Steven Sepe

From: Alyssa Caouette <ajcaouette3@gmail.com>
Sent: Tuesday, April 14, 2026 7:33 AM
To: Rep. Donovan, Susan R
Cc: House Health and Human Services Committee; ray@riapa.org
Subject: Opposition to HB-7740

Dear Chairwoman Donovan,

I am a Physician Assistant practicing at Kent Hospital and I am writing to respectfully urge you and the House Committee on Health and Human Services to oppose HB-7740.

This legislation includes restrictive language stating that, unless you are a CRNA or CRNA student, you "shall not administer agents that are primarily used and classified as general anesthetics for minimal, moderate, deep sedation, or general anesthesia." This phrasing would inadvertently prohibit Physician Assistants and registered nurses from administering medications commonly used for minimal and moderate ("conscious") sedation — a practice that has been safely conducted in Rhode Island and nationwide for decades.

- PAs, working collaboratively with RNs and physicians, routinely provide moderate sedation for procedures such as endoscopy, interventional radiology, and pediatric imaging.
- The proposed restriction would affect procedural areas, emergency departments, ICUs, and other inpatient settings.
- Limiting sedating agents to CRNAs and anesthesiologists would significantly reduce access to care, delay procedures, and increase patient length of stay.
- There are clear cost implications, as hospitals would now be required to rely on a more limited and higher-cost workforce for procedures that have traditionally been safe and efficient under current practice standards.
- It would further restrict nursing scope of practice by forbidding RNs from administering or titrating sedating medications in critical care setting.

In my practice, these limitations would directly affect our ability to perform timely procedures and would cause unnecessary transfers and delays for our patients.

As an acute care, hospital-based PA, the most glaring example I can offer that would critically affect patients and our ability to care for patients if this bill were passed is the example of overnight care of patients. In the facility in which I work, the "skeleton crew" which is in the hospital at night, makes up the rapid response/code team. This is the team (RRT) that responds to emergencies, say someone's heart has stopped, meaning they are dead and need resuscitation efforts or say they are struggling to breath/in respiratory distress and need us to act quickly and definitively to help them breathe. Overnight, this team is comprised of PAs, NPs, critical care RNs, respiratory therapist. What you don't see listed as part of that team is a CRNA, MD, DO.

Given that mostly PAs and other advanced practice providers comprise the overnight crew delivering emergent care in the hospital, there are numerous scenarios overnight where we need PAs to be able to provide sedation to patients, and emergently.

A rapid response is called for a patient in respiratory distress, the RRT team shows up comprised of PA, ICU nurse, respiratory therapist. It is determined the patient needs rapid sequence intubation to protect their airway and prevent further decompensation (eventually their heart stopping). If PAs are NOT allowed to deliver sedation, how are we going to intubate this patient emergenly and stabilize them? We can't wait for the nonexistent MD, CRNA. We sometimes only have seconds to act. In that time the patient may very well die without a secured airway, ie endotracheal tube with manual bagging or connected to ventilator (breathing machine).

What about the patient who needs emergent cardioversion (shocked with electricity while awake to reset the heart to a normal rhythm) for say supraventricular tachycardia or ventricular tachycardia leading to a life threatening shock state (low blood pressure leading to poor oxygenation of organs and tissues -> death) if not intervened on immediately? Are we not going to offer them conscious sedation and instead just shock them, allowing them to feel the full force of electricity course through their body and heart. Or are we not going to act as quickly as required to stabilize the patient because we need an MD or CRNA to administer the sedation? In that time a life could be lost.

There are numerous examples I can offer of how this restriction will lead to delays in care that will cost patient lives. Ultimately, this bill does not allow providers to act to the fullest extent of their training and scope of practice, which is a shame and waste of valuable resources.

I appreciate your time and your commitment to supporting safe, evidence-based practice in Rhode Island. Please oppose HB-7740 to preserve patient access and continuity of care.
Sincerely,
Alyssa Caouette, PA-C, MSHS, BSN
22 Lyman Ave Floor 2
North Providence, RI 02911