



April 29, 2026  
Senator Melissa Murray, Chair  
Senate Committee on Health and Human Services  
RI General Assembly  
RI State House  
82 Smith St.  
Providence, RI 02903

Re: **Testimony in OPPOSITION of SENATE BILL: 3184 & SUB A, NURSES**

Dear Chair Murray,

I, Denise Coppa, from Senate District 35 and Legislative Liaison, of the Nurse Practitioner Alliance of Rhode Island, Director of the Family Nurse Practitioner Program at the University of RI and a practicing nurse practitioner am writing in **OPPOSITION of SENATE Bill 3184**. To clarify, Certified Nurse Practitioners (CNP) are Advanced Practice Providers (APPs) who have successfully completed advanced education at the masters and/ or doctoral level and have taken professional certification or “board” exams that allow them to be licensed by the state of RI, with full practice authority. This includes the ability to diagnose, treat, and prescribe medications, without limitation or supervision and to be the provider of record for patients in Rhode Island, across the life span. Most importantly, **nothing in statute, nor regulations, prevents nurse practitioners from prescribing pharmaceutical agents that aid in MODERATE sedation. THERE IS NO INTENT TO SUGGEST NURSE PRACTITIONERS SHOULD ANESTHETIZE PATIENTS. The bill was put together without considering the limitations to patient access to emergency, critical care and diagnostic procedures that are conducted on a daily basis to patients across the country and in Rhode Island, safely, by nurse practitioners.**

**Also: WHY ARE WE EVEN DOING THIS??** The RI Dept. of Health promulgated rules in 2026 that are going to public hearing to solve this issue. I am not sure why we are taking committee time to review the same bill language as “tabled” during the 2025 legislative session.

This bill has surfaced again to ultimately, if passed, limit access to patients in the most critical junctures of their health care needs. Who wants a critically injured patient on Block Island, for instance, to be transported to a tertiary health care facility on the main-land without receiving medication to mitigate their pain and anxiety? Consider the patient on a critical care unit, who suddenly has a seizure and is in danger of hurting his/herself without medication that will stop the seizure by the nurse practitioner assigned to the care of that patient? What about the children who are in oncology and need expedient diagnostic procedures so they can start cancer treatment as soon as possible? Should we be sending them to Boston? Really? I don’t think that would ever be the intent of this committee.

Although the SUB A does mitigate some of the issues in the initial bill, it is not prudent, nor safe practice to list specific medications that may or may not be able to be prescribed when necessary in acute care settings. Medications change often and we would want the most appropriate medications to be available to patients in need. The individual medication names should be removed.

The nurse practitioners in question are highly qualified and credentialed nurse practitioners who have gone beyond their basic educational requirements to meet professional and institutional

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guidelines and credentialing for safe administration of pharmaceutical agents used in moderate sedation, not complete sedation. The Department of Health has not finished its work on its opinion to provide a foundation for this legislation. Again, Who will be adversely impacted by this bill? Patients will be the victims!

So, let's take a breath. Let's pause and allow the Department of Health and other stakeholders to re-evaluate this situation. We need to consider patient safety and access, not get embroiled in a labor dispute that will never get untangled. Let's work together for bill language that considers all parties, most importantly the patients.

The issues are regulatory, not legislative. Please stop this bill.

Sincerely,

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