Empowering PAs through Advocacy and Education

RHODE ISLAND ACADEMY *of* PHYSICIAN ASSISTANTS

April 30, 2026

The Honorable Senator Melissa Murray

Chair, Senate Health and Human Services Committee

Rhode Island State House, Providence, RI, 02903

RE: Written Testimony on 2026 – S-3184 SUB A AN ACT RELATING TO BUSINESSES AND PROFESSIONS -- NURSES --

Position: Opposed

Thank you, Chairwoman Murray and members of the committee for the opportunity to provide testimony on the Sub A for S-3184

As the professional association representing over 800 Rhode Island licensed physician assistants (PAs), the Rhode Island Academy of PAs (RIAPA) is concerned with the Sub A for bill S-3184 in it's current form.

Our concerns include the following:

The draft legislation states that unless you are a CRNA or CRNA student, you *"shall not administer agents that are primarily used and classified as general anesthetics for any elective procedure."* PAs, working collaboratively with RNs, routinely and safely provide minimal and moderate ("conscious") sedation in many inpatient and outpatient settings. No one disputes that general anesthesia should be provided by CRNAs or anesthesiologists. However, there is a broad subset of clinical environments where minimal to moderate sedation using lower doses of these medications has been safely provided for years by trained providers without complications.

1. Lack of clarity regarding PA inclusion Where do PAs fit into the act? Would the act exclude PAs from ordering, administering, or titrating sedation? Local and legal opinions suggest that PAs will be excluded because physicians are specifically mentioned but PAs are not.

2. Potential impact on patient access The bill may limit patient access and could require sending patients out of state for sedation-assisted procedures such as colonoscopies, endoscopies, interventional radiology procedures, and pediatric imaging.

3. Increased inpatient length of stay This bill will increase patient length of stay by delaying procedures requiring sedation, as CRNAs and anesthesiologists are not always readily available.

4. Increased healthcare costs Requiring anesthesiologists or CRNAs to provide sedation to patient populations traditionally and safely managed by MDs, DOs, PAs, and NPs will increase healthcare costs.

5. Lack of clarity regarding which medications are restricted Will an entity—perhaps RIDOH—provide a list of general anesthetic agents? Many medications fall into and out of this category depending on the data source or off-label use. Providers may not know whether a medication is included or excluded due to the ambiguity of the category.

6. Impact on mental health treatment Per the FDA, "general anesthetics" include ketamine. Ketamine is increasingly used to treat major depression and suicidal ideation. Would these practices need to stop until anesthesiologists are hired?

7. Lack of definitions and statutory references The Sub A includes no definitions or statutory references, making interpretation vague and problematic.

8. Urgent and therapeutic procedures are not addressed The Sub A identifies elective procedures, but what about urgent or therapeutic procedures? – For example, a patient needing a

chest tube for a pleural effusion or bedside debridement of a serious wound outside a critical care setting.

9. Outpatient minimal sedation is not addressed Where does minimal sedation for outpatient procedures fit, particularly in imaging centers such as Rhode Island Medical Imaging, where PAs perform interventions daily?

10. Potentially unsafe medication substitutions According to the bill, providers could use any medication *not* classified as a general anesthetic for elective procedures—even if that alternative is less safe or more risky.

11. Medicine should not be legislated at the drug-selection level We are concerned when the practice of medicine—such as medication choice and delivery—becomes part of the legislative process rather than a regulatory one. Medicine evolves rapidly, and legislating restrictions in this area would require frequent review and revision, which is more appropriately handled through regulation.

12. Regulatory process already underway This bill attempts to address issues better resolved through regulation. We understand that the Department of Health is currently developing regulations to address these concerns.

Summary In summary, RIAPA believes that S-3184 and Sub A, in their present form, do not serve patients or providers and create restrictions that limit access while placing additional burdens on the healthcare system and workforce. We welcome the opportunity to work with the bill sponsors to address these concerns.

We are available for any questions.

Respectfully,

Raymond Cord MHP, PA-C

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Attached: A copy of the bill with areas where PAs are omitted as well as references supporting our position.

