

David Cain  
60 Fosdyke St  
Providence, RI 02906

May 14, 2024

The Honorable Susan R. Donovan, Chair  
House Health and Human Services Committee  
82 Smith Street  
Providence, RI 02903

Dear Chairwoman Donovan:

I am writing to express my support for HOUSE NO. 8237, AN ACT RELATING TO BUSINESSES AND PROFESSIONS – NURSE ANESTHETISTS - SAFE ADMINISTRATION OF SEDATION.

My name is David Cain and I am a resident of Providence and constituent of Representative Kislak. I have been practicing as a Certified Registered Nurse Anesthetist (CRNA) for 14 years, all of them in Rhode Island and Massachusetts. I served as the chief CRNA for Narragansett Bay Anesthesia from 2013 to 2018. I was then chief CRNA for Steward Medical Group from 2018 to 2019. I was responsible for managing over 60 CRNAs as well as helping to draft policies and procedures related to anesthesia and sedation. I also previously served as the treasurer for the Rhode Island Association of Nurse Anesthetists and currently hold the position of state reimbursement specialist.

The purpose of H.8237 is to ensure that propofol and certain other potent anesthetic medications are only administered by practitioners trained in their use, but more importantly, trained to rescue patients from over sedation. It has recently come to my attention that Rhode Island Hospital is planning to utilize Nurse Practitioners (NPs) to administer propofol to patients in the endoscopy unit. This was viewed as a solution to the anesthesia staffing shortage that Lifespan is experiencing. Unfortunately, the NPs are caught in the middle. I want to be clear that this is not a turf battle between CRNAs and NPs, but a patient safety issue. In fact, the Board of Nursing issued a letter on April 23, 2024 that stated the Department of Health does not support the administration of propofol by NPs, yet the Department of Anesthesia at Rhode Island hospital went forward with the program anyway and had NPs giving propofol in the endoscopy suite that very day.

While NPs are highly educated, they are not trained to administer all levels of sedation. The American Society of Anesthesiologists and the American Association of Nurse Anesthesiology have issued statements that say *"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.*" In addition, the sedation standard of The Joint Commission, which is the accrediting body for Lifespan facilities, states *"Individuals who are privileged to administer sedation must be able to rescue patients at whatever level of sedation or anesthesia is achieved either intentionally or unintentionally, e.g., when the patient slips from moderate into deep sedation or from deep sedation into full anesthesia."* Propofol dosing and its effects are highly variable from patient to patient. A dose that may moderately sedate one patient, could induce general anesthesia in another. There is no reversal agent for propofol. An overdose can lead to respiratory depression and, if not treated quickly, cardiac arrest. It is for this reason that the person administering propofol should be capable of immediately rescuing the patient which could include tracheal intubation. As a CRNA, I have intubated thousands of patients in many different scenarios, from a controlled operating room environment, to the hectic emergency room, in patient rooms during a code blue, and in the ICU during COVID.

The administration of anesthesia to patients, whether moderate sedation or general anesthesia, is a tremendously humbling responsibility. Allowing non-anesthesia providers to administer these medications, more specifically propofol, is a patient safety issue. I urge you to pass H.8237 to protect patients in Rhode Island.

Sincerely,

A handwritten signature in black ink, appearing to be 'DC' or similar initials, written in a cursive style.

David Cain, MSNA, CRNA, APRN