

Chairperson Donovan and members of the House Health and Human Services Committee:

My name is Kate Bishop, and I am a doctorally-prepared nurse anesthetist. I have 10 years of experience as a pediatric ICU nurse at Johns Hopkins Hospital, Georgetown University Hospital, and Children's Hospital of Philadelphia. I have 4 years of experience as a CRNA, and have worked for Lifespan my entire anesthesia career. During these 4 years with Lifespan, I have spent at least a third of all my time directly administering anesthesia for endoscopy procedures. My extensive experience in this one facet of anesthesia has given me a particular level of expertise in procedural sedation, particularly with regards to the use of the drug propofol.

I strongly support the House Bill 8237.

I would like to share a story about a patient I took care of just last week. She was about 40 years old, a non-smoker, and otherwise healthy, aside from a pesky dry cough and some acid reflux. She is what we designate as an ASA 1, the healthiest and least complicated type of patient. I was providing sedation for an upper endoscopy, which would tell us more about her acid reflux. After placing her on oxygen and full monitors, I start delivering propofol to get her to sleep for the procedure. Before the procedure even begins, she starts to cough. At this point, any anesthesia provider knows exactly what happened next.

She was going into what is called a laryngospasm, easily the most common life-threatening airway emergency we see in the endoscopy procedural area. This is when the vocal cords partially, or fully close, blocking the passage of air to the lungs. Left untreated, a patient's oxygen level can quickly decline, leaving the brain and body starved of oxygen. Treatment consists of a number of less invasive techniques, all the way to chemical paralysis and intubation; the placing of a tube between the vocal cords to ensure oxygen can pass.

My years of anesthesia experience and training is what enabled me to quickly recognize this condition and treat it before any harm to the patient occurred. Muscle memory, repetition, and zero hesitation moving through the treatment algorithm is why this woman woke up safely. It takes years to get to this level of expertise.

Propofol given alone or in combination with other sedatives is unpredictable, quickly dysregulating our normal, protective airway reflexes. When administered by an anesthesia provider with years of experience, propofol is a safe and essential component of procedural sedation.

Nurse practitioners are an essential member of our healthcare team. They provide care in nearly every medical specialty, filling the gaps in healthcare where most needed. However, permitting nurse practitioners to administer propofol for procedural sedation without the prerequisite years of anesthesia training is unsafe, unwise, and something I cannot support.

Respectfully submitted,



Kate R. Bishop, DNP, CRNA, APRN
House District 73