

Chair Melissa Murray
Senate HHS Committee

Dear Chair Murray and Distinguished Members of the Committee;

My name is Keith Macksoud. I am a Certified Registered Nurse Anesthetist and have been practicing for 40 years. I was a faculty member of The Memorial Hospital School of Nurse Anesthesia Program for 27 years and the Assistant Program Director of the School, and adjunct faculty for Central Conn. State University for the last 21 years of that program. During that time, we graduated over 150 Nurse Anesthesia residents who went on to pass their national certification examination and become CRNAs. I am also a retired Lieutenant Colonel of the US Army Reserves and a veteran of Desert Storm and Operation Iraqi Freedom. Currently I am the Chief CRNA at Sturdy Memorial Hospital in Attleboro, MA.

I write this testimony in support of S3184 Substitute A and the reason I do so, is that I firmly believe that patient safety is the paramount goal of all health care providers, and that this bill ensures that when drugs that are classified as anesthetics, such as Propofol, is administered to a patient, that it is done so by an educated, trained, and licensed anesthesia provider.

Our nurse anesthesia graduates, on average, have over nine thousand, four hundred hours of clinical experience. That's 9,400 hours of airway management, anesthetic titration, inductions, emergencies, and maintenance of anesthetics for over 750 cases that encompass all types of surgeries and procedures for all types of patients of all ages. That is what is expected. That is what is required by the Council on Accreditation of Nurse Anesthesia Programs. That is what a new graduate brings to the table.

I work in the endoscopy suite every week, and everyone of my patients receives a thorough pre-anesthetic examination performed and documented by myself. While providing the required level of sedation, I can't begin to tell you how many times I have to perform airway maneuvers because a patient is showing signs that they may obstruct their airway and stop breathing, how many times I have to intervene and administer medications to treat blood pressure and heart rates, and how many times this is done almost reflexively because of my education, training and experience. That is what an experienced CRNA brings to the table.

I believe that our Nurse Practitioners are excellent at what they do, and provide great care for their patients, but they are not licensed anesthesia providers. They do not have the experience that we do. They have not performed nine thousand four hundred hours of anesthesia administration before being in a room alone with a patient, they have not passed a National Certification Examination. That is why this bill needs to be passed, to ensure that drugs like propofol can only be administered by licensed anesthesia providers. Supporting my beliefs are the American Society of Anesthesiologists, the American Association of Nurse Anesthetists, the Anesthesia Patient Safety Foundation, and the Federal Drug Administration, who mandates that a package insert be included with Propofol, part of which states "Safety, effectiveness and dosing guidelines for Propofol have not been established for MAC sedation in the pediatric population, therefore it is not recommended for this use", and "For general anesthesia or MAC sedation, Propofol should be administered only by persons trained in the administration of general anesthesia".

Are these guidelines and warnings just going to be ignored? Are they not to be taken seriously? Is Rhode Island going to turn our backs on providing anesthetic agents in the safest possible way?

Ladies and gentlemen of this distinguished committee, I want to leave you with this last point. When an individual stops breathing, their brain begins to become deprived of Oxygen. It only takes 4 minutes of lack of oxygen to the brain to begin to develop brain damage, and in just 8 minutes the patient can die. Anesthesia providers can anticipate, recognize, prevent and if need be treat these apneic episodes before they can cause damage. It is what we are educate and trained to do.

We saw what happened to Michael Jackson. He was administered just a small dose of Propofol so he could sleep, not the deeper amounts required to undergo a stimulating procedure. This anesthetic drug was administered by a cardiologist with full practice authority and prescriptive privileges , not a licensed anesthesia provider, and tragedy ensued. Let's not wait for a tragic event or death to happen in this state because we did not protect the unknowing public by preventing non anesthesia personnel from administering anesthetic agents. I implore you to pass S3184 Substitute A, your constituents and all Rhode Islanders are depending on you.

Keith E. Macksoud, FAANA, CRNA, MA

Lincoln, RI