

03/24/2026

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

Gastroenterology
Hepatology
Diagnostic Endoscopy
Therapeutic Endoscopy
Endoscopic Ultrasound
G.I. Motility
Endoscopic Oncology

Dear Members of the Health and Human Services Committee:

I am writing to express my strong support for House Bill H8135, which seeks to equalize reimbursement for Certified Registered Nurse Anesthetists (CRNAs) providing anesthesia and for advanced practice providers (APPs) delivering health services in Rhode Island. This legislation represents an evidence-based approach to improving healthcare access and affordability while maintaining the highest standards of patient safety.

Evidence Supporting CRNA Practice

Extensive research demonstrates that CRNAs provide safe, high-quality anesthesia care. A comprehensive Cochrane systematic review analyzing over 1.5 million patients found no definitive evidence of superiority of one type of anesthesia provider over another. [1] Multiple large-scale studies have consistently shown that anesthesia complications do not differ based on scope of practice laws or delivery models. [2] Analysis of Medicare data from 14 states that removed physician supervision requirements found no evidence of increased inpatient deaths or complications. [3]

Most recently, a 2025 systematic review commissioned by the UK Royal College of Anaesthetists concluded that there is "little to no difference in patient mortality when comparing nurse anaesthetists with physician anaesthetists". [4] A study examining over 9,000 anesthesia procedures found that complication rates were identical regardless of whether care was provided by CRNAs independently, anesthesiologists independently, or in team models—with overall complication rates of only 8 per 10,000 procedures. [2]

Impact on Healthcare Access and Costs

Equalizing reimbursement for CRNAs is not only safe but also improves healthcare access. Research demonstrates that states with expanded CRNA scope of practice experienced an 18 procedures per 1,000 members increase in anesthesia utilization (a 17% increase) compared to only 7% in states with restrictive supervision requirements. [5] This increased access is particularly important for Rhode Island residents who may face barriers to timely GI procedures.

Advanced practice providers more broadly have been shown to reduce emergency department visits, hospital readmissions, and overall healthcare costs while maintaining quality of care. [6] Studies consistently demonstrate that APPs provide cost-effective care, with seven of eight studies finding significantly lower healthcare costs associated with APP care. [6] In specialty settings including acute and critical care, APPs have demonstrated similar or improved patient outcomes while enhancing continuity of care and improving quality metrics. [7]

Economic and Workforce Considerations

With the growing demand for healthcare services and predicted physician shortages, optimizing the utilization of highly trained APPs is essential. CRNAs undergo rigorous graduate-level education and are trained to deliver the full spectrum of anesthesia services. In many communities, particularly rural areas, CRNAs serve as the primary or sole anesthesia providers. [8] Equitable reimbursement ensures that Rhode Island can maintain and expand access to essential anesthesia services, including for GI procedures that are critical for cancer screening and diagnosis.

Conclusion

House Bill H8135 is grounded in robust scientific evidence demonstrating that CRNAs and APPs provide safe, high-quality care. Equalizing reimbursement removes arbitrary barriers that limit patient access to care without improving safety or outcomes. This legislation will enhance healthcare access for Rhode Island residents, reduce costs, and ensure that highly trained professionals are appropriately compensated for the valuable services they provide.

I urge the committee to support House Bill H8135 and advance this important legislation.

Sincerely,



Eric B. Newton, MD

University Gastroenterology

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