

April 13, 2026

Rhode Island House Committee on Health and Human Services  
Rhode Island General Assembly  
82 Smith Street  
Providence, RI 02903

HouseHealthandHumanServices@rilegislature.gov

**Tzonghuei Herb Chen, MD**  
**RE: House Bill 7740 — H7740**  
**Position: Oppose**

Dear Members of the House Committee on Health and Human Services,

I am an anesthesiologist submitting this written testimony as a resident of Rhode Island and a member of the Rhode Island Society of Anesthesiologists, and I write to formally oppose House Bill 7740. My colleagues appearing before this Committee will address the operational impact this bill would have on patient access to care in Rhode Island and why enacting it would make our state a national outlier with respect to CMS and Joint Commission standards. I wish to focus on three concerns that I believe are fundamental to this discussion.

#### **There Is No Evidence of a Safety Problem Under Current Practice**

H 7740 seeks to address a safety concern that has not been demonstrated. Testimony offered during the 2025 session, when very similar legislation was considered, included no data showing that Rhode Island hospital-governed sedation protocols have led to adverse patient outcomes. This is consistent with the broader medical literature: multiple large studies, including one encompassing over 150,000 outpatient endoscopic procedures, have shown that nurse-administered propofol sedation under physician-led protocols is safe and effective, with serious adverse events occurring at rates comparable to or lower than those seen with traditional benzodiazepine- and opioid-based regimens. Institutions such as Rhode Island Hospital already maintain rigorous credentialing and competency-based standards for nurses who administer sedation. This bill would replace sound institutional clinical governance with a legislative mandate without clear justification.

#### **Sedation Is a Continuum: H7740's Drug-Specific Approach Is Scientifically Unsound**

H 7740 targets propofol and a small list of other medications while ignoring a wide range of equally potent sedatives. This reflects a fundamental misunderstanding of sedation pharmacology. Sedation exists on a continuum from minimal to deep, and any sedative agent, including benzodiazepines, opioids, ketamine, and dexmedetomidine, none of which appear in this bill, can carry severe risk if administered improperly or to the wrong patient. As alluded to previously, there is no credible evidence that minimal, mild, or moderate sedation with propofol is less safe than comparable sedation with agents that this bill does not restrict. The dangers of sedation do not lie in the specific medication. Legislation that restricts one drug while ignoring others does not improve safety; it simply shifts the risk.

#### **The Bill Creates Uncertainty for Emerging and Future Agents**

H 7740 includes the phrase "including but not limited to" when defining restricted agents. Where do newly approved sedative medications fall under this legislation? Remimazolam (Byfavo) is a novel ultra-short-acting benzodiazepine approved by the FDA in 2020 for procedural sedation, the exact clinical context this bill seeks to restrict. It is not presently classified as a general anesthetic in the United States but has been approved as a general anesthetic in other countries. Would Rhode Island nurses be permitted to administer it? The bill provides no mechanism for answering that question. It is up to Medical Directors and hospital pharmacists to evaluate new agents based on evidence and patient need, but HB 7740 would create a legislative grey zone that could delay or prevent adoption of safer, more titratable medications.

### **A Note on Terminology**

I also wish to flag a terminology error in the bill. The field in which Certified Registered Nurse Anesthetists practice is called *nurse anesthesia*. The term "anesthesiology" refers to a physician specialty. Use of "nurse anesthesiology" in legislation governing scope of practice inappropriately blurs the distinction between physician and non-physician providers, and the bill should be corrected accordingly.

In summary, I believe H 7740 to be a flawed solution in search of a problem. I respectfully urge the Committee to oppose it.

Respectfully submitted,



Tzonghuci Herb Chen, MD