

To: House Committee on Health and Human Services
From: Care New England Health System
Date: April 14, 2026
Subject: CNE Testimony on H 7740 — An Act Relating To Businesses And Professions -- Nurses

Dear Chairwoman Donovan and members of the Committee,

Care New England Health System shares the goal that motivates this legislation: ensuring that patients in Rhode Island receive the **safest possible care when sedation or anesthesia is required for medical procedures**. Patient safety is foundational to our mission and to the work of every physician, nurse, and clinician across our system.

However, while well intentioned, **H7740 would unintentionally disrupt established models of safe procedural care, reduce access to necessary medical services, increase healthcare costs, and create operational challenges for hospitals across Rhode Island without clear evidence that it would improve patient safety.**

For these reasons, Care New England respectfully opposes the bill.

I: Procedural Sedation Models Used Across the United States Are Safe and Evidence-Based

Across the United States, procedural sedation is commonly delivered using a **team-based model in which physicians perform procedures while trained registered nurses administer and monitor sedation under physician supervision using standardized protocols.**

This approach is used safely every day in:

- Emergency departments
- Endoscopy suites
- Cardiac catheterization laboratories
- Interventional radiology departments
- Electrophysiology labs
- Outpatient procedural centers

A substantial body of medical literature supports the safety of this model.

One of the largest analyses of procedural sedation, published in the journal *Gastroenterology*-reviewed more than **646,000 endoscopic procedures performed using nurse administered propofol sedation** and found extremely low complication rates and safety outcomes comparable to sedation delivered by anesthesia providers.

Similarly, numerous studies published in *Annals of Emergency Medicine* demonstrate that **propofol sedation administered by emergency physicians with trained nursing teams is safe and effective**, with very low rates of serious adverse events.

Based on this evidence, national professional organizations support physician directed procedural sedation models that include nurse administered medications. These organizations include:

- The **American College of Emergency Physicians (ACEP)**
- The **American Society for Gastrointestinal Endoscopy (ASGE)**
- The **Society for Cardiovascular Angiography and Interventions (SCAI)**

Importantly, these organizations do not recommend restricting all procedural sedation to anesthesia providers.

II: The Bill Would Disrupt Established Care Delivery Models

If interpreted strictly, H7740 would significantly limit the ability of registered nurses and advanced practice nurses to administer medications commonly used for procedural sedation.

In practical terms, this could require the presence of a **CRNA or anesthesiologist for many procedures that are currently performed safely using physician directed sedation teams.**

This would affect care delivered in:

- Emergency departments performing urgent procedures such as fracture reductions or cardioversions
- Gastroenterology suites performing colonoscopies and endoscopies
- Interventional cardiology and radiology programs performing lifesaving, time sensitive procedures
- Many outpatient procedural environments

These care models are not **experimental or novel**; they have been used safely for decades and are embedded in hospital clinical protocols nationwide.

III: Workforce Realities Must Be Considered

Rhode Island, like much of the country, faces a **shortage of anesthesia professionals.**

Requiring anesthesia providers to participate in a significantly larger number of routine procedural cases would create **substantial workforce challenges.**

Hospitals could face:

- Delays in scheduling procedures
- Longer wait times for patients
- Reduced procedural capacity
- Increased emergency department length of stay while waiting for anesthesia availability

In smaller hospitals and community settings, these operational challenges could become particularly acute.

IV: Patients Access Could Be Reduced

Many procedures affected by this legislation are **not elective conveniences but essential components of medical care.**

For example:

- Colonoscopies and endoscopies are critical tools for **colorectal cancer screening and diagnosis of gastrointestinal bleeding.**
- Emergency physicians rely on procedural sedation to perform **urgent fracture reductions, cardioversions, and pediatric procedures.**
- Interventional cardiology and radiology procedures often require sedation to be performed safely and efficiently.

If anesthesia staffing becomes required for these procedures, **fewer procedures may be available and wait times may increase,** potentially delaying diagnosis and treatment for Rhode Island patients.

V: Increased Costs Without Demonstrated Improvements in Outcomes

Requiring anesthesia providers to participate in procedures that currently use physician directed sedation models would also **increase the cost of care.**

These additional costs ultimately affect:

- Patients
- Commercial insurers
- Medicare and Medicaid programs

Importantly, **there is no large body of evidence demonstrating that outcomes improve when anesthesia providers are required for all procedural sedation.**

In other words, the policy tradeoff created by this legislation—higher costs and reduced access in exchange for improved safety—is **not supported by available clinical data.**

VI: The Hospital–Nursing Partnership in Delivering Safe Care

It is also important to emphasize that the procedural sedation models used in hospitals are built upon a **strong and longstanding partnership between physicians and nurses.** Registered nurses play an essential role in patient safety, monitoring, and care coordination during and after procedural sedation. These nurses undergo specialized training, maintain competency through rigorous credentialing processes, and operate within carefully developed clinical protocols under physician supervision.

Many of these protocols were developed **with direct input and leadership from experienced nursing professionals**, reflecting the expertise that nurses bring to the design of safe care processes. Hospitals rely on the expertise, judgment, and vigilance of these nursing professionals to safely deliver care to patients every day. Any policy changes affecting sedation practices should recognize and preserve this collaborative team based model, which is grounded in mutual respect, shared accountability, and a commitment to patient safety.

VII: Hospitals Invest Significant Resources in Sedation Training and Safety

Hospitals also make **substantial investments in training, competency assessment, and ongoing monitoring** to ensure that procedural sedation is delivered safely.

Nurses involved in procedural sedation typically complete:

- Specialized sedation training programs
- Airway management and advanced life support certification
- Regular competency assessments and simulation training
- Continuous quality monitoring and peer review

Hospitals maintain detailed protocols governing medication administration, patient monitoring, emergency response procedures, and physician supervision. These safeguards are designed to ensure that procedural sedation is delivered in a **controlled and highly regulated clinical environment with clear safety standards**.

This infrastructure has been developed collaboratively over many years and consistently delivers safe outcomes for patients.

IIX: Policy Decisions Should Be Guided by Evidence

Healthcare policy should be guided by **clinical evidence, patient access considerations, and the operational realities of delivering care**.

The current model of physician-directed procedural sedation with trained nursing teams is:

- **Evidence-based**
- **Widely used nationally**
- **Supported by multiple specialty societies**
- **Embedded in hospital accreditation and safety protocols**

For these reasons, Care New England believes that restricting this model through statute could have unintended consequences for patients across Rhode Island.

IX: Conclusion

Care New England appreciates the Committee's focus on patient safety and the sponsor's commitment to ensuring that Rhode Islanders receive the highest quality care.

However, **H7740 would likely reduce access to important medical procedures, increase healthcare costs, and disrupt established care models without clear evidence that it would improve patient outcomes.**

We respectfully urge the Committee to **hold the bill for further study or decline to advance it in its current form.**

Thank you for the opportunity to provide testimony and for your continued leadership in supporting the health of Rhode Islanders.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Michael Wagner".

Michael Wagner, MD

Care New England Health System