

Brenda Satterthwaite MD
Rhode Island Society of Anesthesiologists
Bill Number: H7740
Position: Oppose

To Rhode Island House Health & Human Services Committee,

My name is Dr. Brenda Satterthwaite and am a member of the Rhode Island Society of Anesthesiologists. I am writing regarding bill number H7740 and my strong opposition to this bill. I work at Rhode Island Hospital and Hasbro Children's Hospital as a Pediatric Anesthesiologists and Assistant Program Director of the Anesthesiology Residency program.

House Bill 7740 is not a practical solution for Rhode Island's healthcare system because it would create severe procedural bottlenecks and increase operational costs without improving patient safety. The legislation also threatens timely patient access to care and unnecessarily undermines established institutional clinical governance.

Operational and Financial Risks

By prohibiting trained Registered Nurses from administering sedatives like propofol under physician-led protocols, HB 7740 would mandate the use of Anesthesiologists or CRNAs for low-acuity cases. This requirement would cause immediate staffing shortages in high-volume procedural suites, significantly increase wait times for essential screenings such as colonoscopies, and drive-up overall healthcare costs. Additionally, the bill's narrow emergency exceptions could lead to dangerous hesitation among ER and ICU nurses, potentially delaying life-saving care during rapid patient declines.

Clinical Governance Concerns

The proposed restrictions attempt to address a non-existent clinical problem, as there is no data indicating that current hospital-governed sedation protocols in Rhode Island lead to adverse outcomes. Facilities like Rhode Island Hospital already enforce rigorous credentialing and rescue training for RNs, and overriding these safe practices with strict legislative mandates would make the state a national outlier. The bill contradicts the flexible, team-based care standards supported by CMS and the Joint Commission, which rightfully prioritize institutional discretion and clinical autonomy.

I appreciate your time and consideration.

Thank you,

Brenda Satterthwaite MD