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LC004564/SUB A/3
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STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2016

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A N A C T

RELATING TO HEALTH AND SAFETY -- INSURANCE--MENTAL ILLNESS AND
SUBSTANCE ABUSE -- THE ALEXANDER PERRY AND BRANDON GOLDNER ACT

Introduced By: Senators Miller, Jabour, Crowley, Goodwin, and Satchell

Date Introduced: February 10, 2016

Referred To: Senate Health & Human Services

It is enacted by the General Assembly as follows:

1 SECTION 1. Section 23-17.26-3 of the General Laws in Chapter 23-17.26 entitled
2 "Comprehensive Discharge Planning" is hereby amended to read as follows:

3 **23-17.26-3. Comprehensive discharge planning.** -- (a) On or before ~~July 1, 2015~~
4 January 1, 2017, each hospital and freestanding emergency care facility operating in the State of
5 Rhode Island shall submit to the director a comprehensive discharge plan that includes:

6 (1) Evidence of participation in a high-quality comprehensive discharge planning and
7 transitions improvement project operated by a nonprofit organization in this state; or

8 (2) A plan for the provision of comprehensive discharge planning and information to be
9 shared with patients transitioning from the ~~hospitals~~ hospital's or freestanding emergency care
10 facility's care. Such plan shall contain the adoption of evidence-based practices including, but not
11 limited to:

12 (i) Providing ~~in-hospital~~ education in the hospital or freestanding emergency care facility
13 prior to discharge;

14 (ii) Ensuring patient involvement such that, at discharge, patients and caregivers
15 understand the patient's conditions and medications and have a point of contact for follow-up
16 questions;

17 (iii) With patient consent, attempting to notify the person(s) listed as the patient's
18 emergency contacts and recovery coach before discharge. If the patient refuses to consent to the

1 notification of emergency contacts, such refusal shall be noted in the patient's medical record;

2 ~~(iii)~~(iv) Attempting to identify patients' primary care providers and assisting with
3 scheduling ~~post-hospital~~ post-discharge follow-up appointments prior to patient discharge;

4 ~~(iv)~~(v) Expanding the transmission of the department of health's continuity of care form,
5 or successor program, to include primary care providers' receipt of information at patient
6 discharge when the primary care provider is identified by the patient; and

7 ~~(v)~~(vi) Coordinating and improving communication with outpatient providers.

8 (3) The discharge plan and transition process shall ~~also be made~~ include recovery
9 planning tools for patients with ~~opioid and other substance use disorders~~ substance use disorders,
10 opioid overdoses, and chronic addiction, which plan and transition process shall include the
11 elements contained in subsections (a)(1) or (a)(2) of this section, as applicable. In addition, such
12 discharge plan and transition process shall also include:

13 ~~(i) Assistance, with patient consent, in securing at least one follow-up appointment for~~
14 ~~the patient within seven (7) days of discharge, as clinically appropriate: (A) With a facility~~
15 ~~licensed by the department of behavioral healthcare, developmental disabilities and hospitals to~~
16 ~~provide treatment of substance use disorders; (B) With a certified recovery coach; (C) With a~~
17 ~~licensed clinician with expertise in the treatment of substance use disorders; or (D) With a Rhode~~
18 ~~Island licensed hospital with a designated program for the treatment of substance use disorders.~~
19 ~~The patient shall be informed of said appointment prior to the patient being discharged from the~~
20 ~~hospital;~~

21 ~~(ii) In the absence of a scheduled follow-up appointment pursuant to subsection (a)(3)(i),~~
22 ~~every reasonable effort shall be made to contact the patient within thirty (30) days post-discharge~~
23 ~~to provide the patient with a referral and other such assistance as the patient needs to obtain a~~
24 ~~follow-up appointment; and~~

25 ~~(iii) That the patient receives information about the real-time availability of appropriate~~
26 ~~in-patient and out-patient services in Rhode Island.~~

