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Representative Susan Donovan
Chair, House Health and Human Services Committee
RI State House
82 Smith Street
Providence RI 02903

February 24, 2025

Re: **Opposition** to House Bill 5428 entitled, "An act relating to businesses and professions- nurses".

Greetings Chairperson Donovan and members of the HHS Committee,

I am Cheryl Prignano, NP from Scituate, RI. I have worked as a Nurse Practitioner for 10 years for the Rhode Island Hospital Department of Anesthesiology, where 8 of those years have been working in the recovery room (PACU-Post Anesthesia Care Unit) managing post op problems.

In my role, I order and administer many of the drugs referred to in this Bill for the purposes of pain control and light to moderate sedation, while providing a safe recovery from anesthesia for our post op patients.

- This Bill would severely restrict my ability to treat and manage many post operative problems, thereby diminishing the safety and quality of care for our recovery room patients.

I Oppose House Bill H 5428.

I outline my objections to this Bill 5428 in the following three sections:

Section 1: *One professional group (CRNAs) does not have the right to ban another profession group (NPs or other APRNs) from using any drug in practice.*

Section 2: *NPs have independent practice authority and full prescriptive privileges*

Section 3: *Scope of Practice: How NPs use resources and guidelines for practice recommendations.*

Section 1: ***<u>One professional group (CRNAs) does not have the right to ban another profession group (NPs or other APRNs) from using any drug in practice.</u>***

- While the drugs highlighted in this Bill are sometimes "***components***" of a general anesthesia medication regimen, the individual medications, themselves, do not constitute "anesthesia". Each drug on its own has other uses that are not considered "anesthesia". **Those uses are for analgesia and sedation, which are completely within NP scope of practice.**

- The medications listed in this year's version of this Bill are clearly not intended to be the *only* medications targeted for restriction. In Section 1, (a), line 9, it states, "...general anesthesia **including** propofol, Etomidate," etc.

    - The term, **"including"** clearly indicates there are other medications intended for restriction, but are just not listed here. This language essentially constitutes a blank check for restricting a multitude of drugs.

- **Why is a drug banned for use in the US and Europe, sodium thiopental, listed in the Bill? This drug is listed in Section 1 (a), line 9.**
    - **Sodium thiopental (Pentothal) has not been in use since 2011 *, when its production was stopped due to controversy over its use in lethal injection. The drug was banned for use in the US and in Europe. The inclusion of this drug in the text of this Bill reflects poorly on the quality of the Bill's composition, and the sincerity of its purpose. I can only surmise that a non-clinical individual wrote this bill, and that no clinical professional reviewed it. This leads me to ask, who is really pushing this forward and why?**
        - *** Reference: Statement From Hospira: Regarding its halt of production of Pentothal (sodium thiopental), January 21, 2011.**

Section 2: ***<u>NPs have Independent practice authority, and full prescriptive privileges.</u>***

- As Nurse Practitioners in the State of Rhode Island, NPs are licensed by the state Board of Nursing, have full independent practice authority, and have independent prescriptive privileges including controlled substance registration.

- NPs do not require the supervision of a physician to prescribe medication and treat patients.

- This Bill attempts to dictate which drugs NPs can use, which drugs NPs cannot use, and which circumstances NPs can use certain drugs.
    - This Bill **undermines the NPs practice and prescriptive privileges** that have been authorized by the Board of Nursing for NPs to practice independently, use their own judgement, and practice to the fullest extent of their license.

Section 3: ***Scope of Practice: How NPs use resources and guidelines for practice recommendations***

- As a licensed independent nurse practitioner, part of my responsibility is to function within my scope of practice. **Nurse Practitioners are thoroughly trained to identify practice limits, as are all medical professionals. As an NP working in the Department of Anesthesiology, I have a unique perspective on this very specific area of practice.**

- ***Here, I have outlined examples of "anesthetic" medications that I do use, and those that I don't use:***
  - In my role in the PACU, I do give sedatives that fall under the category of anesthetic medication. For example, I do use propofol, dexmedetomidine, versed, and ketamine **for light to moderate sedation, nausea and pain control.**
  - **I DO NOT use the volatile gases** sevoflurane, isoflurane, or desflurane. These medications are administered by anesthesiologists and CRNAs via an anesthesia machine for general anesthesia and deep sedation in the operating room.
  - As an NP, I have no clinical indication to use these gases, and no desire to administer general anesthesia, nor do any of my NP colleagues.

- ***How do I identify which drugs are safe to use within my scope of practice, and under which circumstances?***
  - Sources for best practice guidelines that NPs and other providers use include primary source research articles from scientific journals, professional organizations, and government agency resources, including the *Center for Medicare and Medicaid Services (CMS),* which is a significant resource for guidance on best clinical practices.

