



42 Oriental Street  
Providence, RI 02908-3238  
401.632.4464  
Fax 401.632.4485

March 19, 2024

Ms. Lynda D'Alessio,

I want to introduce myself, Vijay Sudheendra, MD, President of Narragansett Bay Anesthesia, LLC (NBA), and Richard Pedro, DO, VP of Business Development, NBA. NBA is a private anesthesia group, in RI, since 2004. It provides anesthesia services for a majority of non-lifespan hospitals. The tenet of our practice is in our care team approach with high-quality nurse anesthetists and physicians. To that effect, NBA owns and operates a **school of nurse anesthesia (SJHSNA) in collaboration with Rhode Island College**. The school offers a robust curriculum for **thirty-six months** with clinical and classroom teaching on various aspects of the specialty. Furthermore, one core inclusion criterion for school admission is a critical care experience for at least 12 months. The course highlights the intense/rigorous nature of the training before they practice the specialty in the community—taking patients to a reversible coma and bringing them back after surgery/procedure.

I was told that in one of the hospitals in RI, nurse practitioners are administering propofol for sedation in pediatric MRI and perhaps soon in endoscopy suites. If the information we are hearing is accurate and reliable, we have a significant problem in ensuring the safety of these patients during these procedures. Please know **Propofol is an anesthetic**: It induces anesthesia, apnea, and significant hemodynamic instability. Hence, administering this drug requires **prolonged training**, understanding patients' physiology, and skillful intervention to secure **airway/support cardiovascular system immediately**. The access to this drug is **restricted to anesthesia providers**, and perhaps **emergency room physicians** across the country, but, with the oversight of the anesthesia department. We understand the nationwide shortage of anesthesia personnel, including in RI, but allowing the administration of **Propofol by NPs is fraught with risks**. I am also unsure of the nature of NPs' training, but it **vastly differs from Physicians and CRNAs**. We use anesthetic agents day in and out safely on hundreds of thousands of patients every year. Because we make these procedures easy in the eyes of others doesn't guarantee safety when others with inadequate training administer them. Also, patients are coming for procedural sedation, which are elective, and the improper use of this drug can easily slip patients into coma resulting in apnea and perhaps cardiovascular collapse. I have been in the anesthesia specialty for over three decades, and I believe firmly anesthetic drugs must be administered by adequately trained personnel—MD/DO/CRNAs/AAs.

We understand anesthesia providers are expensive given the demand-supply imbalance, and only few practice in RI. It is worth mentioning RI ranks in the top five from the bottom to practice medicine. Unfortunately, provider shortage can't be the answer to providing **substandard, rather dangerous care**. This would be like a strike by commercial airline pilots, and the airline decides to endanger passengers by using the first officer and stewardess at the engine. We urge you to investigate this thoroughly and take the necessary steps to prevent this from happening.

Thank you for your kind attention to this safety concern.

Vijay Sudheendra, MD

Richard Pedro, DO