2026 -- S 3184 SUBSTITUTE A

STATE OF RHODE ISLAND

IN GENERAL

ASSEMBLY JANUARY

SESSION, A.D. 2026

AN ACT

RELATING TO BUSINESSES AND PROFESSIONS -- NURSES

Introduced By: Senators Ciccone, Burke, Famiglietti, Raptakis, and Tikoian

Date Introduced: April 03, 2026

Referred To: Senate Health & Human Services

It is enacted by the General Assembly as follows:

SECTION 1. Chapter 5-34 of the General Laws entitled "Nurses" is hereby amended by adding thereto the following section:

5-34-3.1. Safe administration of sedation.

(a) Registered nurses (RNs) and advanced practice registered nurses (APRNs), other than licensed certified registered nurse anesthetists (CRNAs), as defined in this chapter, and RNs enrolled in a nurse anesthesiology training program approved by the Council on Accreditation of Nurse Anesthesia Educational programs (COA) or its predecessors or successors, shall not administer medications classified as general anesthetics for any elective procedure.

(b) For critical life-saving situations requiring the immediate and emergent facilitation of airway management (rapid sequence intubation) or to maintain sedation for tracheally intubated and mechanically ventilated patients, an RN acting under the direct supervision of a licensed APRN PA, or physician, or an APRN or PA may initiate, titrate, and bolus intravenous/intraosseous (IV/IO) agents.

An APRN or PA, may initiate, titrate, and bolus intravenous/intraosseous (IV/IO) agents if the APRN is trained in airway management and acting within their scope of practice and approved by their governing body, as authorized in this section.

(c) For emergency situations, the APRN or RN can administer anesthetic medications to preserve patient life including, but not limited to, cardiac arrest, and respiratory failure, acting within their scope of practice and approved by their governing body.

(d) Nothing in this section shall prohibit the administration and/or titration of drugs

classified as general anesthetics for patients being sedated in a critical care setting (emergency

room, intensive care unit) by an RN, PA or APRN acting within the scope of practice and approved by

their respective governing body.

SECTION 2. Chapter 5-34.2 of the General Laws entitled "Nurse Anesthetists" is hereby

amended by adding thereto the following section:

5-34.2-2.1. Safe administration of sedation.

(a) Registered nurses (RNs) and advanced practice registered nurses (APRNs), other than

licensed certified registered nurse anesthetists (CRNAs), as defined in this chapter, and RNs

enrolled in a nurse anesthesiology training program approved by the Council on Accreditation of

Nurse Anesthesia Educational programs (COA) or its predecessors or successors, shall not

administer medications classified as general anesthetics for any elective procedure.

(b) For critical life-saving situations requiring the immediate and emergent facilitation of

airway management (rapid sequence intubation) or to maintain sedation for tracheally intubated

and mechanically ventilated patients, an RN acting the under the direct supervision of a licensed

APRN, PA or physician, or an APRN, or PA may initiate, titrate, and bolus intravenous/intraosseous (IV/IO)

agents. An APRN or PA, may initiate, titrate, and bolus intravenous/intraosseous (IV/IO) agents if the

APRN or PA is trained in airway management and acting within their scope of practice and approved by

their respective governing body~~, as authorized in this section.~~

(c) For emergency situations, the APRN, PA or RN can administer anesthetic medications to preserve patient life including, but not limited to, cardiac arrest, and respiratory failure, acting within their scope of practice and approved by their governing body.

(d) Nothing in this section shall prohibit the administration and/or titration of drugs classified as general anesthetics for patients being sedated in a critical care setting (emergency room, intensive care unit) by an RN, PA or APRN acting within the scope of practice and approved by their governing body.

SECTION 3. This act shall take effect upon passage.

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COMMENTS AND QUESTIONS FROM THE RHODE ISLAND ACADEMY OF PAs

1) Where do PAs fit into the act? Would the act exclude PAs from ordering, administering, or titrating sedation? Local and legal opinions suggest it will because physicians are also mentioned but PAs are not.

2) Will some entity, ? DOH, be providing a list of theses general anesthetics agents as many fall into and out of this category depending on the data source and if they are used off label or not.

3) Per the FDA, "general anesthetics" include the drug Ketamine. Ketamine is growing in popularity in treating major depression and patients with suicidal ideation. Do these practices now need to stop treating patients until they hire anesthesiologists?

