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Executive Vice Chair, Dept of Anesthesia

Brown University Health

House and Human Services Committee

Ref: House bill 5428
Position: Against

May 24, 2024

To whom it may concern,

I am writing in reference to the recent discussion surrounding the use of propofol and other anesthetic agents for mild and moderate sedation by nurse practitioners around the state. I am the Executive Vice Chair for the Department of Anesthesiology and the site chief for anesthesia at The Miriam Hospital.

As I am confident you all know, CMS clearly defines anesthesia as a continuum and notes that there is "no bright line that distinguish when their pharmacological properties bring about the physiologic transition from analgesic to anesthetic effects." Almost all procedural sedation agents can provide clinical results anywhere on this continuum. I testified last year at the House Human Services Committee that legislation of specific drugs is unwise. Rather, my opinion (and that of CMS) is to look critically at the patient's clinical sedation state when determining safety, scope of practice and regulation of clinical services.

I am copying here the definition CMS gives for "Moderate Sedation"

• Moderate sedation/analgesia: ("Conscious Sedation"): a drug-induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or accompanied by light tactile stimulation. No interventions are required to maintain a patent airway, and spontaneous ventilation is adequate. Cardiovascular function is usually maintained. CMS, consistent with ASA guidelines, does not define moderate or conscious sedation as anesthesia (71 FR 68690-1).

There was significant concern at the legislative hearing I attended about the need for deep sedation for endoscopy. I would like to dispel this myth. I personally had an endoscopy with moderate sedation. In my case the administration of medications was by an RN (not a Nurse Practitioner) and i was able to tolerate my procedure easily. In fact most endoscopy procedures are done with moderate sedation (not by anesthesia professionals providing deep sedation or general anesthesia). Earlier this year BCBS of MA was planning to not pay for anesthesia services (CRNA or MD) for many endoscopy procedures because it was "unnecessary" for most patients. There is no question that some patients or procedures need deeper sedation and these patients and these procedures may require practitioners with more advanced training.

It is my opinion that it is unwise to legislate specific pharmacologic agents. This is within the scope of regulatory agencies (FDA, Department of Health, etc) rather than the legislature. Medicine is in continuous evolution and legislation would struggle to keep up with the ever changing landscape of drugs, practitioner training, etc.

I would also like to point out a critical flaw in the legislation. The legislation notes a limitation in the use of all "anesthetics." This is a very difficult thing to define. Many agents provide anesthesia that are currently used by RNs and RNPs throughout the country. The primary example I can think of is midazolam, which is administered daily in small doses to provide anxiolysis by RNs in the hospital and at doctors offices where procedures are performed. In higher doses midazolam can cause general anesthesia and as such this would be a drug now limited in administration by this legislation should it pass.

In conclusion, I would like to support the practice of MODERATE SEDATION by nurse practitioners in the state of Rhode Island. This care should be provided using a variety of medications based on the patients clinical state, the practitioners training and knowledge as well as resources available to them at their practicing institution.

Respectfully,

Davignon, Kristopher