STATE LINES

Summer 2026

COMPONENT SOCIETY NEWS

Louisiana Society of Anesthesiologists

2027 LSA Annual Meeting Information - see page 8

State Affairs Updates

Click the link for full text

ASA Announces Successful Resolution of its Opposition Against AANA's 'Nurse Anesthesiologist' Trademark Applications

The trademark applications filed by the American Association of Nurse Anesthesiology (AANA) to register marks incorporating the term "Nurse Anesthesiologist" have been withdrawn following opposition proceedings brought by ASA before the U.S. Trademark Trial and Appeal Board (TTAB).

In June 2024, ASA filed opposition proceedings against two AANA trademark applications, for AMERICAN ASSOCIATION OF NURSE ANESTHESIOLOGISTS (Opposition No. 91292357) and AMERICAN ASSOCIATION OF NURSE ANESTHETISTS AND NURSE ANESTHESIOLOGISTS (Opposition No. 91292329). ASA's oppositions were based on multiple grounds, including an assertion that the term "Nurse Anesthesiologist" is deceptive when applied to non-physicians and could cause confusion among patients regarding the qualifications of their healthcare professionals.

After nearly two years, AANA filed motions to withdraw its applications on June 29, 2026. This withdrawal means AANA's applications will be denied with prejudice. The withdrawals represent a decisive victory for ASA and an important milestone in ASA's ongoing efforts to prevent improper and inaccurate use of medical titles and protect patient access to accurate information about their care teams.

According to ASA President Patrick Giam, M.D., FASA, "ASA filed its oppositions because anesthesiologists are specialized physicians who have completed medical school, residency, and thousands of hours of rigorous training in the medical specialty of anesthesiology. Referring to nurse anesthetists as anesthesiologists is false and misleading

Federal Legislative Update

- House Appropriations Committee Halts Implementation of CMS WISeR Model
- ASA and Partners Applaud Hard Fought Improvements to NSA IDR Process
- Ways and Means Committee Advances ASA-Supported Budget Neutrality Reform Legislation
- Update on ASA Request: Reported Resumption of Processing of Physician Visa Applications
- ASA Amicus Brief Update: United Lawsuit Against Anesthesiology Group Dismissed
- Congressional Hearing Highlights Need for ASA-Endorsed MA Prompt Pay Legislation
- ASA Mourns the Passing of Rep. David Scott, Longtime Champion for Georgia Communities and Advocate for Patient Care

Federal Regulatory Update

- CMS Proposes CY 2027 Hospital Outpatient and Ambulatory Surgical Center Payment Policies
- ASA Welcomes FDA Approval of Newest Over-The-Counter Naloxone Nasal Spray
- ASA Urges CMS to Refine CJR-X and ASC Episode Models in FY 2027 IPPS Proposal
- ASA Responds to CRUSH RFI, Offers Perspectives on Use of Artificial Intelligence on Coding and Billing Practices

and deprives patients of their right to know the qualifications of the professionals providing their medical care."

CAWS: Workforce Intelligence for Anesthesiology

The Center for Anesthesia Workforce Studies (CAWS) delivers integrated workforce intelligence to strengthen state and national policy and planning. CAWS synthesizes multiple national data sources to track training pipelines and supply-demand trends across the anesthesia workforce.

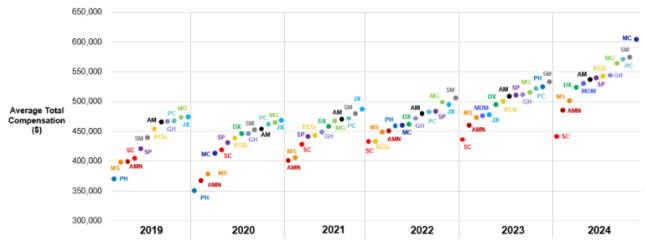
We maintain a consistent reporting cadence through a monthly summary report and targeted data briefs (DBs) that are available to members on the CAWS website. Each publication distills newly released datasets into clear, actionable insights for practices and policymakers.

This year's output includes seven annual DBs (with three more in production) and regular monthly briefs tied to major federal data releases. Topics span the anesthesiologist and CRNA workforce, compensation, job postings, and the residency match, including an annual ASA Monitor update on national residency match trends.

As an example, the figure below comes from CAWS's annual DB on publicly reported average total compensation for anesthesiologists from 2019–2024, drawing on survey data released each year by medical associations, consulting firms, and major digital platforms.

