

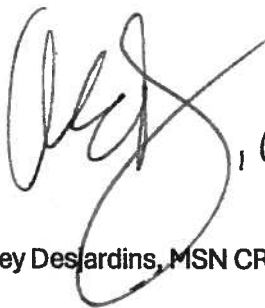
House Speaker K. Joseph Shekarchi, Minority Leader Michael Chippendale, and all esteemed House committee members,

I am writing to you all today in SUPPORT of H8237. The intent of this bill is not to focus on limiting practice for providers administering propofol in the Emergency Departments or Intensive Care Units, nor to restrict access to patient care. This bill is strictly related to providing patients with safe care specific to elective gastrointestinal (GI) procedures such as colonoscopies and/or endoscopies.

Nurse anesthetists are widely recognized as highly trained airway experts who have specific, in-depth anesthesia training. As a Certified Registered Nurse Anesthetist (CRNA) for 6 years, I feel that these procedures can be one of the more challenging anesthetics as they can be very stimulating, especially upper endoscopies. It's important to note that many healthy patients respond unpredictably to propofol sedation and often require large doses to get them comfortable enough to tolerate these procedures. Even if there is a protocol and a limit to what is allowed to be administered, this is a slippery slope if the provider does not have the proper training to manage a deeper level of sedation. Furthermore, there is currently no reversal agent for propofol.

In my opinion, it is very easy for patients to enter a level of sedation that is deeper than initially intended, which is another reason that a qualified anesthesia provider should be administering this drug for elective GI procedures. The bottom line is Nurse Practitioners should not be administering this medication in this setting due to potentially dangerous outcomes. Thank you for your consideration and attention to this very important patient safety concern.

Sincerely,



, CRNA

Ashley Desjardins, MSN CRNA