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## **ACLU OF RI POSITION: AMEND**

### **TESTIMONY ON 26-H 7923, RELATING TO FOOD AND DRUGS -- UNIFORM CONTROLLED SUBSTANCES ACT March 3, 2026**

This Department of Health bill would make various changes to the statutes dealing with the prescribing of opioid-based medications to treat patient pain. The revisions appear designed, at least in part, to more closely align state law with CDC standards governing these prescriptions.

Based on our admittedly limited knowledge of those standards, we do wish to raise a significant concern about the amendments being made. While we acknowledge the medical profession's need to prevent the misuse of opiates, strict regulatory measures can unnecessarily deter physicians in good faith from prescribing opiates, or opiates at certain levels, to patients in order to address their individualized needs. We are therefore concerned that this bill does just that, as it partially eliminates language in current law [Page 19, lines 19-33] that specifically references the ability of practitioners to prescribe opiates as they deem best in their professional judgment and without regard to CDC standards, in treating some individuals.

The bill defines three levels of pain: acute, chronic, and chronic intractable, the last being pain that is excruciating and not curable. Current law also recognizes opioid use disorder, cancer, and palliative care as conditions that can require the prescribing of opioids, along with references to sickle cell-related pain and intractable pain. But, from our reading, the bill's various additions and deletions muddle these different levels and physicians' ability to respond to them. The deletion of the language on Page 19 in particular appears to severely limit the circumstances under which opiates may be prescribed in those various categories based on the physician's best professional judgment.

For example, while the heading of 21-28-3.20.1 [Page 16, lines 16-17] references cancer, palliative care, and chronic intractable pain, the revised statute would allow physicians to bypass CDC standards solely for chronic intractable pain. A current statute allowing physicians to prescribe opioids as appropriate to those with "intractable" pain is deleted [Page 18]. Similarly, current accommodations for "chronic" pain also appear to be removed, while standards for the administration of opioids specifically for "acute" pain are revised and severely circumscribed. Section 21-28-3.20 [Page 13].

In short, many of the changes being made in this legislation may discourage physicians from appropriately prescribing opiates to some patients when they think their pain warrants it. The concern of physician hesitation in prescribing opiates, even when they think it advisable in their best judgment, has been a recurring issue of concern. To the extent this bill codifies standards that lead to this unjustified hesitation to the detriment of patients, it should be rejected. Ultimately, we would urge that good faith physician discretion be the standard in caring for all patients suffering from the various levels of pain addressed in the law.

Thank you for considering our views.