CAWS analyses support operational decisions for members and inform ASA's advocacy, economic intelligence, and strategic understanding of workforce dynamics.

Figure. Anesthesiologist Average Total Compensation from Publicly Available Sources, 2019–2024



Source abbreviations:	
AM=American Medical Group Association (AMGA)	MG=Medical Group Management Association (MGMA)
AMN= AMN Healthcare	MS=Medscape
DX=Doximity	PC=Pacific Companies
ECG=ECG Management Consultants	PH=Pinnacle Health Group
GH=Gallagher	SC=Salary.com
JX=Jackson Physician Search	SM=SullivanCotter-M (Medical Groups)
MC=The Medicus Firm	SP=SullivanCotter-P (Physicians and Organizations)
MDM=MDMsearch	

Payment & Practice Management Update

- Optum Clarifies Payment for Anesthesia Services Provided During Electroconvulsive Therapy

Public Relations Update

- Boom in Ketamine Clinics and At-Home Delivery Sparks Safety Concerns
- Dreaming Under Anesthesia May Make Surgery Feel Less Scary, Study Finds
- Advancing Perioperative Medicine Central to Future of Healthcare
- Combining Cannabis with Opioids Offers No Added Pain Relief for Knee Arthritis Patients

Public Relations Update

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

ASA Commends D.C. Department of Health's Rejection of Misleading "Nurse Anesthesiologist" Phrase

Following strong advocacy by the American Society of Anesthesiologists (ASA) and the D.C. Society of Anesthesiologists (DCSA), the D.C. Department of Health removed the misleading phrase "nurse anesthesiologist" from its proposed nurse anesthetist regulations.

ASA and DCSA submitted formal comments on both original and revised draft nurse anesthetist regulations, demonstrating that the phrase conflicts with long-standing D.C. law, exceeds the Board's authority to redefine professional titles, and is inconsistent with the titles authorized for nurse anesthetists under District law. Their advocacy made clear that "nurse anesthesiologist" is not a legally recognized professional title anywhere in the United States and serves only to confuse patients by blending nursing and physician terminology.

The Department's decision to remove the phrase is a significant victory for patient transparency and reinforces existing D.C. law, which prohibits non-physicians from using medical specialty titles. Earlier versions of the proposed regulations improperly included the made-up term despite its lack of legal recognition.

ASA commends the D.C. Department of Health for recognizing the misleading nature of the phrase and taking action to protect patients from confusion. By removing "nurse anesthesiologist" from the regulations, the Department affirmed that nurse anesthetists in the District must use their proper, legally recognized title and may not mislead the public with terminology that combines nursing and physician titles.

ASA Urges Texas Medical Board to Strengthen Ketamine Safety Requirements

On June 9, 2026, the American Society of Anesthesiologists (ASA) submitted formal comments to the Texas Medical Board (TMB) on proposed rules governing parenteral ketamine therapy (PKT), urging revisions to ensure appropriate physician supervision and patient safety.

The proposal appropriately prohibits the prescribing of PKT for home use, an important safeguard given the risks associated with ketamine administration outside a medically supervised setting. However, ASA raised significant concerns about other aspects of the rule that would permit inadequate physician oversight in clinical environments.

As drafted, the rule authorizes remote physician supervision and delayed in-person response in settings involving administration of a drug classified as a general anesthetic. ASA emphasized that these provisions establish an inadequate standard of care and place patients at unnecessary risk.

Specifically, ASA noted:

- Remote supervision is insufficient. The proposal allows physician availability via two-way audiovisual communication. ASA noted that virtual presence does not ensure timely, hands-on assessment or intervention during acute patient deterioration.
- Delayed response times are unsafe. The proposal allows an off-site physician up to 30 minutes to arrive at the site of administration. ASA stressed that complications associated with ketamine—such as respiratory depression, airway compromise, and cardiovascular instability—can occur rapidly and require immediate care.

ASA urged the Board to revise the rule to require direct, in-person physician supervision. At a minimum:

- Ketamine administration should occur under the direct supervision of a qualified physician physically present on-site; and
- The supervising physician must be immediately available for in-person evaluation and intervention, with the capacity for immediate bedside presence.

Ketamine is approved by the Food and Drug Administration (FDA) as a general anesthetic and carries well-established risks. Patient responses are variable and may be unpredictable, particularly in non-traditional care settings.

