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How Come Mary-Jane is Not on Workers' Comp?: Requiring Rhode Island Workers' Compensation Insurers to Reimburse Employees for Medical Marijuana

Devon Q. Toro*

INTRODUCTION

On May 20, 2019, Beacon Mutual¹ (Beacon) sent a letter to Rhode Island Senator Erin Lynch Prata regarding a proposed amendment to include “acute pain” as one of the debilitating conditions² for qualification under the Edward O. Hawkins and Thomas C. Slater Medical Marijuana Act, colloquially known simply as the Slater Act.³ The letter was sparked by a recent influx of employees across the country seeking medical marijuana, perhaps in light of the opioid crisis, as a means of remedying the

* Candidate for Juris Doctor, Roger Williams University School of Law, 2021. I would like to thank my parents, Pam and John, and my sister, Quinn, for their endless love and support. I want to give a special nod to my father for inspiring the title of my Comment. I also want to thank my faculty advisor, Professor Tanya Monestier, for her guidance and expertise during the writing process.

1. Based in Rhode Island, the Beacon Mutual Insurance Company is responsible for providing over 11,000 businesses in the state with workers' compensation insurance. See Letter from Michael D. Lynch, Beacon Mutual Ins. Co., to Senator Erin Lynch Prata, Chairperson, Senate Judiciary Comm., R.I. Senate (on file with author) (May 20, 2019).

2. 21 R.I. GEN. LAWS § 21-28.6-3(7) (laying out the “[d]ebilitating medical conditions” a patient must have to receive medical marijuana in Rhode Island).

3. § 21-28.6-1; Lynch, *supra* note 1.

effects of work-related injuries; such employees will of course seek compensation for their out of pocket costs.⁴ In its letter, Beacon expressed opposition to the proposed amendment to include acute pain as a qualifying condition because it would open the door to a swarm of employee workers' compensation claims seeking medical marijuana for pain management, given that a majority of employees on workers' compensation have acute pain as a side effect of their injuries.⁵ Resting on arguments related to cost and the federal prohibition of marijuana as a controlled substance, Beacon urged the legislature either to forgo the addition of acute pain to the list of qualifying conditions or, in the event of inclusion, carve out an exception insulating Rhode Island workers' compensation insurers from having to reimburse employees' claims seeking medical marijuana in conjunction with their work-related injuries.⁶ Ultimately, the legislature declined to add acute pain to the list of qualifying conditions and incorporated an exception regarding workers' compensation insurers, which states that insurers are not required to reimburse employees for the costs associated with the use of medical marijuana.⁷

This Comment analyzes the arguments both for and against the carve out for workers' compensation insurers in the Slater Act. Given public policy concerns surrounding the opioid crisis, the fact that medical marijuana is more cost-effective than other pain management medications, and the lack of a credible threat of federal prosecution, the Slater Act should be amended to affirmatively require Rhode Island workers' compensation insurers to reimburse employees for the costs associated with medical marijuana. So long as an employee is registered as a qualifying patient, her injury is work-related, and her doctor opines that medical marijuana is necessary to cure, relieve, or rehabilitate her

4. See Mack Babcock, *Workers' Compensation and Medical Marijuana: When Will We Bridge the Gap?*, WORKERS' INJURY L. & ADVOC. GROUP, (July 16, 2019), <https://www.wilg.org/?pg=WILGBlog&blAction=showEntry&blogEntry=8525> [<https://perma.cc/4B5T-N4NJ>].

5. Lynch, *supra* note 1.

6. *Id.* (referring to 21 U.S.C. § 812).

7. An Act Relating to Making Appropriations in Support of FY 2020, 2019 Pub. L. R.I. ch. 88, art. 14 § 5 (amending 21 R.I. GEN. LAWS § 21-28.6-7(b)(1)). Compare S. 830, 2019 Gen. Assemb., Jan. Sess. (R.I. 2019) (seeking to add "acute pain" as a condition for which a person could be prescribed medical marijuana) with § 21-28.6-3 (lacking such amendment).

injury, the cost of medical marijuana qualifies for reimbursement under the Rhode Island Workers' Compensation Act.⁸ Workers' compensation insurers would be completely within the bounds of Rhode Island state law when reimbursing employees who have met the above criteria for medical marijuana. Moreover, failure to reimburse such employees goes against the Rhode Island Workers' Compensation Act as written. There is nothing under Rhode Island state law prohibiting this type of reimbursement; rather, the legislature's conscious decision to give workers' compensation insurers the choice to reimburse infers that this conduct is consistent with state law. As described later in this Comment, this conduct is also in conformity with federal law, thus debunking any opposing arguments of illegality.

Part I of this Comment discusses Rhode Island's Workers' Compensation Act and includes an in-depth review of the statutory requirements an employee must meet to receive benefits and pertinent medical services. Part II details Rhode Island's legal status on medical marijuana, including the protections for its use and whether patients are entitled to reimbursement, and illuminates Beacon's motive for opposing the amendment in the first place. Part III analyzes various arguments for requiring Rhode Island workers' compensation insurers to reimburse employees for the costs associated with medical marijuana. This section explores both cost consideration in comparison with other pain medications and a public policy argument favoring medical marijuana over opioids. Part IV addresses various counterarguments rooted in the federal prohibition of marijuana and concludes that these arguments in fact lack merit. Lastly, Part V challenges the current statute and recommends statutory reform to require workers' compensation insurers to affirmatively reimburse employees for the costs of medical marijuana.

I. THE RHODE ISLAND WORKERS' COMPENSATION ACT

In order to qualify for workers' compensation benefits in Rhode Island, an injured employee must meet several statutory requirements.⁹ The statute requires that the employee must be

8. See § 21-28.6-3(25); 28 R.I. GEN. LAWS § 28-33-5.

9. See § 28-33-1.

injured during the course of her employment.¹⁰ An employee must show that her injury is both work-related—sustained on the job—and that she has an ongoing disability preventing her from performing her regular duties.¹¹ If an employee's injury is not work-related or she recovers enough to perform her regular duties, all weekly workers' compensation benefits are discontinued, but medical benefits remain so long as the employee proves them necessary to cure, relieve, or rehabilitate the effect of her injury.¹² Furthermore, if the employee can prove a work-related injury and an ongoing disability, she also is entitled to several other benefits besides her weekly check, which only accounts for her lost earnings. These additional benefits include dependency benefits, benefits for scarring and loss of use, and most importantly, the reimbursement or pre-approval of medical services and prescriptions.¹³

Simply because employees are entitled to reimbursement for medications does not necessarily mean that workers' compensation insurers automatically approve all requests. In most cases, the employee must prove that the requested medication is both "reasonable" and "necessary . . . to cure, rehabilitate or relieve the employee from the effects of [her] injury."¹⁴ Reasonableness is determined based on what is accepted by doctors on a national level.¹⁵ With regard to the "necessary" requirement, an employee must present a doctor's recommendation that the treatment,

10. *Id.* (referring to an employee who receive a "personal injury arising out of and in the course of his or her employment, connected and referable to the employment").

