

PVD Ketamine & Wellness

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April 29, 2026

The Honorable Melissa A. Murray
Chair, Senate Committee on Health & Human Services
Rhode Island General Assembly

Dear Chair Murray and Members of the Senate HHS Committee,

RE: Oppose Senate Bill 3184

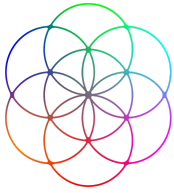
I am a Psychiatric Nurse Practitioner and founder/owner of PVD Ketamine & Wellness, in Providence, RI. Thank you for the opportunity to submit written testimony regarding SB 3184. I respectfully urge the committee to OPPOSE this legislation.

SB 3184 would prohibit RNs and non-CRNA APRNs from administering agents "primarily used and classified as general anesthetics for minimal, moderate, deep sedation, or general anesthesia." Although ketamine is not among the specific drugs named in the bill, this broad language creates significant legal ambiguity around its use in outpatient psychiatric settings. That ambiguity alone would effectively end Ketamine-Assisted Psychotherapy in Rhode Island, not because the bill clearly prohibits it, but because no licensed provider can afford to practice under that degree of legal uncertainty.

Ketamine is a dissociative anesthetic that at sub-anesthetic doses provides psychiatric patients with life-saving rapid relief from suicidal ideations, severe treatment-resistant depression, post-traumatic stress disorder (PTSD), and other mental health conditions.

- Mildly sedating doses of oral/sublingual ketamine are routinely, safely, and legally prescribed by NPs and self-administered by patients receiving Ketamine-Assisted Psychotherapy, under the care of a licensed, ketamine-trained psychotherapist.
- Mild-to-moderately sedating doses of intramuscular/intravenous ketamine are routinely, safely, and legally administered by NPs, and RNs under the supervision of an NP, in outpatient psychiatric offices for Ketamine-Assisted Treatment/Psychotherapy.

Neither of these practices involves deep sedation or general anesthesia, and neither involves the specific drugs enumerated in SB 3184. However, the bill's broad language does not clearly exclude them, and a provider facing potential license jeopardy will not wait for a court to resolve that ambiguity. They will simply stop offering the treatment.



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The availability of Ketamine-Assisted Psychotherapy in Rhode Island is already very limited compared to neighboring states, and is largely provided by therapists working alongside Psychiatric NP prescribers. If SB 3184 passes, the number of trained practitioners able to legally provide this treatment in Rhode Island would drop from approximately a dozen therapists and NPs to a single provider (a dual-boarded NP/CRNA), leaving hundreds of Rhode Islanders who regularly rely on this treatment without access to it.

There is no question that general anesthesia should be administered by CRNAs or anesthesiologists. However, the appropriate pathway for improving consistency and safety without creating unintended barriers to care is to direct the Rhode Island Department of Health to develop competency-based regulatory guidance aligned with best practices, not to pass broadly worded legislation that inadvertently sweeps psychiatric nursing practice into its scope.

I respectfully ask the committee to **REJECT SB 3184** and protect Rhode Islanders' access to life-saving Ketamine-Assisted Psychotherapy.

Thank you for your time and consideration.

Renata Sasson, MSN, APRN, PMHNP-BC
Board Certified Psychiatric/Mental Health Nurse Practitioner