Representative June Speakman,

I am writing to you as one of your constituents living in Bristol. I am a Certified Registered Nurse Anesthetist (CRNA) and have been practicing anesthesia for 25 years, all those years here in Rhode Island. The purpose of my letter is to express my strong support for House Bill H8237, quite specifically relating to the administration of the drug propofol by Nurse Practitioners for elective GI cases. The language Lifespan is using for this practice is the use of propofol for "moderate sedation" in this setting. Propofol is a drug that when administered, places a patient on a sedation continuum from being minimally sedated to a general anesthetic. This is of course dose dependent, but is also very patient specific. *The safety issue at hand here is the administration of propofol to patients who have unprotected airways*. Nurse Practitioners have not been trained in the anesthesia recognition and management of airway emergencies.

I have administered thousands of doses of propofol over my 25 year career, both in and out patient settings. I currently work independently as a GI CRNA administering propofol everyday for patients needing colonoscopy and endoscopy procedures. Every patient that I give propofol to has the potential to lose his or her airway and this must be recognized and treated immediately to prevent dire consequences. This is my job, this is my training. This is not about taking away any credibility of Nurse Practitioners, but about the recognition and immediate treatment of airway crises that propofol can and will cause. There is no reversal of this drug; only time. And the time it takes for a dose of propofol to wear off or an anesthesia provider to respond to a Nurse Practitioner's airway emergency could be disastrous.

Thank you for your consideration in passing this bill for the safety of Rhode Islanders who will need a GI procedure at Lifespan in the future.

Terri Chalker, CRNA

Terri Chalker Crna