Steven Sepe

From:

Paolucci, Gino, NP < gpaolucci@brownhealth.org>

Sent:

Monday, February 24, 2025 12:13 PM

To:

House Health and Human Services Committee; Rep. Donovan, Susan R

Subject:

Opposition to HB 5428

House Committee on Health and Human Services RI State House 82 Smith Street Providence, RI 02903

February 24, 2025

Re: Opposition to House Bill 5428 – An Act Relating to Business and Professions – Nurses

Dear Chairperson Donovan, Representative McNamara, and Members of the HHS Committee,

My name is Gino Paolucci, DNP, and I reside in Providence's House District 2. I write to express my strong opposition to House Bill 5428, which poses a significant threat to the health and well-being of Rhode Island citizens by unjustly restricting the scope of practice of Nurse Practitioners (NPs).

This bill is both flawed and unnecessary, as it directly contradicts the Nurse Practice Act (RIGL 5-34), which grants NPs full practice authority, including prescriptive authority for controlled substances in Schedules II-V. The medications cited in HB 5428 fall within this scope; thus, any attempt to limit NP prescribing authority conflicts with existing law.

As an NP practicing in a procedural setting, I undergo the same privileging and competency training as my physician and physician assistant (PA) colleagues. However, this bill unfairly targets NPs alone, making it discriminatory.

I am a doctorally trained Acute Care Nurse Practitioner leading a team of NPs and PAs in a major Rhode Island medical center. While the bill may aim to prevent the misuse of general anesthesia by untrained personnel, its broad language unnecessarily restricts the use of essential medications for various medical purposes. For example, sedative medications, including those specifically named in the bill, are crucial for patient comfort and safety during routine and emergency procedures. Sedation exists on a spectrum from light to deep/general anesthesia, and NPs in hospital settings frequently and safely order these medications to achieve light to moderate sedation. Contrary to any misconceptions, NPs do not administer sedation intending to induce general anesthesia beyond their scope of practice.

In my 13 years of practice—most as an NP leader—I have never witnessed an unexpected sedation-related complication by an NP that was not immediately managed, nor have I seen an event resulting in patient harm. This strong safety record is consistent across my institution.

NPs privileged for moderate sedation complete the same post-graduate education and competency assessments as non-anesthesiologist physicians authorized to perform moderate sedation. Restricting this practice would severely disrupt hospital operations and limit access to essential care. Additionally,

medications classified as anesthetics serve critical functions beyond sedation, such as treating seizures which is not listed as an exemption.

Furthermore, I question the intent behind this legislation. Why does it single out NPs? What specific patient safety concerns prompted its introduction? If new sedatives enter the market, will similar legislative restrictions continue to target NPs? The apparent motivation behind this bill raises serious concerns about its true purpose.

Enacting this bill would limit access or even harm Rhode Island residents who rely on the expertise of NPs for safe and effective care. I strongly urge you to vote against House Bill 5428 and protect the integrity of evidence-based, patient-centered practice.

Thank you for your time and consideration.

Sincerely,

Gino A. Paolucci, DNP 150 Union Street Providence, RI 02903 House District 2

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