

## Steven Sepe

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**From:** Sheryl DiBernardo <sdibernardo530@gmail.com>  
**Sent:** Monday, May 13, 2024 8:44 PM  
**To:** joan@jpmandassociates.com

My name is Sheryl DiBernardo. I am a certified registered nurse anesthetist (CRNA) in the state of Rhode Island. I'm reaching out to express my gratitude for co-sponsoring House Bill H8237. This bill ensures that patients in our state receive safe, effective, and qualified anesthesia care during GI procedures.

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.

I believe that opposition to this bill stems from a misunderstanding of its language rather than its intent. The primary aim is to ensure patient safety in perioperative and procedural settings. Providing Propofol to patients without established airways is a highly complex task best handled by anesthesia professionals who are rigorously trained in managing such cases.

The American Association of Nurse Anesthesiologists (AANA) has established practice guidelines for the use of Propofol in sedation, limiting its administration to qualified anesthesia providers in perioperative and procedural settings. While Propofol is FDA-approved for inducing and maintaining patients under general anesthesia, its use for sedation purposes is considered "off-label." AANA practice guidelines are designed to safeguard patient safety by specifying qualifications for the off-label use of this medication.

Qualified anesthesia providers possess expertise in airway management and are equipped to intervene and secure an airway promptly if complications arise. CRNAs, like myself, undergo extensive didactic and clinical training to manage the complexities of airway management in patients undergoing perioperative and procedural anesthesia.

In conclusion, I urge you to continue advocating for patient safety, and I thank you for co-sponsoring H8237. I trust our elected officials to protect the public from unsafe healthcare practices. If you have any questions or concerns regarding this bill, I am available to discuss them further.

Thank you for your continued support,

Sincerely,

Sheryl DiBernardo, CRNA