11. *See* Tromba v. Harwood Mfg. Co., 177 A.2d 186, 188 (R.I. 1962) (holding there must be "the establishment of a nexus between the injury and h[er] employment"); *see also* Maresca v. Lumber Mut. Cas. Ins. Co., 107 A.2d 343, 344 (R.I. 1954) (explaining that expert testimony is used to establish extent of injury).

12. *Wright v. R.I. Super. Ct.*, 535 A.2d 318, 320 (R.I. 1988).

13. § 28-33-5 (providing for covered medical services); § 28-33-17(c) (providing for dependency benefits); § 28-33-19 (providing compensation for permanent disfigurement and loss of use); *see also* Mendes v. ITT Royal Elec., 647 A.2d 1358, 1360 (R.I. 1994) (holding that employees are entitled to seek determination from Workers' Compensation Court regarding pre-authorization of expenses for treatment to avoid situations where employees must choose to obtain medical services without knowing in advance if insurer will provide coverage).

14. § 28-33-5.

15. *Pola v. Health-Tex, Inc.*, 605 A.2d 1321, 1323 (R.I. 1992).

medical device, service, or medication is necessary to cure, rehabilitate, or relieve her work-related injury.¹⁶ If an employee can show that the requested medication is both reasonable and necessary to cure, rehabilitate, or relieve her injury, the insurer must reimburse the employee for any associated expenses. If the insurer does not voluntarily reimburse the employee, she can file a petition with the Rhode Island Workers' Compensation Court, where the judge makes the determination.¹⁷ So long as the employee can prove both requirements, the judge will generally require the insurer to reimburse the employee for associated expenses; otherwise, the employee can file an appeal.¹⁸ Given that reimbursement of medical marijuana is a relatively new issue and judges are cognizant of the federal prohibition, there has been hesitancy on the part of insurance companies to reimburse employees for the associated expenses.¹⁹ This Comment illuminates the intricacies of both the law governing medical marijuana and the federal prohibition in an attempt to quell any hesitation.

II. THE SLATER ACT

Medical marijuana was legalized in Rhode Island in 2006 under the Slater Act, based on the notion that it was beneficial in alleviating pain associated with various debilitating conditions including glaucoma, cancer, and other chronic conditions.²⁰ Although medical marijuana is legal in Rhode Island under the Slater Act, patients must satisfy several statutory requirements before they are approved for medical use.²¹ Medical marijuana is only available to those who are registered "cardholders," meaning those who have been "registered or licensed with the department of health or the department of business regulation pursuant to [the

16. See *Geigy Chem. Corp. v. Zuckerman*, 261 A.2d 844, 849 (R.I. 1970).

17. § 28-33-8(f)(1).

18. § 28-35-28(a).

19. See *Babcock*, *supra* note 4.

20. 21 R.I. GEN. LAWS § 21-28.6-1. Cannabis was only legalized for medical use; there have been several bills since proposing recreational legalization, none of which have passed. See generally § 21-28.6-2; Felicia Gans, *Plans for Legal Pot in R.I. Burn Out: Many Expected State to Decriminalize Recreational Marijuana*, BOS. GLOBE, June 21, 2019, at B1.

21. See § 21-28.6-4.

Slater Act] and possess a valid registry identification card or license.”²² In order to register as a cardholder, a Rhode Island resident must be deemed a qualifying patient and be certified by a practitioner as having one of the debilitating medical conditions enumerated in the Slater Act.²³

Rhode Island has never required any type of insurer, whether it be private, state-subsidized, or workers' compensation, to reimburse patients for the costs associated with medical marijuana.²⁴ Prior to the 2019 amendment, the Slater Act carved out an exception providing that government medical assistance programs and private health insurers were not *required* to reimburse patients for the associated costs of medical marijuana, with no mention of workers' compensation insurers.²⁵ Accordingly, while the statute's language left discretion to governmental and private insurers in deciding whether to reimburse patients, its silence with regard to workers' compensation insurers resulted in uncertainty.²⁶ After the amendment, the statute now affirmatively states that workers' compensation insurers have discretion regarding reimbursement.²⁷ The current statute reads as follows: “Nothing in this chapter shall be construed to require: . . . [a] government medical assistance program or private health insurer or *workers' compensation insurer, workers' compensation group self-*

22. § 21-28.6-3(4).

23. § 21-28.6-3(25). The statute defines the term “debilitating medical condition” as:

(i) Cancer, glaucoma, positive status for human immunodeficiency virus, acquired immune deficiency syndrome, Hepatitis C, post-traumatic stress disorder, or the treatment of these conditions;

(ii) A chronic or debilitating disease or medical condition, or its treatment, that produces one or more of the following: cachexia or wasting syndrome; severe, debilitating, chronic pain; severe nausea; seizures, including but not limited to, those characteristic of epilepsy; or severe and persistent muscle spasms, including but not limited to, those characteristic of multiple sclerosis or Crohn's disease; or agitation of Alzheimer's Disease; or

(iii) Any other medical condition or its treatment approved by the department of health, as provided for in § 21-28.6-5.

§ 21-28.6-3(7).

24. *See* § 21-28.6-7(b)(1).

25. *See supra* note 7.

26. *See supra* note 7.

