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From: Megan Wroblewski <mwroblewski115@gmail.com>
Sent: Monday, April 13, 2026 5:32 PM
To: House Health and Human Services Committee
Subject: Opposition to HB-7740

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Dear Representative,

I am a constituent living in your district and a Nurse Practitioner working at Rhode Island Hospital on the Neuro Critical Care Unit. I am writing to you today to respectfully request you oppose HB-7740.

The draft legislation states 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.” NPs and PAs, working collaboratively with RNs, routinely and safely provide minimal and moderate (“conscious”) sedation in many inpatient and outpatient settings. No one disputes that general anesthesia should be provided by CRNAs or anesthesiologists. However, there is a broad subset of clinical environments where mild to moderate sedation has been safely provided for years by trained providers without complications.

This language directly impacts procedural areas as well as directly impacting critical care areas, emergency departments, and medical and surgical ICUs.

It may limit patient access and could potentially require sending patients out of state for sedation-assisted procedures such as colonoscopies, endoscopies, interventional radiology procedures, and pediatric imaging.

This bill will increase patient length of stay for inpatient units by increasing delays in obtaining procedures that require sedation since CRNAs and anesthesiologists are not always readily available.

May increase healthcare costs by now requiring anesthesiologists or CRNAs to provide sedation and care to a patient population that has been traditionally and safely managed by MDs, DOs, PAs, and NPs.

It restricts RNs from administering or titrating sedating medications on non-intubated patients in critical care areas, where that is exactly what these RNs are trained and credentialed to do.

This affects my personal practice in neurocritical care and other ICU settings. This bill would significantly impair the timely care of critically ill patients. Neuro patients frequently require urgent bedside sedation for procedures such as imaging, lumbar punctures, central lines, external ventricular drain placement, bedside reduction of agitation to prevent neurologic injury, and facilitation of emergent interventions. Delays in sedation can directly compromise patient safety, worsen neurologic outcomes, and hinder the ability of ICU teams to provide efficient, evidence-based care. Restricting appropriately trained ICU providers and nurses from administering these medications would create unnecessary barriers in time-sensitive situations where minutes matter.

Thank you for your consideration and hopefully your opposition of HB-7740.

Respectfully,

Megan Wroblewski

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