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S T A T E O F R H O D E I S L A N D

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2026

A N A C T

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. Administration of deep sedation and general anesthesia.

(a) Applicability.

This section applies solely to nursing practice authority arising under chapters 34 and 34.2 of title 5 and shall not be construed to regulate, restrict, define, expand, diminish, supersede, or otherwise affect the scope of practice, licensure authority, delegated authority, credentialing, privileging, supervision, or lawful professional activities of any healthcare professional licensed under any other chapter of title 5.

(b) Nursing limitations relating to elective deep sedation and general anesthesia.

(1) A registered nurse or nurse practitioner who is not licensed as a certified registered nurse anesthetist pursuant to chapter 34.2 of title 5 shall not administer, initiate, titrate, bolus, or maintain medications classified as general anesthetics for inducing or maintaining procedural deep sedation or general anesthesia for elective, scheduled, non-emergent procedures outside of emergency, urgent, resuscitative, trauma, critical care, or urgent bedside procedural circumstances where delay would materially risk patient health or safety.

(2) Nothing in this section shall be construed to prohibit a registered nurse enrolled as a bona fide student in a nurse anesthesia program approved by the Council on Accreditation of Nurse Anesthesia Educational Programs (COA), or its successors or predecessors, from participating in

the administration of deep sedation or general anesthesia when acting under the supervision of a certified registered nurse anesthetist or anesthesiologist

(c) Moderate sedation and sedation continuum protections.

(1) Nothing in this section shall be construed to prohibit a registered nurse or nurse practitioner from participating in or administering minimal sedation or moderate sedation consistent with lawful scope of practice, credentialing, institutional privileges, professional standards, and facility policies;

(2) The general assembly recognizes that sedation exists along a clinical continuum and that patients may transition between levels of sedation despite the practitioner's intended sedation target.

(3) Moderate sedation shall include the clinical practice of initiating, administering, and titrating sedative medications in response to patient condition and procedural needs, including circumstances in which a patient transiently or unplanned enters a deep sedation; provided, however, that nothing in this subsection shall be construed to authorize conduct prohibited by subsection (b)(1) of this section.

(4) A transient or unplanned progression to a deep sedation during lawful moderate sedation practice shall not, standing alone, constitute the unlawful administration of elective deep sedation or general anesthesia under this section.

(d) Definitions.

For purposes of this section, the terms "minimal sedation," "moderate sedation," "deep sedation" and "general anesthesia" shall have the meanings and clinical interpretations assigned to those terms under applicable Joint Commission standards governing the provision of sedation and anesthesia services.

(e) Construction.

(1) Nothing in this section shall be interpreted, construed, or applied to:

(i) Narrow, diminish, supersede, amend, redefine, impair, or otherwise affect the scope of practice, licensure authority, delegated authority, clinical authority, credentialing authority, privileging authority, supervision authority, or lawful professional activities of any healthcare professional licensed under any chapter of title 5 other than chapters 34 and 34.2;

(ii) Restrict emergency stabilization obligations under state or federal law;

(iii) Prevent hospitals or licensed healthcare facilities from establishing additional credentialing, privileging, supervision, staffing, patient safety, or clinical practice requirements;

(iv) Create any negative inference regarding the preexisting lawful authority of licensed clinicians to administer sedating medications within applicable scope of practice, delegated

authority, institutional privileges, or facility policies; or

(v) Amend, limit, supersede, expand, or otherwise alter the licensure authority, scope of practice, credentialing authority or professional practice standards applicable to certified registered nurse anesthetists under chapter 34.2 of title 5.

(2) Nothing in this section shall permit facility credentialing, privileging, delegated authority, standing orders, supervision arrangements, protocols, policies, or medical staff bylaws to authorize a registered nurse or non-CRNA nurse practitioners to engage in conduct prohibited by subsection (b) of this section.

(3) This section and chapter 34.2 of title 5 shall be construed harmoniously so as to preserve the lawful authority of certified registered nurse anesthetists while clarifying limitations applicable to nursing practice under this chapter.

(f) The department of health shall promulgate rules and regulations necessary to implement the provisions of this section no later than January 31, 2027, and shall report to the general assembly regarding implementation issues, including but not limited to access to care, workforce shortages, procedural delays, cancelled elective procedures, patient safety considerations, operational impacts on hospitals and healthcare facilities, and all reportable patient incidents no later than January 31, 2028. Pursuant to § 23-17-40(f)(15) a reportable incident includes an unplanned progression to deep sedation or general anesthesia resulting in the insertion of a supraglottic airway, endotracheal intubation, unplanned hospital admission, transfer to a high level of care, cardiac arrest, permanent neurologic injury or death, excluding certified registered nurse anesthetists, physicians privileged in procedural sedation and all physicians in the specialties of emergency medicine, anesthesiology, and critical care.

SECTION 2. Section 23-17-40 of the General Laws in Chapter 23-17 entitled "Licensing of Healthcare Facilities" is hereby amended to read as follows:

23-17-40. Hospital and freestanding emergency-care facility events reporting.

(a) Definitions. As used in this section, the following terms shall have the following meanings:

(1) “Adverse event” means injury to a patient resulting from a medical intervention, and not to the underlying condition of the patient.

(2) “Checklist of care” means predetermined steps to be followed by a team of healthcare providers before, during, or after a given procedure to decrease the possibility of adverse effects and other patient harm by articulating standards of care.

