

Steven Sepe

From: Tara Phelps <tphelps717@gmail.com>
Sent: Monday, April 13, 2026 12:57 PM
To: House Health and Human Services Committee
Subject: Testimony in Support of House Bill 7740 – Safe Administration of Anesthetics

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Dear Chairperson and Members of the Committee,

My name is Tara Leigh D’Arcy, and I am a Certified Registered Nurse Anesthetist (CRNA) practicing in Rhode Island with over fifteen years of experience in anesthesia care. I am writing in strong support of House Bill 7740, which aims to ensure the safe administration of anesthetics by qualified and appropriately trained providers.

Over the course of my training and career, I have cared for patients in a wide range of clinical settings, including high-acuity environments where there is no margin for error. During my anesthesia residency alone, I spent 8–10 hours a day managing between 4–8 airways daily for over two years. That level of repetition and exposure is intentional—it is what builds the pattern recognition, technical skill, and clinical judgment required to manage both routine cases and unexpected emergencies.

Anesthesia is often perceived as simply administering medication, but in reality, it is the continuous assessment and management of a patient’s airway, breathing, and cardiovascular stability. It requires the ability to recognize subtle changes and intervene immediately when something shifts.

And things do shift—quickly.

I have been in situations where a patient who appeared stable moments before suddenly required immediate airway intervention or rapid cardiovascular support. These experiences are not rare in anesthesia care. They are part of what we are trained for.

We make anesthesia look easy because we have already experienced the moments that are not. We train extensively to anticipate complications, prevent them whenever possible, and manage them without hesitation when they arise.

I have great respect for my colleagues across all advanced practice roles, including nurse practitioners. However, their training does not include the same depth or volume of airway management and anesthesia-specific clinical experience. The distinction is not about titles—it is about training, repetition, and preparedness in high-risk situations.

House Bill 7740 helps ensure that anesthesia is administered by providers who have the education, clinical training, and demonstrated competency to safely manage both expected care and unexpected complications. This is not about limiting access—it is about protecting patients at their most vulnerable.

When a patient undergoes anesthesia, they are placing complete trust in the person responsible for their airway and vital functions. They deserve to know that the provider at the bedside has the training and experience to manage whatever may arise.

I respectfully urge you to support House Bill 7740 and uphold the highest standards of patient safety in Rhode Island.

Thank you for your time and consideration.

Sincerely,

Tara Leigh D'Arcy, MSN, CRNA