately, the new law prohibits insurers from imposing fees or penalties on hospitals when out of network clinicians provide care—formally designating such tactics as "unfair and deceptive act[s]" in the business of insurance. The Indiana Society of Anesthesiologists championed this measure from the start.



SB 189 was endorsed by the Indiana Society of Anesthesiologists (ISA) and the American Society of Anesthesiologists (ASA).

The law directly responds to Anthem Blue Cross Blue Shield's policy in several states to reduce hospital facility payments by 10% whenever out of network providers—including anesthesiologists—deliver care. Though targeted at hospitals, Anthem's policy posed significant downstream risks for anesthesia groups by pressuring practices to enter inequitable network agreements to shield hospitals from financial penalties.

ISA and ASA applaud Governor Braun and the Indiana Legislature for their leadership on this important issue and for reaffirming the importance of equitable insurer practices in preserving high quality anesthesia care statewide.

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Oregon Governor Signs ASA/OSA Endorsed Legislation to End Insurer Imposed Anesthesia Time Limits

On April 7, Oregon Governor Tina Kotek signed into law legislation that requires insurers to provide coverage for medically necessary anesthesia services for any covered procedure, regardless of duration. This omnibus legislation, House Bill 4040, also prohibits insurers from denying payment for anesthesia services solely because the length of care exceeded a preset time limit (Sections 14-16).

With this enactment, Oregon joins a growing number of states preventing insurer interference in safe, patient centered anesthesia care.

The American Society of Anesthesiologists (ASA) and the Oregon Society of Anesthesiologists (OSA) applaud Governor Kotek and Oregon lawmakers for prioritizing patient safety and ensuring access to medically appropriate anesthesia care.

Watch OSA's testimony (31:28)
Read OSA's testimony

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Utah Governor Signs ASA/USA Endorsed Legislation Prohibiting Anesthesia Time Restrictions

On March 17, Utah Governor Spencer Cox signed Senate Bill 50—vital legislation that prevents health insurers from imposing arbitrary time limits on anesthesia coverage and payment. The American Society of Anesthesiologists and the Utah Society of Anesthesiologists (USA) endorsed the legislation, which requires health benefit plans to cover all medically necessary anesthesia services for any covered procedure —regardless of duration—and explicitly prohibits insurers from denying payment solely because anesthesia time exceeds a preset time limit. USA worked closely with the legislature to enact this important legislation. Senate Bill 50 will take effect on May 6, 2026. In 2025, ASA enhanced its state-level economic advocacy efforts by collaborating with interested state components, like Utah, to prevent unfavorable insurer policies like the recently reversed Anthem proposal on anesthesia time.

By affirming that medically necessary anesthesia must be fully covered, Utah joins a growing number of states taking action to prevent insurer interference in safe, patient-centered anesthesia care. ASA and the USA commend Governor Cox and Utah lawmakers for prioritizing patient safety. Senate Bill 50 strengthens protections for Utah patients by ensuring that anesthesia decisions are guided by clinical judgment and individual patient needs—not by insurer-imposed time caps that fail to account for the complexity and variability of modern surgical care.

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NJSSA Wins: Preserves Physician-Led Anesthesia



On March 30, Governor Mikie Sherrill signed into law legislation that allows certain Advanced Practice Nurses (APNs) providing primary or behavioral health care to practice without physician involvement. Anesthesia was explicitly carved out of this legislation, Senate Bill 2996, through advocacy work of the New Jersey State Society of Anesthesiologists (NJSSA).
As introduced, the legislation applied to all APNs, would have created a new "APN-anesthesia" license, and permitted nurse anesthetists to practice without physician supervision or joint protocols after 24 months or 2,400 hours. Through sustained advocacy by NJSSA and its patient-safety coalition, lawmakers rejected that approach and preserved physician-led anesthesia care.

Watch ASA member and Assemblyman Dr. John Azzariti's floor speech where he educated colleagues on the patient-safety risks of the remaining bill language.

ASA applauds Governor Sherrill and the New Jersey Legislature for recognizing the importance of anesthesiologist-led care.

