

Committee Members,

Representative Speakman, while I reside in Representative Knight's district, I also serve on Warren's economic development boards and wish to acknowledge the collaborative efforts you both have contributed to making Warren a thriving community.

My name is Albert Federico. I am a nurse anesthetist (CRNA) licensed to practice in Rhode Island and Massachusetts. Additionally, I serve as an associate professor of nursing for Columbia University's nurse anesthesia program. I am reaching out to express my support for House Bill 8237, which ensures that patients in our state receive safe, effective, and qualified anesthesia care during procedural anesthesia, including endoscopies.

My nursing journey began at Rhode Island Hospital in the Neuro Critical Care Unit, where I worked for two years before being accepted into the Nurse Anesthesia Program at Yale New Haven Hospital. Typically, candidates must spend a minimum of two years working as a nurse in an intensive care unit before applying to CRNA school, with the national average being approximately five years. My experience in the NCCU undoubtedly strengthened my candidacy for admission.

Throughout my tenure as an SRNA, I received comprehensive training in various anesthesia techniques, becoming proficient in administering anesthesia safely to patients, both general anesthesia and MAC anesthesia. Our progress in the Doctor of Nurse Anesthesia Practice program is closely monitored by the Council on Accreditation (COA), requiring submission of detailed time, case logs, and procedural logs. This rigorous process is imperative to ensure that CRNAs are highly trained experts in the field of anesthesiology.

I've been considering how to articulate the danger that Lifespan is exposing our patients to and why many of my colleagues are deeply concerned. The upper endoscopy procedure involves inserting an endoscope into the patient's esophagus and then into their stomach, necessitating the suppression of their cough and gag reflex. Suppressing these brainstem reflexes with Propofol constitutes general anesthesia. I cannot emphasize this point enough. Lifespan is not merely asking our NP colleagues to administer conscious or moderate sedation; they're asking them to administer general anesthesia without securing an airway and then label it as conscious sedation. This manipulative use of terminology is alarming and puts patients in the State of Rhode Island at risk. This is not something they are trained to do. There is no educational requirement nor is there any accreditation board that monitors this practice.

Physician Anesthesiologist Residency Programs are nationally regulated by the ACGME, ensuring standardized requirements that all MDAs must meet for board certification. Similarly, SRNAs are monitored nationally by the Council on Accreditation, with specified educational and case requirements, prior to being eligible for board exam for CRNA practice. These measures are in place to uphold public safety and trust in the anesthesia profession.

It is not in the purview of a single organization to unilaterally decide on training requirements for a specific specialty or procedure, especially when those practices are not recognized by a single national accrediting body.

Moreover, the American Society of Anesthesiologists and the American Association of Nurse Anesthesiologists emphasize the importance of proper training and supervision when administering Propofol, stressing that it should only be done by individuals trained in general anesthesia administration.

*"Whenever propofol is used for sedation/anesthesia, it should be administered only by persons trained in the administration of general anesthesia, who are not simultaneously involved in these surgical or diagnostic procedures. This restriction is concordant with specific language in the propofol package insert, and failure to follow these recommendations could put patients at increased risk of significant injury or death."* This statement was updated in 2019 to include a select few physicians who have received proper training, but this recommendation remains unchanged.

The ASA further underscores the continuum of sedation, emphasizing the need for trained professionals to recognize and respond appropriately to changes in sedation depth.

*The ASA... "has genuine concern that individuals, however well intentioned, who are not anesthesia professionals may not recognize that sedation and general anesthesia are on a continuum and thus deliver levels of sedation that are, in fact, general anesthesia without having the training and experience to recognize this state and respond appropriately."*

*"Because sedation is a continuum, it is not always possible to predict how an individual patient will respond. Due to the potential for rapid, profound changes in sedative/anesthetic depth and the lack of antagonist medications, agents such as propofol require special attention. Even if moderate sedation is intended, patients receiving propofol should receive care consistent with that required for deep sedation."*

The primary objective of House Bill 8237 is to ensure patient safety in perioperative and endoscopy settings. Providing general anesthesia without secured airways poses significant risks and should be performed by rigorously trained anesthesia professionals. The American Association of Nurse Anesthesiologists (AANA) has established practice guidelines to safeguard patients when using Propofol for sedation, restricting its administration to qualified anesthesia providers.

I want to, lastly, acknowledge the invaluable contributions of other nurse practitioner specialties to our healthcare system. They are essential in the healthcare system in Rhode Island. They are highly trained in their respective fields and this is not an indictment of their education, training, or quality of care that they provide. It's important to clarify that this bill does not seek to diminish their scope of practice. Rather, it aims to ensure that anesthesia services in the GI procedural setting are provided by appropriately trained anesthesia professionals due to the level of anesthesia required.

My concern is that without passing this bill, we risk realizing its importance only after a tragic event.

In conclusion, I urge you to continue advocating for patient safety and support HB 8237. I trust our elected officials to prioritize public safety in healthcare practices. If you have any questions or concerns regarding this bill, I am available for further discussion.

Sincerely,  
Albert Federico DNAP, CRNA