

COMPONENT SOCIETY NEWS

Connecticut State Society of Anesthesiologists

Message From The President

Our Society has been very active and scored several recent "wins".

In early 2025, Connecticut was one of the first states in which Anthem tried to eliminate time unit payment beyond a low and arbitrary number. This rapidly expanded into a national situation. The remarkably large and broad-based public pushback forced Anthem to rescind this policy, 1 month before implementation.

Other payer policies of concern include punitive measures for out of network care, automatic claim denial (involving AI), and abuse of the Independent Dispute Resolution process under the No Surprises Act. The CSSA continues to monitor these payer policies which could impact our practice of anesthesia.

Likewise, we have been closely monitoring relevant Connecticut Legislature's legislation. We have been able to derail attempts to bring forth legislation which would grant independent practice to CRNAs. We continue to closely monitor this concern. I am grateful to the legislators who see through the smokescreen and understand the differences between physician anesthesiologist and nurse anesthetist only care. This is despite the misleading and sometimes outright false information presented by the national and state nurse anesthetist societies. As you know, their societies have rebranded themselves the "Connecticut Association of Nurse Anesthesiology" and the "American Society of Nurse Anesthesiology". I will only refer to their specialty and respective societies by the proper "Anesthetist" designation. Some individuals refer to themselves as "nurse anesthesiologists" and introduce themselves as "Dr". This is currently illegal in Connecticut. We will continue to strongly resist any attempts alter this statute. As physicians, we all must forcefully block this behavior.

A back-door to gaining independent CRNA practice in CT is the national APRN nursing compact. This compact would supersede state licensing statutes. This compact is not yet in effect in the US, and the ASA is aggressively countering attempts at its implementation. Likewise, the CSSA is monitoring any attempts to introduce APRN compact legislation in CT.

Our Society has again been awarded a grant from the ASA which we are using to update the CSSA website and to enlist professional lobbying and grass roots assistance. They are invaluable for monitoring our legislative concerns. They also help educate CT legislators about the differences between physician anesthesiologists and nurse anesthetists.

The ASA, CSSA and I personally do not have any sort of "anti CRNA" agenda or intent. Quite the opposite - we are respectful of their training, skill and professionalism and continuing the team care model.

A simple way to familiarize yourself with the noted concerns is to join the ASA grass roots network to receive occasional email updates. Do not worry - they are occasional and relevant.

I strongly encourage all CSSA members to become active in the Society. Attend one or more of the three meetings we sponsor. Perhaps join us at the Legislative Session in Washington DC or attend one of our executive meetings.

My term as the CSSA president expires at our Spring (Jeopardy) meeting in May. I am grateful for this opportunity to have served. I strongly encourage anyone who is interested in running for one of the leadership positions in our Society to please participate. All executive positions are open as well as delegate positions.

Warmest Regards!

Thank you.

Lars E. Helgeson M.D.
President CSSA

ASA Advocacy Update 2026

One very good piece of news is that in 2025 the CSSA successfully opposed an Anthem policy that would have capped the reimbursement for anesthesia time. This legislation was sponsored by Senator Jeff Gordon, a practicing Oncologist. Connecticut was one of only few states that successfully passed legislation preventing a time cap on anesthesia billing. We have this major success to celebrate from 2025. Please know that your support was key to this effort and your engagement will again be critical for any legislative success we achieve in 2026. Additionally, the support the CSSA receives from the ASA and the ASAPAC has been instrumental in building a team that the CSSA utilizes throughout the year to achieve our legislative successes. Thus, I continue to request your support of both of those organizations.

I look forward to working with you all in 2026. I am certain we can again reinforce the importance of physician lead anesthesia care and the critical role we play in patient safety to our state legislators. To that end, the CSSA is again pursuing a legislative fix for another misguided health insurance policy. In 2024, certain health insurance companies announced a short-sited policy to no longer provide payments for care provided to sicker, more complex patients based on the ASA Physical Status Classification System. The assignment of a physical status (PS) classification, as you all know, is a clinical determination made by us after evaluating the patient about to undergo anesthesia care. Payments based upon the PS modifier acknowledge the additional work and time required to care for more complex patients. By arbitrarily removing PS modifiers for complex patients, insurers broke a meaningful trend in health care – that patient care be individualized. Anesthesiologists deserve recognition for the care we provide to medically complex patients and patients deserve recognition from insurance companies that support patient safety and quality outcomes.

