

May 14, 2024

House Committee on Health and Human Services  
RI State House  
82 Smith Street  
Providence RI 02903  
**VIA FACSIMILE/EMAIL ONLY**

Re: House Bill 8237 entitled “An act relating to the business and professions — nurse anesthetists”

Dear Chairperson Donovan and members of the HHS Committee:

I am a physician on the medical staff at The Miriam Hospital, serving on its Patient Safety Zero Harm Committee. I write representing my personal views in opposition to House Bill 8237 entitled “An act relating to the business and professions — nurse anesthetists”, which I believe is not in the best interests of patients.

This misinformed effort, instigated by a group of certified registered nurse anesthetists (CRNAs), alleges that they alone should administer sedation in healthcare. Their misguided attempt depends on the incorrect assertion that a “Black Box Warning” restricted the use of propofol.

First, drug manufacturers write Black Box Warnings to alert prescribers of potential problems. Although propofol once had such a warning, it was removed, in 2016, after accumulated experience showing safe use of the drug under current procedural guidelines. That safety record reflected years of expertise and cautious study that were allowed—even when a Black Box Warning was present—because the manufacturers’ warnings do not preempt the reasoned medical judgment of prescribers committed to the safe application of medicines to our patients. (For more details, see <https://www.fda.gov/regulatory-information/search-fda-guidance-documents/warnings-and-precautions-contraindications-and-boxed-warning-sections-labeling-human-prescription>.)

Second, many medical procedures are uncomfortable, painful, or cause anxiety for patients yet require them to hold still for the duration. In the past, patients simply had to endure these procedures, but moderate sedation eliminates much of their trauma. Frequent standard procedures, such as endoscopy, cardioversion, cardiac catheterization, reduction of dislocated joints and fractures, suturing lacerations, and simple bedside procedures in the emergency room, critical care and other hospital areas have benefited from safe moderate sedation administered by nurses and nurse practitioners. The medical literature documents broad experience using medicines like propofol that led to the removal of propofol’s Black Box Warning in 2016.

Finally, moderate sedation is not general anesthesia, but this bill would create that false equivalence. The bill will impede efforts to comfort patients by placing an unjustified logistical barrier on moderate sedation that has been done safely by nurses and nurse practitioners for over 15 years, undoing an already well-established practice that is accepted in the United States and worldwide. This bill will increase Rhode Islanders’ risk of pain with common medical procedures despite the proven safety of moderate sedation. Thank you.

Sincerely,

Cyril O. Burke III, M.D.  
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