(b) Reportable events as defined in subsection (c) of this section shall be reported to the department of health division of facilities regulation on a telephone number maintained for that

purpose. Hospitals and freestanding emergency-care facilities shall report incidents as defined in subsection (c) of this section within twenty-four (24) hours of when the accident occurred or, if later, within twenty-four (24) hours of receipt of information causing the hospital or freestanding emergency-care facility to believe that a reportable event has occurred.

(c) Reportable events are defined as follows:

(1) Fires or internal disasters in the facility that disrupt the provisions of patient-care services or cause harm to patients or personnel;

(2) Poisoning involving patients of the facility;

(3) Infection outbreaks as defined by the department in regulation;

(4) Kidnapping and inpatient psychiatric elopements and elopements by minors;

(5) Strikes by personnel;

(6) Disasters or other emergency situations external to the hospital or freestanding emergency-care facility environment that adversely affect facility operations; and

(7) Unscheduled termination of any services vital to the continued safe operation of the facility or to the health and safety of its patients and personnel.

(d) Any hospital or freestanding emergency-care facility filing a report with the attorney general's office concerning abuse, neglect, and mistreatment of patients, as defined in chapter 17.8 of this title, shall forward a copy of the report to the department of health. In addition, a copy of all hospital notifications and reports made in compliance with the federal Safe Medical Devices Act of 1990, 21 U.S.C. § 301 et seq., shall be forwarded to the department of health within the time specified in the federal law.

(e) Any reportable incident in a hospital that results in patient injury, as defined in subsection (f) of this section, shall be reported to the department of health with seventy-two (72) hours or when the hospital has reasonable cause to believe that an incident, as defined in subsection (f) of this section, has occurred. The department of health shall promulgate rules and regulations to include the process whereby healthcare professionals with knowledge of an incident shall report it to the hospital; requirements for the hospital to conduct a root-cause analysis of the incident or other appropriate process for incident investigation and to develop and file a performance-improvement plan; and additional incidents to be reported that are in addition to those listed in subsection (f) of this section. In its reports, no personal identifiers shall be included. The hospital shall require the appropriate committee within the hospital to carry out a peer-review process to determine whether the incident was within the normal range of outcomes, given the patient's condition. The hospital shall notify the department of the outcome of the internal review, and if the findings determine that the incident was within the normal range of patient outcomes, no further

action is required. If the findings conclude that the incident was not within the normal range of patient outcomes, the hospital shall conduct a root-cause analysis or other appropriate process for incident investigation to identify causal factors that may have lead to the incident and develop a performance-improvement plan to prevent similar incidents from occurring in the future. The hospital shall also provide to the department of health the following information:

(1) An explanation of the circumstances surrounding the incident;

(2) An updated assessment of the effect of the incident on the patient;

(3) A summary of current patient status, including follow-up care provided and post-incident diagnosis; and

(4) A summary of all actions taken to correct identified problems to prevent recurrence of the incident and/or to improve overall patient care and to comply with other requirements of this section.

(f) Incidents to be reported are those causing or involving:

(1) Brain injury;

(2) Mental impairment;

(3) Paraplegia;

(4) Quadriplegia;

(5) Any type of paralysis;

(6) Loss of use of limb or organ;

(7) Hospital stay extended due to serious or unforeseen complications;

(8) Birth injury;

(9) Impairment of sight or hearing;

(10) Surgery on the wrong patient;

(11) Subjecting a patient to a procedure other than that ordered or intended by the patient's attending physician;

(12) Any other incident that is reported to their malpractice insurance carrier or self-insurance program;

(13) Suicide of a patient during treatment or within five (5) days of discharge from an inpatient or outpatient unit (if known);

(14) Blood transfusion error; ~~and~~

(15) An unplanned progression to deep sedation or general anesthesia resulting in the insertion of a supraglottic airway, endotracheal intubation, unplanned hospital admission, transfer to a higher level of care, cardiac arrest, permanent neurologic injury or death, excluding certified registered nurse anesthetists, physicians privileged in procedural sedation and all physicians in the

specialties of emergency medicine, anesthesiology, and critical care; and

~~(15)~~(16) Any serious or unforeseen complication, that is not expected or probable, resulting in an extended hospital stay or death of the patient.

(g) This section does not replace other reporting required by this chapter.

(h) Nothing in this section shall prohibit the department from investigating any event or incident.

(i) All reports to the department under this section shall be subject to the provisions of § 23-17-15. In addition, all reports under this section, together with the peer-review records and proceedings related to events and incidents so reported and the participants in the proceedings, shall be deemed entitled to all the privileges and immunities for peer-review records set forth in § 23-17-25.

(j) The department shall issue an annual report by March 31 each year providing aggregate, summary information on the events and incidents reported by hospitals and freestanding emergency-care facilities as required by this chapter. A copy of the report shall be forwarded to the governor, the speaker of the house, the senate president, and members of the health care quality steering committee established pursuant to § 23-17.17-6.

(k) The director shall review the list of incidents to be reported in subsection (f) at least biennially to ascertain whether any additions, deletions, or modifications to the list are necessary. In conducting the review, the director shall take into account those adverse events identified on the National Quality Forum's List of Serious Reportable Events. In the event the director determines that incidents should be added, deleted, or modified, the director shall make such recommendations for changes to the legislature.

SECTION 3. This act shall take on January 1, 2027.

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EXPLANATION

BY THE LEGISLATIVE COUNCIL

OF

A N A C T

RELATING TO BUSINESSES AND PROFESSIONS -- NURSES

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This act would provide and clarify procedures for the administration of deep sedation and general anesthesia by certain types of nurses.

This act would take on January 1, 2027.

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