



RHODE ISLAND MEDICAL SOCIETY

Chairperson Susan Donovan
House Health & Human Services Committee
Rhode Island House of Representatives
Rhode Island State House
82 Smith Street
Providence, RI 02903

Oppose – H 7740

April 14, 2026

Dear Chair Donovan and Members of the Committee,

On behalf of the Rhode Island Medical Society (RIMS), we write in opposition to H7740, which would statutorily prohibit registered nurses, physician assistants, and non-CRNA advanced practice registered nurses from administering or titrating minimal and moderate sedation outside of life-threatening emergencies.

While we appreciate the intent to promote patient safety, this legislation would have the opposite effect. As drafted, it would introduce new clinical risks and significant operational challenges across emergency departments and other care settings.

Current practice relies on physician-approved standing orders and titration protocols, allowing qualified clinical staff to administer incremental doses of sedatives and adjust based on patient response. Removing this authority would require each adjustment to await an anesthesia provider, introducing delays and increasing the risk of both under- and over-sedation.

Minimal and moderate sedation are routinely and safely managed by trained clinical teams — including nurses, physician assistants, and APRNs — for common emergency department procedures such as fracture reductions, laceration repairs, and cardioversion. Restricting this care would increase patient pain and anxiety, prolong time to treatment, and in some cases lead to delayed or unsuccessful procedures.

At a system level, this change would further strain already overburdened emergency departments. Requiring anesthesia providers for routine sedation would extend length of stay, worsen boarding, and increase risks associated with overcrowding. The impact would be particularly significant for community hospitals without consistent on-site anesthesia coverage, where patients may face delays or unnecessary transfers, undermining equitable access to care.

The bill also removes important regulatory flexibility. Current standards are established through Department of Health regulations and hospital credentialing processes, which allow for timely updates based on evolving clinical evidence, medications, and monitoring technologies. Codifying sedation scope in statute limits this adaptability and risks locking in outdated clinical practices.

Additionally, restricting sedation by experienced clinical staff to only life-threatening scenarios may have unintended consequences for patient safety. Regular use of sedation protocols supports competency in dose titration, monitoring, and early recognition of complications. Limiting these opportunities may lead to skill degradation over time.

For these reasons, RIMS urges the Committee to oppose H7740. We would welcome the opportunity to work with the Committee and stakeholders to address any concerns through existing regulatory and clinical frameworks that preserve both patient safety and access to timely care.

Thank you for your consideration.

Sincerely,

Nadine Himelfarb, MD
President