The nonpayment of PS modifiers impacts hospitals and other facilities as well. This policy change driven by big insurance undermines individualized patient care and jeopardizes patient wellbeing. Hospitals and health systems cannot cover the costs of more complex surgical procedures without appropriate reimbursement, especially when those organizations directly collaborate with anesthesia groups. Reduced private insurance payments for anesthesia services means hospitals, anesthesia groups, and patients, may experience increased costs to cover those financial gaps. These reduced payments could cost anesthesia groups and some health care facilities hundreds of thousands of dollars per year. Furthermore, in collecting data on more complex patients, PS modifiers allow payers, hospitals, and other health care stakeholders to better understand patient population needs, local trends, and costs.

Nonpayment for PS modifiers also negatively impacts anesthesia groups and anesthesiologist's workflows. This policy leads to unpaid or underpaid patient safety activities, especially for the added work we complete to ensure advanced patient preparation, planning, and enhanced care coordination. This policy change positions insurers, with NO clinical responsibility for patients, as the decision-makers for how anesthesiologists and their groups allocate resources for medically complex patients. Anesthesiologists' ability to maintain their vigilance and implement enhanced patient safety protocols is made more difficult if health insurance companies do not acknowledge the value of our services.

Continued payment for PS modifiers is critical. Our specialty is unique. Other medical specialties have a range of codes based on complexity of care. Anesthesia codes do not have a similar structure to recognize complexity of care without the use of PS modifiers.

PS modifiers recognize all the services that an anesthesiologist performs during the perioperative period. PS modifiers are an appropriate and meaningful payment methodology. Anesthesiologists deserve to be fairly recognized for delivering complex care to higher-risk patients. PS modifiers are an investment in understanding costs, reducing costs, properly allocating resources, and improving patient outcomes.

When the time comes please be prepared to make your voice heard to our legislators; do not let big insurers dictate how we care for our patients!

John Satterfield MD FASA
Chairman CSSA Advocacy Committee

CSSA Launches New Communications Committee

The Connecticut State Society of Anesthesiologists (CSSA) is pleased to announce the formation of a new Communications Committee, a strategic step forward in strengthening how we connect with our members and represent our specialty across the state.

Chaired by **Michelle Simon, MD**, this committee will lead efforts to modernize and expand the Society's digital presence. As CSSA's advocacy, educational programming, and member engagement continue to grow, so too must the ways we communicate.

The Communications Committee will work closely with CSSA leadership to guide the tone, organization, and content of our messaging. Members of the committee will help shape strategy, review and approve content, and contribute ideas and materials that reflect the breadth of practice across Connecticut. Our goal is clear, consistent, and engaging communication that keeps members informed and strengthens our collective impact.

We are seeking broad representation from practices and departments across the state, including private practice physicians, academic faculty, and trainees. If you have an interest in communications, advocacy, storytelling, or simply want to help shape how CSSA shows up in the digital space, we encourage you to get involved.

Nominations and self-nominations are welcome.

This is an exciting opportunity to help define the Society's voice and build tools that will serve our membership for years to come. If you would like to participate, please contact CSSA leadership (cssa@csms.org) to express your interest.

John Guzzi, MD

CSSA Elections!

At the upcoming 'Anesthesia Jeopardy' event we will be conducting our annual meeting and will be electing new CSSA officers, ASA delegates, alternate delegates, and other positions important to the state society. We strongly encourage anyone in the general membership who is interested in joining the leadership to reach out to us and run for a position. Join us as the residents' battle for possession of the highly coveted and prestigious Copper Kettle trophy on May 21.

Federal Legislative Update

- [Anesthesiologist, Emergency Physician and Radiologist Groups Strongly Support New Legislation that Penalizes Insurers for Delayed Payments](#)
- [Massive Coalition of 75 Health Care Organizations Support Including House-Passed Medicare Payment Provisions in Senate Package](#)
- [Certified Anesthesiologist Assistants Authorized to Practice in Tennessee](#)
- [Certified Anesthesiologist Assistants Now Authorized to Practice in Virginia](#)

Letter From the Editor

The better we are at our job, the less it looks like we are doing anything at all. One of the more interesting parts of anesthesiology is just how much of what we do happens in plain sight yet how much of it is shrouded in mystery both for our surgical and nursing colleagues and especially the patients. Ask a patient what an anesthesiologist does, and the answer is usually some variation of: “*You put people to sleep.*” It is a clean, simple description and almost completely and patently false. Nevertheless, it is the part they care the deepest about, the idea of being transported to a dreamy state not knowing what is happening.

