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From: Jerry Felix <jerryfelix@ymail.com>
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To: House Health and Human Services Committee
Subject: Jerry Felix, CRNA, Testimony in Suport of House Bill 7740

April 14, 2026

To the Members of the House Health and Human Services Committee,

My name is Jerry Felix, CRNA, and I am a constituent of Warwick, RI. I am also the former President of the Rhode Island Association of Nurse Anesthetists (RIANA), and a co-author of the original legislation on this issue that was introduced in 2024 and 2025. I was also among the first to bring this critical patient safety issue to the attention of the Rhode Island Department of Health (RIDOH) and I have extensive knowledge related to this issue from the nearly three years invested. **I write to you in strong support of House Bill 7740**.

House Bill 7740 is and has always fundamentally been about patient safety. Nothing else. It does not restrict non-CRNA scope of practice. It does not restrict patient access. Its purpose is clear: to ensure that patients—especially vulnerable pediatric patients—are protected from providers practicing outside of their education, training, and legal scope. **The administration of powerful anesthetic agents such as Propofol is not routine sedation**—it carries the immediate risk of airway compromise, cardiovascular collapse, and death if not properly managed. Propofol is a safe drug when administered by a trained and licensed anesthesia provider. Propofol can be deadly in the wrong hands. This legislation reinforces necessary safeguards, ensuring that these medications are administered only by clinicians formally trained in anesthesia care.

The opposition's testimony consistently reflects four central themes:

- **The mischaracterization and misuse of the term "moderate sedation".**
- **The minimization of the serious and potentially catastrophic risks associated with these medications when administered by unqualified providers.**
- **The assertion that this legislation will restrict access to care.**
- **The notion that there is insufficient safety data to support the practice of administering anesthetic agents by providers who lack the appropriate education, training, and licensure to do so, and therefore this practice can be considered safe.**

These arguments appear intentionally framed to create confusion among those who may not be familiar with sedation pharmacology, while undermining the potentially dangerous effects of these medications, also invoking concern that patient access will be negatively impacted.

Medications such as propofol, which are purposefully classified as general anesthetics, **are administered with the explicit intent of achieving deep sedation or general anesthesia**—not "moderate sedation." Mislabeling the level of sedation produced by these agents is not only inaccurate, but also misleading. Propofol is particularly significant because it lacks a reversal agent; its effects cannot be immediately undone and are dependent solely on metabolism over time. Even a single dose can have effects lasting up to 10 minutes—an extended and critical period in the setting of an airway or hemodynamic emergency.

For these reasons, medications that induce deep sedation or general anesthesia must only be administered by providers who are appropriately licensed, educated, and trained in anesthesia care, including the ability to manage airway compromise and rapidly evolving life-threatening complications. Patient safety depends on it.

Since January 2024, this issue has been presented to RIDOH through formal correspondence, meetings, and submission of clinical evidence. Importantly, the Department has already acknowledged the standard of care.

- In an April 23, 2024 letter, RIDOH stated that it **"does not support the administration of propofol by Certified Nurse Practitioners."**
- On February 25, 2025, Dr Jerome Larkin, Director of the RIDOH, submitted testimony of support of this legislation. In his letter of testimony, Director Larkin again affirmed that **Propofol and other general anesthetics should be administered only by professionals specifically educated and authorized to do so, such as Certified Registered Nurse Anesthetists (CRNAs) or anesthesiologists.** I have attached that testimony to this letter.

Despite this clear recognition by the RIDOH—and despite alignment with national standards set by expert anesthesia organizations—**RIDOH has failed to provide decisive regulatory guidance or enforcement of this issue.** As a result, practices inconsistent with these standards have been allowed to continue.

The Rhode Island Department of Health had ample time and the opportunity to act—armed with clear evidence, statutory authority, and national guidance—but failed to provide the leadership and clarity required to protect our Rhode Island patients.

We now turn to the legislature to do what the Department has not.

