

Steven Sepe

From: Cremins, Michael S, PA <MCremins@brownhealth.org>
Sent: Monday, April 13, 2026 12:34 PM
To: Rep. Donovan, Susan R
Cc: House Health and Human Services Committee; ray@RIAPA.org
Subject: Support for HB-7935 – Modernizing PA Practice in Rhode Island

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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, and hold an appointment as Associate Professor of Clinical Medicine at the Frank H. Netter School of Medicine at Quinnipiac University. I am writing to respectfully urge you and the House Committee on Health and Human Services to support HB-7935.

This legislation represents a meaningful and overdue modernization of PA practice in Rhode Island, and each of its provisions reflects real improvements for both practitioners and the patients we serve.

Clarification of "Collaboration" – The current statutory language creates ambiguity that can impede timely patient care and place unnecessary administrative burden on PAs and their supervising physicians. A clearer definition aligns Rhode Island with national practice standards and reflects the reality of how PAs function effectively within care teams every day.

Criminal Background Check Provisions – Adding this requirement is a necessary step to enable Rhode Island PAs to participate in the PA Licensure Compact, a multi-state framework that improves workforce mobility and access to care, particularly in underserved and border communities. This is a patient access issue as much as a regulatory one.

CME Cycle Alignment – Synchronizing the continuing medical education cycle with the biannual licensing cycle at the Department of Health is a straightforward administrative correction. It eliminates unnecessary compliance friction and mirrors how other licensed healthcare professions are already regulated in this state.

Prohibition of Restrictive Covenants – Non-compete clauses in PA employment contracts limit workforce mobility and, by extension, patient access to established provider relationships. Removing this barrier reflects a growing national consensus that restrictive covenants in healthcare employment are contrary to the public interest.

Inclusion in Concussion and Sudden Cardiac Arrest Protocols – Adding PAs to the School and Youth Concussion Act and the Sudden Cardiac Arrest Prevention Act is both clinically appropriate and practically important. PAs are frequently the frontline providers in the school, community, and sports medicine settings where these protocols are applied. Excluding PAs from these frameworks creates gaps in coverage and continuity.

Taken together, these provisions advance a consistent principle: that Rhode Island's PA workforce should be able to practice at the full extent of their training, within appropriate collaborative frameworks, without outdated statutory restrictions that limit access and introduce unnecessary barriers. HB-7935 moves the state in that direction.

I respectfully urge the Committee's support for this legislation.

Thank you for your consideration and your continued commitment to healthcare access for Rhode Islanders.

Respectfully submitted,

Michael Cremins, PhD, PA-C
Director of Outcomes Research, Brown Surgical Associates / Brown University Health

From: Cremins, Michael S, PA
Sent: Monday, April 13, 2026 10:13 AM
To: rep-donovan@rilegislature.gov <rep-donovan@rilegislature.gov>
Cc: HousehealthandHumanServices@rilegislature.gov <HousehealthandHumanServices@rilegislature.gov>; ray@RIAPA.org <ray@riapa.org>
Subject: Opposition to HB-7740 – Unintended Consequences for Patient Access and Surgical Care

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

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