

2025 -- H 6036 SUBSTITUTE A

LC002322/SUB A

STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2025

A N A C T

RELATING TO HEALTH AND SAFETY -- THE RHODE ISLAND CLINICIAN WELLNESS
AND SUPPORT ACT

Introduced By: Representatives Edwards, Potter, Bennett, Kazarian, Stewart, Kislak,
Tanzi, Caldwell, Shanley, and Donovan
Date Introduced: March 07, 2025

Referred To: House Health & Human Services

It is enacted by the General Assembly as follows:

1 SECTION 1. Title 23 of the General Laws entitled "HEALTH AND SAFETY" is hereby
2 amended by adding thereto the following chapter:

3 CHAPTER 104

4 THE RHODE ISLAND CLINICIAN WELLNESS AND SUPPORT ACT

5 **23-104-1. Title.**

6 This act shall be known and may be cited as "The Rhode Island Clinician Wellness and
7 Support Act."

8 **23-104-2. Purpose.**

9 The purpose of this act is to protect and promote the well-being of physicians, physician
10 assistants, dentists and podiatrists.

11 **23-104-3. Authority.**

12 The director of the department of health or the director's designee are authorized to oversee
13 compliance with the provisions of this chapter.

14 **23-104-4. Definitions.**

15 As used in this chapter:

16 (1) "Clinician" means a physician, physician assistant, dentist or podiatrist who seeks
17 and/or receives support from a health program defined in this chapter.

18 (2) "Physician health program (PHP) " means the Rhode Island physician health program.

1 a confidential resource program established and administered by the Rhode Island Medical Society
2 or a comparable organization to promote and support the physical and mental well-being of
3 physicians, physician assistants, dentists, and podiatrists who may benefit from help to address
4 physical and/or behavioral health concerns that may be affecting their personal and professional
5 quality of life.

6 **23-104-5. Recognition and expansion of confidential clinician wellness programs.**

7 Physicians, physician assistants, podiatrists, and dentists.

8 (1) The physician health program (PHP) or comparable program shall be recognized as a
9 designated entity to provide confidential, non-disciplinary assistance to physicians, physician
10 assistants, dentists, and podiatrists experiencing burnout, mental health challenges, or substance
11 use disorders.

12 (2) The PHP shall continue working with professional medical, dental, podiatric, and
13 physician assistant associations, private healthcare organizations, and insurers to support physician,
14 physician assistant, dentist, and podiatrist wellness resources without reliance on state funding.

15 (3) The PHP shall maintain its early intervention and peer support programs to help
16 clinicians seek care before health conditions impact patient safety.

17 **23-104-6. Confidentiality protections for clinicians seeking assistance.**

18 (a) Clinicians who voluntarily seek help through the PHP or comparable program shall be
19 protected from automatic reporting to their respective licensing boards, provided the clinician
20 complies with treatment recommendations and does not pose a risk to patient safety.

21 (b) Communications between clinicians and personnel of the PHP or comparable program
22 shall be confidential and privileged under Rhode Island law, similar to attorney-client and peer
23 support protections.

24 (c) The PHP or comparable program may act as intermediaries between clinicians and the
25 relevant licensing board to ensure that clinicians can obtain care without unnecessary professional
26 repercussions.

27 **23-104-7. Licensing and reporting reforms.**

28 Mental health disclosure reform.

29 (1) The board of examiners in podiatry (chapter 29 of title 5), the board of examiners in
30 dentistry (chapter 31.1 of title 5), the board of medical licensure and discipline (chapter 37 of title
31 5), and the board for physician assistants (chapter 54 of title 5) shall revise licensing and renewal
32 applications to:

33 (i) Eliminate broad questions regarding past mental health diagnoses.

34 (ii) Limit inquiries to current impairments affecting safe practice that are not being

1 appropriately managed.

2 (iii) Emphasize that seeking mental health or substance abuse treatment will not

3 automatically result in disciplinary action.

4 (2) The boards shall conform licensing requirements to those of the Federation of State

5 Medical Boards and national best practices to ensure that mental health questions focus on

6 functional ability and not diagnosis history.

7 **23-104-8. Safe haven.**

8 (a) A safe haven is established whereby a clinician who self-refers to the PHP or

9 comparable program shall be protected from mandatory reporting to the professional licensing

10 board.

11 (b) A PHP or comparable program shall serve as a confidential liaison between the clinician

12 and the professional licensing board when the clinician:

13 (1) Is actively engaged in a PHP or comparable program; and

14 (2) Is compliant with treatment.

15 (c) Licensing boards shall not penalize clinicians solely for seeking assistance unless there

16 is an imminent risk to patient safety.

17 **23-104-9. Controlling law.**

18 Insofar as the provisions of this chapter are inconsistent with the provision of any other law

19 of this state, the provisions of this chapter shall be controlling.

20 SECTION 2. This act shall take effect upon passage.

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EXPLANATION
BY THE LEGISLATIVE COUNCIL
OF
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RELATING TO HEALTH AND SAFETY -- THE RHODE ISLAND CLINICIAN WELLNESS
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1 This act would recognize the program run by the Rhode Island Medical Society for
2 physicians, physician assistants, dentists, and podiatrists, or a comparable program to address
3 burnout, substance abuse, and mental and physical health issues impacting the clinician’s personal
4 and professional life. This act would further require reforms by respective licensing boards to limit
5 inquiries regarding a clinician’s mental health diagnoses. This act would create a privilege for
6 communications between the clinician seeking support and the personnel of the health program
7 providing support services. Additionally, this act would protect clinicians who seek support and
8 adhere to their treatment plan from mandatory reporting and licensing repercussions from their
9 respective licensing board.

10 This act would take effect upon passage.

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