27 (i) That with patient consent, each patient presenting to a hospital or freestanding
28 emergency care facility with indication of a substance use disorder, opioid overdose, or chronic
29 addiction shall receive a substance abuse evaluation, in accordance with the standards in
30 subsection (a)(4)(ii) of this section, before discharge. Prior to the dissemination of the standards
31 in subsection (a)(4)(ii) of this section, with patient consent, each patient presenting to a hospital
32 or freestanding emergency care facility with indication of a substance use disorder, opioid
33 overdose, or chronic addiction shall, receive a substance abuse evaluation, in accordance with
34 best practices standards, before discharge;

1 (ii) That if, after the completion of a substance abuse evaluation, in accordance with the
2 standards in subsection (a)(4)(ii) of this section, the clinically appropriate inpatient and outpatient
3 services for the treatment of substance use disorders, opioid overdose, or chronic addiction
4 contained in subsection (a)(3)(iv) of this section are not immediately available, the hospital or
5 freestanding emergency care facility shall provide medically necessary and appropriate services
6 with patient consent, until the appropriate transfer of care is completed;

7 (iii) That with patient consent, pursuant to 21 C.F.R. §1306.07, a physician in a hospital
8 or freestanding emergency care facility who is not specifically registered to conduct a narcotic
9 treatment program may administer narcotic drugs, including buprenorphine, to a person for the
10 purpose of relieving acute opioid withdrawal symptoms when necessary while arrangements are
11 being made for referral for treatment. Not more than one day's medication may be administered to
12 the person or for the person's use at one time. Such emergency treatment may be carried out for
13 not more than three (3) days and may not be renewed or extended;

14 (iv) That each patient presenting to a hospital or freestanding emergency care facility
15 with indication of a substance use disorder, opioid overdose, or chronic addiction shall receive
16 information, made available to the hospital or freestanding emergency care facility in accordance
17 with subsection (a)(4)(v) of this section, about the availability of clinically appropriate inpatient
18 and outpatient services for the treatment of substance use disorders, opioid overdose, or chronic
19 addiction, including:

20 (A) Detoxification;

21 (B) Stabilization;

22 (C) Medication-assisted treatment or medication-assisted maintenance services, including
23 methadone, buprenorphine, naltrexone or other clinically appropriate medications;

24 (D) Inpatient and residential treatment;

25 (E) Licensed clinicians with expertise in the treatment of substance use disorders, opioid
26 overdoses, and chronic addiction;

27 (F) Certified recovery coaches; and

28 (v) That when the real-time patient services database outlined in subsection (a)(4)(vi) of
29 this section becomes available, each patient shall receive real-time information from the hospital
30 or freestanding emergency care facility about the availability of clinically appropriate inpatient
31 and outpatient services.

32 (4) On or before ~~November 1, 2014~~ January 1, 2017, the director of the department of
33 health, ~~shall develop and disseminate to all hospitals, health care clinics, urgent care centers, and~~
34 ~~emergency room diversion facilities a model discharge plan and transition process for patients~~

1 ~~with opioid and other substance use disorders. This model plan may be used as a guide, but may~~
2 ~~be amended and modified to meet the specific needs of each hospital, health care clinic, urgent~~
3 ~~care center and emergency room diversion facility.~~ with the director of the department of
4 behavioral healthcare, developmental disabilities and hospitals, shall:

5 (i) Develop and disseminate to all hospitals and freestanding emergency care facilities a
6 regulatory standard for the early introduction of a recovery coach during the pre-admission and/or
7 admission process for patients with substance use disorders, opioid overdose, or chronic
8 addiction;

9 (ii) Develop and disseminate to all hospitals and freestanding emergency care facilities
10 substance abuse evaluation standards for patients with substance use disorders, opioid overdose,
11 or chronic addiction;

