

House Committee Health and Human Services

RI State House

82 Smith Street

Providence RI 02903

February 24, 2025

Re: Testimony in Opposition to House Bill 5428 titled An act relating to the business and professions-  
nurses

Dear Chairperson Donovan and members of the HHS Committee:

My name is Michelle Leveille from Coventry District 28, am a Certified Nurse Practitioner, belong to the Rhode Island State Nurses Association, the NP Alliance of Rhode Island, the American Association of Nurse Practitioners, and the American Nurses Association. I have been a nurse/NP for approximately 13 years, and prior to my career in nursing worked in mental health and research.

I strongly oppose House Bill 5428 titled "An act relating to the business and professions- nurses" for multiple reasons, but the principal reason being that it seeks to limit patient/family access to critical health services that are delivered by nurses and nurse practitioners in countless clinical settings across the state. Rhode Island has not recovered from a state of healthcare crisis, and in fact the passage of this bill will further cause detrimental and crippling effects for Rhode Island's citizens.

Under R.I. Gen. Laws (Chapter 5-34), it is said that APRNs are licensed, independent practitioners and after graduating from an accredited program, passing appropriate board examinations, and obtaining licensure by the state board of nursing, may "prescribe, order, procure, administer, dispense, and furnish over-the-counter, legend, and controlled substances as applicable to state and federal laws". Myself, and many of my NP colleagues hold DEA licenses, which now require an 8-hour training for renewal that certifies we have read, reviewed, learned, and comprehend federal laws regarding controlled substances, their dangers, and, of the utmost importance, maintaining patients' safety when it comes to these drugs. Multiple drugs that are utilized in minimal and moderate sedation are, as a result, well within our capacity and scope of practice to be ordered/prescribed, administered, and delegated due to this additional licensure we hold (note- I am not referring to deep sedation or the involvement of volatile gases). Nurse Anesthetists do not hold, are not required to hold a DEA license, and work under the supervision of an anesthesiologist, which for this fellow group of APRNs lies the "real" problem behind the premise of this current bill and last year's bills. APRNs should not be attacking each other's scope of practice or comparing what one group does vs the other, but instead we should be working together to ensure patient safety and the highest quality of care. Nurse practitioners' model of education takes a different turn than that of a Nurse Anesthetists' when it comes to clinical experiences, but these different models of learning should not be the driving factor(s) for limiting Nurse Practitioners' scope of practice.

Any medical professional, whether MD, DO, PA, NP, CRNA, CNS, RN, etc., receive training, onboarding, and [should] get signed off on appropriate privileges from attending physicians and those in higher positions or teaching positions in whatever specialty he/she chooses to focus on. This brings me to the point of concern brought up by the CRNAs of airway management; most NPs, if not all, should be trained in ACLS (Advanced Cardiac Life Support). I have been certified as an ACLS provider since I graduated nursing school and am also an ACLS instructor for Brown University Health (TMH) for the past few years. One of the arguments made during last year's bill hearings is that NPs are not recognized as qualified providers to safely maintain an airway, or even that in case of any emergency. What was heard in testimony is the opposite, and in fact NPs are more than capable of assessing, treating unforeseen issues with an airway, and maintaining an airway. In hospital settings, especially, where Anesthesiology is readily available for airway emergencies, acts as a safety net for possible intubations throughout the hospital, and may be called upon for aid in airway management (along with the Respiratory Care Therapists).

As most of us mentioned during last year's hearings, testimonies, and Rhode Island Department of Health meeting(s) it is without say that anything beyond deep sedation and into the realm of "general anesthesia", which may involve the volatile gases mentioned in this bill, is not within our scope of practice. We acknowledge, understand and respect this boundary, and furthermore respect the education and scope of practice of our CRNA colleagues and role they play in administering what is true anesthesia. After last year's RIDOH hearing, we also understand the defeat of our fellow CRNAs in that they do not have the full practice authority as we do in our state, however, this ultimately (and honestly) should not be a battle fought between our two groups and instead a discussion that should be had between the CRNAs and their anesthesiology colleagues/physician counterparts.

As healthcare providers in Rhode Island, our focus should be on providing the highest quality and safety of care for our fellow Rhode Islanders, especially as this shortage of physicians (in all fields and specialties) in our state worsens. Limiting or restricting Nurse Practitioners' scope of practice is not going to improve this dire situation and will in fact cause a ripple effect leading to a tsunami and additional blow to Rhode Island's already fragile healthcare system. Therefore, I urge you to vote against bill 5428.

Thank you for your time and the opportunity to speak against bill 5428.

Sincerely,

Michelle G. Leveillee, MSN, AGACNP-BC, PGM-T-BC

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Coventry District 28