



RI Department of Health
Three Capitol Hill
Providence, RI 02908-5097

TTY: 771
www.health.ri.gov

February 25, 2025

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

H 5428 – An Act Relating to Businesses and Professions - Nurses

Dear Chair Donovan:

Please accept this letter regarding H 5428. This legislation would establish that the administration of drugs primarily classified by the Food and Drug Administration (FDA) as general anesthetics (including propofol, etomidate, sodium thiopental, methohexital, and volatile gases) shall not be performed by registered nurses (RNs) or advanced practice registered nurses (APRNs) who are not licensed as certified registered nurse anesthetists (CRNAs). The legislation would also require that non-CRNA APRNs shall not administer or manage deep sedation or general anesthesia for any diagnostic, therapeutic, or surgical procedures using any drug or medication. RIDOH is supportive of this legislation with the inclusion of one suggested amendment referenced below.

Over the past year, RIDOH has held discussions and received correspondence from numerous healthcare professionals in multiple specialties regarding the professional qualifications of nurses administering medications classified by the FDA as general anesthetics when used for procedural sedation. In addition, RIDOH's Board of Nursing and the APRN Advisory Board have discussed this important patient safety subject in several Open Session meetings. Based on those discussions and reviews, RIDOH is pleased with the proposed bill apart from page 2, Line 3. As a registered nurse cannot diagnose a medical condition, RIDOH suggests removing increased intracranial pressure from the list of emergencies. Cardiac arrest and respiratory failure are easily recognized by the emergency room and intensive care teams and allowing RNs and non-CRNA APRNs to assist in these emergencies by administering these agents is in the best interest of patient care.

RNs are currently allowed to administer these drugs to maintain sedation for intubated and mechanically ventilated patients (in the emergency department or the intensive care unit) and for critical life-saving situations when working as the third hand of an APRN or physician (e.g., rapid sequence intubation). APRNs are currently allowed in these circumstances to initiate intravenous or interosseus treatment with these medications if the APRN is trained in airway management and is acting within their scope of practice and approved by their governing body to do so.

Sedation is a continuum, and it is not always possible to predict how an individual will respond to a given medication (American Society of Anesthesiologists [ASA], 2019). Additionally, sedation combined with analgesia (which is required for many procedures) may easily become

deep sedation or loss of consciousness because of the agents used, the patient's physical attributes, the type of procedure being performed, and drug sensitivities.

RIDOH has existing guidelines for administration of sedation by nurses

<https://sedationcertification.com/resources/position-statements/position-statements-by-state/rhode-island/> [sedationcertification.com]).

I look forward to working with the Committee, key stakeholders, and clinical subject matter experts during this review to suggest any legislative and/or regulatory changes that may be needed to protect patient health and safety and align with current clinical guidance and best practices. Thank you for the opportunity to comment on this legislation.

Sincerely,



Jerome M. Larkin, MD
Director

CC: The Honorable Joseph M. McNamara
The Honorable Members of the House Committee on Health and Human Services
Nicole McCarty, Esquire, Chief Legal Counsel
Lynne Urbani, Director of House Policy