



******PUBLIC NOTICE******

Community Review

Opioid Overdose Prevention and Reporting (216-RICR-20-20-5)

There will be a virtual Community Review meeting.

Time: January 11, 2021 1:00PM to 3:00PM

Topic: Community Review for Opioid Overdose Prevention and Reporting

Time: Jan 11, 2021 01:00 PM Eastern Time (US and Canada)

Join Zoom Meeting

<https://zoom.us/j/91037444128?pwd=SVV1RCtDRzhWT09MRFY2cTFGanpnZz09>

Meeting ID: 910 3744 4128

Passcode: 636090

One tap mobile

+16465588656,,91037444128# US (New York)

+13017158592,,91037444128# US (Washington D.C)

Dial by your location

+1 646 558 8656 US (New York)

+1 301 715 8592 US (Washington D.C)

+1 312 626 6799 US (Chicago)

+1 669 900 9128 US (San Jose)

+1 253 215 8782 US (Tacoma)

+1 346 248 7799 US (Houston)

Meeting ID: 910 3744 4128

Find your local number: <https://zoom.us/u/adMo0MDF99>

The purpose of this meeting is as follows:

1. Introductions
2. Overview of proposed regulation changes
3. Discussion
4. Adjournment

The Rhode Island Department of Health is accessible to the handicapped. If communication assistance (readers/interpreters/captioners) is needed, or any other accommodations to ensure equal participation, please call RI Relay 711 prior to the Zoom meeting so arrangements can be made to provide such assistance at no cost to the person requesting. For any information regarding the agenda, please call the Center for Health Systems Policy and Regulations, Office of Health Regulations at (401) 222-3395.

**RHODE ISLAND GOVERNMENT REGISTER
ADVANCE NOTICE OF PROPOSED RULEMAKING**

DEPARTMENT OF HEALTH

Title of Rule: Opioid Overdose Prevention and Reporting (216-RICR-20-20-5)

Rule Identifier: 216-RICR-20-20-5

Rulemaking Action: Advance Notice of Proposed Rulemaking

Important Dates:

Date of Public Notice: 12/21/2020

Hearing Date: 01/11/2021

End of Public Comment: 01/19/2021

Authority for this Rulemaking:

R.I. Gen. Laws Chapter 23-1

Summary of Rulemaking Action:

The Rhode Island Department of Health (RIDOH) is convening stakeholders in substance use disorders to review the rules and regulations for Opioid Overdose Prevention and Reporting (216-RICR-20-20-5).

The process will include a community review meeting to review the current regulations, pertinent data and evidence-based guidelines and will hear testimony from experts and the public on recommendations for changes to the current regulations.

For a full description of all proposed revisions, please see the attached Concise Statement of Non-Technical Amendments

The Community Review meeting will occur virtually on zoom on:

Monday, January 11, 2021

1:00 PM to 3:00 PM

A zoom link will be provided closer to the date.

Additional Information and Comments:

All interested parties are invited to request additional information or submit written or oral comments concerning the proposed amendment until January 19, 2021 by contacting the appropriate party at the address listed below:

Paula Pullano

Department of Health
3 Capitol Hill
Room 410
Providence, RI 02908
Paula.Pullano@health.ri.gov

Public Hearing:

A public hearing, in accordance with R.I. Gen. Laws § 42-35-2.8, to consider the proposed amendment shall be held on January 11, 2021 at 1:00 pm at 3 Capitol Hill, Providence, RI 02908 at which time and place all persons interested therein will be heard. The seating capacity of the room will be enforced and therefore the number of persons participating in the hearing may be limited at any given time by the hearing officer, in order to comply with safety and fire codes.

The place of the public hearing is accessible to individuals who are handicapped. If communication assistance (readers/interpreters/captioners) is needed, or any other accommodation to ensure equal participation, please call 401-222-1042 or RI Relay 711 at least three (3) business days prior to the meeting so arrangements can be made to provide such assistance at no cost to the person requesting.

