



**Attention ALL members - for immediate legislative action needed!!**

The Senate sedation legislation S 3184 sub A which passed the Senate is going to the House side and would have to come up for hearing first in the House HHS committee.

Although there is an effort underway by the Hospital Association's (HARI) lobbying group and professional organizations to script an amended version of this bill for HHS which would protect the current legal practices of mild to moderate sedation by NP and PA providers, the CRNAs are "whipping" the House HHS committee with letters pushing for passage of the original bill.

Passage of S 3184 sub A would restrict **ALL elective procedure sedation** to only anesthesia providers with critical consequences on the safe delivery of timely care by NPs and the use of certain medications.

**Here's what we need:**

**Letters and calls** to the Representatives on the **House HHS committee** (see list below) asking them to **oppose** the Senate S 3184 sub A and why.

The **major issues** we have with the bill are:

1. S3184 sub A implies *all elective procedures* are to be done by an anesthesia provider:
  - not only is this a waste of resources (we need CRNAs for deep sedation, OR, and complex cases) but there are only a small number of anesthesia providers - which would cause delays in care (eg. Pacemaker placement, cardiovascular procedures, pediatric sedation for simple procedures like bone bx).
2. The use of a general term and restriction of a category of drugs, *general anesthetics*, is inappropriate given that the same medications are classified for other uses (eg. anxiolysis and seizures).
  - In addition, this is against our full prescriptive authority.
3. CMS guidelines are clear that mild to moderate sedation is within the scope of practice of non-anesthesia providers such as nurse practitioners.
4. Airway management includes other procedures besides *intubation*, and is especially true for off-hours, staff cannot be restricted from safe, "clean" treatment options with proper training in rescue airway management.

5. There needs to be the understanding that although deep sedation can occur on the sedation continuum unintentionally, it should not be a limiting factor for use of moderate sedation by providers trained for *unintended* occurrences of deep sedation.

The main point is that the HHS committee needs to **oppose Senate version of S3184 subA**. The DOH regulations are in the works and there is a better version being proposed by HARI in collaboration with all affected providers.

We are hearing that misinformation is being propagated about what NPs can do. This bill is going to subtract from current practice and is not supported by the Department of health regulations in progress - which support current, safe sedation practices.

**Countering this misinformation is critical and needs to start immediately.**

- If you have a Representative on the House HHS committee, your letter will hold a lot of weight.
- If your Rep. is not on the committee, send them your letter too, they need to know what is going on asap and hear from their constituents.

House HHS members:

**Representative Susan Donovan, Chair – Bristol, Portsmouth (Distr. 69)**

Rep. Joshua Giraldo – Central Falls (Distr. 56)

Rep. Brandon Potter – Cranston (Distr. 16)

Rep. Mia Akerman – Cumberland, Lincoln (District 45)

Rep. David Bennett – Warwick, Cranston (District 20)

Rep. Jennifer Boylan – Barrington, East Prov (District 66)

Rep. Megan Cotter – Exeter, Richmond, Hopkinton (Dist. 39)

Rep. Kathleen Fogarty – South Kingstown (Dist. 35)

Rep. Arthur Handy – Cranston (Distr. 18)

Rep. Marie Hopkins – Warwick (Distr. 21)

Rep. Rebecca Kislak – Providence (Distr. 4)

Rep. Michelle McGaw – Portsmouth, Tiverton, LC (District 71)

Rep. David Place – Burrillville, Glocester (Distr. 47)

Rep. June Speakman – Bristol, Warren (Distr. 68)

Rep. Jennifer Stewart – Pawtucket (Distr. 59)

RI State Legislature site link below:

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