27. § 21-28.6-7(b)(1).

insurer, or employer self-insured for workers' compensation under § 28-36-1 to reimburse a person for costs associated with the medical use of marijuana."²⁸

III. RHODE ISLAND WORKERS' COMPENSATION INSURERS SHOULD BE
REQUIRED TO REIMBURSE EMPLOYEES FOR COSTS ASSOCIATED WITH
MEDICAL MARIJUANA

Rhode Island workers' compensation insurers should be required to reimburse employees for the costs associated with medical marijuana to the extent necessary to relieve or rehabilitate an employee's work-related injury because it is more cost effective than reimbursement of comparable pain management medications currently reimbursed. Reimbursement also comports with public policy concerns in light of the opioid crisis because marijuana is less addictive than other pain-management medications.²⁹ Further, any hesitancy with respect to the federal prohibition is unfounded because reimbursing employees for the costs of medical marijuana is not a violation of the Controlled Substances Act.³⁰ Moreover, the federal government has expressed a disinterest in prosecuting medical marijuana related conduct that takes place within a comprehensive state regulatory scheme, such as Rhode Island's medical marijuana program.³¹ Based on the above, Rhode Island workers' compensation insurers should be required to reimburse injured employees for the associated costs of medically necessary medical marijuana treatment.

28. *Id.* (emphasis added).

29. See Hal Arkowitz & Scott O. Lilienfeld, *Experts Tell the Truth About Pot: Marijuana Use Can Be Problematic but Only Rarely Leads to Addiction*, *SCI. AM.: MIND* (Mar. 1, 2012), <https://www.scientificamerican.com/article/the-truth-about-pot/> [<https://perma.cc/4HCG-U8YX>]; see also *supra* Part I (discussing criteria of treatments for coverage by workers' compensation insurers).

30. See *infra* Part IV.

31. See § 21-28.6-2(2)-(4); see also James M. Cole, Deputy Attorney Gen., *Guidance Regarding Marijuana Enforcement*, 26 *FED. SENT'G REP.* 217, 219 (2014) (originally published Aug. 29, 2013).

A. Reimbursement of Medical Marijuana is More Cost-Effective than Other Pain Medications Currently Reimbursed by Rhode Island Workers' Compensation Insurers.

Viewed in light of all surrounding circumstances, medical marijuana is more cost-effective than the average opioid prescription, making it a financially beneficial pain management substitute for insurers. Pain management refers to techniques used to lessen someone's pain. Pain management plays a large role in curing, rehabilitating, and relieving employees from the effects of work-related injuries. Techniques include physical therapy, medication, and surgical intervention.³² No matter the chosen route, employees partake in pain management practices to lessen the effects of their injuries with the goal that they will eventually return to work. The pain management technique employed, however, depends upon the nature of the injury and the type of pain experienced. Generally, pain is classified as either chronic or acute.³³ Unlike chronic pain, which lasts more than six months and normally persists after an injury is fully healed, acute pain is short in duration and dissipates when the underlying cause has been cured.³⁴ Prescription opioids and medical marijuana are two of the possible pain management methods available to patients for the treatment of chronic pain.

The average annual opioid prescription costs anywhere from \$2944 to \$5840 depending on the patient's daily dosage, which can range from two to four tablets daily.³⁵ When it comes to opioids, costs of weaning must also be taken into account given the addictive

32. *Pain Management: Non-Opioid Treatment*, AM. SOC. ANESTHESIOLOGISTS, <https://www.asahq.org/whensecondscount/pain-management/non-opioid-treatment/> [<https://perma.cc/7GPU-L3DA>] (last visited Apr. 8, 2020).

33. *Acute v. Chronic Pain*, CLEVELAND CLINIC (Jan. 26, 2017) <https://my.clevelandclinic.org/health/articles/12051-acute-vs-chronic-pain> [<https://perma.cc/Q39Z-3JRK>].

34. *Id.*

35. *Oxycodone*, CESAR (Oct. 29, 2013), <http://www.cesar.umd.edu/cesar/drugs/oxycodone.asp> [<https://perma.cc/3EB2-Q4GV>] ("A 40mg tablet [of OxyContin] (prescribed from a doctor) costs approximately \$4 A typical dose prescribed by a physician ranges from two to four tablets daily."). This figure involves Oxycodone. Oxycodone is only one of many opioid prescriptions available to patients, so this figure may vary depending on the actual medication prescribed.

nature of opioids and the fact that the excess cost of treatment for opioid use disorders can reach upwards of \$5000 yearly.³⁶ Weaning is not only expensive, but also taxing on the employee as it often includes methadone treatment and psychological services.³⁷ Untreated opioid use disorders are even more costly than weaning.³⁸ For instance, the economic impact of untreated addiction is felt in the criminal justice system when judicial resources are expended in pursuit of rehabilitating addicts.³⁹ It is also felt in the healthcare system, where addicted persons are treated for overdoses, and babies born dependent must be weaned.⁴⁰ Most importantly here, it is felt by employers when previously injured employees return to the workforce less productive than before as a result of opioid use disorders.⁴¹ Because medical marijuana mitigates the risk of opioid use disorders and may even help patients undergoing withdrawals from opioid addiction, there are fewer weaning expenses and economic impacts on society.⁴²

In Rhode Island, the average cost of medical marijuana is roughly between \$255 and \$308 per ounce.⁴³ However, under the

36. *See Medications to Treat Opioids Use Disorder*, NAT'L INST. ON DRUG ABUSE, <https://www.drugabuse.gov/publications/research-reports/medications-to-treat-opioid-addiction/how-much-does-opioid-treatment-cost> [<https://perma.cc/UY93-WSMU>] (last visited Mar. 23, 2020).

37. *Id.*

38. *Id.*

39. *See id.*

40. *See id.*

41. *See id.*

42. *See* Beth Wiese & Adrianna, R. Wilson-Poe, *Emerging Evidence for Cannabis' Role in Opioid Use Disorder*, 3 *CANNABIS & CANNABINOID RES.* 179, 185 (2018). About 9% of marijuana users become addicted to marijuana; this includes both users for medical and recreational use. Nora D. Volkow et al., *Adverse Health Effects of Marijuana Use*, *NEW ENG. J. MED.*, 2219, 2219 (2014). About 8–12% of opioid users become addicted; of this group about 4–6% transition to heroin use. *Opioid Overdose Crisis*, NAT'L INST. ON DRUG ABUSE (Feb. 2020), <https://www.drugabuse.gov/drugs-abuse/opioids/opioid-overdose-crisis> [<https://perma.cc/JS5M-G3P2>].

