

RULES AND REGULATIONS PERTAINING TO OPIOID OVERDOSE REPORTING

[R23-1-OPOIDR]



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

DEPARTMENT OF HEALTH

April 2014 (E)

COMPILER'S NOTES:

Proposed Additions: The proposed regulations are new in their entirety. Therefore, changes are not specifically indicated.

INTRODUCTION

These *Rules and Regulations Pertaining to Opioid Overdose Reporting [R23-1-OPIOIDR]* are promulgated pursuant to the authority set forth in RIGL Chapter 23-1, and establish mandatory procedures for health care professionals and Hospitals to report all opioid overdoses or suspected overdoses.

These Regulations are being promulgated as emergency regulations pursuant to the provisions of RIGL §42-35-3(b). The Department finds that there is imminent peril to the public health, safety and welfare and that these emergency regulations should be adopted to protect the public health. Specifically the Department finds that:

1. Rhode Island is in the midst of a severe prescription and street-drug overdose crisis. There have been over seventy (70) opioid-related deaths since the start of 2014 in communities all over Rhode Island. Many of these deaths are directly related to the use of fentanyl and heroin, which are opioids. Legal prescriptions for opioids, particularly oxycodone and hydrocodone, have increased in Rhode Island during recent years.
2. The use of oxycodone and other narcotic painkillers, often as a route to heroin addiction, has been on the rise for the last few years in Rhode Island. In promulgating these Regulations the Director finds that it is necessary to public health to attack the abuse of oxycontin, heroin and other opioids in Rhode Island with the same reporting requirements and rigor directed towards controlling the spread of other epidemics and diseases. The gathering of clinical data concerning all overdoses in Rhode Island is the cornerstone of public health, and will inform policy decision and evidence-based practice by identifying risk factors for overdose and targets for access to substance abuse treatment.
3. Under these Regulations, health care professionals and hospitals shall be required to report all opioid overdoses or suspected overdoses to the Department within a forty-eight (48) hour time period. The reporting requirement is immediately necessary to combat the increase in opioid overdoses, reduce overdose deaths and assist individuals already addicted to access recovery and treatment. The reporting data will assist the State in identifying and mapping long-term solutions to ending widespread opiate abuse in the State. Further, the collected information will enable the Department to further understand the burden of the epidemic, the number of lives potentially saved by the use of naloxone by community bystanders, first responders and EMS. At present the only information available concerns opioid-related overdose deaths. To address and fully understand the impact of this public health epidemic the Department needs to understand the risk factors for death among those with similar exposures. This will enable the Department to understand risk factors for death among those with similar exposures or evaluate the potential benefits of programs put in place to respond to the epidemic [e.g. use of intranasal naloxone by EMS-Basics, Police, and harm reduction coalitions, the Good Samaritan Law, and OTC Naloxone (Narcan)].
4. The Department recently issued *Rules and Regulations Pertaining to Opioid Overdose Prevention [R23-1-OPIOID]* as emergency regulations. These new *Rules and Regulations Pertaining to Opioid Overdose Reporting [R23-1-OPIOIDR]* compliment and further the intent of the emergency *Rules and Regulations Pertaining to Opioid Overdose Prevention* by requiring health care professionals and hospitals to include in their reports whether Naloxone (Narcan) was administered, the total dosage and the patient response.

TABLE OF CONTENTS

	<i>Page</i>
INTRODUCTION	i
1.0 DEFINITIONS	1
2.0 APPLICABILITY	1
3.0 REPORTING REQUIREMENTS	1
4.0 SEVERABILITY	2

SECTION 1.0 DEFINITIONS

Wherever used in these Regulations, the following terms shall be construed as follows:

