

## Steven Sepe

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**From:** Dauksz, Autumn, PA <ADauksz@brownhealth.org>  
**Sent:** Sunday, April 12, 2026 11:18 AM  
**To:** Rep. Donovan, Susan R; House Health and Human Services Committee  
**Subject:** Please Oppose HB-7740 – Protect Patient Access

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Dear Chairwoman Donovan,

My name is Autumn Dauksz, and I am a Physician Assistant at Brown University Health's Hasbro Children's Emergency Department. I'm reaching out to share my concern about HB-7740 and to respectfully ask for your opposition to this bill.

The proposed legislation specifies that only CRNAs or CRNA students may administer agents classified as general anesthetics for minimal, moderate, deep sedation, or general anesthesia. This sweeping language would prevent Physician Assistants, Nurse Practitioners and Registered Nurses from providing the mild and moderate sedation that's safely used every day for routine procedures within our department.

In my role, sedation is often necessary for patients undergoing bedside procedures, radiologic procedures, and other diagnostic tests. This bill could force hospitals to cancel or delay these procedures—potentially sending patients out of state and increasing both cost and distress. It would also prolong inpatient stays and compound wait times in critical care and emergency settings. At Hasbro, our APP team conducts many moderate sedations with the use of medications that are very safe for this population and have limited side effects. These medications and the ability to conduct moderate sedation are crucial in our pediatric population to safely deliver care. We use moderate sedation for laceration repairs in children who otherwise would not comfortably sit still or cause increased trauma without it. Large lacerations that would exceed the safe limit of local injected lidocaine per their weight also benefit from moderate sedation for pain control. In addition, for example, we use moderate sedation for almost all manual reductions of extremity fractures to allow for pain control and anxiolysis. Without moderate sedations, we would not be able to safely and effectively control their pain in the time needed to reduce these fractures to prevent further vascular/neurologic compromise and would increase the need for OR reductions of many more pediatric fractures, which would in turn cause longer wait times, more resources needed, and poorer patient outcomes. Our APP team at Hasbro almost exclusively conducts our moderate sedations for orthopedics, ENT, plastic surgery, and general surgery.

Restricting sedation in this way doesn't improve safety—it limits access, raises costs, and removes trained professionals from care we've been providing effectively and compassionately for years. (Insert your personal patient example here.)

I hope you and your committee will consider these unintended consequences and stand against HB-7740 to protect patient care and access across Rhode Island.

Thank you for your attention and for supporting the providers who serve our communities every day.

Sincerely,

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