

From: [Donna White](#)
To: [SLegislation](#)
Subject: Fw: Senate Bill No. 3184
Date: Tuesday, April 28, 2026 2:16:48 PM

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From: Donna White <donna.50.white@gmail.com>
Sent: Tuesday, April 28, 2026 1:55 PM
To: sen-murray@rilegislature.gov <sen-murray@rilegislature.gov>
Subject: Senate Bill No. 3184

Senator Melissa Murray
Chair Senate Committee of Health & Human Services

Dear Senator Murray,

As a Certified Registered Nurse Anesthetist (CRNA) who lives in Bristol, RI, I support Senate Bill 3184 which will protect safe anesthesia for the residents of RI. Frequently anesthesia is administered along a continuum of mild sedation through general anesthesia. Practitioners trained in anesthesia are prepared to make this journey safe for all patients. A patient can encounter decreased breathing or lack of respirations, a sudden drop in blood pressure or heart rate, or a heart rhythm change that could be fatal.

My career and training over the past 45 years involved 4 years of undergraduate study and certifying exam, 6 years of practicing as a Registered Nurse, 2 ½ years of a rigorous clinical specialization in anesthesia at a Level 1 Trauma and Burn Center in CT with a master's degree. Currently to practice as a CRNA, an individual obtains a Bachelorette in Nursing with a high GPA, is required to work in an Intensive Care Unit for at least 2 years, then apply and be accepted into a 3+ year Doctorate on Nursing Practice in Anesthesia (DNP) and pass a certifying exam. After initial certification, we enter a continuing education process which includes course work and regular exams administered by the National Board of Certification and Recertification for Nurse Anesthetists (NBCRNA) in order to maintain certification and licensure. These 3-year DNP programs do not allow a student to maintain employment as they require exhaustive didactic and clinical rotations. The cost for DNP is over \$200,000.

The goal for all of us trained in anesthesia is to provide a safe experience for our patients. If the state of RI allows providers not trained in anesthesia to administer general anesthesia medications (propofol), a risk of bad outcome will burden the population of RI. I do not believe that any other state allows general anesthetic medications to be administered by providers not trained in anesthesia, and package inserts state that these medications should only be administered by persons trained in anesthesia. Every day while I am working, I provide my patients with vigilant anesthesia care, so they are relaxed, have no pain or recall, and awake safely from their procedure. I have been trained and maintain my certification so that I can deal with emergencies that arise.

I respectfully urge the RI Senators to support Senate Bill 3184 legislation to maintain safe anesthesia for RI citizens. Thank you for your consideration.

Sincerely,

Donna White CRNA
Bristol, RI