

Steven Sepe

From: Cremins, Michael S, PA <MCremins@brownhealth.org>
Sent: Monday, April 13, 2026 10:14 AM
To: Rep. Donovan, Susan R
Cc: House Health and Human Services Committee; ray@RIAPA.org
Subject: Opposition to HB-7740 – Unintended Consequences for Patient Access and Surgical Care

You don't often get email from mcremins@brownhealth.org. [Learn why this is important](#)

Dear Chairwoman Donovan,

My name is Michael Cremins, PhD, PA-C. I am a Physician Assistant with more than thirty years of combined clinical, administrative, and outcomes research experience in vascular surgery, orthopedics, and acute care. I currently serve as Director of Outcomes Research at Brown Surgical Associates, Brown University Health, in Providence. I am writing to respectfully but firmly urge you and the House Committee on Health and Human Services to oppose HB-7740.

The bill's restrictive language of prohibiting anyone other than a CRNA or CRNA student from administering agents classified as general anesthetics for minimal, moderate, deep sedation, or general anesthesia is significantly broader than its apparent intent. As written, it would eliminate the well-established and evidence-supported practice of PA- and RN-administered minimal and moderate sedation across Rhode Island's hospitals, procedural suites, emergency departments, and surgical ICUs.

The clinical consequences of this legislation would be immediate and serious. In vascular surgery, moderate sedation is routinely used for interventional radiology procedures such as peripheral angiography, angioplasty, stenting, and embolization performed collaboratively by vascular surgeons, interventional radiologists, and PAs in settings where dedicated anesthesia coverage is neither available nor clinically indicated. Consider a patient presenting with critical limb ischemia requiring urgent endovascular intervention on a weekend evening: under HB-7740, that procedure cannot proceed unless a CRNA or anesthesiologist is immediately available. In practice, that means a delay of hours, a transfer to another facility, or an escalation to general anesthesia. Each of these options carries greater risk, greater cost, and worse outcomes for the patient.

Beyond the procedural impact, the legislation would restrict critical care and emergency department nurses from administering or titrating sedating medications for non-intubated patients which is precisely the scope of practice these RNs are trained, credentialed, and legally authorized to perform. Removing that authority in the ICU and ED does not improve safety; it removes a layer of experienced clinical judgment from time-sensitive situations.

From an outcomes and health systems perspective, the downstream effects of this bill are equally concerning:

- Increased inpatient length of stay, as elective and semi-urgent procedural sedation awaits anesthesia scheduling.

- Reduced patient access, particularly in community and rural hospital settings where CRNA and anesthesiologist availability is constrained.
- Increased healthcare costs, as procedures historically managed safely and efficiently by PAs and RNs are reclassified as requiring higher-cost anesthesia resources.
- Risk of out-of-state transfers for procedures such as colonoscopies, endoscopies, and pediatric imaging — placing unnecessary burden on patients and families.

None of these consequences serve patient safety. Rhode Island's PAs and nurses have administered minimal and moderate sedation within rigorous credentialing frameworks, under physician collaboration, for decades. The evidence does not support a policy intervention that removes this capacity from the clinical workforce.

I respectfully urge the Committee to oppose HB-7740 and to engage directly with the physician assistant and nursing communities, along with the hospitals and health systems we serve, before advancing any legislation that restructures sedation practice so broadly.

Thank you for your consideration.

Respectfully submitted,

Michael Cremins, PhD, PA-C

Director of Outcomes Research, Brown Surgical Associates / Brown University Health

APP - Vascular Surgery

This transmission is intended only for the addressee(s) listed above and may contain information that is confidential. If you are not the addressee, any use, disclosure, copying or communication of the contents of this message is prohibited. Please contact me if this message was transmitted in error.