Early in my training the parts that mattered the most were technical and pharmaceutical knowledge. Taking part in complex challenging cases, chasing rare pathologies. The high-acuity environments where everything feels heightened and important. That to me was the crux of what good anesthesia practice entailed, and those things are obviously important and matter greatly. However, over time, I have realized that much of what defines our work does not fit neatly into that picture and certainly does not match what patients think we do. The everyday practice of anesthesia truly is routine and safe; those complex zebra cases usually are not everyday occurrences. For our patients they have a brief conversation with us, an exchange of assurances and at that point they just want to know if they are going to be ok and when they can go home. They will see a few monitors, hear a reassuring comment before they drift off and then wake up in recovery in what seems like an instant. What they do not see is the constant, quiet calculation happening in the background. The small adjustments made before a problem arises, the specific tailoring of simply avoiding post operative nausea for a susceptible patient. They do not see that a stable case is often the result of dozens of complex decisions, some that rattle us when a patient is on the brink of hemodynamic collapse. They do not see how much of what we do is built on restraint; choosing not to intervene, not to escalate, not to chase numbers, but to think of the ‘why is this happening?’ and treating the underlying cause. It separates us from a technician reacting to a master knowing what to do. That to me is the crux of good anesthesia and it is done often quietly without anyone else knowing.

The cases I once would have described as “routine” became the ones that required the most consistency. The absence of drama became the goal, not the byproduct. A smooth case stopped feeling ordinary and started feeling like a quiet success. There is a certain irony in realizing that the better we get at what we do, the

Federal Regulatory Update

- [ASA Applauds Congressional Support for Non-Opioid Pain Treatments](#)
- [ASA Urges Congress to Hold Health Insurers Accountable at Health Care Affordability Hearings](#)
- [Medical Associations Tell Anthem: Drop Legally Questionable Penalty on Clinicians Pushed Out of Network](#)
- [ASA Applauds California Court's Decision Ensuring Accurate Use of 'Doctor' Title](#)

Advances in Anesthesiology

- [New Guidance Focused on Genetic Testing for Malignant Hyperthermia, a Potentially Fatal Anesthesia Reaction](#)
- [Rare Gene Mutation in Some with Venezuelan Ancestry Linked to Severe Neurologic Complications and Death After General Anesthesia](#)
- [Anesthesia for Tattoos Should Follow Same Safety Standards as Elective Surgery](#)

less visible what we do is. A well-managed anesthetic often leaves no trace beyond the outcome itself. No complications, no instability, often just a quick exchange with the patient reassured and them deciding what they want for lunch.

I've come to realize that many of the things I once thought would define job; complexity, intensity, prestige often do not occur in the day-to-day practice. What matters more is consistency.

Awareness. The ability to stay present and measured, even when nothing seems to be happening. It turns out that the most important parts of anesthesiology are often the least visible not just to patients, but sometimes to us as well.

Learning to recognize that has been one of the more meaningful shifts in how I approach the work we do. It turns out that the goal was never to be seen doing something extraordinary, but to quietly ensure that nothing ever goes wrong.

Feras Mardini MD

Legislative Update

FOCUS Government Affairs CSSA Legislative Update

2026 Connecticut Legislative Session Update

The 2026 regular session of the Connecticut General Assembly opened on February 4 and will run through May 6. This 13-week "short session" focuses on cost-of-living pressures, healthcare affordability, and child safety. Governor Ned Lamont delivered his eighth State of the State address, emphasizing Connecticut's strong fiscal position, including consecutive balanced budgets, a strengthened rainy-day fund, and continued progress in reducing pension debt. He also proposed FY27 budget adjustments, including an additional \$85.1 million in appropriations, raising total spending to \$28.72 billion with year-over-year growth of 5.7 percent.

Insurance Reform & Prior Authorization

Lawmakers are considering legislation to expand the Connecticut Insurance Department's oversight, including updates to premium rate review and network adequacy standards. For physicians, particularly anesthesiologists, proposals to reform prior authorization are especially important. These reforms aim to shorten decision timelines, increase transparency around denials, and reduce administrative burdens that delay patient care. Additional measures would strengthen protections against surprise billing and require more robust reporting from insurers operating in the state.

