

April 28, 2026

The Honorable Valerie Lawson
President, Senate Committee
Rhode Island General Assembly

Dear President Lawson and Members of the Senate Health & Human Services Committee,

RE: Oppose Senate Bill 3184

I am writing to express unequivocal **opposition to S 3184**, a bill that has now been introduced for the third consecutive year despite being rejected, criticized, or formally opposed by virtually every major professional healthcare organization in Rhode Island. The persistence of this legislation is deeply troubling, not only because it is clinically unsound, but because it poses a direct threat to patient safety, access to care, and the functioning of our already strained healthcare system.

The language of S 3184 is reckless. It attempts to redefine moderate sedation as “anesthesia,” even though moderate sedation is *not* anesthesia, and is not classified as such in any nationally recognized clinical standard and is safely administered every day by trained registered nurses and nurse practitioners across the country. The bill’s blanket prohibition on the use of “agents primarily used and classified as general anesthetics” ignores the reality that these medications have broad, essential applications far beyond the narrow scenarios described in the legislation.

The bill’s own text acknowledges this contradiction. For example, the document states: “*RNs... shall not administer agents that are primarily used and classified as general anesthetics for minimal, moderate, deep sedation, or general anesthesia...*” Yet these same medications are routinely used in emergency care, critical care, procedural sedation, rapid sequence intubation, and stabilization of critically ill patients in settings where RNs and NPs are indispensable and where delays in care cost lives.

By attempting to legislate clinical practice through overly rigid, scientifically inaccurate language, S 3184 would create dangerous hesitation in time-sensitive situations, restrict the ability of qualified clinicians to act within their training, and ultimately harm the very patients this bill claims to protect.

Most concerning is the disproportionate impact this bill would have on Rhode Island’s most vulnerable populations: rural patients, low-income communities, individuals with limited access to specialty care, and those who rely on safety-net hospitals and community clinics. Restricting who may administer commonly used medications will not magically create more CRNAs, it will simply reduce access, increase wait times, delay procedures, and worsen outcomes.

Every major stakeholder group has already warned the General Assembly of these consequences. The fact that this bill continues to resurface, unchanged and unresponsive to the concerns of frontline clinicians, suggests a disregard for the expertise of the very professionals who keep Rhode Island’s healthcare system functioning.

S 3184 is not a patient-safety bill. It is a bill that will reduce access, increase risk, and undermine the clinical judgment of highly trained nurses and nurse practitioners who are essential to emergency care, critical care, and procedural medicine. It is opposed for good reasons, because it is dangerous.

I urge the Committee to reject this legislation, and to instead engage with the full spectrum of Rhode Island’s healthcare professionals to craft universal, competency-based **regulatory guidance** that reflects clinical reality, protects patients, and strengthens rather than destabilizes our healthcare system.

Thank you for your time and consideration.

Sincerely,

Leanne Burke
Providence, RI
District 3