From:	Marisa Etting
To:	Sen. Murray, Melissa A.; SLegislation; Sen. Zurier, Samuel; Rep. Casimiro, Julie A.; Sen. Morgan, Elaine J.; Rep. Blazejewski, Christopher R.; Rep. Tanzi, Teresa A.; Sen. DiMario, Alana
Subject:	Opposition to S3184 – Impact on Access, Cost, and Clinical Scope in Rhode Island
Date:	Wednesday, April 29, 2026 8:35:57 PM

Dear Chair Murray and State Senators & Representatives,

My name is Marisa Etting and I am writing in opposition to S3184.

I am an Exeter resident, a Licensed Mental Health Counselor, and the owner of ME Psychotherapy, a Rhode Island-based group practice providing psychotherapy, medication management, EMDR, and coordinated ketamine-assisted psychotherapy services with offices in Providence and Narragansett. Our practice serves a wide range of Rhode Islanders, including individuals with complex and treatment-resistant mental health conditions who often struggle to access timely and appropriate care.

While I respect the importance of patient safety in administering anesthesia, I have significant concerns that this bill, as written, is overly broad and may unintentionally restrict safe, established clinical practices - ultimately worsening access to care in Rhode Island.

The language of S3184 prohibits non-CRNA APRNs from administering or managing agents associated with minimal, moderate, deep sedation, or general anesthesia across diagnostic, therapeutic, or surgical settings. While the intent appears to focus on anesthesia, the wording does not clearly distinguish between procedural anesthesia and the therapeutic use of medications that may have sedating or dissociative properties in non-procedural care.

This distinction is critical.

In outpatient behavioral health settings, treatments such as ketamine-assisted psychotherapy are delivered through structured, collaborative care models. At ME Psychotherapy, medical evaluation, prescribing, and dosing decisions are handled by qualified prescribers, while our team provides psychological preparation, monitoring, care coordination, and integration therapy. These services are not procedural anesthesia, and patients are not treated in surgical or deep sedation contexts.

As written, however, the bill creates ambiguity that could allow for broad interpretation, placing compliant outpatient practices at regulatory risk despite operating safely and within appropriate clinical frameworks.

More broadly, I would respectfully ask the Committee to consider the

policy rationale behind this proposed restriction. If the intent is to improve patient safety, it would be helpful to understand what evidence demonstrates that current APRN practice in this area is resulting in unsafe outcomes. Absent clear data, this bill appears to be a preemptive restriction rather than a response to demonstrated harm.

At the same time, Rhode Island is already facing significant healthcare access challenges. State leaders have acknowledged provider shortages, particularly in primary care and specialty services, along with increasing provider burnout and workforce strain. In parallel, many Rhode Islanders are experiencing rising insurance premiums and higher out-of-pocket costs for care. In this context, reducing the functional scope of APRNs - who play a critical role in expanding access - may further limit availability of services and increase reliance on higher-cost care settings.

There are also important questions regarding implementation and unintended consequences:

- The bill does not clearly define the boundary between "moderate sedation" and non-procedural medical or psychiatric treatment, creating risk for inconsistent interpretation and enforcement.
- It may shift care toward hospital-based or anesthesia-dependent models, increasing cost without clear evidence of improved outcomes.
- It may discourage the development of innovative, evidence-informed outpatient treatment models that are currently helping to address gaps in behavioral health care.

Rhode Island's healthcare system depends on a collaborative, multidisciplinary workforce. APRNs are an essential part of that system, particularly in a state where access to physicians is already limited. Policy decisions that reduce scope of practice should be narrowly tailored, clearly defined, and supported by strong evidence demonstrating a need for restriction.

I respectfully urge the Committee to either oppose S3184 or hold it for further study and stakeholder engagement. At minimum, the bill should be revised to:

- Clearly distinguish procedural anesthesia from non-procedural medical and psychiatric treatment
- Provide precise definitions of sedation levels to avoid unintended overreach
- Include input from APRNs, behavioral health providers, and outpatient care organizations
- Ensure that patient access and cost implications are fully evaluated before implementation

Rhode Islanders are already navigating a challenging healthcare environment. Legislation in this area should improve clarity and safety

without reducing access or increasing barriers to care.

Thank you for your time and consideration.

Sincerely,
Marisa Etting, LMHC
Owner, ME Psychotherapy
marisa@mepsychotherapy.com