Medicaid Reimbursement

Medicaid reimbursement remains a central issue for physicians around the state, with rates still significantly below the true cost of care. The Governor has proposed a \$45 million rate increase, but many providers argue this is insufficient to address chronic underfunding. CSSA, along with FOCUS Government Affairs, has been actively working at the to ensure physician voices are heard.

Public Relations Update

- [American Society of Anesthesiologists Announces New ASA Innovator Supporter Wrenne Financial Planning](#)
- [Anesthesia Quality Institute Announces BD as New Corporate Supporter](#)
- [Buprenorphine Medication May Decrease Expensive ER Visits for Pregnant Individuals with Opioid Use Disorder](#)

Upcoming Events

- [LEGCON 2026](#)
(May 18 - 20, 2026 Washington, DC)
- CSSA Annual Meeting
(May 21, 2026, see flyer on last page)
- Anesthesiology 2026
Oct 16 - 20, 2026 San Diego, CA
- [ASA ADVANCE 2027](#)
Jan 22 - 24, 2027 Washington, DC Metro Area, MD

Most recently, Dr. Satterfield provided testimony before the Appropriations Committee, sharing firsthand experiences about how low Medicaid reimbursement impacts clinical practice and patient access. Lawmakers are continuing to explore supplemental payments and waiver flexibility in coordination with the Department of Social Services. Additionally, we are anticipating a bill in the Human Services Committee that will warrant physician testimony, making continued engagement essential.

Downcoding

Another critical issue is downcoding by insurers, which continues to threaten fair payment, drive up administrative burden through repeated appeals, and undermine the financial stability of independent practices. This session, a concept was introduced in the Insurance Committee aimed at preventing these harmful practices, though formal legislative language has not yet been released. A public hearing is anticipated once the bill is drafted, and physician testimony will be essential. Active engagement from anesthesiologists and other specialists will help ensure that any legislation effectively curbs downcoding, safeguards reimbursement, and maintains patient access to high-quality, physician-led care.

Legislative Changes and Proposals

This session, lawmakers are reviewing several healthcare-related bills that could affect physician practice and patient care in Connecticut. Proposals include expanding the Connecticut Insurance Department's oversight, updating premium rate review and network adequacy standards, and reforming prior authorization to shorten decision timelines, improve transparency, and reduce administrative burdens. Other measures would strengthen protections against surprise billing and increase insurer reporting requirements.

Legislators are also exploring increased oversight of private equity investments in healthcare, including acquisitions of physician practices and hospital systems, with a focus on clinical autonomy, cost growth, and patient access. The governor has proposed dissolving the Office of Health Strategy and redistributing responsibilities, including the Certificate of Need program and cost growth benchmarking, which could significantly reshape the state's healthcare regulatory landscape.

At this time we are continuing to monitor potential out-of-network legislation. While the full language has not yet been released, early indications suggest proposals could impact how insurers reimburse out-of-network services, which may affect patient access, balance billing protections, and overall reimbursement levels.

At this time, it appears that an individual bill expanding the scope of practice for CRNA's *will not be raised*. Preserving physician-led anesthesia care is a priority and while it is positive that there is not an individual bill at this time, we continue to remain vigilant and monitor all legislation in the scenario language appears elsewhere. It is important for members of CSSA to remain engaged to ensure patient safety and the integrity of physician led, team-based care.

CSSA Call to Action

The 2026 session presents consequential policy decisions that will directly affect physicians and the patients they serve throughout the State. CSSA encourages members to remain informed, testify at public hearings, communicate with legislators, and share real-world experiences about how these proposals impact clinical practice. FOCUS Government Affairs continues to work on behalf of CSSA to advocate for physicians, but active participation from members remains essential to protecting patient access, ensuring fair reimbursement, and preserving the sustainability of independent medical practices in the region.

Meanwhile, administrative burdens continue to hinder physicians and patients alike, particularly in the form of prior authorization requirements. Senate Bill 10 seeks to alleviate some of these challenges by penalizing insurers that fail to comply with mental health parity laws, prohibiting automatic downcoding, and limiting step therapy protocols. If passed, these measures would reduce bureaucratic inefficiencies and improve patient access to necessary treatments.