43. *The Average Cost of Marijuana by State*, OXFORD TREATMENT CTR. (Feb. 20, 2020), <https://www.oxfordtreatment.com/substance-abuse/marijuana/average-cost-of-marijuana/> [<https://perma.cc/3ZZ4-KM8M>]. Oxford's charts indicate that prices in Rhode Island vary anywhere from \$202 to \$424. *Id.* Marijuana is sold by the gram; however, price conversion is simple—one ounce is roughly 28 grams. *See* Jeffery Stamberger, *Marijuana Prices and Sizes*,

Slater Act, a compassion center can only dispense 2.5 ounces to a patient within a fifteen-day period.⁴⁴ With these dispensing limits, the most a workers' compensation insurer would be required to reimburse an employee for a medical marijuana prescription is somewhere between \$1275 and \$1540 per month.⁴⁵ However, this maximum number may not be not reflective of the actual cost a workers' compensation insurer would have to pay per month.⁴⁶ One study showed that the average individual dosage of marijuana for pain is one to two marijuana cigarettes per day, with each cigarette containing 0.5 grams of marijuana.⁴⁷ Thus, an employee would use anywhere from fifteen to thirty grams of marijuana per month, which roughly translates to 0.5 to 1 ounce per month.⁴⁸ Applying Rhode Island's average cost per ounce, a workers' compensation insurer would reimburse an average of \$127 to \$308 per month for an employee, yielding a yearly cost of \$2613.⁴⁹ Given these figures, the average medical marijuana prescription is significantly less expensive than an opioid prescription. In a business where cash is king, any saved expense is beneficial for insurers, making medical marijuana a great option when compared with opioids. The numbers speak for themselves—medical marijuana is a more cost-effective pain medication and is ultimately less expensive for insurers when compared with opioids. Because the cost of the average medical marijuana prescription is lower than that of opioids and there is no cost of weaning associated with marijuana

MEDICAL MARIJUANA, INC. (Oct. 9, 2019), <https://www.medicalmarijuanainc.com/marijuana-sizes-prices/> [<https://perma.cc/5ATE-KFSZ>].

44. 21 R.I. GEN. LAWS § 21-28.6-12(g)(1).

45. Calculated by multiplying the average price per ounce by two and a half (2.5) (as that is the maximum prescription for a fifteen-day period) and then multiplying that by two (2), as there are two (2) fifteen-day periods within a month.

46. See Kevin P. Hill, *Medical Marijuana for Treatment of Chronic Pain and Other Medical and Psychiatric Problems: A Clinical Review*, 313 JAMA 2474, 2481 (2015) (suggesting the amount of marijuana that a person would ingest daily would be a cheaper alternative to other, opioid-based solutions).

47. *Id.*

48. *See id.*

49. This figure was calculated by multiplying the lowest average prescription price (0.5 oz/\$127.50) by twelve months and then multiplying the highest average prescription price (1 oz/\$308) by twelve months and then averaging the two.

use, any argument that the financial impact of reimbursement will overburden workers' compensation insurers is without force.

Insurers fear that by reimbursing medical marijuana, more injured employees will seek reimbursement and drive up the cost for insurers through a flood of claims.⁵⁰ This argument is unsupported because the pool of individuals eligible for medical marijuana reimbursement associated with workers' compensation injuries is so small that there will hardly be an uptick in employees seeking reimbursement; thus, the cost of reimbursement will be low. Before reimbursement is even considered, the employee must first qualify under the Slater Act, meaning that she must establish one of the qualifying conditions and be certified by a practitioner.⁵¹ Then, the injured employee must also fulfill the statutory requirements prescribed under the Rhode Island Workers' Compensation Act. She would have to prove a work-related injury, that she is disabled from her regular duties at work, and that medical marijuana is necessary to cure, relieve, or rehabilitate the effects of her work-related injury.⁵² Considering these parameters, the universe of employees who will seek reimbursement for the cost of medical marijuana would be lower than expected.⁵³ As such, any fears of the compensation floodgates opening are unwarranted. Because the requirements for reimbursement would be considerable and take place under a heavily regulated system, the number of employees actually eligible would be relatively small and already included in the pool of employees receiving alternative pain management medications, such that workers' compensation insurers' costs would remain low.

50. See Lynch, *supra* note 1; Mark Kraemer, *How Do You Handle Medical Marijuana Treatment for WorkComp Claims?*, MINN. COMP ADVISOR (Mar. 13, 2017), <http://www.minnesotacompadvisor.com/resource-center/blog/entryid/1110/how-do-you-handle-medical-marijuana-treatment-for-workcomp-claims> [<https://perma.cc/E7KE-3BFR>].

51. 21 R.I. GEN. LAWS § 21-28.6-3(7).

52. 28 R.I. GEN. LAWS § 28-33-5.

53. See R.I. DEPT OF HEALTH, 2019 MEDICAL MARIJUANA PROGRAM REPORT TO THE RHODE ISLAND GENERAL ASSEMBLY 1 (2019). According to the Rhode Island Department of Health, there were 17,994 active registered patients participating in the state's Medical Marijuana Program as of December 31, 2019. *Id.*

B. Requiring Rhode Island Workers' Compensation Insurers to Reimburse Employees for the Cost of Medical Marijuana Favors Public Policy in Light of the Opioid Crisis.

Reimbursing the costs of medical marijuana in the context of workers' compensation is favorable in light of the opioid crisis because it would reduce the number of injured employees on opioids, in turn reducing the number of employees who become addicted to opioids. Prescribing medical marijuana in lieu of other pain management medications furthers the public agenda of combatting the opioid crisis. Opioid abuse has run rampant in the United States for several years, claiming hundreds of thousands of victims.⁵⁴ Since the early 2000s, close to 220,000 Americans have died as a result of opioid abuse, which has spawned a need for alternative methods in pain management practices.⁵⁵ Opioid use disorder is especially prevalent in the realm of workers' compensation, given that injured employees often are prescribed pain management medications in conjunction with their work-related injuries.⁵⁶ Many workers' compensation insurers report that over fifty percent of claimants who have lost time out of work as a result of their injuries have been prescribed opioids, which indicates a drastic overprescribing rate in workers' compensation.⁵⁷ In light of the opioid crisis, insurers, medical professionals, and patients have looked for other suitable pain-management options, including less-potent anti-inflammatory medications, costly physical therapy, and more invasive treatments like spinal cord injections.⁵⁸ However, none of the above-mentioned options work as well as opioids.⁵⁹ Thus there is a need for a better, safer alternative.

54. James G. Hodge, Jr. et al., *From Opioids to Marijuana: Out of the Tunnel and into the Fog*, 67 KAN. L. REV. 879, 882 (2019).

