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SECRETARY OF STATE

## State of Rhode Island and Providence Plantations

Gina M. Raimondo  
Governor

### EXECUTIVE ORDER

17-07

July 12, 2017

#### TAKING FURTHER ACTIONS TO ADDRESS THE OPIOID CRISIS

WHEREAS, addiction is a chronic disease and opioid addiction has become an epidemic in Rhode Island;

WHEREAS, on August 4, 2015, I issued Executive Order 15-14, establishing the Governor's Overdose Prevention and Intervention Task Force;

WHEREAS, the Task Force, in consultation with academic experts, individuals in treatment and recovery, law enforcement, and State agencies, developed Rhode Island's Strategic Plan on Addiction and Overdose, which recommended strategies in four areas: prevention, rescue, treatment, and recovery;

WHEREAS, the State has moved aggressively to implement the Strategic Plan, including initiatives which have become national models, such as opioid centers of excellence that provide comprehensive treatment, an extensive Peer Recovery Specialist program, Department of Corrections-based medication-assisted treatment access, and limitations on most initial opioid prescriptions for acute pain;

WHEREAS, the State is publicly tracking its progress against the Strategic Plan and each of the associated metrics at [PreventOverdoseRI.org](http://PreventOverdoseRI.org);

WHEREAS, the State continues to promote Rhode Island's English/Spanish treatment and recovery hotline, (401) 942-STOP (7867);

WHEREAS, the General Assembly has been a tremendous partner in addressing the opioid crisis, passing laws limiting initial opioid prescriptions, strengthening the prescription drug monitoring program, requiring hospital discharge plans for patients with substance-use disorder and mandating electronic prescribing for controlled substances, as well as dedicating new funding to fighting the epidemic every year;

WHEREAS, the Rhode Island Fusion Center, in collaboration with the State Police as well as federal and local law enforcement, has been a critical player in analyzing public safety information and disseminating it to the community;

WHEREAS, despite the State's best efforts, deaths from opioid overdoses have continued to increase, reaching 290 in 2015 and 336 in 2016, particularly as more Rhode Islanders are exposed to potent, illicit fentanyl;

WHEREAS, the State must recommit to developing new strategies and devoting all necessary resources to address the overdose epidemic;

WHEREAS, insights from behavioral science can be applied to promote safe opioid-related practices, including prescribing, storing, tapering, and disposing;

WHEREAS, addiction to opioids, including heroin, most commonly begins as a prescription from a care provider;

WHEREAS, providers prescribe opioids of varying duration and dose for the same conditions, which has implications for patients' long-term health;

WHEREAS, a majority of patients prescribed opioids for acute pain have unused medications, and the most frequently reported sources of opioids among those who take them for non-medical purposes are family members and friends;

WHEREAS, people with substance use disorders and other mental illnesses are greatly over-represented in the criminal justice system, and people who have been incarcerated make up a substantial portion of lethal overdoses; and

WHEREAS, accidental overdose can be prevented, and lives can be saved.

NOW, THEREFORE, I, GINA M. RAIMONDO, by virtue of the authority vested in me as Governor of the State of Rhode Island and Providence Plantations, do hereby order and direct the following:

**A. General provisions**

1. The alarming rate of deaths caused by opioid overdose constitutes a public health crisis.
2. All State agencies, with coordination and support from the Task Force, shall take all necessary actions to reduce opioid overdose deaths.
3. The Department of Health (RIDOH) and Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals (BHDDH) shall implement each of the initiatives below by November 30, 2017, and shall report to the Governor on each of the initiatives as part of the semi-annual report required by Executive Order 15-14.

