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Chairman Donovan, distinguished members of this committee, thank you for affording me an opportunity to comment and **SUPPORT H 8237 (S 3035 Sub A)**. My name is Keith Macksoud, I am a Certified Registered Nurse Anesthetist (CRNA), I have been actively practicing anesthesia for the past 38 years, was an instructor and then assistant Program Director for the Memorial Hospital School of Nurse Anesthesia for 25 of those years, an Army Reserve Retired Lieutenant Colonel, and a war veteran who served my Country in both Desert Storm and Iraqi Freedom. Now I am currently the Chief Nurse Anesthetist at Sturdy Memorial Hospital in Attleboro Mass.

During my entire practice, my focus and that of every other CRNA that I have worked with and educated is patient safety. Licensed anesthesia providers, like CRNAs are the ones who ensure that those patients undergoing procedures and surgeries are kept comfortable, pain free and safe. This requires our constant vigilance and intervention throughout the patient's anesthetic course. Anesthesia as some of you might know is not an exact science where it can be turned on and turned off. Rather, it is a continuum that requires almost constant adjustments to compensate for anesthetic depth as it relates to the amount of surgical or procedural stimulation. Putting this into simple terms, the exact same patient who is having hand surgery will require a different amount of anesthesia than if he or she were having their gall bladder removed. In the same way that an elderly patient with cardiovascular disease will require a different amount of anesthesia as compared to a middle-aged smoker with diabetes, as compared to a middle-aged individual who is healthy and active. The reason I am explaining this is that while at times what we do might look simple, I can guarantee you that it is not.

The reason for submitting testimony today is to **SUPPORT H 8237 (S 3035 Sub A)**, which ensures and codifies that the general anesthetic drugs that we utilize and administer to our patients are only given by those individuals who are educated, trained and licensed to do so. While these general anesthetics may, in the proper hands be also used to sedate individuals, they can and have caused great harm and even death to patients when administered improperly. This is not just my opinion, nor that of the Rhode Island Association of Nurse Anesthetists, it is also the position of the two National anesthesia provider associations, the American Society of Anesthesiologists (ASA), and the American Association of Nurse Anesthetists (AANA) who understood the dangers of improper administration of these general anesthetic drugs, Propofol and wrote the following joint statement and guideline:

"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."

Because of the serious, profound and rapid actions of Propofol, a drug that has no antagonist and cannot be reversed if too much is administered, the Federal Drug Administration has ordered that the following warning label be placed on it,

“For general anesthesia or monitored anesthesia care (MAC) sedation, DIPRIVAN should be administered only by persons trained in the administration of general anesthesia and not involved in the conduct of the surgical/diagnostic procedure.”

It is undisputed that when Propofol is administered to patients, it can and does cause cardiovascular suppression leading to decreases in heart rate and blood pressure, as well as rapid and significant respiratory depression, which if left undiagnosed or untreated could lead to patient harm.

The Rhode Island Association of Nurse Anesthetists (RIANA), in November 2023 was made aware that Lifespan was creating a new position in at least one of its facilities, Rhode Island Hospital. This new position is “Anesthesia Sedation Nurse Practitioner” a title that is not recognized by those institutions who educate and graduate Certified Nurse Practitioners, nor is it recognized in the Rhode Island Nurse Practice Act, but rather an obscure job title found only in the State of Rhode Island to our knowledge, as was posted on their Indeed search for applicants. Their goal is to have these Nurse Practitioners replace licensed anesthesia providers and administer Propofol to patients that will undergo upper endoscopies and colonoscopies at Rhode Island Hospital. This is unconscionable, in direct conflict with the guidelines proposed by the two national anesthesia societies, ignores the warning issued by the Federal Drug Administration, unrecognized by the Rhode Island Board of Nursing, and jeopardizes patient safety.

That is why the **RIANA** approached the RI Department of Health, Board of Nursing, and asked for a ruling as to whether or not the administration of Propofol for scheduled procedures on an elective outpatient basis is within the scope of practice of a Nurse Practitioner. We testified before the Advanced Practice Nurse Advisory Committee, and at the direction of their legal counsel, this was referred to the DOH Director. On April 23, 2004 we received the following from Lynda D’Alessio, Director Nursing Registration and Nursing Education.

“After careful review of the American Society of Anesthesiologist (ASA) and American Association of Nurse Anesthetists (AANA) positions, manufacturer product labeling and the Rhode Island Nurse Practice Act, and after considering the opinions of the Advisory Committee members, RIDOH does not support the administration of Propofol by Certified Nurse Practitioners.”

However, even with this ruling, Lifespan is continuing with its plan to train the Nurse Practitioners they have already recruited to become Anesthesia Sedation nurse practitioners and allow them to administer Propofol to independently and electively sedate patients at their facilities.

This is the impetus of why the **RIANA** is respectfully asking this legislative body to pass this important lifesaving piece of legislation and to codify that drugs classified as general anesthetics by the FDA be administered only by licensed anesthesia providers, except in certain lifesaving circumstances, and/or critical care areas as outlined in this bill.

Our fear is that if this provision is not clearly defined in statute, and left to the regulatory decision, then it will continue to be ignored, nurse practitioners will continue to administer general anesthetic agents to patients scheduled for elective outpatient procedures, and patient safety will be jeopardized. Therefore, as a practicing CRNA and former assistant program director of the Memorial Hospital School of Nurse Anesthesia.

I respectfully request that the House Committee on Health & Welfare vote in FAVOR of H 8237 (S 3035 Sub A) for the safety and well-being of our patients.

Sincerely,
Keith E Macksoud

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