Steven Sepe

From:

Steph Wilson <stephaniew050@msn.com>

Sent: To: Monday, May 13, 2024 9:18 PM joan@jpmandassociates.com

Subject:

Bill h8237

House health and welfare committee,

My name is Stephanie Grzych and I am a CRNA. I have been working for Lifespan Physician Group at Rhode Island Hospital for just over four years. I am writing this testimony to show my support of bill **H8237**.

Between my time in training and my time as a CRNA, I have spent countless hours sedating patients for endoscopy procedures. Lifespan is attempting to introduce "sedation NP's" into the endoscopy setting, and I strongly urge against this practice. Speaking from firsthand experiences, the patients that come to Rhode Island Hospital for a procedure are very sick and have many comorbidities. I have personally had emergency situations in endoscopy, and if it weren't for my thorough and intense training, the outcomes may not have been as good as they were.

Sedating someone for an endoscopy is like walking a very tight rope; you need just enough medicine so they can get the procedure done but not so much where the patient stops breathing. Most importantly, there is no reversal agent for propofol! Once you administer the medication, there is no taking it back. This fact coupled with the complexity of these patients, makes sedation in endoscopy centers a very difficult job. The anesthesia provider needs to be ready to switch to a general anesthetic at a moment's notice. If the provider does not have adequate training in advanced airway skills and general anesthesia, the patient will be the one who suffers!

The intention with this bill is not to limit NP's in their practice; it is to keep patients safe. There are some situations that warrant an NP to administer propofol, but an elective endoscopy procedure is not the place for this practice. It is unsafe and we are exposing patients to unnecessary risk. For this reason, I strongly urge the passing of bill **H8237**.

Thank you for your time, Stephanie Grzych

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