Steven Sepe

From: Rahme, Marie <mrahme@ric.edu>
Sent: Tuesday, April 14, 2026 2:32 PM
To: House Health and Human Services Committee
Subject: House Bill 7740

Hello,

My name is Marie Rahme. I am a Certified Registered Nurse Anesthetist and have been practicing in Rhode Island for over six years. I work at Kent Hospital, University Orthopedics, and Ortho Rhode Island for Narragansett Bay Anesthesia. I am writing about House Bill 7740 regarding the issue of non anesthesia providers administering propofol for elective endoscopy procedures.

First, I would like to say that I have the utmost respect for our advanced practice nursing colleagues and physician assistants. We all play a crucial role in providing and expanding access to high quality, safe healthcare in this state. I feel this issue has become divisive and emotional for many members of the community. As an anesthesia provider, I see this as a huge safety issue for patients in our state.

I would like to voice my support for House Bill 7740. The American Society of Anesthesiology and the American Association of Nurse Anesthesiologists have made a very clear joint statement on this issue of pushing propofol on nonmechanically ventilated patients and I urge you to consider it while making your decision.

> *Because sedation is a continuum, it is not always possible to predict how an individual patient will respond. Due to the potential for rapid, profound changes in sedative/anesthetic depth and the lack of antagonistic medications, agents such as propofol require special attention.*
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> *Whenever propofol is used for sedation/anesthesia, it should be administered only by persons trained in the administration of general anesthesia, who are not simultaneously involved in these surgical or diagnostic procedures. This restriction is concordant with specific language in the propofol package insert, and failure to follow these recommendations could put patients at increased risk of significant injury or death.*

In order to become an airway expert, CRNAs must complete a minimum of 2500-3000 clinical hours and perform hundreds of intubations and other airway maneuvers before graduation in order to qualify to sit for the national board exam. In school we are taught about the different planes of anesthesia and key differences between minimal, moderate, and deep sedation. Moderate sedation is defined as "*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.*" Propofol, by definition, is not a sedative medication. Propofol is an anesthetic drug used to induce general anesthesia or maintain deep levels of unconscious sedation with or without an artificial airway. A common misconception shared by many of the attendees of the meeting seemed to be that general anesthesia is performedprimarily with gas. While this is sometimes true, we often perform general anesthesia with a secured airway and a propofol drip, referred to as "TIVA" or total IV anesthesia. We can use different devices such as endotracheal tubes or laryngeal mask airways (LMA) while patients

are under general anesthesia. When using an LMA, patients are normally spontaneously breathing while receiving either TIVA or gas.

When in endoscopy with an anesthesia provider, patients are essentially receiving general anesthesia without a secured airway. We must find a balance where the patient is spontaneously breathing, hemodynamically stable, and immobile for the gastroenterologist. These are some of the most challenging cases we perform in our careers. Unlike a situation where no one is stimulating a patient in pediatric MRI or a patient is already unconscious needing intubation in an emergency or someone receives a tiny dose of propofol for PONV in the PACU, which were all circumstances brought up at the meeting where NPs currently give propofol, an outpatient receiving an extremely stimulating procedure will require slipping into a plane of unconscious sedation in order to perform this procedure. Patients are becoming more medically complex as the population ages. Many patients are obese or have comorbidities such as sleep apnea, making airway maneuvers difficult and necessary to safely perform these procedures. Polypharmacy is prevalent among the population. With the rise of Ozempic and other GLP-1 agonists, situations arise wherepatients inadvertently have full stomachs, making this elective procedure more dangerous, and increasing the risk of aspiration if they slip into a plane of anesthesia that is deeper than the intended moderate sedation which is frankly unavoidable with a drug like propofol.

Another issue commonly faced by CRNAs in endoscopy is the rise of recreational marijuana use. Due to the stigma that it still holds, many patients are not truthful about their marijuana use.Patients who use marijuana need an increased dose of propofol to achieve the desired effect. We see many young, healthy patients who are suffering from cannabinoid hyperemesis syndrome requiring endoscopic procedures. These patients are of normal weight and appear "easy" but often laryngospasm very easily due to smoking marijuana. I absolutely believe a nurse practitioner or other advanced practice provider is qualified to safely administer moderate sedation for these procedures, but I know that administering propofol in these cases will result in an unintended deeper plane of unconscious sedation in order to complete the procedure.

There is no established or accepted model where an anesthesiologist would supervise nurse practitioners or physician assistants on a sedation team. I urge the board to do its due diligence and truly think about the complexity of this issue before making any decisions that may negatively impact the safety of the community.

Thank you so much for your time and consideration. I hope there can be a resolution to this issue that ensures patient safety above all else. Please reach out if you have any further questions or need clarification.

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