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STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2025

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A N A C T

RELATING TO STATE AFFAIRS AND GOVERNMENT -- CORRECTIONS DEPARTMENT

Introduced By: Senators Kallman, Lauria, Valverde, DiMario, Mack, Bissaillon, and
Murray

Date Introduced: January 31, 2025

Referred To: Senate 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. The 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 the medication.

3 (e) An eligible inmate may enter into the program at any time during the inmate's
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 a positive drug screening upon entering custody, or upon intake into the
10 program. No person shall be removed from, or denied participation in, the program on the basis of
11 having received any disciplinary infraction either before entry into, or during participation in, the
12 program.

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

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

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

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

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

1 department.

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

9 SECTION 2. This act shall take effect on January 1, 2026.

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

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, 2026.

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