STATE OF RHODE ISLAND
RHODE ISLAND DEPARTMENT OF HEALTH
CONCISE STATEMENT OF PROPOSED NON-TEHCNICAL AMENDMENTS
(AMENDMENTS TO EXISTING REGULATIONS)

In accordance with the Administrative Procedures Act, R.I. Gen. Laws § 42-35-1.7(b)(8), the following is a concise statement of proposed non-technical amendments to *Opioid Overdose Prevention and Reporting (216-RICR-20-20-5)*

Amendment Coordinates	Rationale/Summary of Change
Various	<ul style="list-style-type: none"> Replace the term Naloxone (Narcan) with opioid antagonist to be broader.
§ 5.2 (1)	<ul style="list-style-type: none"> Creates a definition for BHDDH.
§ 5.2 (5)	<ul style="list-style-type: none"> Revised the definition of “opioid” to include both synthetic and natural opioids.
§ 5.2 (6)	<ul style="list-style-type: none"> Creates a definition for “opioid antagonist”.
§ 5.2 (9)	<ul style="list-style-type: none"> Revised the definition of “patient information”.
§ 5.2 (10)	<ul style="list-style-type: none"> Revised the definition of “person”.
§ 5.3	<ul style="list-style-type: none"> Removes the applicability section as it is duplicative
§ 5.3	<ul style="list-style-type: none"> Creates a new section for “Prescribing, Dispensing and Administering Opioid Antagonists”. This section permits anyone to possess opioid antagonists and allows any healthcare professional to dispense opioid antagonists.
§ 5.3.1	<ul style="list-style-type: none"> Creates a new section “Prescribing, Dispensing and Administering Opioid Antagonists by Health Care Professional”
§ 5.3.1 (A)	<ul style="list-style-type: none"> which allows any person(s) to be prescribed opioid antagonists.
§ 5.3.1 (B)	<ul style="list-style-type: none"> Requires anyone who is prescribed or dispensed opioid antagonists to reviewed patient

Amendment Coordinates	Rationale/Summary of Change
	<p>information. Also outlines who the patient information may be provided by.</p> <p>§ 5.3.1 (C) & (D)</p> <ul style="list-style-type: none"> Healthcare Professionals who dispense, purchase, or use an opioid antagonist will not count as unprofessional conduct or subject to disciplinary action. <p>§ 5.3.1 (E)</p> <ul style="list-style-type: none"> Permits EMS personnel to administer opioid antagonists. <p>§ 5.3.2 (A)</p> <ul style="list-style-type: none"> Allows any person to administer opioid antagonists for an individual experiencing an opioid-related overdose. <p>§5.3.2 (B) & (C)</p> <ul style="list-style-type: none"> Any person who has purchased, acquisition, possession of an opioid antagonist does not constitute unprofessional conduct and are immune from sanction under any professional licensing. <p>§ 5.4 (A)</p> <ul style="list-style-type: none"> Requires hospitals to report to RIDOH within 48 hours of initial contact with a person who has experience an opioid related drug overdose, including name, date of birth, and any retrospective data not previously provided. Data will not be shared with law enforcement, third-party payers or other entities outside of RIDOH. <p>5.4 (B)</p> <ul style="list-style-type: none"> Requires a blood sample and potential urine sample of a person who has experienced an opioid overdose to be submitted to the RIDOH laboratory.

TITLE 216 – DEPARTMENT OF HEALTH

CHAPTER 20 – COMMUNITY HEALTH

SUBCHAPTER 20 – DRUGS

PART 5 – Opioid Overdose Prevention and Reporting

5.1 Authority

These rules and regulations are promulgated pursuant to the authority set forth in [R.I. Gen. Laws Chapter 23-1](#), and establish the procedures for administration of ~~Naloxone (Narcan)~~[an opioid antagonist](#) to an individual experiencing an opioid overdose or suspected overdose, and mandatory procedures for ~~health care professionals and~~[hospitals](#) to report all ~~opioid overdoses or actual and~~[suspected opioid-related drug](#) overdoses.

5.2 Definitions

- A. Wherever used in ~~these Regulations~~[this Part](#), the following terms shall be construed as follows:
1. [“BHDDH” means the Rhode Island Department of Behavioral Healthcare, Developmental Disabilities and Hospitals.](#)
 2. [“Department” means the Rhode Island Department of Health.](#)
 32. [“Director” means the Director of the Rhode Island Department of Health.](#)
 43. [“Health care professional” means, for the purposes of these Regulations this Part, a physician, any physician assistant, or an advanced practice registered nurse licensed in Rhode Island, and any pharmacies who is authorized to prescribe drugs, or pharmacists any pharmacist licensed in Rhode Island who are authorized to dispense Naloxone \(Narcan\). drugs.](#)
 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.~~

~~5.5.~~ “Opioid” means an opiate as defined~~4.~~ “Opioid” means any synthetic or natural opiate listed in R.I. Gen. Laws § 21-28-2.08.