Patient protection remains a top priority for CSSA. After public scrutiny, Anthem Blue Cross Blue Shield withdrew a controversial proposal to limit anesthesia coverage. Legislators have since introduced a bill aimed at preventing arbitrary limits on anesthesia reimbursement, reinforcing Connecticut's commitment to patient safety and equitable insurance practices.

Finally, concerns about scope of practice continue to surface, with a new bill introduced to allow naturopaths to administer B12 injections. Board member, Dr. John Guzzi, testified in opposition, emphasizing the need for extensive clinical training in prescribing and warning that expanding prescriptive authority could compromise patient safety. CSSA remains steadfast in ensuring that high medical standards are maintained in Connecticut, ensuring that patient care is always guided by appropriately trained professionals.

As the session continues, FOCUS Government Affairs remains committed to advocating for policies that align with the priorities of CSSA. Our efforts will focus on promoting initiatives that prioritize patient safety, fair compensation for physicians, and the highest standards of medical care. We will continue working diligently to protect the interests of anesthesiologists and ensure that legislative outcomes ultimately benefit both healthcare providers and the patients they serve.



I would like to highlight some key ASAPAC accomplishments. These successes positively impacted you and your colleagues in 2024-2025.

Scope of Practice

- Blocked efforts by the U.S. Department of Veterans Affairs' Office of Nursing Services to eliminate physicians from the care team for more than 10 years to-date.
- Partnered with ASA state components in 2024 to defeat 17 AANA-led state independent practice initiatives and 2 APRN Compact initiatives. In 2025, this partnership defeated 8 AANA-led state independent practice initiatives and 4 APRN Compact initiatives.

Holding "Big Insurance" Accountable

- Won reversal of an egregious Elevance/Anthem Blue Cross Blue Shield policy to arbitrarily limit coverage and payment for anesthesia time.
- Following ASA's formal request and that of other stakeholders, U.S. Department of Justice initiated an investigation of United and Optum for anti-competitive behaviors.

Academic Medicine

- Protected \$50 million per year for the anesthesia teaching rule. As of 2025, the ASA-led "teaching rule fix" will have put three-quarters of a billion dollars exclusively into anesthesiology training programs.

Workforce

- Engaged with the Healthcare Workforce Coalition in support of additional residency positions and other physician workforce relief proposals.

It is critical that you make your voice heard in the legislative and regulatory areas that impact our livelihood. The best and most effective way to do that is to support the ASAPPAC. The ASAPAC is non-political, the only goal is to support legislators who support anesthesiologists. Additionally, the ASAPAC has been a key supporter of the CSSA. Think for a moment what the impact would be if even one of those bullet points was not present.

The political process can be messy and unpleasant. The thought process that suggests you are unwilling to support ASAPAC because you dislike a given party or legislator is misguided and does not help your profession. If you refuse to engage in supporting the primary way anesthesiologists can impact the political process what has been written before will become a reality:

"If we are not at the table, we will be on the menu."

Anesthesiologists "stay at the table" by supporting the ASAPAC!

John Satterfield MD FASA

BOD ASAPAC

860-302-2636

Expanding Pathways into Anesthesiology: A Conversation on the ABA Alternate Entry Route

The Connecticut State Society of Anesthesiologists (CSSA) Practice Management Committee recently hosted a virtual discussion focused on the American Board of Anesthesiology (ABA) Alternate Entry Pathway (AEP). Our featured guest was Dr. Andres Brenes Bastos, an anesthesiologist who successfully completed the pathway and shared firsthand insights into the process, its challenges, and its opportunities.

The ABA Alternate Entry Pathway was developed to provide exceptional physicians from other countries a structured route into anesthesiology training and certification without the need for retraining, minimizing both the social and financial impact of the applicant. The pathway requires fulfillment of all the written, oral and OSCE examinations typically presented by a US candidate in training over a 4-to-5-year period, and in addition, also requires a mentorship plan with a structured education or research path closely monitored by the host institution's program director. In Dr. Brenes Bastos's case, he also completed a fellowship in medical education. The AEP represents an important mechanism for diversifying the workforce and addressing evolving staffing needs in perioperative medicine and allows our nation and profession to attract highly qualified candidates. During the session, Dr. Brenes Bastos outlined his personal journey—from initial interest in anesthesiology to navigating the administrative and educational requirements of the pathway. He emphasized the importance of early communication with training programs, a clear understanding of ABA rules, and realistic expectations about the time and effort required. "This is not a shortcut," he noted. "It is a rigorous process designed to ensure that alternate entry physicians meet, or exceed, the same high standards of traditional residency graduates."