Synopsys of the issue:

At Hasbro Children's Hospital, non-CRNA Advanced Practice Registered Nurses have been permitted to administer medications that induce deep sedation and general anesthesia in pediatric patients undergoing invasive and highly stimulating procedures. It is important to be clear: **administering Propofol and similar agents for elective, stimulating procedures is not "moderate sedation."** By definition—and as outlined by the American Society of Anesthesiologists (ASA)—these medications and clinical scenarios fall under **deep sedation or general anesthesia.**

Referring to these cases as "moderate sedation" is either a misunderstanding of established sedation levels or a misrepresentation of the care being delivered. In order to successfully complete a stimulating procedure on a pediatric patient, there is nothing "moderate" about the level of anesthesia required. These patients must be rendered immobile and unresponsive to ensure procedural success and prevent harm. **Even a small movement by a pediatric patient during such procedures can result in serious injury or worse.**

The reality is that these pediatric patients are, in effect, under general anesthesia—**delivered by providers practicing outside of their scope of training, licensure, education, and authority.** This raises serious concerns regarding patient safety, clinical accountability, and regulatory oversight. This also raises concerns of the RIDOH investigative practices looking into this issue.

- Has the Department of Health conducted a formal investigation into these practices?
- Have cases been reviewed where procedures were aborted due to adverse events during "moderate sedation" specifically when Propofol and other general anesthetics were administered by non-anesthesia providers?
- Have cases been reviewed where the procedure was aborted due to complications that occurred from the "moderate sedation" and subsequently rebooked with anesthesia providers?

- Have there been cases that required escalation of care, including an emergent intubation and transfer to the Pediatric Intensive Care Unit (PICU) as a direct result of "sedation" provided by these non-CRNA APRN's?
- Have there been cases where an emergency occurred because of this sedation model where anesthesia was called to intervene?

These events may not be reported unless they result in death, leaving a dangerous gap in oversight. Without transparency and accountability, we cannot accurately assess the true impact on patient safety, and therefore, **there a lack of credible evidence on this practice's safety profile**.

Rhode Island law already provides a clear framework:

- **R.I. Gen. Laws § 5-34-3** mandates that advanced practice nursing be regulated in a manner consistent with public health and safety and aligned with nationally recognized standards.
- **R.I. Gen. Laws § 5-34-49** defines the scope of Nurse Practitioner practice, which does not extend to the administration of anesthetics.
- **R.I. Gen. Laws § 23-17-19.1** requires adherence to generally accepted professional standards of care.

Locally, RI Hospital and Hasbro are the only facilities engaging in this practice. No other facility in RI recognizes or engages in this sedation model utilizing Propofol and other general anesthetics for the purpose of "moderate sedation" by non-anesthesia trained providers. **Nationally, there is no ambiguity on this issue**. Leading organizations—including the American Society of Anesthesiologists (ASA), American Association of Nurse Anesthesiology (AANA), Anesthesia Patient Safety Foundation (APSF), Centers for Medicare & Medicaid Services (CMS), U.S. Food and Drug Administration (FDA), and The Joint Commission—**are aligned in stating that deep sedation and general anesthesia must be administered by providers trained in anesthesia who are capable of rescuing patients from any level of sedation.** Again, the administration of Propofol is done with the intent of producing Deep Sedation and General Anesthesia, not "Moderate Sedation", therefore, these medications should be administered by the appropriately trained, educated, and licensed provider.

This is further reinforced by FDA labeling for Propofol (Diprivan), which states:

"For general anesthesia or monitored anesthesia care (MAC) sedation, Diprivan should be administered only by persons trained in the administration of general anesthesia and not involved in the conduct of the surgical or diagnostic procedure."

House Bill 7740 aligns Rhode Island with established national standards. **It does not limit scope of practice**—it reinforces it. **It does not limit access to care**—it ensures that care is delivered safely, by appropriately trained professionals.

I respectfully urge the Committee to support House Bill 7740 with its original intent intact. Rhode Island patients—especially our children—deserve nothing less than the highest standard of safety and care.

This testimony reflects my personal opinion, expertise, and extensive research into the issue and may not reflect the opinion of my anesthesia colleagues and/or professional organization.

Thank you for your time and your commitment to protecting the health and well-being of all Rhode Islanders and I strongly urge the committee to support House Bill 7740.

Respectfully submitted,
Jerry Felix, CRNA