



RHODE ISLAND MEDICAL SOCIETY

Chairperson Melissa Murray
Senate Health & Human Services Committee
Rhode Island Senate
Rhode Island State House
82 Smith Street
Providence, RI 02903

Oppose – S 3184A

April 30, 2026

Chair Murray and Members of the Committee:

On behalf of the Rhode Island Medical Society (RIMS), we write in opposition to S 3184 Substitute A, which addresses the administration of anesthetic agents by registered nurses (RNs) and advanced practice registered nurses (APRNs). While we appreciate the intent to clarify scope of practice related to anesthesia, we have significant concerns that this legislation introduces ambiguity and unnecessary rigidity into high-acuity clinical settings, which could ultimately impact patient safety and access to timely care.

The bill seeks to address the administration of anesthetic agents in elective procedures; however, it relies on broadly defined exceptions for “emergency” and “life-saving” situations without clear parameters. In practice, this may lead to inconsistent interpretation across care settings and create confusion for clinical teams responsible for delivering time-sensitive care.

More broadly, codifying these provisions in statute risks disrupting well-established, team-based care models and limits the ability to adapt to evolving clinical standards. Sedation and anesthesia practices are appropriately governed through Department of Health regulations and hospital credentialing processes, which allow for updates based on current evidence, technology, and best practices.

Importantly, the Rhode Island Department of Health has already released draft regulations addressing sedation and anesthesia practices. RIMS supports this regulatory approach, which provides the necessary flexibility, clinical oversight, and ability to evolve over time without locking complex medical practices into statute.

Rhode Island’s healthcare system is already under significant strain. Introducing statutory language that creates uncertainty or disrupts established clinical workflows—particularly in emergency departments and critical care settings—risks exacerbating these challenges.

For these reasons, RIMS urges the Committee to oppose S 3184 Substitute A and instead support the Department of Health’s regulatory process to address these issues in a thoughtful, clinically grounded manner.

We would welcome the opportunity to work with the Committee and stakeholders as this process moves forward.

Thank you for your consideration.

Sincerely,

Nadine Himelfarb, MD
President