55. *See id.*

56. *See* JOSEPH PADUDA, PRESCRIPTION DRUG MANAGEMENT IN WORKERS' COMPENSATION: THE FIFTEENTH ANNUAL SURVEY REPORT 8 (2018), <https://comp-pharma.com/wp-content/uploads/2018/07/2018-CompPharma-Rx-Drug-Mng-Survey-Public.pdf> [<https://perma.cc/BU3L-3V5M>].

57. *Id.*

58. Hodge, *supra* note 54, at 889.

59. *See id.*

Marijuana is proven to be an effective treatment for various chronic pain conditions.⁶⁰ There have been several clinical studies analyzing the efficacy of medical marijuana in treating pain, most of which have found it to be beneficial.⁶¹ An article evaluating various scientific studies regarding the efficacy of medical marijuana in relieving pain established that all studies examined found significant pain relief.⁶² Moreover, scientific studies have found that marijuana may actually be superior to opioids in alleviating pain symptoms.⁶³ States which have legalized medical marijuana saw a drop in opioid-related prescriptions, indicating that patients previously prescribed opioids found medical marijuana to be a suitable substitute.⁶⁴ Aside from its effectiveness as a pain-reliever, marijuana has also been beneficial in treating opioid use disorder during the weaning process.⁶⁵ Not only is medical marijuana an adequate pain management substitute for injured employees, it is also a potential tool to combat the opioid crisis.⁶⁶

Resistance from insurers to routine medical marijuana use for pain-management purposes stems in part from the lack of information concerning the long-term side effects associated with usage.⁶⁷ Information regarding side effects of short-term use, however, is more readily available.⁶⁸ Those short-term effects include impairment to cognitive functions, drowsiness, and

60. *Id.* at 893 (“In 2017, the National Academies found ‘substantial evidence’ that marijuana (and its subcomponents) can also help alleviate chronic pain.”); Annie Bach Yen Nguyen, *The Alternative to Opioids: Marijuana’s Ability to Manage Pain Caused by Injuries Sustained in the National Football League*, 19 TEX. REV. ENT. & SPORTS L. 63, 72 (2019). Marijuana comes from the cannabis plant which contains various natural compounds called cannabinoids. Nguyen, *supra* at 72. Two cannabinoids found in the cannabis plant are “delta-9-tetrahydrocannabinol (“THC”) and cannabidiol (“CBD”).” *Id.* While THC is known to have psychoactive effects on the user, CBD does not. *Id.*

61. Nguyen, *supra* note 60 at 73.

62. *Id.*

63. Jorge Manzanares et al., *Role of the Cannabinoid System in Pain Control and Therapeutic Implications for the Management of Acute and Chronic Pain Episodes*, 4 CURRENT NEUROPHARMACOLOGY 239, 248 (2006).

64. Hodge, *supra* note 54, at 893.

65. *Id.* at 897.

66. *See id.*

67. *See* Volkow et al., *supra* note 42, at 2222–23.

68. *See* Hodge, *supra* note 54, at 893.

confusion.⁶⁹ There is evidence that extended medical marijuana use may lead to various respiratory diseases or psychosis.⁷⁰ However, when compared with the long-term side effects of opioid use—which include bowel obstruction caused by chronic constipation, sleep-disordered breathing, increased risk of fractures, and risk of addiction—the long-term effects of marijuana use are much more palatable.⁷¹

Requiring Rhode Island workers' compensation insurers to reimburse employees for out-of-pocket costs associated with medical marijuana will save insurers money. In addition, medical marijuana is a better alternative to other pain-management medications—it is less expensive, less addictive, and overall a potential solution to the opioid crisis, making it a viable substitute given public policy concerns. Any argument that cost or health-related effects inhibits reimbursement is without merit. Not only is reimbursement more cost-effective for insurers, it is better for injured employees and, therefore, a better alternative overall.

IV. ADDRESSING THE FEDERAL PROHIBITION

In 1970, the federal Controlled Substances Act (CSA) was introduced under the Nixon Administration as a way of streamlining all federal laws related to drug enforcement.⁷² The CSA classifies controlled substances into one of five schedules.⁷³ Schedule determinations are based on the drug's "accepted medical uses, potential for abuse, and psychological and physical effects on the body."⁷⁴ Marijuana is currently classified as a Schedule I drug,

69. *Id.* at 893–94; Ramsin Benyamin et al., *Opioid Complications and Side Effects*, 11 PAIN PHYSICIANS S105, S105 (2008). Although there are short-term side effects associated with marijuana use, those symptoms are more tolerable than the short-term side effects of opioid use, which include "sedation, dizziness, nausea, vomiting, constipation, physical dependence, tolerance, and respiratory depression." Benyamin et al., *supra* at S105.

70. Hodge, *supra* note 54, at 894.

71. AnGee Baldini et al., *A Review of Potential Adverse Effects of Long-Term Opioid Therapy: A Practitioner's Guide*, 14 PRIMARY CARE COMPANION FOR CNS DISORDERS (June 14, 2012).

72. Fern L. Kletter, Annotation, *Construction and Application of the Controlled Substances Act*, 21 U.S.C.A. §§ 801 et seq.—U.S. Supreme Court Cases 30 A.L.R. Fed. 2d. 137, § 2 (2008).

73. *Id.*

74. *Id.*

meaning that under the CSA, marijuana has “a high potential for abuse,” “no current accepted medical use in treatment in the United States,” and is not safe to use under medical supervision.⁷⁵ Although marijuana is classified as a Schedule I drug under the CSA, there are several notable declassification movements, given the wealth of contrary scientific research and the abundance of states that have legalized marijuana for medical and recreational uses.⁷⁶ The CSA defines several unlawful acts related to controlled substances that are punishable at various levels, depending on the schedule of the controlled substance at issue.⁷⁷ Prohibited acts include “manufactur[ing], distribut[ing], or dispens[ing], or possess[ing] with the intent to manufacture, distribute, or dispense, a controlled substance.”⁷⁸ Thus, in order to be prosecuted under the CSA, an individual would have to commit one of the above-defined offenses.