ASA reiterated that its top priority is patient safety and cautioned that allowing remote supervision or delayed physician presence risks normalizing a lower standard of care and puts patients at risk. ASA urged TMB to adopt clear, enforceable requirements to ensure safe administration of PKT.

ASA Applauds New Louisiana and Iowa Law Blocking Insurer Penalties for Out-of-Network Care

Louisiana and Iowa enacted new laws to stop insurers from penalizing hospitals and clinicians for working with out-of-network health professionals. Both measures respond to payer policies that cut hospital payments by 10% whenever out-of-network health professionals, including anesthesiologists, deliver care.

Louisiana Governor Jeff Landry signed House Bill 291on June 8. The law prohibits insurers from reducing payments to, suspending, or terminating a facility's contract solely because another clinician involved in a patient's care is out of network. Iowa Governor Kim Reynolds signed House File 2635 on May 13. The law similarly bars insurers from reducing payments or otherwise retaliating against facilities and clinicians for working with out-of-network providers, while also protecting staffing decisions and requiring opportunities for contract negotiations.

ASA commends these new laws and the targeted advocacy work of the Louisiana and Iowa component societies. ASA

urges all states to enact similar laws that protect fair contracting, preserve clinical autonomy, and prevent insurer tactics that can pressure anesthesiologist groups to accept unsustainable network agreements.

Tennessee and Nevada Launch First AA Training Programs, Expanding Anesthesia Workforce

The American Society of Anesthesiologists (ASA) is celebrating the launch of the first Anesthesiologist Assistant (AA) training programs in Tennessee and Nevada, marking a major step forward in expanding the anesthesia workforce and access to anesthesiologist-led anesthesia care. These programs were made possible by state legislation championed by the Tennessee Society of Anesthesiologists and Nevada State Society of Anesthesiologists, with ASA support.

Lipscomb University in Nashville enrolled 24 students in Tennessee's inaugural Master of Science in Anesthesiology program that begins this August, while Nova Southeastern University's new Henderson campus recently launched Nevada's first AA program with approximately 26 students beginning training this summer. Both programs will provide rigorous graduate-level education and clinical training to prepare CAAs to practice within the anesthesiologist-led Anesthesia Care Team model.

Together, these new programs strengthen the pipeline of highly trained anesthesia professionals, helping meet growing patient needs while supporting the highest standards of patient safety and quality care.

Oklahoma Governor Signs ASA/OSA-Endorsed Physical Status Modifier Payment Legislation

Oklahoma Governor Kevin Stitt has signed Senate Bill 1443 into law, enacting a first-of-its-kind anesthesia payment reform that reinforces the importance of patient acuity through the use of physical status (PS) modifiers.

Endorsed by the American Society of Anesthesiologists (ASA) and the Oklahoma Society of Anesthesiologists (OSA), the legislation applies to commercial health benefit plans (excluding Medicaid) and:

- Requires insurers to consider patient acuity in both coverage determinations and anesthesia

payment, including physician-assigned physical status modifiers, case complexity, and urgency of care.
- Requires payment for physical status modifiers at established base unit values for higher-acuity patients, including:
    - ASA III (P3): +1 unit
    - ASA IV (P4): +2 units
    - ASA V (P5): +3 units

The law responds to troubling actions in 2024, when some insurers announced plans to eliminate additional payments for anesthesia services provided to sicker, more medically complex patients—effectively disregarding the ASA Physical Status Classification System and the heightened clinical expertise, vigilance, and coordination required in these cases.

By restoring appropriate recognition of physical status modifiers, SB 1443 affirms that patients deserve individualized, risk-adjusted care—and that anesthesiologists must be appropriately recognized and paid for safeguarding patient safety and delivering optimal outcomes, particularly in higher-risk settings.

The law takes effect November 1, 2026.

Excellence in Government Award Recipients Honored at LEGCON 2026

The American Society of Anesthesiologists (ASA) congratulates this year's recipients of the annual Excellence in Government (EIG) Award, presented at LEGCON 2026. The EIG Award is presented to elected officials who set the ceiling of exemplary dedication and contribution to the medical specialty of anesthesiology, its practitioners, and the patients they serve.

Rep. Greg Murphy, MD (NC 03)
ASA also recognizes and celebrates this year's winners of the annual Bertram W. Coffer, MD Excellence in Government Award, which honors ASA members who exemplify outstanding advocacy and professional citizenship on behalf of the specialty.

