

Sedation Regulation Fact Sheet

Experts have been hard at work trying to dispel the misinformation being propagated. Confusion is being created by the CRNAs' promotion of information that relates to deep sedation by suggesting it also relates to moderate sedation and the use of propofol. Such critical flaws in argument and construction of the bill, I believe, come from the CRNAs working alone to crafting it to their needs while on their own trying to carve out the legitimate NP moderate sedation practices used in critical care areas, sedation services, and the ED. Due to a lack of a comprehensive collaboration with other parties, the bill continues to fall short in two critical areas:

- 1) **Emergency** is not well defined and cannot be assumed to mean all critical care and ED practice/areas, which are daily, standard *nonemergent* treatment to those practitioners. This creates confusion which will cripple their ability to act timely to care for patients.
- 2) Patients are **not always intubated** (nor need to be) for uses of these medications - though the practitioners *are* trained in advanced airway management.

Thousands of patients will be impacted. Patients will have delays in procedures and the most sick and vulnerable will not receive timely care if H7740 passes.

Agreed upon FACTS:

- 1) It IS within the scope of practice of NPs (and PAs) to do mild and moderate sedation
 - a. Supported by CMS and The Joint Commission (TJC)
 - b. Current credentialing as category II privileges at BUH
 - c. NPs and PAs are trained and credential for advanced airway management
- 2) Hasbro's pediatric sedation program utilizes NPs for MILD and MODERATE sedation **only** and they are appropriately trained and credentialed to do so within current regulation and statute with the support of CMS and the Joint Commission.
- 3) Propofol is not a controlled substance (category IV) and in small amounts is safe and efficient for mild and moderate sedation and has nonsedating uses.

It is critical we dispel misinformation, and I will summarize and counter those below:

These statements are **NOT** true:

NPs are doing deep sedation for pediatric patients getting an MRI

- This is untrue – physicians do the deep sedation for Pedi MRI
 - o MRIs are not procedures and do not require the physician be attending a procedure at the same time, an element needed in monitoring (two providers for procedure use).

- It is true that certain medications can be administered for anxiety in teens by NPs (anxiolytics) for an MRI but is not sedation.

NPs are not covered by malpractice to do deep sedation practices

- NPs *are covered* for all practices they are duly credentialed for
- NPs are only doing mild – moderate sedation which *is covered* by malpractice
- NPs (and PAs) are trained and credentialed for privileges to do mild and moderate sedation in accordance with CMS and Joint Commission guidelines

Rhode Island's PEDI sedation program is an outlier

- There are similar programs throughout the country including in Delaware, PA, and Kansas City.
- Included is an attachment of the Boston Children's Pediatric sedation program's policy on sedation for procedures including advanced practice clinicians (APCs) to do moderate sedation (see pg. 5).

Propofol is a deep sedation/anesthesia agent only and professional organizations support its use as such ("typical" agent for deep sedation)

- FDA has warnings on all medications
- Propofol is not only for deep sedation even if it is *typically* used for deep sedation
- Many medications don't have reversibility (Eliquis, Plavix – common anticoagulant meds for eg.)
- Can be safely used by properly trained practitioners for mild to moderate sedation also trained in airway management – the case with BUH NPs
- ASA clarifies that mild and moderate sedation is NOT anesthesia

There are safety gaps and no data supporting use by NPs

- There is safety data compiled locally and in alignment with best practice data and gold standard practices in sedation at BUH.

The DOH supports this bill

- References to this are regarding a letter written by the director before hearing counter testimony and meeting with all parties.
- A meeting at DOH since the hearing has illuminated all the potential problems with the current bills.
- The recommendation needs updating and at this point should be deemed premature.

Patient safety is at risk

- This is NOT a safety issue as proposed, given that this bill solves no current patient safety concern. (see above)

IMPACT of passage of this bill:

Areas with immediate impact from passage of the bill:

Hundreds to thousands of patients/procedures in critical care, cardiac procedures, orthopedics, surgery, and pediatric areas such as oncology and orthopedics.

Impact on the Hasbro Pediatric Sedation program:

MDs will now have to also do moderate sedation

- Lack of enough physicians to take on the work of the NPs is not sustainable
- There are not enough CRNAs available to fill the gap
- Costs and access will be impacted (CRNA cost higher than MD)
- There are no studies showing CRNAs are safer than NPs in the practice of mild and moderate sedation.

In summary, this bill must not be considered for passage from House HHS. I believe we all recognize the paralyzing effect this will have on critical care within the state.