



RI Department of Health
Three Capitol Hill
Providence, RI 02908-5097

TTY: 771
www.health.ri.gov

April 14, 2026

The Honorable Susan R. Donovan, Chair
House Committee on Health and Human Services
State House
82 Smith St.
Providence, RI 02903

RE: H 7740 – An Act Relating to Businesses and Professions - Nurses

Dear Chair Donovan:

Please accept this letter regarding H 7740. The goal of the legislation is to limit the administration of drugs classified by the FDA as anesthetic agents (notably, propofol) when used for minimal, moderate or deep sedation by CRNAs by amending the nursing statutes. The bill would allow registered nurses and non-CRNA APRNs to administer propofol only when a patient is intubated on a ventilator (and therefore has a protected airway) or in emergency situations such as during rapid-sequence intubation, during cardiac arrest, or during other circumstances approved by “their governing body”. The bill assumes the governing body to be that of the hospital or facility where the patient is located; however, no definition of governing body is provided. This legislation would take effect upon passage.

Over the past year, RIDOH has held discussions and received correspondence from numerous healthcare professionals in multiple specialties regarding the professional qualifications of nurses administering medications classified by the FDA as general anesthetics when used for procedural sedation. In addition, RIDOH’s Board of Nursing and the APRN Advisory Board have discussed this important patient safety subject in several Open Session meetings. Based on those discussions and reviews, RIDOH has drafted regulations on safe sedation which are being reviewed by key stakeholders. RIDOH would like to continue with the rulemaking process as progress has been made in the past year.

For additional context, RNs are currently allowed to administer these drugs to maintain sedation for intubated and mechanically ventilated patients (in the emergency department or the intensive care unit) and for critical life-saving situations when working as the third hand of an APRN or physician (e.g., rapid sequence intubation). APRNs are currently allowed, in these circumstances, to initiate intravenous or interosseus treatment with these medications if the APRN is trained in airway management and is acting within their scope of practice and approved by their governing body to do so.

Sedation is a continuum, and it is not always possible to predict how an individual will respond to a given medication (American Society of Anesthesiologists [ASA], 2019). Additionally, sedation combined with analgesia (which is required for many procedures) may easily become deep sedation or loss of consciousness because of the agents used, the patient’s physical attributes, the type of procedure being performed, and drug sensitivities.

RIDOH has existing guidelines for administration of sedation by nurses
<https://sedationcertification.com/resources/position-statements/position-statements-by-state/rhode-island/> [sedationcertification.com]).

I look forward to working with the Committee, key stakeholders, and clinical subject matter experts during this review to suggest any legislative and/or regulatory changes that may be needed to protect patient health and safety and align with current clinical guidance and best practices. Please note that when RIDOH has completed draft regulations, it will notice them under the advanced notice of proposed rulemaking provisions in R.I. Gen. Laws Section 42-35-2.7. Thank you for the opportunity to comment on this legislation.

Sincerely,

A handwritten signature in black ink that reads "Jerome M. Larkin" with a long horizontal flourish extending to the right.

Jerome M. Larkin, MD
Director

CC: The Honorable Members of the House Committee on Health and Human Services
The Honorable Joseph M. McNamara
Nicole McCarty, Esquire, Chief Legal Counsel
Lynne Urbani, Director of House Policy