March 2nd, 2025

The Honorable Susan R. Donovan, Chair

The House Committee on Health and Human Services

Support for H 5428 – An Act Relating to Businesses and Professions – Nurses

Committee members,

My name is Corrie Asencio-Costa, and I am writing in strong support of House Bill 5428, which aims to ensure that patients across the State of Rhode Island receive safe and effective anesthesia care from qualified and highly trained providers.

I am a Certified Registered Nurse Anesthetist (CRNA) as well as an Acute Care Nurse Practitioner (ACNP), licensed to practice both specialties in the State of Massachusetts. I am currently awaiting APRN licensure in the State of Rhode Island. I highly value the expertise of both nurse practitioners and CRNAs. I have 23 years of hospital experience, including 17 years as a nurse, with over a decade spent in critical care. Although I am not a resident of Rhode Island, I am a proud graduate of Rhode Island College, where I earned both of my advanced practice degrees. As a mother of three, with Hasbro/Rhode Island Hospital being my family's closest tertiary center, I am deeply invested in the well-being of this community—particularly its pediatric population.

Having completed educational programs for both the CRNA and ACNP roles, I can say with certainty that the two are not comparable when it comes to the administration of anesthetics, airway management, and training in all levels of sedation. This distinction is especially critical when considering the expertise required in managing a patient's airway and the pharmacology and administration of anesthetic drugs.

A CRNA must complete a minimum of 2,000 clinical hours before graduating, with the average exceeding 8,000 hours. Additionally, CRNAs must successfully complete at least:

- 400 general anesthesia cases

- 25 inhalation inductions

- 25 mask management cases

- 250 successful tracheal intubations

- 35 supraglottic airway device placements

- 25 alternative intubations (including fiberoptic and video laryngoscopy, retrograde intubation, and light wand placements)

In contrast, an entry-level ACNP is only required to complete 600 clinical hours, with core competencies focused on areas such as scientific foundations, leadership, quality improvement, practice inquiry, information literacy, policy, healthcare delivery, ethics, and independent practice. While ACNPs are highly skilled in disease management, diagnostic interpretation (such as imaging and lab values), and prescriptive authority (including antibiotic stewardship), their training lacks standardized requirements for airway management or sedation. An ACNP is not required to complete a single intubation or demonstrate proficiency in airway management techniques to graduate. Moreover, there are no minimum sedation training requirements.

Sedation occurs on a spectrum, with varying levels of depth. Non-CRNA APRNs are not trained across this entire spectrum, nor do they meet standardized requirements for managing complications that may arise in sedated or anesthetized patients. The administration of anesthetic drugs such as propofol falls outside the scope of practice for nurse practitioners. Unlike commonly used sedatives such as midazolam (Versed) and fentanyl—both of which have reliable reversal agents—propofol does not. The FDA explicitly warns that propofol should only be administered by providers qualified to manage general anesthesia.

Opponents of House Bill 5428 argue that post-graduate mentorships allow non-CRNA APRNs to safely administer sedation. However, these on-the-job trainings lack standardization and vary significantly from one institution to another in terms of duration, mentor expertise, and patient acuity. There are no uniform minimum requirements for airway management proficiency, which compromises patient safety. While this approach may be cost-effective, I argue that it is not safe. The children of Rhode Island deserve the same standard of care as those in Massachusetts.

APRNs play vital roles in the healthcare system, with each specialty fulfilling a distinct and necessary function. However, just as one would not call an electrician for a plumbing problem or visit a dentist for a pacemaker, certain medical responsibilities should remain within the expertise of those specifically trained for them. I would not expect a CRNA to deliver my baby—I would call a midwife.

House Bill 5428 is essential to guaranteeing that anesthesia care is provided by qualified, highly trained specialists. If your child were the patient, who would you trust to administer FDA-classified anesthetic drugs and secure their airway—a provider trained explicitly in anesthesia or one who has not met any standardized requirements for airway management?

Thank you for your time and consideration.

Corrie Asencio-Costa MSN, APRN, CRNA, ACNPC-AG, CCRN, CMC