

**From:** [Laura Lambiase](#)  
**To:** [SLegislation](#)  
**Subject:** Opposition to SB-3184  
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Dear Senators Donovan and DiMario ,

I am a constituent living in your district and a Physician Assistant working from district 36. I am writing to you today to respectfully request you oppose SB-3184

- The draft legislation states that unless you are a CRNA or CRNA student, you “shall not administer agents that are primarily used and classified as general anesthetics for minimal, moderate, deep sedation, or general anesthesia.” PAs, working collaboratively with RNs, routinely and safely provide minimal and moderate (“conscious”) sedation in many inpatient and outpatient settings. No one disputes that general anesthesia should be provided by CRNAs or anesthesiologists. However, there is a broad subset of clinical environments where minimal to moderate sedation has been safely provided for years by trained providers without complications.
- This language directly impacts procedural areas as well as directly impacting critical care areas, emergency departments, and medical and surgical ICUs.
- It may limit patient access and could potentially require sending patients out of state for sedation-assisted procedures such as colonoscopies, endoscopies, interventional radiology procedures, and pediatric imaging.
- This bill will increase patient length of stay for inpatient units by increasing delays in obtaining procedures that require sedation since CRNAs and anesthesiologists are not always readily available.
- May increase healthcare costs by now requiring anesthesiologists or CRNAs to provide sedation and care to a patient population that has been traditionally and safely managed by MDs, DOs, PAs, and NPs.
- It restricts RNs from administering or titrating sedating medications on non-intubated patients in critical care areas, where that is exactly what these RNs are trained and credentialed to do.
- I have worked in institutions both in Rhode Island and out of state, in which, NPs and PAs have safely provided mild and moderate sedation for patients undergoing bedside procedures. This bill would restrict access to care that is currently being safely provided in our state. As you may or may not be aware, advanced practice providers provide nocturnal coverage for many ICUs across the state. In a state already struggling to meet the needs of our patients, we do not want to restrict the care already being provided. Additionally, it should be noted that this bill acknowledges that PAs and NPs are qualified to provide these medications to patient at risk of life or limb loss. This demands the question, if we can provide these medications safely in the most critically ill patients, why are we less qualified in a more stable patient?

Thank you for your consideration and hopefully your opposition of SB-3184.

Sincerely,

Laura Lambiase, PA-C

