Dear Chair Bagnall, Vice Chair Cullison, and members of the House,

My name is Daryl Jacob, a Certified Anesthesiologist Assistant, and I am submitting this letter in support of bringing CAAs to Maryland. I work in DC and commute from where I live in MD. I have over a decade of anesthesia experience and have been a safe anesthesia provider for pediatric patients in the district since 2017. I have worked with MDs, fellow CAAs and CRNA colleagues in school and in work. I have been a preceptor for SAAs, SRNAs and also MD residents throughout my career.

At my hospital, our department uses the Anesthesia Care Team (ACT) model for pediatric surgery. Our most senior anesthesia doctors understand that even with extensive training and experience, 2 brains and 4 hands are critical for typical events in pediatric anesthesia (which is considered to be a more acute specialization than adult anesthesia, i.e. a healthy pediatric patient can deteriorate more rapidly than a healthy adult patient). CAAs do not claim to have MD training and welcome them as an integral part of the team. CAAs do not pursue independent practice nor do they pursue misleading doctorates to confuse our communities, patient population and decision makers. When I have a child that needs surgery, I will require a medical doctor on the anesthesia team.

The go-to argument for anesthesia providers of differing training (and there are many now: CAA, MD, CRNA, Dental, OMFS) is to make the claim that one has more competence than the others. CRNAs call CAAs incompetent, and in turn, MDs call CRNAs incompetent, etc. etc. It seems that these various perspectives provide arguments out of self-interest, understandably, under the guise of patient safety. The fact of the matter is: CAAs have been in practice for more than half a century (since 1971!) and the states that have successfully implemented their licensure have had no major institutional occurrences, no remarkable patient endangerments. The ASA has published time and time again that research studies reveal no significant safety data between CAA and CRNA staffing. As it so happens, they've continued to have safe anesthesia care and enjoy additional coverage, increase in revenue and decrease in expenses as desired by hospital administration.

It is worth mentioning that the MAAA (Maryland Anesthesiologist Assistant Association) group has agreed to pay the licensing fees in full to bring CAAs to Maryland where we live

and are ready to work. At current, locums and travelers are costing more to staff instead of having long-term full-time anesthetists.

Respectfully,

Daryl Jacob MSA CAA
Children's National Medical Center