In 2013, James M. Cole, then-Deputy Attorney General at the United States Department of Justice, issued a memorandum (the Cole Memo) to all United States Attorneys on the subject of marijuana enforcement under the CSA.⁷⁹ The Cole Memo reiterates the guidance articulated in the Department of Justice’s earlier Ogden memorandum that, going forward, due to its limited financial resources, the Department of Justice only would focus on

75. 21 U.S.C. § 812(b)(1), (c)(I)(c)(10) (2018); *contra* Hodge, *supra* note 54, at 893 (stating that medical marijuana is known as an effective treatment for various illnesses according to the National Academies, which in 2017 found there was substantial evidence that medical marijuana is effective in alleviating chronic pain, indicating that there is an accepted use in treatment in the United States and that it is safe to use under medical supervision (citing NAT’L ACADS. OF SCIS. ENG’G, & MED. THE HEALTH EFFECTS OF CANNABIS AND CANNABINOIDS: THE CURRENT STATE OF EVIDENCE AND RECOMMENDATIONS FOR RESEARCH 87–90 (2017)).

76. *See, e.g.*, Strengthening the Tenth Amendment Through Entrusting States Act, S. 3032, 115th Cong. (2018). Senator Elizabeth Warren and Senator Cory Gardner introduced the STATES Act to expressly exempt cannabis use in legalized states from federal prosecution. President Trump has expressed support of the bill.

77. 21 U.S.C. § 841(a).

78. § 841(a)(1). Punishable offenses also include “creat[ing], distribut[ing], or dispens[ing], or possess[ing] with intent to distribute or dispense, a counterfeit substance.” § 841(a)(2).

79. *See* Cole, *supra* note 31, at 217.

eight areas of marijuana-related enforcement.⁸⁰ Enforcement areas include:

[1] Preventing the distribution of marijuana to minors; [2] Preventing revenue from the sale of marijuana from going to criminal enterprises, gangs, and cartels; [3] Preventing the diversion of marijuana from states where it is legal under state law in some form to other states; [4] Preventing state-authorized marijuana activity from being used as a cover or pretext for the trafficking of other illegal drugs or other illegal activity; [5] Preventing violence and the use of firearms in the cultivation and distribution of marijuana; [6] Preventing drugged driving and the exacerbation of other adverse public health consequences associated with marijuana use; [7] Preventing the growing of marijuana on public lands and the attendant public safety and environmental dangers posed by marijuana production on public lands; and [8] Preventing marijuana possession or use on federal property.⁸¹

Outside these eight core areas, the Cole Memo stated that the Department of Justice will defer to state or local authorities, confirming that there is no federal intention to prosecute outside of the defined areas.⁸² Moreover, the Cole Memo afforded deference to state and local governments in states which have legalized marijuana in some form under comprehensive regulatory systems, as these systems effectively eliminate threats to the general public welfare that might arise from marijuana operations.⁸³

At the outset of the Trump Administration, then-Attorney General Jefferson B. Sessions III released a subsequent memorandum (the Sessions Memo) which stated that United States attorneys should continue to prosecute all marijuana-related offenses.⁸⁴ However, several United States Attorney's offices have

80. *Id.*

81. *Id.* at 217–18.

82. *See id.*

83. *Id.* at 218–19.

84. Memorandum from Jefferson B. Sessions, III, Attorney Gen. on Marijuana Enforcement to all U.S. Attorneys (Jan. 4, 2018), <https://www.justice.gov/opa/press-release/file/1022196/download> [https://perma.cc/PFP6-X57S].

responded with statements that they will continue to follow the guidance in the Cole Memo, meaning that they will not prosecute outside the eight areas of enforcement detailed therein, potentially because there is neither the funding nor the desire to prosecute outside of those areas.⁸⁵ Furthermore, the Rohrabacher-Blumenauer Amendment to the federal Omnibus Spending Bill, which became law in 2014, prohibits the Department of Justice from spending funds to interfere with the implementation of state medical marijuana laws.⁸⁶

A. There is No Credible Threat of Federal Prosecution Under the Controlled Substances Act Because Reimbursing Employees for Medical Marijuana is Not Prohibited Conduct.

Those opposed to requiring Rhode Island workers' compensation insurers to reimburse employees for expenses related to medical marijuana point out that marijuana is still prohibited under the CSA,⁸⁷ thus raising a possible threat of federal prosecution. However, this argument lacks merit because such reimbursements do not fall within the scope of the CSA, which punishes enumerated crimes such as the manufacture, dispensation, possession, or distribution of marijuana.⁸⁸ One New Jersey workers' compensation court judge, in response to a similar argument, stated: "Certainly I don't understand how [an insurance] carrier, who will never possess, never distribute, never intend to distribute these products, who will nearly [sic] sign a check into an attorney's trust account is in any way complicit with the distribution of illicit narcotics."⁸⁹ Insurers who reimburse employees for medical marijuana would not be manufacturing marijuana, they would not be dispensing or distributing marijuana, nor would they even be in possession of marijuana.⁹⁰ Further, insurers would only be issuing a reimbursement check, for a certain

85. Lawrence O. Gostin et al., Opinion, *Enforcing Federal Drug Laws in States Where Medical Marijuana is Lawful*, 319 JAMA 1435, 1436 (2018).

86. Consolidated Appropriations Act, 2019, Pub. L. No. 116-6, § 537, 133 Stat. 13, 138.

87. Lynch, *supra* note 1.

88. 21 U.S.C. § 841(a) (2018).

89. Transcript of Record at 11, *McNeary v. Freehold Township*, No. 2007-10498, 2008-8094, 2014-10233 (N.J. Workers' Comp. Ct. June 28, 2018).

90. *Id.*

amount, to the injured employee. Insurers would have no involvement in the employee's certification and registration in the medical marijuana program, as that comes under the responsibility of a medical practitioner.⁹¹ Because workers' compensation insurers would be committing no unlawful act under the CSA, the argument that federal prosecution is a bar to reimbursement fails on its face.

A dissenting opinion by Justice Joseph M. Jabar of the Maine Supreme Judicial Court in the case of *Bourgoin v. Twin Rivers Paper Co.* provides an example of the changing attitude towards the argument that federal prosecution is an obstacle to reimbursement.⁹² The dissent concludes that because the CSA only prohibits the manufacture, dispensation, possession, and distribution of marijuana, insurers do nothing wrong by reimbursing an employee for the associated costs of marijuana.⁹³ Hence, there is no conflict with the CSA because no prohibited conduct takes place.⁹⁴ As described above, the insurer simply signs a check and does nothing else. The dissent rejected the majority's argument that although the insurer would not actually partake in prohibited conduct, it would be aiding and abetting the employee's possession.⁹⁵ The dissent found this argument unpersuasive because a prosecutor would never be able to prove that the insurer had the requisite mens rea to prove the offense of aiding and abetting.⁹⁶

Even if there was some violation for which insurers could be prosecuted under the CSA, the eight enforcement priorities detailed in the Cole Memo indicate that an attempted prosecution is highly unlikely.⁹⁷ Although the Cole Memo is no longer authoritative on the subject, the fact remains that the Department of Justice is limited in the manner in which it may allocate funds for marijuana

91. 21 R.I. GEN. LAWS § 21-28.6-3(30).