Dr. Jennifer Root receiving the Government Award at LEGCON 2026 from ASA President Dr. Patrick Giam

Dr. Jennifer Root
Dr. Root has shown longstanding leadership in advocacy and professional citizenship through her service on the ASAPAC Executive Board, Committee on Governmental Affairs, Committee on Communications, Committee on Membership, and Committee on Late Career and Retired Members. She previously served on the South Carolina Medical Association Board and currently serves as the Vice Chair of the South Carolina Board of Medicine. Dr. Root has been a dedicated mentor to anesthesiologists interested in advocacy and Dr. Root also continues to promote physician-led care for Veterans.

Dr. John Satterfield
Dr. Satterfield has been a strong advocate for the specialty at both the federal and state levels. He is active in the Connecticut Society of Anesthesiologists, serves on the ASAPAC Board, participates in the ASA Grassroots Network, and regularly attends Legislative Conference. Dr. Satterfield has testified before the Connecticut state legislature on Medicare payment rates, harmful insurance practices, and physician-led anesthesia care. He has also helped

engage residency programs nationwide in advocacy and led Connecticut and the New England Caucus to increased ASAPAC involvement.

The American Society of Anesthesiologists extends its congratulations and gratitude to these leaders for their commitment to advancing the specialty and supporting anesthesiologists and their patients.

ASA Member Assumes Presidency of Illinois State Medical Society

ASA congratulates ASA member Tripti Kataria, MD, MBA, MPH, on her ascension to President of the Illinois State Medical Society (ISMS). Dr. Kataria began her term at the conclusion of the ISMS Annual Meeting, following her service as president elect.

State medical societies play a vital role in shaping health policy, advancing patient safety, and supporting physician-led care. Anesthesiologist leadership in these organizations ensures that perspectives on anesthesiology and perioperative medicine are fully represented in policy discussions.

Dr. Kataria brings a distinguished record of leadership within anesthesiology and organized medicine. She currently serves as Vice Chair of the ASA Committee on Representation to the AMA and the Committee on Bylaws and is also a member of the Committee on Informatics and Information Technologies and the Committee on Innovation. Dr. Kataria is also a past president of the Illinois Society of Anesthesiologists. Within the American Medical Association (AMA), she serves as Chair of the AMA Council on Legislation.

ASA congratulates Dr. Kataria on this significant achievement!

ASA Member Appointed to Alabama Board of Medical Examiners

The American Society of Anesthesiologists (ASA) congratulates Carrie Atcheson, MD, FASA, on her appointment to the Alabama Board of Medical Examiners Dr. Atcheson is an assistant professor of anesthesiology at the University of Alabama at Birmingham Marnix E. Heersink School of Medicine.

The 16-member ALBME is responsible for protecting patients and upholding high standards of medical practice through physician licensure, professional oversight, and regulatory enforcement. The Board also oversees physician assistants and anesthesiologist assistants.

As an anesthesiologist, Dr. Atcheson brings valuable expertise to the Board's work to promote patient safety, quality care, and professional accountability across Alabama.

Anesthesiologists serve on medical and osteopathic boards in approximately half of all states, providing important clinical and patient safety perspectives on licensing, regulatory, and scope-of-practice issues.

ASA congratulates Dr. Atcheson on this distinguished appointment and thanks her for her commitment to protecting patients and advancing physician-led care in Alabama.

2027 Louisiana Anesthesiology Annual Meeting

March 12-13, 2026
Renaissance Arts Hotel New Orleans Warehouse District
700 Tchoupitoulas St
New Orleans, LA

Hotel Group Rate - $199
Reserve your room by **Thursday, February 18, 2027** to receive the group rate.

Call for Abstracts

KEY DATES
Sunday, October 25, 2026 - Submission Deadline
Monday, November 9, 2026 – Notification of Acceptance
Monday, November 30, 2026 – Confirm your participation by email
Thursday, February 18, 2027 – Hotel Reservation Deadline
Sunday, February 21, 2027 – ePosters are due to LSA
Thursday, February 25, 2027 - All changes to speakers and abstracts are due
Sunday, February 28, 2027 – Podium presentations due to LSA
March 12-13, 2027 – LSA Annual Meeting

Abstract Guidelines: https://www.lsameetings.org/abstractguidelines
Submit Abstracts here: https://form.jotform.com/261604189764162
Meeting Website: https://www.lsameetings.org/about