

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

May 14, 2024

Via email to: HouseHealthandHumanServices@rilegislature.gov

RE: Testimony in Opposition to House Bill 8237 entitled AN ACT RELATING TO BUSINESS AND PROFESSIONS – NURSE ANESTHETISTS

Dear Chair Donovan and Members of the HHS Committee,

My name is H. Christoph Stretz from House District 24, and I am a stroke and critical care neurologist working as an attending physician in the Neurocritical Care Unit and the Stroke service at Rhode Island Hospital. The Neurocritical Care Unit at Rhode Island Hospital is the only dedicated critical care unit for neurologic critically ill patients in Rhode Island and our ICU takes care of patients with some of the most severe and potentially life-threatening neurologic illnesses such as traumatic brain injuries, severe strokes, brain aneurysms and recurrent or continuous seizures also known as status epilepticus.

I oppose House Bill 8237 since it has the potential to severely impact the delivery of timely, safe, and high-quality care to patients in our Neurocritical Care Unit.

Many hospitals in the United States as well as in Rhode Island, including Rhode Island Hospital, rely on advance practice professionals (APPs) as part of a collaborative care team to provide timely and safe patient care, across various settings, from the emergency room to inpatient and intensive care units. To put it another way – without the continuous presence of our APP staff, many service lines, including our Neurocritical Care Unit, could not function.

Patients with neurologic critical illness often require intubation and ventilatory support, and intubated patients in the Neurocritical Care Unit often require use of several medications being addressed in this bill, including ketamine and propofol. Status epilepticus is a medical emergency and one condition commonly treated in (Neuro) critical care. In intubated patients with status epilepticus, both ketamine and propofol are commonly used off-label to achieve seizure control and not primarily for sedation. Consequently, attaining seizure control, if necessary, with above medications, is paramount, but would be challenging due to limitations put in place by this bill, such as in section 5-34.2-2.1 (b), which requires the immediate presence of a CRNA, other

qualified anesthesia provider, or other emergency room, intensive care, or other physician trained in airway management. While section 5-34.2-2.1 (c) does allow for a few exceptions of medications to be administered in mechanically ventilated patients, these do not include the administration of barbiturates, a class of sedating medications used in both anesthesia and neurocritical care units for the purpose of seizure control and treatment of elevated intracranial pressure. This class of medications can make the difference between life and death and is critical for the treatment of neurological emergencies.

However, not all patients in neuro and other critical care settings require intubation and mechanical ventilation. In non-intubated patients, sedation may be required such as to treat agitation due to acute brain injury or due to other critical illness, or for patient safety to avoid removal of critical medical devices such as central lines or intracranial monitors. Passage of this bill would effectively preclude the use of sedation in non-intubated critical care patients by nurse practitioners.

In summary, the passage of this bill would severely limit treatment options our nurse practitioners have in caring for critically ill neurologic patients, thereby jeopardizing the care patients receive in our Neurocritical Care Unit. I encourage you to vote against House Bill 8237 to ensure continued access to safe, timely and high-quality care for neurocritically ill patients here in Rhode Island.

Thank you for your time and the opportunity to speak against House Bill 8237. I am happy to answer any questions you may have.

Sincerely,

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