- 1.1 "**Department**" means the Rhode Island Department of Health.
- 1.2 "**Director**" means the means the Director of the Rhode Island Department of Health.
- 1.3 "**Health care professional**" for the purposes of these Regulations, includes a physician, any physician assistant, or an advanced practice registered nurse licensed in Rhode Island.
- 1.4 "**Naloxone (Narcan)**" means a particular drug which is a competitive antagonist that binds to the opioid receptors with higher affinity than agonists but does not activate the receptors, effectively blocking the receptor, preventing the human body from making use of opiates and endorphins. The brand and generic terms of this drug are used interchangeably in these Regulations.
- 1.5 "**Opioid**" means an opiate as defined in RIGL §21-28-2.08.
- 1.6 "**Opioid-related drug overdose**" means a condition including, but not limited to, extreme physical illness, decreased level of consciousness, respiratory depression, coma, or death resulting from the consumption or use of an opioid, or another substance with which an opioid was combined, or that a layperson would reasonably believe to be an opioid-related drug. This would include an overdose that requires medical assistance, clinical suspicion for drug overdose (respiratory depression, unconsciousness, altered mental status) and either a urine toxicology screen positive for opiates or negative urine toxicology screen without other conditions to explain the clinical condition.
- 1.7 "**RIGL**" means the General Laws of Rhode Island, as amended.
- 1.8 "**These Regulations**" mean all parts of Rhode Island *Rules and Regulations Pertaining to Opioid Overdose Reporting* [R23-1-OPIOIDR]

SECTION 2.0 APPLICABILITY

2.1 Scope.

- (a) These Regulations require health care professionals and hospitals to report all opioid-related overdoses or suspected overdoses to the Department within a forty-eight (48) hour time period.
- (b) These Regulations supersede and replace any and all prior regulatory requirements promulgated by the Department concerning reporting of an opioid-related drug overdose.

SECTION 3.0 REPORTING REQUIREMENTS

- 3.1 (a) A health care professional who attends or treats, or who is requested to attend or treat, an opioid-related drug overdose or the administrator, or other person in charge of a hospital in which an opioid-related drug overdose is attended or treated or in which the

attention or treatment is requested, shall report the case within forty-eight (48) hours to the Department using the reporting form approved by the Department¹.

(b) Reports regarding an opioid-related drug overdose shall be submitted by FAX to the Department's Injury Prevention Program: (401) 222-4415².

3.2 The health care professional or hospital making the report shall provide demographic information concerning the person attended or treated or for whom treatment was sought but may not disclose the person's name or address or any other information concerning the person's identity.

3.3 (a) In accordance with §811.2(f) of the *Rules and Regulations Pertaining to Medical Examiner System*, the health care professional or hospital shall, where feasible, draw one blood specimen (full 10 cc red top tube) from any victim of a chemical overdose who is a potential fatality referable to the Medical Examiner, and label it "Medical Examiner".

(b) Such blood specimen shall be discarded by the hospital laboratory for those patients discharged alive. In the event a patient dies of a drug overdose, the health care professional or hospital shall immediately send the above described ante mortem blood sample to the Office of the State Medical Examiner in the full amount drawn.

3.4 A health care professional or hospital that makes a report under §3.1 and provides an ante mortem blood specimen as described in §3.3 of these Regulations, is not subject to civil or criminal liability for damages arising out of the report or delivery of ante mortem blood to the Office of the State Examiner. An individual who makes a good-faith report under these Regulations is not subject to civil or criminal liability for damages arising out of the report.

3.5 All opioid overdose reports submitted pursuant to these Regulations shall be handled in accordance with all applicable state and federal statutes and regulations pertaining to confidentiality of health care information.

SECTION 4.0 SEVERABILITY

4.1 If any provisions of these Regulations or the application thereof to any person or circumstance shall be held invalid, such invalidity shall not affect the provisions or application of these Regulations which can be given effect, and to this end the provisions of these Regulations are declared to be severable.

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Wednesday, 02 April 2014

¹ Copies of the Opioid Overdose Report Form may be downloaded from the Department's Drug Overdose Prevention website: www.health.ri.gov/healthrisks/drugoverdose

² The Injury Prevention Program FAX # is a secure phone line, appropriate for transmission of health care information.