92. See *Bourgoin v. Twin Rivers Paper Co.*, 187 A.3d 10, 24 (Me. 2018) (Jabar, J., dissenting).

93. *Id.*

94. *Id.*

95. *Id.* at 25.

96. *Id.*

97. See Cole, *supra* note 31, at 217–18.

enforcement;⁹⁸ accordingly, some United States Attorneys have focused prosecution efforts on larger areas of concern, such as preventing distribution to minors, marijuana diversion, and revenue going to criminal enterprises, gangs, and cartels.⁹⁹ In the Cole Memo, which many United States Attorneys still follow, reimbursement of costs to a qualified state medical marijuana program patient is not an identified enforcement area.¹⁰⁰ Moreover, reimbursement would only occur where an employee qualifies under the extensive requirements outlined in both the Slater Act and the Rhode Island Workers' Compensation Act. The reimbursement of costs associated with medical marijuana in the workers' compensation context is the exact type of activity where the federal government, under the Cole Memo, was instructed to give deference to state authorities.¹⁰¹ Only under a comprehensive scheme of regulatory measures are injured employees even able to access medical marijuana. Employee access to medical marijuana is further restricted based upon the quantities legally allowed under the Slater Act, essentially eliminating any potential for abuse.¹⁰² Thus, reimbursement for such state-sanctioned marijuana use is exactly the type of permissible activity alluded to in the Cole Memo.¹⁰³

B. Where States Have Affirmatively Required Workers' Compensation Insurers to Reimburse the Expenses Associated with Medical Marijuana, No Prosecutions have Resulted.

Several states have affirmatively required workers' compensation insurers to reimburse employees for the costs of medical marijuana on the premise that the federal government has no basis for prosecution because insurers commit no crime in

98. See Tom Angell, *Congress Votes to Stop Feds from Enforcing Marijuana Laws in Legal States*, FORBES (June 20, 2019, 5:37 PM), <https://www.forbes.com/sites/tomangell/2019/06/20/congress-votes-to-block-feds-from-enforcing-marijuana-laws-in-legal-states/#6687974a4b62> [https://perma.cc/K5QJ-BA3H].

99. Gostin et al., *supra* note 85, at 1436; see also Cole, *supra* note 31, at 217–18.

100. See Cole, *supra* note 31, at 217–18.

101. See *id.* at 218–19.

102. 21 R.I. GEN. LAWS § 21-28.6-12(g)(1); see also *supra* notes 43–49 and accompanying text.

103. See Cole, *supra* note 31, at 218–19.

reimbursing employees.¹⁰⁴ Currently, New Mexico has the most case law in the area and is widely-cited by those requiring affirmative reimbursement.¹⁰⁵ Notable cases include *Lewis v. American General Media*, *Maez v. Riley Industrial*, and *Vialpando v. Ben's Automotive Services*.¹⁰⁶ In the above-mentioned cases, the reasoning for affirmative reimbursement is two-fold. In each case, the workers' compensation insurer was unable to identify a statute that it would be forced to violate.¹⁰⁷ Thus, because there is no articulable statutory violation, there is no threat of federal prosecution, essentially foreclosing any argument that reimbursement would result in illegal conduct.¹⁰⁸ Additionally, the court in *Vialpando* relied on the Cole Memo.¹⁰⁹ The Department of Justice has consistently stressed eight areas of enforcement regarding marijuana and, outside of these eight areas, the Department defers to state and local authority.¹¹⁰ Given that the reimbursement of medical marijuana in the workers' compensation context falls outside of the areas detailed in the Cole Memo, the court concluded that an affirmative reimbursement requirement would result in no federal prosecutions.¹¹¹ The court also highlighted that legislative intent regarding public policy was a factor in its decision to affirmatively require reimbursement.¹¹²

104. States affirmatively requiring reimbursement include New Mexico, New Jersey, Connecticut, New York, and Minnesota. INS. INFO. INST., HAZE OF CONFUSION: HOW EMPLOYERS AND INSURERS ARE AFFECTED BY A PATCHWORK OF STATE MARIJUANA LAWS 12–13 (June 2019), https://www.iii.org/sites/default/files/docs/pdf/marijuanaandemploy_wp_062019.pdf [<https://perma.cc/K4FH-UL49>].

105. H. Scott Curtis, *Cannabis & Workers' Compensation Law*, MD. B.J., Nov. 2017, at 24, 27.

106. *Lewis v. Am. Gen. Media*, 355 P.3d 850 (N.M. Ct. App. 2015); *Maez v. Riley Indus.*, 347 P.3d 732 (N.M. Ct. App. 2015); *Vialpando v. Ben's Auto. Servs.*, 331 P.3d 975 (N.M. Ct. App. 2014).

107. *See, e.g., Vialpando*, 331 P.3d at 980.

108. *See id.* at 979.

109. *Id.* at 980.

110. *Id.*

111. *See id.* at 979–80.

112. *Id.* at 980 (“We also observe that New Mexico public policy is clear. Our State Legislature passed the Lynn and Erin Compassionate Use Act ‘to allow the beneficial use of medical cannabis in a regulated system for alleviating symptoms caused by debilitating medical conditions and their medical treatments.’”).

Likewise, New Jersey has affirmatively required workers' compensation insurers to reimburse employees for the costs of medical marijuana because there is no identifiable violation of federal law.¹¹³ In *McNeary v. Freehold Township*, the New Jersey workers' compensation court required the insurer to reimburse the employee for two reasons.¹¹⁴ First, similar to the reasoning employed in the New Mexico cases, the court concluded there is no federal violation committed when reimbursing an employee for the costs of medical marijuana because the insurer takes no part in any conduct prohibited by the CSA.¹¹⁵ The court reasoned that a workers' compensation insurer does not manufacture, dispense, distribute, or possess the marijuana at any point in the reimbursement process.¹¹⁶ The insurer merely signs a check and tenders it to the employee, thus there is no CSA violation.¹¹⁷ Second, the court required the insurer to reimburse the employee under the New Jersey Workers' Compensation Act because the employee had proven a medical need for the marijuana in conjunction with his work-related injury.¹¹⁸ Moreover, the court referenced public policy as a reason for reimbursement, noting that medical marijuana should be considered in light of the opioid crisis.¹¹⁹

Delaware and Connecticut have also followed this trend by affirmatively requiring workers' compensation insurers to reimburse employees for medical marijuana.¹²⁰ Unlike New Mexico and New Jersey, which premise reimbursement on the lack of federal crime and prosecution, Delaware and Connecticut analyze reimbursement under the requirements of their applicable workers' compensation acts.¹²¹ So long as the medical marijuana

113. Transcript of Record at 12–13, *McNeary v. Freehold Township*, No. 2007–10498, 2008–8094, 2014–10233 (N.J. Workers' Comp. Ct. June 28, 2018).

