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**Subject:** Jerry Felix Testimony in favor of Senate Bill 3184 Sub A  
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**Attachments:** [Jerry Felix Senate Bill 3184 Sub A Safe Sedation Fact Sheet.docx](#)  
[Jerry Felix Testimony in support of Senate Bill 3184 final copy.docx](#)  
[Jerry Felix-Misrepresentation of Moderate Sedation and the Deliberate Minimization of Anesthetic Risk.docx](#)

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## To the Members of the Senate Health and Human Services Committee,

My name is Jerry Felix, CRNA, former President of the Rhode Island Association of Nurse Anesthetists (RIANA), and a co-author of this legislation since its introduction in 2024. I was also among the first to bring this critical patient safety issue to the attention of the Rhode Island Department of Health (RIDOH), and I have spent nearly three years working on this issue. I am writing in strong support of Senate Bill 3184 Sub A.

### **Senate Bill 3184 Sub A is about one thing: patient safety.**

It is not about access. It is not about workflow. It is not about limiting the appropriate practice of Nurse Practitioners or Physician Assistants.

It is about ensuring that medications capable of inducing deep sedation and general anesthesia—medications that can rapidly lead to airway compromise, cardiovascular collapse, and death—are administered only by clinicians who are formally trained, licensed, and credentialed in anesthesia care.

The central issue before this Committee has been consistently misrepresented. **Opponents have deliberately blurred the line between true moderate sedation and the administration of general anesthetic agents such as propofol.** That distinction is not academic—it is the difference between a controlled, reversible state and one that requires immediate, advanced airway management and full anesthesia expertise.

Propofol is a safe and effective medication **when administered by trained anesthesia professionals.** In the wrong hands, it can be catastrophic. Senate Bill 3184 Sub A reinforces necessary safeguards to ensure that these medications are used safely and appropriately.

**\*\*\*I would also direct the Senate HHS Committee to view the attached documents labeled "Safe Sedation Fact Sheet" and "Misrepresentation of Moderate Sedation and the Deliberate Minimization of Anesthetic Risk" attached to this testimony.**

**submitted with this testimony.**

RIDOH has previously acknowledged this risk. In an April 23, 2024 letter, the Department stated that it **“does not support the administration of propofol by Certified Nurse Practitioners.”**

Further, on February 25, 2025, RIDOH Director Dr. Jerome Larkin submitted testimony in support of this legislation, affirming that propofol and other general anesthetics should be administered only by professionals specifically educated and authorized to do so, such as CRNAs or anesthesiologists—consistent with national expert guidance.

However, the Department’s proposed regulations released on April 14, 2026 under 216-RICR-40-05-37 **contradict this position and sets a dangerous precedent.** As written, the proposal lacks the clarity and safeguards necessary to protect patients and does not align with established national standards from leading organizations, including the American Society of

Anesthesiologists, American Association of Nurse Anesthesiology, Anesthesia Patient Safety Foundation, The Joint Commission, and the U.S. Food and Drug Administration.

Despite repeated efforts by RIANA to collaborate, these concerns were not adequately addressed. As a result, **we now turn to the legislature to do what the Department has failed to do—ensure patient safety.**

During the recent House HHS hearing, proponents repeatedly described their practice as “moderate sedation” without clearly identifying the medications being administered. This created a misleading impression.

The reality is this:

The overwhelming majority of Nurse Practitioners and Physician Assistants in Rhode Island appropriately perform moderate sedation using a narcotic and a benzodiazepine—medications with reversal agents and well-established safety profiles. This practice is appropriate, widely accepted, and **not impacted by this bill.**

In contrast, only a very small number of providers—approximately three Nurse Practitioners out of more than 1,400 statewide—are administering propofol for elective procedures independently.

This distinction is critical.

Propofol and similar agents are not moderate sedation medications. They can rapidly transition a patient into deep sedation or general anesthesia, requiring advanced airway management, continuous vigilance, and the ability to rescue a patient from any level of sedation. Presenting these fundamentally different practices as equivalent is misleading and does not reflect clinical reality.

**\*\*\*During a recent House HHS hearing, a nurse practitioner on the neuro intensive care unit openly admitted to unintentionally overdosing patients beyond moderate sedation. The intent was moderate sedation; however, she was unable to control that state. This just confirms that moderate sedation is not a controlled state and patients can easily slip into deeper states by providers that are not educated, trained, or licensed to do so.**

At Hasbro Children’s Hospital, nurse practitioners have been permitted to administer these agents to pediatric patients undergoing invasive and highly stimulating procedures and allowing deeper levels that go beyond “moderate sedation”.

