House Health and Welfare Committee,

My name is Kristen Beaumier and I am a Certified Registered Nurse Anesthetist (CRNA). I worked as a critical care nurse in the surgical trauma intensive care unit at Yale New Haven Hospital in New Haven, CT for 4 years. I then completed my anesthesia training (3 years, full time) at Hartford Hospital in Hartford, CT, and received my Doctorate in Nurse Anesthesia Practice from Central Connecticut State University. Since relocating back to my home state of RI, I have worked at Lifespan Physician Group as a CRNA for 1 year. Given my background and training, I feel strongly to write to you in support of House bill 8237 with the intent to maintain patient safety in procedural areas where anesthesia is administered.

Firstly, I want to acknowledge the invaluable contributions of other nurse practitioner specialties to our healthcare system and their essential role in healthcare delivery in our state. It's important to clarify that this bill does not seek to diminish the scope of practice for other advanced practice providers. Furthermore, it does not prohibit the use of Propofol in other hospital settings, such as the emergency department and the intensive care unit. Nurse practitioners would still be able to order Propofol for sedation in situations where patients have established airways or in other critical scenarios.

This bill stems from the attempted utility of nurse practitioners to provide anesthesia independently in the endoscopy unit at Rhode Island Hospital. This is a practice I have not seen in CT, and I know it was not considered within the scope of practice of those without anesthesia training. This is because a risk of administering anesthesia is the loss of airway reflexes, resulting in the need to emergently intubate in certain scenarios. Having an anesthesia expert administer anesthesia, such as a CRNA or anesthesiologist, decreases the likelihood of complications that may arise such as aspiration, hypoxia and in severe cases, death, resulting from the inability to secure a patient's airway by an individual not trained in anesthesia.

In a recent literature review of sedation practices, it was determined that patients sedated with propofol for gastrointestinal procedures have an increased risk of airway complications and thus require anesthesia providers capable of maintaining a patent airway.[1] Additionally, it stated that the Gastroenterological Society of Australia and the British Society of Gastroenterology does not support sedation with propofol by anyone who is not adequately trained in the field of anesthesia.[1] As far as recommendations in the United States, the American College of Gastroenterology and the American Society of Gastrointestinal Endoscopy state that the clinician administering propofol "should be capable of rescuing the patient from general anesthesia", further supporting the need for a CRNA or anesthesiologist in these types of cases.[2]

Having been trained in anesthesia for 3 years, and now practicing as a CRNA for 1 year, I have seen how quickly patients decompensate after propofol sedation and require rescue airway maneuvers to prevent complications. The vast majority of our population suffer from obesity and sleep apnea, resulting in a decreased pulmonary reserve and rapid desaturation following a propofol bolus. With all of these things in mind, it is of utmost importance to ensure those receiving propofol for elective GI procedures are being monitored by anesthesia experts capable of quickly rescuing the airway if the need arises.

I urge you to support this bill to maintain patient safety in the endoscopy unit. This would maintain the current gold standard practice of anesthesia providers administering the sedation necessary for patients to tolerate their procedures. Again, this bill would not restrict nurse practitioners practicing in other areas of the hospital, as we support their current utility in pediatric sedation and in other critical care areas. I appreciate your time and consideration in supporting this important matter.

Thank you,
Kristen Beaumier

References:

1. Dossa, F., Megetto, O., Yakubu, M. *et al.* Sedation practices for routine gastrointestinal endoscopy: a systematic review of recommendations. *BMC Gastroenterol* **21**, 22 (2021). https://doi.org/10.1186/s12876-020-01561-z

2. Cote GA, Hovis RM, Ansstas MA, et al. Incidence of Sedation-Related Complicastions With Propofol Use During Advanced Endoscopic Procedures. *Endoscopy Corner* 8, 2 (2009). https://doi.org/10.1016/j.cgh.2009.07.008