114. *Id.* at 11.

115. *Id.* at 10–11.

116. *Id.* at 11.

117. *Id.*

118. *See id.*

119. *Id.*

120. *Giles & Ransome v. Kalix*, No. N17A-10-001 CEB, 2018 WL 4922911, at *4 (Del. Super. Ct. Oct. 9, 2018); *Petrini v. Marcus Dairy, Inc.*, No. 6021 CRB-7-15-7 (Conn. Workers' Comp. Comm'n Comp. Rev. Bd. Dec. 18, 2015).

121. *Giles & Ransome*, 2018 WL 4922911, at *2–3; *Petrini*, No. 6021 CRB-7-15-7.

is medically necessary to rehabilitate the employee's injury and the treatment is reasonable, reimbursement is required.¹²² The Connecticut review board also required patient compliance with Connecticut's medical marijuana law for reimbursement.¹²³ And, although Delaware does not expressly require patient compliance with state medical marijuana laws, it can be inferred that compliance with state law is also a prerequisite to reimbursement.¹²⁴ The issue of the federal prohibition is neither argued nor mentioned by either decisionmaker in either case.¹²⁵ Because there is no inquiry into the federal prohibition in either case, one can reasonably infer that the Connecticut and Delaware workers' compensation courts deemed it irrelevant to disposition of the matter.

As of January 2020, there have been no federal prosecutions of any of the workers' compensation insurers who have reimbursed employees for medical marijuana costs.¹²⁶ The lack of federal prosecutions is due to the fact that there is no violation for which the federal government can charge a workers' compensation insurer.¹²⁷ Not only is there no violation of federal law, the reimbursement of medical marijuana in the workers' compensation context falls outside of the Cole Memo enforcement priorities of the Department of Justice.¹²⁸ Furthermore, federal funds may not be used to interfere with state medical marijuana laws which would include cost reimbursement to qualified patients in the workers' compensation context.¹²⁹ Not only is there no legal basis for prosecution, there are no means to prosecute.¹³⁰ Given the above,

122. *Giles & Ransome*, 2018 WL 4922911, at *2–3; *Petrini*, No. 6021 CRB-7-15-7.

123. *See Petrini*, No. 6021 CRB-7-15-7.

124. *See Giles & Ransome*, 2018 WL 4922911, at *4.

125. *See generally Giles & Ransome*, 2018 WL 4922911; *see generally Petrini*, No. 6021 CRB-7-15-7.

126. An in-depth search was conducted on LexisNexis, Westlaw, and Google. No evidence of federal prosecutions was found. Given the lack of evidence, one can conclude that there have been no prosecutions of workers' compensation insurers under the Controlled Substances Act for reimbursing employees for the costs associated with medical marijuana.

127. *See* 21 U.S.C. § 841(a) (2018).

128. *Cole*, *supra* note 31, at 217–18.

129. *Angell*, *supra* note 98.

130. *Id.*

any argument that threat of federal prosecution is an obstacle to reimbursing employees for the costs associated with medical marijuana is wholly without merit.

V. STATUTORY REFORM

Ultimately, the Slater Act should be amended to delete the carve out for workers' compensation insurers. Furthermore, the Rhode Island Workers' Compensation Act should be amended to affirmatively require workers' compensation insurers to reimburse employees for the associated costs of medical marijuana where it is necessary to cure, relieve, or rehabilitate their injuries. Because the cost of medical marijuana is less expensive than that of opioids and because medical marijuana may be a better alternative for injured employees, reimbursement is beneficial to both insurers and employees. Insurers would save money by reimbursing injured employees for costs associated with medical marijuana because such reimbursement would reduce opioid-related claims which drive up costs. With the availability of medical marijuana, employees would have an alternative to opioid prescriptions, therefore decreasing the risk of addiction.

Not only should affirmative reimbursement be required, the Rhode Island Workers' Compensation Act should be amended to clarify the requirements for reimbursement. Reimbursement parameters should require the employee to fulfill the prerequisites to register as a qualifying patient under the Slater Act and the requirements of the Rhode Island Workers' Compensation Act for reimbursement of medical costs. By detailing a strict scheme for reimbursement, workers' compensation insurers would be protected from unfounded claims and the compensation floodgates. These clarifying amendments would confirm compliance with the CSA and the Cole Memo's federal guidance, ensuring ironclad insulation from threat of federal prosecution for insurers.

CONCLUSION

The Rhode Island Workers' Compensation Court's mission is "to provide reliable and reasonable benefits in a just and efficient manner, with compassion and respect, to all employees who suffer

a work-related injury.”¹³¹ Workers’ compensation insurers view medical marijuana reimbursement through a narrow lens; that is, in a way that only takes into account their own interests. Insurers often fail to recognize the practical effects that reimbursement for medical marijuana would have on injured employees. The average workers’ compensation employee is an individual who has suffered an injury, usually not as a result of her own fault, who is out work receiving significantly less than her normal paycheck, and who ultimately wants to return to work fully healed, all while trying to find viable methods to do so. Not only is medical marijuana reasonable and reliable, its reimbursement is beneficial to both workers’ compensation insurers and injured employees. To deny an injured employee, who seeks a cost-effective and legal alternative to traditional pain management prescriptions, a chance to heal and return to work, goes against the overall mission of the Rhode Island Workers’ Compensation Court. As such, Rhode Island should require workers’ compensation insurers to reimburse employees who have been injured on the job for out-of-pocket expenses associated with medical marijuana.

131. Workers’ Compensation Court, RHODE ISLAND JUDICIARY, <https://www.courts.ri.gov/Courts/workerscompensationcourt/Pages/default.aspx> [<https://perma.cc/75WV-EXBB>] (last visited Apr. 11, 2020).