~~6.~~ “Opioid antagonist” means a drug used to reverse the effects of opioids, such a naloxone hydrochloride, commonly referred to as naloxone or by the brand name Narcan, which is a competitive antagonist that binds to opioid receptors with higher affinity than agonists but does not activate the receptors. For the purposes of this Part, opioid antagonist does not include any drugs, such as naltrexone hydrochloride, used for addiction treatment.

~~76.~~ “Opioid-related drug overdose” means, as defined in R.I. Gen. Laws § 16-21-35, 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, This would include any condition for which there is clinical suspicion for opioid-related drug overdose (respiratory depression, unconsciousness, altered mental status)), and/or for which there is either a urine toxicology screen positive for opiates/opioids or negative urine toxicology screen without other conditions to explain the clinical condition.

~~87.~~ "Patient" means, for the purposes of these Regulations, includes both an individual who this Part, a person who has experienced or is experiencing or is at risk of experiencing an opioid-related drug overdose.

~~98.~~ "Patient information" -and a person who includes but is not at risk of opioid overdose but who, in the judgment of the physician, may be in a position limited to assist another individual during an overdose and who has received patient information as required in §5.2(A)(8) of this Part on the indications for and administration of Naloxone (Narcan).

8. "Patient information" ~~means~~ information provided to the patient on ~~drug~~
- a. Drug overdose prevention and recognition; ~~how~~
 - b. How to perform rescue breathing and resuscitation; ~~opioid antidote~~
 - c. Opioid antagonist dosage and administration; ~~the~~
 - d. The importance of calling 911; ~~care and~~
 - e. Care for the overdose victim after administration of the ~~overdose~~ antidote; ~~and other issues as necessary. opioid antagonist.~~
109. "Person" ~~means at risk of experiencing an individual, corporation, business trust, estate, trust, partnership, association, government, governmental subdivision~~ opioid-related drug overdose includes but is not limited to a person for whom one or ~~agency~~ more of the following applies:
- a. Has ever received emergency medical care involving opioid intoxication or any opioid-related drug overdose;
 - b. Has a suspected history of substance use or use disorder or non-medical opioid use, including a history of treatment or a referral for treatment;
 - c. Is prescribed methadone or buprenorphine;
 - d. Is receiving an opioid prescription for pain and one or more of the following applies:
 - (1) Is given a higher dose of opioids (greater than fifty (50) mg morphine equivalent per day);
 - (2) Has rotated from one opioid to another because of possible incomplete cross tolerance;
 - (3) Has concurrent smoking, COPD, emphysema, asthma, sleep apnea, respiratory infection, or other legal-
entity-respiratory illness or potential obstruction;

- (4) Has pre-existing renal dysfunction, hepatic disease, cardiac illness, HIV/AIDS;
- (5) Has known or suspected concurrent alcohol or cocaine use;
- (6) Has concurrent use of a benzodiazepine or other sedative prescription or who has a history of illicit benzodiazepine use;
- (7) Is concurrently taking a prescription antidepressant.

e. May have difficulty accessing emergency medical services.

5.3 Prescribing, Dispensing and Administering Opioid Antagonists

A. Use of an opioid antagonist in accordance with this Part shall be considered first aid or emergency treatment for the purpose of any statute relating to liability.

B. 10. —“R.I. Gen. Laws” means the General Laws of Rhode Island, as amended.

11. —“These Regulations” means all parts of Rhode Island rules and regulations pertaining to Opioid Overdose Prevention and Reporting (216-RICR 20-20-5).

5.3 —Applicability

A. —Scope. —

1. —These Regulations authorize health care professionals who have a current license to prescribe or dispense medications to prescribe or dispense Naloxone (Narcan) to an individual who either abuses opioids or who does not abuse opioids but in is in a position to assist another individual during an overdose. These Regulations provide protections against any professional disciplinary action resulting from such prescribing.

