

From: [Meg McCoy](#)
To: [Sen. Murray, Melissa A.](#); [Sen. Lauria, Pamela J.](#); [Sen. Urso, Lori](#); [Sen. Appollonio, Peter A. Jr.](#); [Sen. Rogers, Gordon E.](#); [Sen. Thompson, Brian J.](#); [Sen. Ujifusa, Linda L.](#); [Sen. Valverde, Bridget G.](#); [Legislation](#)
Subject: Oppose Bill S3184
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Dear Members of the Rhode Island Legislature,

I am writing to address Bill S3184, introduced for the third consecutive year. In previous discussions, healthcare professionals across Rhode Island have consistently raised serious concerns about the potential impact of this legislation on patient access to timely care and overall patient safety.

Bill S3184 aims to restrict the scope of procedures that registered nurses and nurse practitioners can administer under moderate sedation. If enacted, it would disrupt established clinical practices and create significant barriers to care. This could lead to delays in procedures, reduced availability of services, and unnecessary strain on an already burdened healthcare system.

Furthermore, these access limitations pose real risks to patient safety, particularly for individuals who require timely diagnostic or therapeutic interventions. We have provided both statistical data and clinical evidence demonstrating that there is no evidence-based justification for altering current moderate sedation practices in Rhode Island. Importantly, there have been no reported safety concerns related to nurse practitioners administering moderate sedation in our state.

Restricting a practice that has been proven safe and effective does not enhance patient safety. In fact, it risks doing the opposite by limiting access to care and creating delays that can negatively affect patient outcomes. It is also important to emphasize that deep sedation and general anesthesia remain the responsibility of anesthesia specialists.

Numerous professional organizations have formally expressed opposition to this bill, stating that it is not an appropriate or effective approach to improving patient safety or healthcare delivery. The downstream effects of Bill S3184 would be significant. Reduced procedural capacity, longer wait times, and decreased access to care would disproportionately affect vulnerable patient populations. If this legislation were genuinely centered on patient safety, it would have strong support from frontline healthcare providers, including nurse practitioners. However, many believe the motivation behind this proposal is driven more by financial interests than by clinical necessity. Moreover, many of those advocating for these changes are not directly involved in the clinical environments that would be most impacted.

In contrast, healthcare professionals across the state have encouraged the Rhode Island Department of Health (DOH) and the Board of Nursing (BON) to develop thoughtful, evidence-based regulatory guidance that prioritizes both access and safety. The DOH has recently released a draft of these proposed guidelines.

These recommendations are currently under review by a diverse range of stakeholders, including hospitals, anesthesia groups, executive leadership teams, and organizations such as the Hospital Association of Rhode Island. The process will soon transition into a public comment phase, allowing healthcare professionals and stakeholders to provide input before finalization.

While the DOH's response required time, it demonstrates a clear understanding of the complexity and importance of ensuring both safe and accessible care. I respectfully urge the legislature to allow this regulatory process to proceed and to continue entrusting healthcare oversight to the appropriate expert bodies who are best equipped to balance patient safety with access to care.

Thank you for taking the time to read my letter and for your consideration of this important matter. Please do not hesitate to contact me with any questions.

Respectfully,

Meghan McCoy, AGACNP-BC

Sent from my iPhone