House Health and Welfare Committee Members:

I support House Bill H8237 and ask that you consider my testimony.

I worked for the Lifespan Physician Group Anesthesia department (formerly Providence Anesthesiologist Inc.) as a CRNA for 11 years before leaving voluntarily in 2023. I firmly believe that if the anesthesia department leadership maintained a primary focus on fostering a culture of safety, I would still be working there. Culture is what you allow, culture is what you emphasize. In contrast, there is a current proposal for patients undergoing elective invasive GI endoscopic procedures at Rhode Island Hospital to receive IV propofol sedation by providers who are not traditionally trained in anesthesia delivery.

My graduate CRNA training which I completed in 2013 consisted of a 32 month, 54 credit, full time didactic & clinical program. The final 24 months of which were specific to training in general anesthesia with 40+ hours a week at clinical practice along with anesthesia specific courses (none of which my NP colleagues were enrolled in)

I have spent tens of thousands of hours caring for patients along the whole spectrum of anesthesia in a busy trauma center & subsequently a busy community hospital that has allowed me to deliver safe deep sedation to members of the RI community in need of elective GI endoscopic procedures. My most harrowing moments have been when caring for healthy patients presenting for elective surgical cases & procedures. The most difficult of all are patients who do not have a secured airway.

In the last year alone, I have cared for over 1,000 patients during GI endoscopy procedures. It is extremely difficult to maintain conscious or moderate sedation with IV propofol sedation. Conscious/moderate sedation frequently causes a patient to experience disinhibition & aggression, necessitating deeper sedation. After conscious/moderate sedation, patients enter an excitatory phase of anesthesia with dis-coordinated breathing & erratic muscle movement. It's very difficult to know without proper hands-on training & years of professional practice as a CRNA (or anesthesiologist) whether your patient has entered this excitatory phase or is still inadequately sedated or most critically is experiencing respiratory distress leading to arrest.

As someone who not only works but also lives in our community, I ask you to please support House Bill H8237.

Thank you for your time,
Julia LaBossiere APRN, CRNA
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To The Speaker and Houses Committee members

Hi my name is Tiffany Ryan I have lived in Newport for nearly 8 years, 5 of those years I have worked for Lifespan at Newport Hospital, Rhode Island hospital and Mariam hospital. I take pride in caring for my local community members. It was with great reluctance and supreme sadness that I left my position at Lifespan 1.5 years ago. I currently provide anesthesia at endoscopy centers around Rhode I Island and at an outpatient surgical center in Warwick. I deeply loved caring for my community members and I pride myself in keeping my patients safe. Please! Please support Senate Bill 3035 and/or House Bill 8237. If this bill isn't passed our community safety is at great risk.

Important background to understand:

In order to become a CRNA one must work in an ICU as a Registered Nurse for at least 3 years before applying to a Nurse Anesthesia Graduate program. This is strikingly different from requirements for traditional Nurse Practitioner prerequisites. I know because I was enrolled in an Adult Acute Care Nurse practitioner program and the program required very little nursing experience.

In my Nurse Anesthetist Program at Northeastern University I trained for 3 years learning how to manage patient airways under Moderate Anesthesia and General Anesthesia. It is vital to understand how challenging and potentially dangerous anesthesia sedation can be for patients without a secured airway (i.e. breathing tube, laryngeal mask airway). The most challenging part of my training was learning how to perform sedation in the Endoscopy Suite, specifically during upper endoscopies. During these cases the Gastroenterologist places a scope into the mouth of a sedated patient. The scope then continues down, moving adjacent to the vocal cord and down the esophagus extending further through the stomach into the opening of the small intestines. In these cases there are a myriad of things that can go wrong (I.e. retained food, laryngeal spasm, tumors) and all of which can result in obstructing the patient's airway, a life threatening event.

These are the types of cases that Gildasio De Oliveira and Lifespan is proposing that Nurse practitioners provide anesthesia in our community. This is so wild and unsafe. No one in the United States is doing this because it is insanely dangerous and completely negligent. Nurse practitioners have no training in this type of patient care. Being certified in CPR and Advanced Life Support (ACLS) isn't sufficient. If it were, why would I have spent 3 years of my life and 150k on training to become a Nurse anesthetist? I have been ACLS and CPR certified

since I was a young nurse. It absolutely did not qualify to provide sedation in the endoscopy setting.

Please! Please, for your safety, and the safety of your family members and our community please support this BIll. This is a very slippery slope.

This is just another step toward eliminating high quality health care to all Rhode Islanders. I believe if this bill isn't passed our most vulnerable, underinformed, disparate populations will be the first people to unknowingly participate into this very dangerous method of anesthesia sedation.

Please Call Me. I will make time to answer any questions. If you have a GI doctor you know and love and ask them how they feel about the use of Nurse practitioners for sedation cases.

You're Concerned Neighbor and Local Nurse Anesthetist,

Tiffany Ryan, CRNA

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