



**NURSE PRACTITIONER ALLIANCE OF RHODE ISLAND**  
**NPARI@ENPNETWORK.COM**

February 24, 2025

Representative Susan R. Donovan, Chair  
House Committee on Health and Human Services  
RI General Assembly  
RI State House  
82 Smith St.  
Providence, RI 02903

**Re: Testimony in OPPOSITION of HOUSE bill: H 5428, NURSE ANESTHETISTS**

Dear Chair Donovan,

I, Denise Coppa, from House District 31 and Legislative Liaison, of the Nurse Practitioner Alliance of Rhode Island, Director of the Family Nurse Practitioner Program at the University of RI and a practicing nurse practitioner am writing in OPPOSITION of House Bill 5428. To clarify, Certified Nurse Practitioners (CNP) are Advanced Practice Providers (APPs) who have successfully completed advanced education at the masters and/ or doctoral level and have taken professional certification or "board" exams that allow them to be licensed by the state of RI, with full practice authority (RIGL 5-34-3) This includes the ability to diagnose, treat, and prescribe medications and to be the provider of record for citizens in Rhode Island, across the life span. Most importantly, **nothing in statute, nor regulations, prevents nurse practitioners from prescribing pharmaceutical agents that aid in MODERATE sedation. The bill would significantly limit patient access to emergency, critical care and diagnostic procedures that are conducted on a daily basis to patients across the country and in Rhode Island, safely, by nurse practitioners.**

The nurse practitioners, who practice in acute and critical care areas of Rhode Island's health care facilities are highly qualified and credentialed nurse practitioners who have gone beyond their basic educational requirements to meet professional and institutional guidelines for safe administration of pharmaceutical agents used in moderate sedation, not complete sedation. Agencies, such as Brown Health, have rigorous post-graduate credentialing programs that add the education and supervised practice for the CNP's who administer these medications.

Who will be adversely impacted by this bill? patients. Think about having to wait days, not minutes, for a cardiac catheterization in an emergency situation? What about in a cardiac arrest when some of these agents are actually used to save a life? What about the children who are in oncology and need expedient diagnostic procedures so they can start cancer treatment as soon as possible? Should we be sending them to Boston? Really? I don't think that would ever be the intent of this committee.

So, let's take a breath. The statute that governs all nursing practice (RIGL 5-34-3) allows CNP's to maintain full practice authority and to prescribe medications from Schedules: II,III,IV,V. We need to consider patient safety and access Let's work together for bill language that considers all parties, most importantly the patients. Please reconsider the support of this bill.

Sincerely,

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