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**TESTIMONY ON 18-S 2577,
RELATING TO UNIFORM CONTROLLED SUBSTANCES ACT
May 17, 2018**

This Department of Health bill would create “a multi-disciplinary team review of drug-related overdose deaths with the goal of reducing the prevalence of such deaths by examining emerging trends in overdose, identifying potential demographic, geographic, and structural points for prevention and other factors.” While the ACLU of Rhode Island fully supports this bill’s goal, we are concerned about the recommended list of appointees to this team.

Specifically, the bill suggests no fewer than four representatives from law enforcement and corrections, including the Attorney General and a representative from the R.I. Police Chiefs Association. The opioid overdose epidemic is a very serious public health problem and, as the passage of laws like the Good Samaritan Act demonstrates, it is a problem that needs to be addressed from a public health, not law enforcement, perspective. The proposed make-up of this team suggests otherwise, however.

This proposal is especially troubling in the context of other legislation being promoted this year by the Attorney General, which would impose a life sentence on individuals responsible for providing a person drugs that lead to an overdose death. This only highlights the conflict between law enforcement and public health in their approach to the issue, and the conflict that could exist with their strong presence on this review team.

While the legislation contains some confidentiality restrictions, those restrictions are quite limited. For example, confidentiality applies only to “work product used to create any findings, report or conclusions.” If it is not used for those purposes, the confidentiality would not appear to apply. More importantly, even if the work product can’t be used, nothing prevents police from using that confidential information to follow leads and come up with independently gathered corroborative information.

For these reasons, we oppose the bill as written, and urge that it be amended to limit law enforcement presence on the team and to strengthen confidentiality safeguards so that the team’s efforts do not stray from the public health focus it is designed to have.

**PROPOSED AMENDMENT TO 2018 S-2577/H-7697,
RELATING TO OFFICE OF MEDICAL EXAMINERS**

Amend the language on Page 2, lines 11-29 as follows:

(11)(i) For a multi-disciplinary team review of drug-related overdose deaths with the goal of reducing the prevalence of such deaths by examining emerging trends in overdose, identifying potential demographic, geographic, and structural points for prevention and other factors. The multi-disciplinary team for review of drug-related overdose deaths may include, as determined by the director, representatives from the department of health; ~~the department of the attorney general; the Rhode Island state police; the department of corrections;~~ the department of behavioral healthcare, developmental disabilities and hospitals; ~~the Rhode Island Police Chiefs Association;~~ the Hospital Association of Rhode Island; an emergency department physician; a primary care physician; an addiction medicine/treatment provider; a mental health clinician; a toxicologist; a public health scientist; a recovery coach or other representative of the recovery community; a worker in the field of harm reduction; and others as may be determined by the director; ~~and~~ provided, however:

(a) Representatives from law enforcement shall not serve on the team, but may be asked by the team to participate in the examination of individual cases in which the law enforcement agency was involved; and

(b) The work product used to create any findings, report or conclusions of the multi-disciplinary team for review of drug-related overdose deaths shall be confidential and protected under all applicable laws, including the federal Health Insurance Portability and Accountability Act of 1996 and the Rhode Island confidentiality of health care information act (chapter 37.3 of title 5), and shall be exempt from the provisions of chapter 2 of title 38, not subject to subpoena, discovery, or introduction into evidence in any civil or criminal proceeding, and not subject to disclosure beyond such team members (except to authorized employees of the department of health as necessary to perform official duties of the department pursuant to § 23-4-3(11); and

(c) No derivative evidence obtained as a result of the team's review shall be admissible in any court proceeding. Provided further, however, nothing contained herein shall be construed to prevent the release of non-identifiable information that would otherwise be available under chapter 2 of title 38.