12 (iii) Develop and disseminate to all hospitals and freestanding emergency care facilities
13 pre-admission, admission, and discharge regulatory standards, a recovery plan and voluntary
14 transition process for patients with substance use disorders, opioid overdose, or chronic addiction.
15 Recommendations from the 2015 Rhode Island Governor's overdose prevention and intervention
16 task force strategic plan may be incorporated into the standards as a guide, but may be amended
17 and modified to meet the specific needs of each hospital and freestanding emergency care facility;

18 (iv) Develop and disseminate best practices standards for health care clinics, urgent care
19 centers, and emergency diversion facilities regarding protocols for patient screening, transfer and
20 referral to clinically appropriate inpatient and outpatient services contained in subsection
21 (a)(3)(iv) of this section;

22 (v) Develop regulations for patients presenting to hospitals and freestanding emergency
23 care facilities with indication of a substance use disorder, opioid overdose, or chronic addiction to
24 ensure prompt, voluntary access to clinically appropriate inpatient and outpatient services
25 contained in subsection (a)(3)(iv) of this section;

26 (vi) Develop a strategy to assess, create, implement and maintain a database of real-time
27 availability of clinically appropriate inpatient and outpatient services contained in subsection
28 (a)(3)(iv) of this section on or before January 1, 2018.

29 SECTION 2. Section 27-38.2-1 of the General Laws in Chapter 27-38.2 entitled
30 "Insurance Coverage for Mental Illness and Substance Abuse" is hereby amended to read as
31 follows:

32 **27-38.2-1. Coverage for the treatment of mental health and substance use disorders..**

33 -- (a) A group health plan and an individual or group health insurance plan shall provide coverage
34 for the treatment of mental health and substance-use disorders under the same terms and

1 conditions as that coverage is provided for other illnesses and diseases.

2 (b) Coverage for the treatment of mental health and substance-use disorders shall not
3 impose any annual or lifetime dollar limitation.

4 (c) Financial requirements and quantitative treatment limitations on coverage for the
5 treatment of mental health and substance-use disorders shall be no more restrictive than the
6 predominant financial requirements applied to substantially all coverage for medical conditions in
7 each treatment classification.

8 (d) Coverage shall not impose non-quantitative treatment limitations for the treatment of
9 mental health and substance-use disorders unless the processes, strategies, evidentiary standards,
10 or other factors used in applying the non-quantitative treatment limitation, as written and in
11 operation, are comparable to, and are applied no more stringently than, the processes, strategies,
12 evidentiary standards, or other factors used in applying the limitation with respect to
13 medical/surgical benefits in the classification.

14 (e) The following classifications shall be used to apply the coverage requirements of this
15 chapter: (1) Inpatient, in-network; (2) Inpatient, out-of-network; (3) Outpatient, in-network; (4)
16 Outpatient, out-of-network; (5) Emergency care; and (6) Prescription drugs.

17 (f) Medication-assisted ~~therapy including methadone,~~ treatment or medication-assisted
18 maintenance services of substance use disorders, opioid overdoses, and chronic addiction,
19 including methadone, buprenorphine, naltrexone, or other clinically appropriate medications,
20 ~~maintenance services, for the treatment of substance use disorders, opioid overdoses, and chronic~~
21 ~~addiction~~ is included within the appropriate classification based on the site of the service.

22 (g) Payors shall rely upon the criteria of the American Society of Addiction Medicine
23 when developing coverage for levels of care for substance-use disorder treatment.

24 SECTION 3. This act shall take effect upon passage.

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EXPLANATION
BY THE LEGISLATIVE COUNCIL
OF

A N A C T

RELATING TO HEALTH AND SAFETY -- INSURANCE--MENTAL ILLNESS AND
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1 The Alexander Perry and Brandon Goldner Act would require comprehensive discharge
2 planning for patients treated for substance use disorders, opioid overdoses, and chronic addiction
3 and would require insurers to cover medication-assisted addiction treatment including methadone,
4 buprenorphine, and naltrexone.

5 This act would take effect upon passage.

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