

Steven Sepe

From: Overly, Frank L, MD <FOverly@brownhealth.org>
Sent: Monday, April 13, 2026 11:10 AM
To: Rep. Donovan, Susan R; House Health and Human Services Committee
Subject: Concern about HB-7740

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Dear Committee Members,

As the former Medical Director for the Hasbro Children's Emergency Department, I would like to address the potential impact Bill H 7740 might have on emergency care for children in our region. As you convene to discuss the proposed legislation, it is important to consider its practical implications on patient care efficiency and quality. The bill would limit the ability of healthcare professionals, such as nurse practitioners, to administer timely sedation to children. These restrictions could further burden the emergency department and affect the safety and well-being of pediatric patients. It could also alter the collaborative dynamic in emergency settings, where all providers work together to ensure children receive prompt care. Nurse practitioners and physician assistants contribute substantially to procedural sedation and alleviate strain on physicians, enabling smoother operations. Limiting their scope of practice could compromise individual cases and reduce the department's capacity to manage urgent cases effectively.

Skilled nurse practitioners and physician assistants are essential for maintaining efficiency and responsiveness in high-stakes situations. By limiting their practice, the proposed bill risks creating delays, leaving children waiting for care. The integral role these providers play in ensuring swift care, particularly in a high-pressure environment like an emergency department, should be recognized.

Empirical data and longstanding practice support allowing nurse practitioners and physician assistants to perform procedural sedations safely. This approach minimizes patient discomfort while expediting care. Leveraging their expertise allows emergency departments to allocate resources effectively, ensuring all patients receive timely attention. Restricting their capabilities under H 7740 could lead to inefficiencies with adverse consequences for patient outcomes.

Removing their ability to administer sedation under supervision would likely result in longer wait times and delayed interventions, hindering the quality of care during critical moments. The implications of this bill extend beyond immediate procedural concerns and could exacerbate existing challenges faced by emergency departments, including workforce shortages and resource limitations. Increasing the burden on physicians could lead to provider burnout and reduced overall effectiveness in managing caseloads.

The bill does not acknowledge the rigorous oversight and protocols already in place to ensure the safety of procedural sedation administered by nurse practitioners and physician assistants. Disallowing these skilled professionals from performing their practice in emergency settings could compound staffing issues and compromise the system's ability to meet the needs of its youngest patients.

Many children require procedural sedation for injuries, often with Ketamine, to perform procedures safely. The expertise of nurse practitioners and physician assistants has been refined through years of practice and oversight. Restricting them from performing procedural sedations would hinder their contribution to emergency care and contradict empirical evidence supporting their competence.

Disruptions to established workflows can have significant consequences in emergency departments. Nurse practitioners and physician assistants fill a critical gap in providing timely and effective care. Their contributions prioritize efficiency without compromising safety—a balance that restrictive measures proposed in H 7740 would affect. Their expertise ensures safe and effective care under the supervision of pediatric emergency physicians and supports operational efficiency.

Emergency departments operate with each team member playing a vital role. Nurse practitioners and physician assistants are integral to this ecosystem, especially in handling pediatric procedural sedation. The proposed changes under H 7740 would impact this collaborative framework, increasing physicians responsibilities and potentially diluting the quality of care provided.

Consider the broader implications of such legislative shifts—not just on individual cases but on the overall functionality and morale of emergency care teams. The bill overlooks the contributions of these professionals, whose work upholds high standards of patient safety and comfort. Their flexibility and adaptability are necessary to meet the demands of emergency medicine. Removing these responsibilities under H 7740 risks disrupting a model of care that delivers positive outcomes while optimizing resource allocation. Emergency departments rely on trust and teamwork, which these professionals sustain.

They ensure continuity of care and bridge gaps during high patient volumes or challenging cases. Their role is foundational to modern emergency department operations. Approximately 50% of sedations are performed by trained nurse practitioners and physician assistants under supervision at our simulation center. Bill 694 would prevent them from providing this care, impacting the treatment of injured children and the flow of the entire department. Waiting for care in the ED is already extensive, and this bill would create additional barriers.

The care provided by nurse practitioners and physician assistants is standard across the country and safe. We have over 15 years of safety records demonstrating no negative outcomes from sedations provided by these professionals during my 25 years at Hasbro.

Consider the potential barriers to flow and care in the Hasbro Emergency Department before passing this bill.

Sincerely,

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