    - ***An example of a resource I use as a guideline for my scope of practice is the "Hospital Anesthesia Services Flow Chart: Anesthesia vs Analgesia/Sedation".***
      - **See a copy of this flow chart on the last page of this letter.**

    - The flow chart on the last page below is taken from The Center for Medicare and Medicaid Services document entitled, "*Clarification of the Interpretive Guidelines for the Anesthesia Services Condition of Participation*" (May 21, 2010), page 3.
    - This flow chart clearly defines administration guidelines for **Anesthesia vs Analgesia/Sedation as follows:**
      - *Anesthesia, defined as General, Regional, MAC, and deep sedation, is to be administered by an anesthesiologist or CRNA.*
      - *Analgesia/Sedation, defined as topical, local, minimal, and moderate, is to be administered by appropriately trained medical practitioner withing scope of practice.*
    - **It is clear from reading this flowchart that it is appropriate for Anesthesiologists and CRNAs to administer general anesthesia and deep sedation, while it is appropriate for an "appropriately trained medical practitioner", i.e. a Nurse Practitioner to administer minimal an moderate sedation.**

In Summary:

Nurse Practitioners are licensed with full practice authority and prescriptive privileges by the state Board of Nursing.

I have outlined above how NPs utilize professional resources to identify best practice guidelines to provide safe, effective care for patients that is within the NPs scope of practice.

As part of having the privilege of full practice authority, NPs are required to do the work of searching through professional journals and resources to find and use these guidelines in the development of their practice. This is true of all medical providers.

Specifically, I have demonstrated that NPs are deemed to be qualified by the Center for Medicare Services to safely administer analgesic and sedative medications for the purpose of achieving minimal to moderate sedation. These sedative medications include propofol and dexmedetomidine, which are medications that this Bill attempts to restrict.

This Bill, which attempts to limit NPs use of "anesthetic" medications, is in clear conflict with the guidelines listed in the above practice recommendation from CMS regarding which providers can safely administer Anesthesia vs Analgesia/Sedation. The Bill is also in conflict with the privileges that NPs have, as authorized by the Board of Nursing.

Therefore, there is no purpose and no justification to limit these privileges.

I urge you to vote against Bill 5428.

Thank you for your time.

I will be in attendance for the House hearing on Tuesday February 25th to speak in opposition to Bill 5428.

I am happy to answer any questions you may have.

Sincerely,

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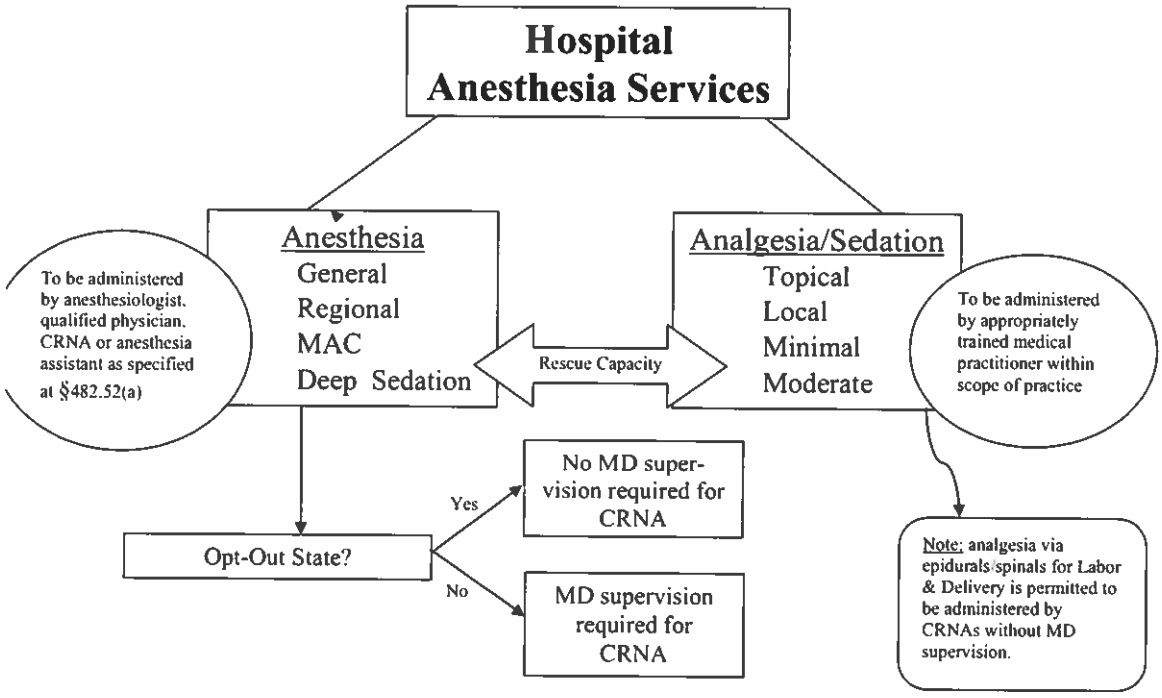
Hospital
Anesthesia Services
Anesthesia
General
Regional
MAC
Deep Sedation
To be administered by anesthesiologist, qualified physician, CRNA or anesthesia assistant as specified at §482.52(a)
Rescue Capacity
Analgesia/Sedation
Topical
Local
Minimal
Moderate
To be administered by appropriately trained medical practitioner within scope of practice
Opt-Out State?
Yes
No
No MD supervision required for CRNA
MD supervision required for CRNA
Note: analgesia via epidurals/spinals for Labor & Delivery is permitted to be administered by CRNAs without MD supervision.