**B. Prevention**

1. RIDOH and BHDDH shall launch a coordinated public outreach campaign to engage families and youth and prevent opioid abuse. The campaign may include, but is not limited to
  - a. Establishing a Family Task Force, as a branch of the existing State Youth Treatment Planning Program, to allow families directly affected by the opioid epidemic to help guide the Overdose Task Force in promoting prevention and outreach initiatives,
  - b. Collaborating with schools to expand access to prevention programming for high-risk youth, and
  - c. Expanding family support groups throughout the state.
2. RIDOH shall develop a plan to distribute public health information with every opioid prescription dispensed in Rhode Island, which shall encourage patients to use opioids for the shortest amount of time necessary and educate them about the risks of taking opioid medications.
3. RIDOH shall develop a strategy to encourage proper disposal of opioids. The strategy will draw from the field of behavioral science to increase compliance, and may include increasing the number and availability of drug take-back days and encouraging patients to flush excess opioids.
4. RIDOH shall provide annual personalized electronic feedback to all opioid prescribers in the state on their opioid prescribing practices compared to

colleagues in the same specialty, and shall assist prescribers in reducing unnecessary prescriptions.

5. RIDOH, in consultation with the Executive Office of Health and Human Services (EOHHS), shall build on successful work reducing initial opioid prescriptions for acute pain and produce recommendations for reducing second and subsequent opioid prescriptions.

### C. Rescue

1. RIDOH and BHDDH shall make federal grant dollars available to purchase the overdose reversal drug, naloxone, in community settings. All entities with public spaces, including State agencies, are encouraged to supply naloxone and train staff in its use.
2. All hospitals in the State are strongly encouraged to adopt the best practices identified by RIDOH and BHDDH's Levels of Care for Rhode Island Emergency Departments and Hospitals for Treating Overdose and Opioid Use Disorder. RIDOH shall include the level of care designation for each hospital in its annual public report, and all hospitals are encouraged to achieve at least level 3 designation.
3. BHDDH and RIDOH shall examine existing harm reduction efforts and propose a comprehensive harm reduction strategy for intravenous drug users to decrease risk of overdose, infection, and assault.

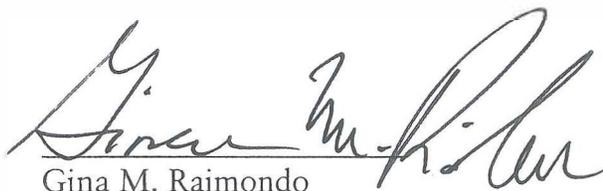
### D. Treatment & Recovery

1. BHDDH and EOHHS shall take all necessary actions to ensure that Care New England and Community Care Alliance are supported as newly-certified opioid centers of excellence, thereby expanding access to comprehensive treatment for opioid use disorder.
2. BHDDH and RIDOH shall facilitate hiring and placement of five nurse care managers in high-risk communities and encourage health care teaching programs to expose providers in training to medication-assisted treatment in order to expand access to medication-assisted treatment in areas where it is needed most.

3. All local law enforcement agencies are encouraged to implement pre-arrest diversion programs, based on the models in West Warwick and Gloucester, Massachusetts, where health counselors assist police officers with encounters related to substance-use disorder as well as facilitate connection to rescue, treatment, and recovery services. RIDOH, BHDDH, and the Department of Public Safety shall apply for and make available federal grant funding for high-risk communities that wish to create these programs.
4. BHDDH shall expand access to alcohol- and drug-free residences for individuals experiencing various stages of recovery to facilitate peer support and connection to local community resources.
5. BHDDH shall develop a plan to create alternative non-emergency settings for patients with opioid-use disorder, such as through the Recovery Navigation Program at the Providence Center.
6. RIDOH will make available and encourage the use of BHDDH's model consent form for hospitals that allows patients to consent to peer recovery services at the same time they consent to other medical services.
7. All hospitals, police departments, community centers, and other facilities are encouraged to connect overdose victims with peer recovery specialists immediately following an accidental overdose.

This Executive Order shall take effect immediately.

So Ordered:



Gina M. Raimondo

Governor

Dated: \_\_\_\_\_

7/12/17