2. —These Regulations also provide for Naloxone (Narcan) to be prescribed to persons other than the individual who has the potential for overdosing on opioids.

3. ~~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 expand a health care professional's authority to prescribe, dispense,~~Notwithstanding any other law or regulation, any person may lawfully possess opioid antagonists.
- C. Notwithstanding any other law or regulation, any health care professional may dispense opioid antagonists, consistent with the provisions of this Part.
- D. Any prescription for an opioid antagonist shall be regarded as being issued for a legitimate medical purpose in the usual course of professional practice.

5.3.1 Prescribing, Dispensing, and Administering Opioid Antagonists by Health Care Professionals

- A. Opioid antagonists may lawfully be prescribed and ~~distribute Naloxone (Narcan) directly or by non-patient-specific order to an individual~~dispensed to:
1. any person at risk of experiencing an opioid-related overdose; and ~~to~~
 2. any person or persons, such as a family member, or friend, or other person of a person at risk of experiencing an opioid-related overdose, who is reasonably expected by the prescriber to be in a position to assist an individual respond to such person at risk of experiencing an opioid-related overdose. _
- C. ~~These Regulations allow a person acting under a non-patient-specific order to store and dispense an opioid antagonist without being subject to otherwise applicable provisions of R.I. Gen. Laws Title 21 or any law or regulation otherwise enforceable by the Department.~~

5.4 Health Care Professional Prescription of Drug Overdose Treatment Medication. Administration of Naloxone (Narcan) by an Unlicensed Person

- A. ~~A health care professional who is licensed in Rhode Island to prescribe Naloxone (Narcan) and who in good faith, either directly or by standing order, prescribes or~~

~~dispenses Naloxone (Narcan) to a patient who, in the judgment of the health care~~

B. Prescribing and dispensing health care professionals shall ensure that all persons prescribed and/or dispensed opioid antagonists receive the patient information specified in § 5.2(A)(9) of this Part. Provision of the patient information shall be appropriately documented. Patient information may be provided by:

1. prescribing and dispensing health care professionals;

2. community-based organizations;

3. BHDDH licensed or certified community programs offering support to individuals with a substance use diagnosis; or

4. any other organization that has a written agreement with a health care professional, ~~is capable~~ which agreement must include descriptions of:

a. how the organization will provide patient information about overdose response and use of an opioid antagonist;

b. how employees or volunteers providing patient information are trained; and

c. how patient information is documented.

C. ~~The administering the drug in an emergency, dispensing, prescribing, purchasing, acquisition, possession, or use of an opioid antagonist by a health care professional shall not, as a result of his or her acts or omissions, be subject to disciplinary constitute unprofessional conduct or other adverse action under a violation of~~ any statute or regulation otherwise enforceable by the Department; ~~provided that the health care professional's actions upon which the alleged unprofessional conduct or violation are based were made with reasonable care and based on a good faith effort to assist:~~

~~B~~1. a person experiencing, or suspected to be experiencing, an opioid-related drug overdose; or

2. any person or persons, such as a family member or friend of a person at risk of experiencing an opioid-related overdose, who is in a position to

respond to such person experiencing, or suspected to be experiencing, an opioid-related drug overdose.

D. A health care professional who ~~is licensed in Rhode Island to dispense Naloxone (Narcan) and who in good faith, either directly or pursuant to standing order, prescribes or dispenses Naloxone (Narcan) to a patient who, in the judgment of the health care professional, is capable of administering the drug in an emergency, an opioid antagonist~~ shall not, ~~as a result of his or her acts or omissions,~~ be subject to any professional disciplinary or other adverse action under any statute or regulation otherwise enforceable by the Department for:

1. Prescribing or dispensing in accordance with this Part, or

2. Any outcomes resulting from the C. — A person who is not otherwise administration of an opioid antagonist in accordance with this Part.

E. All emergency medical responders (EMRs), emergency medical technicians (EMTs), Advanced EMT-Cardiac practitioners, and paramedics, licensed in Rhode Island, are authorized and permitted to administer Naloxone (Narcan)-opioid antagonists as clinically indicated.

