

My name is Albert Federico, and I reside in Warren, Rhode Island. I am a Certified Registered Nurse Anesthetist (CRNA) licensed to practice in both Rhode Island and Massachusetts. I also serve as an associate professor of nursing for Columbia University's Nurse Anesthesia Program. I am here to express my strongest support for House Bill 5428, which ensures that patients—especially children—in our state receive safe, effective, and qualified anesthesia care.

I'd like to start with a comparison to the airline industry. Why? Because every time you board a plane, through the tireless work of experts, guidelines, and checklists, the risk of a fatal airline incident is approximately 1 in 10 million. If these guidelines are not followed the door fly off the plane midflight. In the field of anesthesia, we strive for similar safety standards. Currently, the risk of death from anesthesia ranges between 1 in 100,000 and 1 in 400,000—roughly one death per 200,000 hours of anesthesia time. We take pride in achieving this level of safety.

Looking at closed-claims data reveals that non-operating room sedation performed by anesthesia professionals results in more severe and costly outcomes, with higher mortality rates than anesthesia administered in operating rooms. A 2019 study on pediatric patients showed that the rate of severe adverse events during non-operating room anesthesia was nearly 10% higher in healthy children and 18% higher in children with chronic diseases compared to operating room procedures. This underscores that administering sedation outside of the operating room is inherently more dangerous. These findings are based on data from hundreds of thousands of cases.

The American Society of Anesthesiologists (ASA), American Association of Nurse Anesthesiology (AANA), and the Anesthesia Patient Safety Foundation (APSF) have developed safety guidelines for both anesthesia professionals and non-anesthesia providers. These guidelines emphasize that non-anesthesia providers should not administer anesthetic medications intended for general anesthesia when no reversal agents are available, with limited exceptions specified in this bill. These recommendations are widely supported—not just by professional organizations but also by state boards of nursing in Maine, New Hampshire, Connecticut, New York, Georgia, West Virginia, Oklahoma, Texas, and more. Pennsylvania has even codified these guidelines into law. Institutional policies—from the Department of Veterans Affairs to the U.S. Navy and Boston Children's Hospital—reflect these standards.

These organizations have adopted these guidelines based on solid data, rejecting contrary evidence as highly flawed. Their decisions are rooted in patient safety, not profit.

House Bill 5428 aligns with established guidelines from the ASA, AANA, APSF, state boards of nursing, and numerous institutions nationwide.

This committee has both the responsibility and duty to protect its constituents, especially Rhode Island's children—our most vulnerable population. We must not rely on anecdotal evidence or wait for a tragedy to spur action. In aviation, ignoring safety protocols can result in catastrophe, like a door flying off an airplane mid-flight. That “door” is a Rhode Island child. This committee can prevent this outcome. There is no justification for a Rhode Island child receiving a lower standard of care than a child in Massachusetts. The time to act is now.

Thank you.

Albert Federico
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A handwritten signature in black ink, appearing to read 'AF', located to the right of the typed name and address.