4) The Sub A includes no definitions or statutory references. This makes interpretation vague and problematic.

5) The Sub A identifies elective procedures but what about ***urgent procedures, and therapeutic use****?*

- Example of an urgent procedure is a patient who needs a chest tube insertion for a pleural effusion or a patient that needs bedside debridement of a serious wound but may not be in a critical care setting?

6) Where does minimal sedation for outpatient procedures fit in at all the imaging centers like Rhode Island Medical Imaging where PAs are performing interventions daily across the state?

7) According to this bill, providers would be able to use any other medication that isn't classified as a "general anesthetic" to provide sedation for elective procedures even if that choice of agent is less safe and more risky?

8) Do "anesthetic agents" include medications listed as" adjunct to anesthesia" as listed in the table below?

REERENCES:

1) https://aspho.org/uploads/knowledge_center/Practice_Guidelines_for_Moderate_Procedural_Sedation_and_Analgesia.pdf

2) Pharmacological agents for procedural sedation and analgesia in patients undergoing gastrointestinal endoscopy: a systematic review and network meta-analysis

https://pubmed.ncbi.nlm.nih.gov/40599871/

Information and References not to be included in the regulations but in support of the additions and modifications as well as helpful in pointing out concerns.

Medications that would be restricted based on the proposed regulations:

Medication	Drug Class	FDA-Approved Indication(s)	Adult Labeling	Pediatric Labeling	Off-Label Use for Moderate/Deep Sedation	References
Propofol	Sedative-hypnotic	General anesthesia (induction/maintenance), MAC sedation, ICU sedation	Yes	Induction ≥3 yr, maintenance ≥2 mo	Yes (adults and children)	[1-3]
Fospropofol	Sedative-hypnotic (prodrug)	MAC sedation	Yes	No	Yes (adults only)	[4]
Etomidate	Sedative-hypnotic	Induction of general anesthesia	Yes	Yes (>10 yr)	Yes (adults and children)	[2, 5-6]
Methohexital	Barbiturate	Induction of general anesthesia, procedural sedation (ECT)	Yes	Yes	Yes (adults and children)	[7-9]
Thiopental	Barbiturate	Induction of general anesthesia	Yes	Limited	Yes (limited availability)	[7-8]
Remimazolam	Benzodiazepine (ultra-short)	Procedural sedation (adults)	Yes	No (US)	Yes (adults; pediatric emerging)	[10-13]

Medication	Drug Class	FDA-Approved Indication(s)	Adult Labeling	Pediatric Labeling	Off-Label Use for Moderate/Deep Sedation	References
Ketamine	Dissociative anesthetic	General anesthesia (induction/maintenance)	Yes	Yes (≥2 yr)	Yes (adults and children)	[2-3, 7, 14]
Midazolam	Benzodiazepine	Procedural sedation, anesthesia induction, preoperative sedation	Yes	Yes (non-neonatal)	Yes (adults and children)	[15-17]
Fentanyl	Opioid	Adjunct to anesthesia, analgesia	Yes	Yes	Yes (adjunct, adults and children)	[7-8][17]
Remifentanil	Opioid	Adjunct to anesthesia, MAC	Yes	Yes	Yes (adjunct, adults and children)	[18-19]
Alfentanil	Opioid	Adjunct to anesthesia, MAC	Yes	Yes	Yes (adjunct, adults and children)	[7-8]
Sufentanil	Opioid	Adjunct to anesthesia, MAC	Yes	Yes	Yes (adjunct, adults and children)	[7-8]
Dexmedetomidine	Alpha-2 agonist	ICU sedation, procedural sedation (adults)	Yes	Off-label	Yes (adults and children, off-label)	[5, 14, 19-20]

References with links to source:

Practice Guidelines for Moderate Procedural Sedation and Analgesia 2018: A Report by the American Society of Anesthesiologists Task Force on Moderate Procedural Sedation and Analgesia, the American Association of Oral and Maxillofacial Surgeons, American College of

Radiology, American Dental Association, American Society of Dentist Anesthesiologists, and Society of Interventional Radiology.

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