5.3.2 Administration of an Opioid Antagonist (General)

A. Any person may in an emergency-, exercising reasonable care, administer Naloxone (Narcan) without fee if the an opioid antagonist to him or herself or another person that the administering person believes in good faith that an individual is experiencing a an opioid-related drug overdose. -The person so administering the opioid antagonist shall not, as a result of his or her acts or omissions, be liable for any violation of any statute or regulations enforceable by the Department; and shall not be considered to be engaged in the unauthorized practice of medicine or the unlawful possession of Naloxone (Narcan). A health-care professional prescribing Naloxone (Narcan) to a patient shall ensure that the patient receives the patient information specified in § 5.2(A)(8) of this Part. an opioid antagonist.

D. — Patient information may be provided by the health care professional or a community-based organization, substance abuse program, or other organization with which the health care professional establishes a written agreement that

~~includes a description of how the organization will provide patient information, how employees or volunteers providing information will be trained. Provision of patient information shall be documented in the patient's medical record or through similar means as determined by agreement between the health care professional and the organization.~~

~~E.~~ ~~The administering, dispensing, prescribing~~ 1. ~~Unless a health care professional or EMR, the person administering the opioid antagonist shall not bill for administering the opioid antagonist. The person administering the opioid antagonist can never bill for administering the opioid antagonist to him or herself.~~

~~B.~~ ~~The administering, purchasing, acquisition, possession, or use of Naloxone (Narcan) an opioid antagonist in accordance with this Part, by any person, including, as set forth in § 5.3.1(C) of this Part, any health care professional, shall not constitute unprofessional conduct or a violation of any statute or regulation otherwise enforceable by the Department by any practitioner or person, if any allegation of, provided that the person's actions upon which the alleged unprofessional conduct or violation isare based were made with reasonable care and based on a good faith effort to assist:~~

- ~~1. An individual A person experiencing, or likely suspected to be experiencing, an opiateopioid-related drug overdose; or~~
- ~~2. A any person or persons, such as a family member, or friend, or other of a person in a position to assist an individual at risk of experiencing, or likely to experience, an opiate an opioid-related overdose.~~

~~F.~~ ~~Naloxone (Narcan) may lawfully be prescribed and dispensed to an individual at risk of, who is in a position to respond to such person experiencing an opiate, or suspected to be experiencing, an opioid-related drug overdose or a family member, friend or other person in a position to assist a person at risk of experiencing an opiate-related overdose. Any such prescription shall be regarded as being issued for a legitimate medical purpose in the usual course of professional practice.~~

~~G.C.~~ A person who, acting in good faith and with reasonable care, administers ~~Naloxone (Narcan) an opioid antagonist to a person experiencing or suspected to an individual who appears to be suffering~~be experiencing an opioid-related drug

overdose shall be immune from sanction under any professional licensing statute, in addition to immunity already granted in [R.I. Gen. Laws Chapter 21-28.9](#).

~~H. A health care professional who, acting in good faith and with reasonable care, prescribes or dispenses Naloxone (Narcan) shall not be subject to any professional disciplinary action for:-~~

~~1. Such prescribing or dispensing, or~~

~~2. Any outcomes resulting from the eventual administration of Naloxone (Narcan).-~~

~~I. Every Emergency Medical Technician licensed in Rhode Island shall be authorized and permitted to administer Naloxone (Narcan) as clinically indicated.-~~

~~J. A person may administer Naloxone (Narcan) to an individual if:-~~

~~1. He or she, in good faith, believes the individual is experiencing a drug overdose; or~~

~~2. He or she acts with reasonable care in administering the drug to the individual.~~

~~3. A person who administers Naloxone (Narcan) to an individual pursuant to these Regulations shall not be subject to civil liability or criminal prosecution as a result of the administration of the drug.-~~

~~K. Notwithstanding any other law or regulation, a health care professional who is licensed to prescribe Naloxone (Narcan) may, directly or by standing order, prescribe or dispense Naloxone (Narcan), as the case may be, to:-~~

~~1. An individual at risk of experiencing an opioid related overdose, and/or~~

~~2. To a family member, friend, or other person reasonably expected to be in a position to assist an individual at risk of experiencing an opioid related overdose.-~~