Participants had the opportunity to ask practical questions about eligibility, timeline, mentorship requirements, and the impact of prior training on anesthesiology career development. Several attendees expressed interest in how the pathway might help address workforce shortages in well-equipped academic departments. Others discussed how departments can better support qualified candidates who bring valuable clinical experience.

From a practice management perspective, the pathway raises important considerations for hospitals and groups. Recruiting physicians through alternate entry routes can broaden the talent pool, but it also requires thoughtful onboarding, supervision, and long-term professional development planning. Dr. Brenes Bastos highlighted the critical role of supportive departments and mentors in making the transition successful.

The CSSA Practice Management Committee organized this event as part of its ongoing mission to provide members with timely information on workforce trends, regulatory changes, and innovative solutions to clinical and operational challenges. As anesthesiology continues to evolve, understanding alternative training models will be essential for leaders, educators, and practitioners alike.

We extend our sincere thanks to Dr. Brenes Bastos for generously sharing his experience and to the many members who participated in the discussion. For those interested in learning more about the ABA Alternate Entry Pathway, detailed eligibility criteria and program requirements are available on the ABA website.

The CSSA remains committed to fostering conversations that strengthen our specialty and support the next generation of anesthesiologists, no matter which path brings them to the profession. Members are encouraged to stay tuned for future educational sessions hosted by the Practice Management Committee throughout the coming year.

John Guzzi, MD; Andres Brenes Bastos, MD

Medical Student Update

The Connecticut State Society of Anesthesiologists (CSSA) recently hosted its Fall Education Meeting, bringing together clinicians and trainees to explore the evolving role of anesthesiology at the crossroads of individualized care, advocacy, and sustainability. This year's symposium brought together a diverse group of participants, including twelve medical students, twenty residents, and nineteen attending physicians. Conversations ranged from translational considerations of patient-centered approaches to broader discussions on policy and the responsibility of physicians to promote sustainable practices in healthcare. These discussions build on the CSSA's commitment to shaping a thoughtful, resilient, and patient-focused future for anesthesiology.

Dr. Nicholas Douville, a critical care anesthesiologist at the University of Michigan with a background in bioinformatics and outcomes research, gave a compelling presentation on how data can be leveraged to improve anesthesiology practice. He introduced the Multicenter Perioperative Outcomes Group, a non-profit academic consortium that analyzes the interplay between patient comorbidities, surgical procedures, perioperative care, interventions, and postoperative outcomes. Dr. Douville outlined the many ways the platform has already supported diverse projects, ranging from outcomes and education to implementation science and applications in data science and AI. Looking ahead, he described how this framework is being built to support future clinical trials, mechanistic characterization, and health policy studies. His own research is centered on integrating data science and bioinformatics to deliver precision care and improve patient outcomes. As medical students, we found his talk to be both informative and motivating, offering a clear vision of how innovation and collaboration can shape the future of our field.

Dr. Jodi Sherman, Associate Professor of Anesthesiology and Epidemiology at Yale School of Medicine, illustrated the relationship between healthcare, disease, and pollution with a focus on anesthetic gases. She highlighted how desflurane and nitrous oxide contribute disproportionately to greenhouse gas emissions compared to alternatives. For example, using desflurane at 1.0 L/min for one MAC-hour is equivalent to driving 189 miles, while sevoflurane at the same flow rate results in just eight miles, demonstrating desflurane's substantially greater environmental impact. Dr. Sherman also emphasized that anesthesiologists can reduce their carbon footprint by making sustainable choices in the operating room, favoring reusable instruments over disposable ones, and minimizing fresh gas flow to reduce waste while still maintaining clinical effectiveness. Her talk challenged listeners to view clinical decisions not only through the lens of patient outcomes, but also in terms of their broader impact on the planet.

"What we found was that no matter how you look at the equation, Connecticut has been underfunding Medicaid by enormous percentages", Connecticut State Senator and Deputy Majority Leader Matthew Lesser orated in his CSSA address. However, with the state now holding the largest "rainy day fund" in its history, there is an opportunity to mitigate healthcare costs.

