

From: [Sandra Darling](#)
To: [S Legislation](#)
Subject: Senate Bill #3184
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Senate Chairwoman Murray and members of the Senate Health and Human Services Committee:

I write to you in **SUPPORT** of SB #3184 , The Anesthesia Safety Act, which will clarify the licensure requirements for nurses who administer sedation to patients in Rhode Island.

Many nurses are trained to give mild sedation to patients and this is a necessary skill to take care of pain and sickness. However, within the license of a Registered Nurse it requires that you work within the safety of education and training. Doing procedures or activities beyond your training is considered working outside of your scope of practice and are grounds for disciplinary action and could result in the suspension or loss of license.

Due to nursing shortages and the expense of hiring qualified nurses we are seeing some facilities asking RNs to use sedation beyond their scope of practice. This is a dangerous practice and needs legislative clarification. Anesthesia levels and drugs to achieve pain relief are used primarily by Anesthesiologists and CRNAs (Certified Registered Nurse Anesthetists) who have advanced training in the speciality of Anesthesia. Today CRNAs graduate at the Doctorate level and pass a rigid exam to be licenced as a CRNA. This is years of study and prepares them for the art and science of anesthesia administration. On the other hand, Nurse Practitioners are RNs who have training in Primary Care and do not have training in anesthesia administration. Nurse Practitioners and CRNAs are not interchangeable.

We are not talking about surgical levels of anesthesia in an operating room in this bill but the common use of sedation for minor procedures. The real line of division is outlined in the attached chart showing the effects of sedation. If a patient can answer to their name and follow directions the sedation is determined to be light or mild sedation and is within the scope of practice of many RNs trained to administer these drugs. These drugs are not the same drugs used to induce deep or general anesthesia. We are usually talking about narcotics or sedatives used separately or in combination for pain relief, not the anesthetic agents to induce a deep level of anesthesia.

In the attached chart you can see that the first 2 levels do not usually require anesthesia providers but the last 2 will need either an Anesthesiologist or a CRNA who have advanced education and training in saving your life if anything should falter.

License requirements are there to protect the public. Our State should make sure everyone understands why we need to add clarity to our laws like Massachusetts and

most of the other States in America. I speak as a retired nurse and senior citizen for the most fragile of our population, the children and the older adults in Rhode Island.

I urge your full support on SB #3184 and its passage to the Senate floor.

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The Chart below gives a visual of depths of anesthesia for sedation. Level #1 and #2 are ok for nurses who are trained to administer narcotics and sedatives. The last 2 levels are only administered by fully trained and educated in anesthesia, CRNAs and Anesthesiologists.

Continuum Level of Sedation

	Minimal Sedation (Anxiolysis)	Moderate Sedation /Analgesia (Conscious Sedation)	Deep Sedation / Analgesia	General Anaesthesia
Range of Sedation	← #1 #2 →			
Responsiveness	Normal response to verbal stimulation	Purposeful response to verbal or tactile stimulation	Normal Purposeful response after repeated or painful stimulation	Unarousable even with painful stimulation
Airway	Unaffected	No intervention required	Intervention may be required	Intervention often required
Spontaneous ventilation	Unaffected	Adequate	May be inadequate	Frequently inadequate
Cardiovascular function	Unaffected	Usually maintained	Usually maintained	May be impaired