

Subject: Opposition to Senate Bill 3184

Dear Chairwoman Murray,

I respectfully urge the House Committee on Health and Human Services to **oppose** Senate Bill 3184.

I am a doctorally prepared Acute Care Nurse Practitioner and the manager of a hospital-based procedural service that provides cerebrovascular care using Nurse Practitioners and Physician Assistants. Our work supports time-sensitive, high-acuity procedures, and our ability to deliver safe, efficient care depends on advanced practice providers practicing within their established training, credentialing, and hospital privileging frameworks.

SB-3184 would impose statutory restrictions on the use of medications for **moderate sedation**, despite the absence of any demonstrated patient safety concern in Rhode Island or nationally. Moderate sedation is distinct from deep sedation and general anesthesia and has been safely provided by properly trained and credentialed NPs for decades. In hospital settings, NPs authorized to perform moderate sedation complete formal education, competency assessments, and ongoing quality review—standards equivalent to those required of non-anesthesiologist physicians.

From a policy perspective, it is notable that this legislation—or materially similar versions—has been introduced and stalled in **two prior sessions**, reflecting the lack of evidence supporting the need for such restrictions. Enacting clinical practice limitations through statute, rather than relying on existing regulatory, licensing, and hospital credentialing processes, risks creating inflexible rules that do not adapt to evolving standards of care.

If enacted, SB-3184 would have predictable unintended consequences: delayed procedures, increased length of stay, inefficient use of anesthesiology resources, and reduced access to timely care—particularly for hospitalized and critically ill patients. This also translates to an increased cost of care in an already strained system. In my hospital, the bill would directly impede our ability to perform urgent procedures and would disrupt established workflows that currently function safely and effectively in both adult and pediatric patients.

Legislation should be guided by clear evidence of harm and a demonstrated benefit to public safety. In this case, neither exists. Instead, SB-3184 would undermine access, efficiency, and patient-centered care without improving outcomes.

For these reasons, I respectfully ask the Committee to oppose SB-3184 and to continue supporting evidence-based policy that preserves access to high-quality care for Rhode Island residents.

Thank you for your time and consideration.

Sincerely,

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