Advocates are urging a \$250 million investment to protect healthcare access, with \$15 million allocated thus far—not much, but "a start", Lesser lamented. Without further action, the newly passed congressional budget could lead to healthcare cost surges of up to 400% for low-income residents starting January 1st, with immigrants and asylum seekers at risk of losing coverage entirely. Many of those who lose Medicaid may also become ineligible for private insurance—an urgent concern in the face of rising private equity healthcare consolidation. Still, Lesser remains hopeful and is strongly urging residents to apply for coverage during open enrollment, which begins November 1st. His monologue was a harrowing but optimistic reminder for healthcare personnel to be informed, engaged, and mindful in advocating for patients in their care.

James Paolino, Esq., a principal lobbyist in Hartford, captured the room's attention with the striking reminder: "If you're not at the table, you're on the menu." His words lingered as attendees absorbed the weight of the message. Paolino outlined a practical "baby steps" approach to healthcare policy that even medical students could adopt, beginning with something as simple as getting to know their local elected leaders. His guidance offered a framework for how future

physicians can shape a career rooted not only in clinical practice but also in advocacy and civic responsibility.

The CSSA has welcomed us, broadening our perspectives on the important issues facing anesthesiologists, such as title appropriation and environmental considerations of inhaled anesthetics. Their dedication towards these issues demonstrates an unwavering commitment towards providing the best quality patient care.

Bruce Dinh¹, Tammy Nguyen¹, Daniel Pun¹, Shaila Gopal¹, Jay Rusch¹, Ethan Fong¹¹
Frank H. Netter School of Medicine, North Haven, CT

You are Invited: Yale POCUS and MCS Workshop

We are excited to invite you to our annual combined POCUS and MCS all-day workshop on April 25, 2026, at the Jane Ellen Hope Memorial Building in New Haven, CT.

This is a Yale CME event.

This engaging event covers:

1. Management of Shock using POCUS and MCS (hands-on)
2. Gastric and Airway Ultrasound
3. ASA POCUS Part 2 (evidence of diagnostic POCUS training) documentation
4. ASA POCUS Part 4 (local mentor review and approval) certification

Event Details:

- Morning Session (8 am-noon): Focused on Point of Care Ultrasound techniques.
- Afternoon Session (1 pm-5 pm): Dedicated to Peri-operative Management of Mechanical Circulatory Support Devices.

Special offers unique to this workshop:

- **ASA POCUS Course Discount:** Only registered participants for this workshop can sign up for the ASA POCUS certification at a highly discounted fee of \$800 (regular member fee with ASA mentor is \$1,540). You will receive a promotion code at the Workshop.

- **ASA POCUS Certification Support:** Faculty assistance (local mentor) is provided to complete Part 4 (review and approved), with access to complete Part 2 of the ASA POCUS certification.

Workshop Pricing: \$250 (both sessions) or \$150 (one session)

We encourage you to register at your earliest convenience. Space is limited and will be allocated on a first-come, first-serve basis, subject to availability.

We look forward to your participation! Enhance your clinical skills at this exclusive event!

Best Regards,

Nikhil Chawla, MBBS

(please see QR code on following page)

REGISTRATION INTRUCTIONS:

Please scan the image at right (QR Code) with your Smartphone or Tablet to be directed to the conference homepage and proceed.



REGISTRATION FEES:

Registration fee* includes all conference materials, continental breakfast, refreshment breaks, and lunch.

Workshop Fee: \$250 (both sessions), \$150 (one session)

All cancellations must be received in writing (or via e-mail) at least one week prior to the start of the conference to receive a refund. Any requests for refunds received after this date, or by telephone, will not be honored.

If you have any questions, please contact Lynn Bouffard at Lynn.Bouffard@yale.edu.



Join Us for CSSA Jeopardy

Thursday, May 21, 2026

Hilton Garden Inn Wallingford/Meriden

Those who have attended in the past know that this is an entertaining as well as educational event. The program will be hosted by Jeff Schwartz, M.D.

Be there to cheer the Jeopardy teams -

Yale Residents vs UConn Residents vs Quinnipiac Residents

as they battle for the prestigious copper kettle!!!

6:00 pm - Cocktails/Dinner

6:30 pm - Installation of New CSSA Officers

6:45 pm - Jeopardy

This is always a fun event, and a wonderful evening.

RSVP at www.cssahq.org