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Florida Defeats Scope Bills for 27th Year

Once again, the Florida legislature considered dangerous scope of practice bills (House Bill 375 / Senate Bill 462) that would have authorized nurse anesthetists to practice without physician oversight. And once again, the Florida Society of Anesthesiologists (FSA) rose to the occasion, strategically using their relationships with lawmakers to defeat these bills for an impressive 27th year in a row. Thank you to FSA's physician leaders and members who took time out of their busy schedules to engage in opposition to these concerning bills.

Congratulations, FSA!

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CSSA Pushes for Medicaid Payment Increase

In recent testimony before the Connecticut Human Services Committee, Dr. John Satterfield, speaking for the Connecticut State Society of Anesthesiologists (CSSA), warned lawmakers that Connecticut's Medicaid program gravely undervalues anesthesia services—placing patient access and physician retention at risk. He emphasized that Connecticut anesthesiologists have not received a Medicaid rate increase since 2006, despite rising costs and increasing patient complexity.

Dr. Satterfield explained that Medicaid's linkage to Medicare rates is fundamentally flawed because a decades old federal calculation error left anesthesia services massively underpaid, with Medicare reimbursing anesthesiologists at only 27% of commercial rates, compared to 80% for most other specialties. This chronic underpayment is reflected in Connecticut's own data: over the past 20 years, the CPI rose 50%, while Connecticut anesthesiologists saw just a 5% Medicare increase and no Medicaid increase, resulting in a real payment decline. CSSA also corrected the state's 2024 rate analysis, which claimed Connecticut Medicaid anesthesia rates are 86% of the national average; in reality, they are closer to 70%. Dr. Satterfield cautioned that such undervaluation threatens Connecticut's ability to recruit and retain anesthesiologists—already ranking 47th nationally in retention.

CSSA urged lawmakers to adopt a multi-year correction: a 20% increase in 2026, 15% in 2027, and 10% in 2028—necessary steps just to bring Medicaid payments to current Medicare levels, which themselves remain far below the cost of providing anesthesia care.

Watch CSSA's testimony (10:54:15)
Read CSSA's written testimony

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To learn more about anesthesia and the importance of patient-centered, physician-led anesthesia care, please visit ASA's Made for This Moment website. ©2026 American Society of Anesthesiologists.

ASA Applauds AzSA Leadership in Opposing Dangerous Insurer Bill

The American Society of Anesthesiologists (ASA) commended the Arizona Society of Anesthesiologists (AzSA) for their successful effort to block an amendment to Arizona House Bill 2211 that would have labeled as "unprofessional conduct" any independent dispute resolution offer exceeding 300% of Medicare rates or 300% of the often questionable insurer calculated QPA, exposing physicians and other clinicians to potential disciplinary action.

Recognizing the broad threat, AzSA organized and unified leading healthcare organizations in opposition, including:

- Arizona Medical Association
- Arizona Osteopathic Medical Association
- Arizona College of Emergency Physicians
- Arizona Hospital and Healthcare Association
- And interested nursing groups

The coalition warned: "Bypassing federal law and threatening healthcare providers' licenses to further advantage a health insurer's negotiating position during arbitration is absolutely unacceptable and should be rejected by the Legislature." No vote was held on the amendment, and the bill was held in committee. AzSA's leadership and swift coordination were key to halting this harmful proposal.

ASA commends the AZSA, their physician leaders and members for defending Arizona anesthesiologists and the state's healthcare professionals from insurer-driven overreach. Learn more about ASA resources on surprise billing.

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Kansas City University Welcomes Inaugural AA Class

In January, Kansas City University (KCU) welcomed its inaugural cohort of 24 students into the Master of Health Science in Anesthesiologist Assistant (MHS-AA) program at its Joplin campus. The new 28-month program in Missouri builds on recent national momentum in anesthesiologist assistant education and follows the launch of Saint Louis University's (SLU) Master of Medical Science (M.M.S.) in Anesthesiology, which welcomed its first class of 15 students in May 2025.

Certified Anesthesiologist Assistants (CAAs) are highly trained, graduate-level, non-physician anesthesia professionals. They receive extensive education in the delivery and maintenance of high-quality anesthesia care, including advanced patient monitoring techniques. Alongside nurse anesthetists, CAAs serve as non-physician members of the physician-led Anesthesia Care Team (ACT), supporting safe and effective anesthesia delivery.

Learn more about CAAs.

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