

May 14, 2024

Speaker Shekarchi and Members of Health and Human Services Committee  
Rhode Island House of Representatives

Dear Speaker Shekarchi and Members of the Health and Human Services Committee,

My name is Amber St Hilaire, and I am a student registered nurse anesthetist (SRNA) and resident of Warwick (state representative district 23). I am writing to emphasize my strong support of House Bill H8237. This bill is crucial in ensuring patient safety by prohibiting nurse practitioners from independently administering propofol during elective gastrointestinal procedures. The independent administration of propofol by nurse practitioners poses a significant risk to patient safety, as they lack formal education in general anesthesia. General anesthesia is a highly intricate practice that demands not only extensive knowledge of the administered agents, but also profound expertise in handling potential complications.

As a SRNA, I deeply understand the rigorous education required before being authorized to independently administer propofol. The pathway to becoming a CRNA entails obtaining a Bachelor of Science in nursing, followed by an average of 3-5 years of critical care nursing experience, and then completing a doctoral CRNA program. In my program at Northeastern University, we undergo four semesters of intensive didactic training before even stepping foot into an operating room. This didactic training includes education on the pharmacology, pathophysiology, and complication management involved in providing general anesthesia. After completing our rigorous didactic training, all programs complete a minimum of 2000 hours of hands-on clinical training including extensive cases requiring propofol, as required by our accreditation board. However, most programs greatly surpass these numbers. This combination of extensive didactic and clinical equips us with the confidence to provide safe general

anesthesia care, including administration of propofol during gastrointestinal procedures, to every patient.

In stark contrast, nurse practitioners undergo nowhere near this level of training or exposure to propofol during their education. Due to this, it is profoundly unsafe for them to administer propofol independently. Their lack of formal training and limited exposure to propofol means they are ill-prepared to handle the serious complications that can arise from its administration. Their deficiency in training could lead to delayed responses to emergent situation provoked by propofol such as severe respiratory depression and airway obstruction – both of which can quickly progress to death if not promptly identified and addressed. Furthermore, the American Society of Anesthesiologists (ASA), American Association of Nurse Anesthesiology (AANA), and the Food and Drug Administration (FDA) have all issued statements emphasizing their position that propofol should exclusively be administered by persons trained in the administration of general anesthesia. The statements of these various authoritative bodies emphasize that failing to adhere to these guidelines increases the risk of significant injury or death to patients.

In light of these considerations, I urge you to recognize the crucial role of House Bill 8237 in upholding patient safety and maintaining the highest standards of anesthesia care in our state. Thank you for your attention to this pressing matter.

Sincerely,

Amber St Hilaire

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