

2024 -- H 7451

LC004214

STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2024

A N A C T

RELATING TO STATE AFFAIRS AND GOVERNMENT -- CORRECTIONS DEPARTMENT

Introduced By: Representatives Solomon, Stewart, Slater, Giraldo, Bennett, Voas, Potter,  
Handy, and Casey

Date Introduced: February 02, 2024

Referred To: House Judiciary

It is enacted by the General Assembly as follows:

1 SECTION 1. Chapter 42-56 of the General Laws entitled "Corrections Department" is  
2 hereby amended by adding thereto the following section:

3 **42-56-43. Medication for opioid use disorder.**

4 (a) For purposes of this section, "medication for opioid use disorder" means treatment of  
5 the medical diagnosis, "opioid use disorder" with medications requiring a prescription or order from  
6 an authorized prescribing professional.

7 (b) The department shall establish a program to be administered at the adult correctional  
8 institutions for the purpose of employing medication assisted treatment for any persons imprisoned  
9 who are undergoing treatment for an opioid use disorder. Such program shall include all forms of  
10 medication for opioid use disorder approved for the treatment of an opioid use disorder by the  
11 federal Food and Drug Administration, and shall apply for the duration of the person's incarceration  
12 and provide an individualized treatment plan for each participant.

13 (c) Within twenty-four (24) hours after admission, each inmate shall be screened for an  
14 opioid use disorder as part of an ongoing opioid use screening and assessment process.

15 (d) After a medical screening, persons who are determined to suffer from an opioid use  
16 disorder for which FDA-approved addiction medications exist shall be offered placement in the  
17 medication for opioid use disorder program. Placement in the program shall be voluntary. Each  
18 participant shall work with an authorized specialist to determine an individualized treatment plan,  
19 including an appropriate level of counseling. Decisions regarding type, dosage, or duration of any

1 medication regimen shall be made by a qualified and licensed health care professional who is  
2 authorized to administer such medication.

3 (e) An eligible inmate may enter into the program at any time during his or her  
4 incarceration. An inmate who is taking medication for an opioid use disorder pursuant to a valid  
5 prescription shall be entitled to continue using and receiving that medication pending a medical  
6 evaluation.

7 (f) No person shall be denied participation in the program on the basis of a positive drug  
8 screening upon entering custody or upon intake into the program; nor shall any person receive a  
9 disciplinary infraction for such positive drug screening. No person shall be removed from, or denied  
10 participation in, the program on the basis of having received any disciplinary infraction either  
11 before entry into, or during participation in, the program.

12 (g) The program shall include a re-entry strategy for individuals who have participated in  
13 medication for opioid use disorder. The strategy shall include, but not be limited to:

14 (1) Providing each participant with information on available treatment facilities in their  
15 area, information on available housing and employment resources, and any other information that  
16 will assist the individual in continued recovery once released;

17 (2) Sharing with parole officers accurate information regarding the inmate's participation  
18 in medication for opioid use disorder to ensure that their medication is not deemed illicit or illegal.

19 (h) If a licensed practitioner makes a clinical judgment to discontinue a medication for  
20 opioid use disorder the patient had been using prior to incarceration, the practitioner shall cause the  
21 reason for the discontinuance to be entered into the patient's medical record, specifically stating  
22 the reason for the discontinuance. The inmate shall be provided, both orally and in writing, with a  
23 specific explanation of the decision to discontinue the medication and with notice of the right to  
24 have his or her community-based prescriber notified of the decision. If the patient provides signed  
25 authorization, the department shall notify the community-based prescriber in writing of the decision  
26 to discontinue the medication.

27 (i) The department shall submit, within one year of the effective date of this section and  
28 annually thereafter, a report to the governor and the general assembly on the effectiveness of the  
29 program established pursuant to this section. Such reports shall include an analysis of the impact  
30 of such program on the participants, including factors such as disciplinary incidents, reentry rates,  
31 among other related relevant factors. The reports shall also include the impact on institutional safety  
32 and performance and any recommendations for additional legislative enactments that may be  
33 needed or required to improve or enhance the program as determined to be appropriate by the  
34 department.

1           (j) Nothing in this section shall be construed to dictate the provider-patient relationship or  
2 preempt existing state or federal laws, regulations or guidelines governing opioid treatment  
3 program administration in general, such as in the community, including the requirement of  
4 implementation of a diversion control plan, or dictate the standard of care for opioid treatment  
5 program administration or patient care, which is expected to generally follow the community  
6 standard of care, or reframe drug availability and formulary considerations as dictated by state and  
7 federal laws, regulations or guidelines.

8           SECTION 2. This act shall take effect on January 1, 2025.

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EXPLANATION  
BY THE LEGISLATIVE COUNCIL  
OF  
A N A C T  
RELATING TO STATE AFFAIRS AND GOVERNMENT -- CORRECTIONS DEPARTMENT

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1           This act would establish a program within the adult correctional institutions to permit  
2 medication for opioid use disorder approved by the FDA to be provided for the treatment of an  
3 opioid use disorder to any individual incarcerated. Each inmate would be screened for opioid use  
4 disorder within twenty-four (24) hours of incarceration and if determined to be suffering from an  
5 opioid use disorder would be offered placement in the medication for opioid use disorder program.  
6           This act would take effect on January 1, 2025.

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