Let me be clear:

Administering propofol in these settings is **not moderate sedation.** By definition—and by the standards of the American Society of Anesthesiologists—this is deep sedation or general anesthesia.

**\*\*\*Testimony from Ms. Melynda Crispi described her son’s experience with the Hasbro Pediatric Sedation Team. She was told that her son required ANESTHESIA LEVEL CARE to ensure immobility during an MRI. She was never told “Moderate Sedation, rather Anesthesia Level. This confirms that the level they are sedating these children go beyond ‘moderate sedation”, and yet the opposition continue to deliberately misrepresent this point. Following the procedure, her son experienced complications that persisted for days, leading Ms Crispi to worry if her son had sustained permanent damage as a direct result of having a non-anesthesia provider care for her son.**

Records indicate the sedation was administered and managed by a nurse practitioner.

Publicly available documentation from that nurse practitioner explicitly states responsibilities

including:

\*\*\*“Administration and management of patients receiving mild, moderate, **deep sedation**...  
Airway assessment and management...”

This is a critical point.

**There is nothing “moderate” about rendering a pediatric patient immobile and unresponsive to complete a procedure. Even minimal movement in these cases can result in serious injury. These patients are, in effect, under deep sedation and general anesthesia.**

**The administration and management of deep sedation—particularly in pediatric patients—requires anesthesia-level training and falls outside the scope on non-anesthesia trained and licensed providers.**

This position is supported by every major authority in patient safety and anesthesia care, including:

- American Society of Anesthesiologists
- American Association of Nurse Anesthesiology
- Anesthesia Patient Safety Foundation
- Centers for Medicare & Medicaid Services
- The Joint Commission
- U.S. Food and Drug Administration

These organizations are unequivocal:

**Medications capable of producing deep sedation or general anesthesia must be administered by providers trained to rescue patients from those states—immediately and independently.**

This raises serious concerns about patient safety, clinical accountability, and regulatory oversight.

It also raises important questions:

- Has RIDOH conducted a formal investigation into these practices?
- How many procedures have been aborted due to sedation-related complications?
- How many patients required escalation of care, including emergent intubation or transfer to the Pediatric Intensive Care Unit?
- How many cases were rebooked with anesthesia providers after failed “sedation”?

Adverse events do not need to result in death to represent patient harm. Without transparency and reporting, the true scope of risk remains unknown.

Rhode Island law already provides clear guidance:

- **R.I. Gen. Laws § 5-34-3** requires advanced practice nursing to align with public health and nationally recognized standards.
- **R.I. Gen. Laws § 5-34-49** does not extend Nurse Practitioner scope to the administration of anesthetics.
- **R.I. Gen. Laws § 23-17-19.1** mandates adherence to generally accepted standards of care.

Notably, this practice model is not widespread. Hasbro Children’s Hospital are the only facilities engaging in it. No other facility in the state recognizes or utilizes this approach. Our opposition may state that this practice is widespread in Washington State and Michigan. What they failed to mention is that this practice is dying and antiquated and virtually obsolete. It is not a standard of care as you are being led to believe.

Nationally, there is no ambiguity. Leading organizations—including the ASA, AANA, APSF, CMS, FDA, and The Joint Commission—are aligned in stating that deep sedation and general anesthesia must be administered by providers trained in anesthesia who are capable of managing the full continuum of sedation.

This is reinforced by FDA labeling for Propofol (Diprivan), which states:

“For general anesthesia or monitored anesthesia care (MAC) sedation, Diprivan should be administered only by persons trained in the administration of general anesthesia and not involved in the conduct of the surgical or diagnostic procedure.”

Senate Bill 3184 aligns Rhode Island with these established standards. It does not restrict scope of practice—it reinforces it. It does not restrict access to care—it ensures that care is delivered safely by appropriately trained professionals.

**I respectfully urge the Committee to support Senate Bill 3184 Sub A with its original intent intact.**

Rhode Island patients—especially our children—deserve nothing less than the highest standard of safety and care.

This testimony submitted reflects my personal opinion and may not reflect the opinions of that of my professional organization. It presents information obtained from years of extensive research of the issue.

Thank you for your time and your commitment to protecting the health and well-being of all Rhode Islanders.

**Respectfully submitted,**  
Jerry Felix, CRNA