

May 13, 2024

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

RE: Written Testimony on 2024 – **H8237** AN ACT RELATING TO BUSINESSES AND PROFESSIONS -- NURSE ANESTHETISTS

Dear Chairman Susan R. Donovan and House HHS Committee Members,

I am writing to inform the committee that I **strongly oppose House Bill 8237** and explain my rationale for this view.

I have been a nurse practitioner for almost 30 years, the manager for advanced practice providers for the Lifespan Cardiovascular Institute for the past six years, and the chair of the Lifespan APP leadership council for the past two years.

As a nurse practitioner, I believe the committee must understand the critical role of a nurse practitioner in the healthcare system. Nurse practitioners deliver care in virtually every clinical setting where health services are provided and have contributed to improving patient access, patient outcomes, and patient experience. When NPs practice to the full extent of their education, training, and licensure, they, in turn, allow physicians to do the same. This care model helps to support the delivery of health services under the tenet of the right patient, right provider, right time, and right setting. In a time of tremendous economic strain, this appropriate allocation of resources helps us care for more patients across the state.

For the past 24 years, I've worked in the Cardiac Cath lab at The Miriam Hospital, where over 3000 procedures are done annually. When patients are told they need cardiac catheterization, they're understandably anxious and fearful because they're worried that something might be wrong with their heart. When they arrive for their procedures, they're stressed and anxious, apprehensive, and, in a post-COVID era, alone. We administer moderate sedation to prep patients, which helps to relieve their stress and anxiety but, more importantly, to ensure that patients remain still while we're performing the procedure. Additionally, certain patients are required to lie flat on their backs for prolonged periods during the recovery phase to prevent post-procedure bleeding complications, which, in a worst-case scenario, can be life-threatening. For patients with chronic pain or chronic back issues, this is often the most challenging part of the procedure, and the judicious use of moderate sedation helps provide comfort and ensure a safe recovery. Providing moderate sedation during diagnostic and therapeutic cardiac procedures is a routine and safe practice. I've never had to administer Narcan to reverse a sedative effect, perform rescuing breathing, or call for anesthesia assistance. However, I have access to many resources to help when needed.

Ordering moderate sedation is a category II privilege that I must apply for each credentialing cycle and provide proof that I have taken the necessary steps to ensure competency to do so. This includes but is not limited to active ACLS certification and specialized education relating to understanding anesthetic pharmacology, dosing and delivery of sedation, patient monitoring, airway assessment, knowledge of the continuum of sedation, and rescue intubation. To be granted moderate sedation privileges, NPs must complete mandatory education and training and achieve a test score greater than 90% on the Sedation and Analgesia Guidelines for Procedures Outside the Operating Room. Upon completion, the chief of anesthesia must independently review and approve this privilege. Furthermore, NPs must adhere to the same standards as our non-anesthesia physician colleagues to maintain this privilege, with the same requirements to have active DEA and CSR licensure in the use of opioids and in advanced pharmacotherapeutics to renew our board certification. In short, many safeguards are in place to ensure the safe practice of ordering and administering moderate sedation by NPs.

Providing moderate sedation is not unique to my team. It has been a long-standing practice among other APP teams, including pediatric sedation, critical care, emergency medicine, interventional radiology, neurovascular interventional radiology, and surgical specialties. They must also adhere to the same rigorous standards to perform this function and complete any additional education and training specific to their clinical practice sites. The practice is continuously monitored for clinical outcomes and patient safety. Moreover, the NP practice of delivering moderate sedation using anesthetic drugs such as propofol, ketamine, etomidate, etcetera is not unique to Rhode Island. It is allowed in other states, such as Massachusetts and any of the other 29 states and US territories and the District of Columbia where NPs have full practice authority.

To align with Joint Commission standards, Lifespan APP and physician leaders collaborated with our medical staff office on a system-wide project to standardize the process for credentialing and privileging APRNs and PAs for core and category II privileges. We developed a comprehensive privilege inventory with proposed minimum requirements and outlined teaching strategies to achieve competency and skills maintenance based on supporting literature and best teaching practices. This initiative created universal standards across Lifespan and demonstrated a commitment to clinical competency, professional accountability, and, most importantly, patient safety. Competency monitoring includes but is not limited to the completion of focused professional practice evaluations and ongoing professional practice evaluations performed by a supervising physician at set intervals to meet the requirements of the medical staff office, the hospital credentialing committees, and The Joint Commission Accreditation Standards.

In summary, the proposed restriction on NP scope of practice will increase risk for morbidity and mortality among patients requiring urgent and emergent medical treatments, patients hospitalized in critical care settings, or patients requiring diagnostic and therapeutic medical procedures. It will also result in delays in care, longer lengths of stay, and increased costs in an already struggling healthcare system that serves as a safety net for vulnerable patient populations. The passage of this bill will have a massively negative impact on patient safety and access to care across the state. The drugs classified as general anesthetics are routinely used for moderate sedation and other lifesaving clinical scenarios in various clinical settings by highly competent

and well-trained NPs, monitored through a supervised and integral credentialing process at Lifespan. These practices have been in place for over a decade and have an established track record of safety and optimal care outcomes.

I urge the committee to act on this matter by opposing House Bill H8237 as an immediate measure to protect patient safety, safeguard access to patient-centered care, and ensure top-of-license practice for nurse practitioners and physicians.

Thank you for your consideration of this matter. I look forward to any progress on permanently suppressing this bill.

Sincerely,

Leanne M. Burke, DNP, APRN-BC

District 2