~~L. Notwithstanding any other law or regulation, a health care professional who is licensed to dispense Naloxone (Narcan) may, directly or pursuant to standing order, dispense Naloxone (Narcan), as the case may be, to:-~~

- ~~1. An individual at risk of experiencing an opioid-related overdose, and/or~~
 - ~~2. To a family member, friend, or other person reasonably expected to be in a position to assist an individual at risk of experiencing an opioid-related overdose.~~
- ~~M. Any such prescription shall be regarded as being issued for a legitimate medical purpose in the usual course of professional practice.~~
- ~~N. Notwithstanding any other law or regulation, a person possessing an order issued by a health care professional who is otherwise authorized to prescribe Naloxone (Narcan) may store and dispense Naloxone (Narcan) regardless of usual drug storage requirements in R.I. Gen. Laws Title 21. Health care professionals shall comply with the drug storage requirements of R.I. Gen. Laws Title 21 while Naloxone (Narcan) remains in their possession prior to administering or dispensing to a patient.~~
- ~~O. Use of Naloxone (Narcan) pursuant to these Regulations shall be considered first aid or emergency treatment for the purpose of any statute relating to liability.~~
- ~~P. Notwithstanding any other law or regulation, any person may lawfully possess Naloxone (Narcan).~~

5.54 Reporting Requirements

- ~~A. A health care professional who attends or treats, or who is requested to attend or treat,~~Hospitals in which medical care for 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~~is provided or sought to be provided~~, shall report the case within forty-eight (48) hours to the Department opioid-related drug overdose, using the a reporting format approved by the Department~~-, within forty-eight (48) hours of initial contact with the patient. Such report shall include any results of drug screening/testing performed on a patient who experienced an opioid-related drug overdose. Any additional pertinent information, including patient's name, date of birth, address, and any retrospective data not previously provided, which is requested by the Department after the initial, reported case, shall be reported to the Department promptly upon request.~~

1. Reports regarding an opioid-related drug overdose shall be submitted utilizing a secure means of data transfer determined by the Department.
2. Data collected under § 5.4(A) of this Part may be used by the Department for the purposes of conducting program and policy evaluation, research, and patient follow up for linkage to overdose prevention resources and services as approved by the Department's Drug Overdose Prevention website: <http://health.ri.gov/healthrisks/drugoverdose/reporting/>.

~~B. 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.~~

~~C. In accordance with § 1.11(H)(6) of this Title pertaining to the Medical Examiner System (216 RICR 60-10-1), 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".~~

- ~~1. 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.~~

~~D. A health care professional or hospital Institutional Review Board. Data collected pursuant to § 5.4(A) of this Part may be linked to other data accessible to the Department for those purposes.~~

3. Data under § 5.4(A) of this Part shall not be shared with law enforcement, third-party payers, or other entities outside of the Department for activities outside of Department approved evaluation, surveillance, research, and patient follow up for linkage to overdose prevention resources and services.

4. Data collected under § 5.4(A) of this Part are not public information. The collection, storage, use, or sharing of any data obtained pursuant to this Part shall be in accordance with all applicable state and federal law,

including the Confidentiality of Health Care Information Act (R. I. Gen. Laws §§ 5-37.3-1 *et seq.*), the Health Insurance Portability and Accountability Act (including all effective regulations promulgated thereunder), the Identify Theft Protection Act of 2015 (R. I. Gen. Laws §§ 11-49.3-1 *et seq.*), and all other applicable laws. Any transfer of these data must meet State data encryption policy.

B. In addition to complying with the provisions of § 60-10-1.10(H)(6) of this Title, hospitals shall obtain a blood specimen (10 ml lavender top tube) from every patient who experienced an opioid related drug overdose. Such blood specimen, in all cases, shall be submitted to the Department's laboratory. Additional residual biological specimens (e.g. urine) shall be submitted to the Department's laboratory upon request.

C. Any hospital, or agent thereof, that makes a report under § 5.54(A) of this Part and/or provides an ante-mortem blood specimen as described in § 5.54(B) of this Part, is not subject to civil or criminal liability for damages arising out of the report or delivery provision of ante-mortem the blood to the Office of the State Examiner. specimen. An individual who makes a good-faith report or provision under these Regulations this Part is not subject to civil or criminal liability for damages arising out of the report such act.

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

5.6—Severability

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