



**Meeting Notice for the
Governor's Commission on Disabilities
Legislation Committees
Monday April 13, 2009 3 – 4:30 PM**

John O. Pastore Center, 41 Cherry Dale Court,
Cranston, RI 02920-3049

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----- Minutes -----

Attendees: Timothy Flynn (Chair.); Kate McCarthy-Barnett (Vice Chair.); Jeanne Behie; Sharon Brinkworth; Rosemary C. Carmody; Erin Casey; Linda Deschenes; Elaina Goldstein; Liberty Goodwin; William R. Inlow; Laura Jones; Gwendolyn Reeve; Arthur M. Plitt; & Linda Ward

Absent: Paula Parker; Rev. Gerard O. Sabourin; & Janet Spinelli

Call to Order and Acceptance of the Minutes	Tim Flynn Chairperson	5 min.
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MOTION: To accept the minutes of the previous meeting as presented LD/JB passed, abstain EC

Action Items:	Discussion Leader:	Time:
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1. Consideration of Tabled Bill	Bob Cooper, Executive Secretary	
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09 H 5983 Article 15 Relating to Pharmaceutical Assistance to the Elderly Rep. Watson Requested by the Governor Held for Further Study or Continued by the House Finance Committee
This article would abolish the Rhode Island Pharmaceutical Assistance to the Elderly (RIPAE) program effective January 1, 2010 by repealing chapter 42-66.2 in its entirety. Related general revenue cost savings for FY 2010 are \$1.1 million for both direct and indirect service costs.

Questions from the April 6th meeting:

1. What is the alternative to RIPAE that will cover the middle income seniors?
2. Who does this impact; # of current beneficiary who are:
 - a. 55 to 65 on SSDI (who are not able to enroll in Medicare for 2 years after becoming eligible for SSDI),
 - b. 65 or older,
 - c. People using RIPAE when they fall into the Medicare Part D "Donut Hole"?
3. What were the FY 2008 RIPAE expenditures on drug purchases?
4. How many RIPAE recipients did not enroll in Medicare Part D and what is the plan for their transfer when there may be late enrollment penalties?
5. What is the estimated cost of converting RIPAE into a wrap a-round benefit, just filling in the donut hole?

Tabled for information from DEA until the next meeting **09 H 5983 Article 15 Relating to Pharmaceutical Assistance to the Elderly**

09 H 5600 Sub A Relating to Motor and Other Vehicles - Registration of Vehicles Rep. Naughton
Recommitted to the House Constituent Services Committee

This act would authorize the issuance of a special plate to the National Multiple Sclerosis Society bearing the designation "Join the Movement". Twenty dollars of the service charge shall be paid to the local Multiple Sclerosis Society. The substitute requires the National M.S. Society plates to pre-paid order of at least 900 plates. This act would take effect upon passage.

- 1-1 SECTION 1. Chapter 31-3 of the General Laws entitled "Registration of Vehicles" is
1-2 hereby amended by adding thereto the following section:
1-3 **31-3-85. Special Plate for National M.S. Society.** – (a) The administrator of the division
1-4 of motor vehicles is empowered to make available a special motor vehicle plate for the national

1-5 M.S. Society. The plate shall bear the designation "Join the Movement" and shall bear the seal of
1-6 the state imprinted on it. The special plate shall be displayed upon the same registration number
1-7 assigned to the vehicle for which it was issued and shall be used in place of and in the same
1-8 manner as the original registration plates issued to the vehicle. The original registration plates for
1-9 the vehicle shall be removed from the vehicle and the registration certificate for the plates shall be
1-10 carried in the vehicle, in accordance with section 31-3-9. The registration certificate shall be in
1-11 effect for the special plate.

1-12 (b) A special automobile or commercial "Join the Movement" plate shall be issued upon
1-13 application using forms furnished by the administrator upon payment in addition to the regular
1-14 prescribed motor vehicle registration fee, and a service charge of forty dollars (\$40.) for each
1-15 issue. The service charge shall be paid to the administrator prior to the administrator's acceptance
1-16 of the application. Twenty dollars (\$20.) of the service charge shall be paid to the local M.S.
1-17 Society and twenty dollars (\$20.) shall be allocated to the division of motor vehicles for its costs
1-18 in manufacturing and distributing the special plates.

1-19 (c) National M.S. Society plates shall be subject to a minimum pre-paid order of at least
2-1 nine hundred (900) plates. National M.S. Society plates shall not be issued unless the minimum
2-2 order requirements are met.

2-3 SECTION 2. This act shall take effect upon passage.

**MOTION: To find beneficial 09 H 5600 Sub A Relating to Motor and Other Vehicles -
Registration of Vehicles RC/AP passed, abstained LG & GR**

09 H 5989 Relating to Motor and Other Vehicles -Parking Facilities and Privileges Rep. Baldelli-Hunt
Referred to the House Judiciary Committee

This act would require that when a handicapped tag is issued that it contain a photograph of the person to whom
it was issued. This act would take effect upon passage.

1-1 SECTION 1. Section 31-28-7 of the General Laws in Chapter 31-28 entitled "Parking
1-2 Facilities and Privileges" is hereby amended to read as follows:

1-3 **31-28-7. Motor vehicle plates for persons with disabilities -- Entitlement --**

1-4 **Designated parking spaces -- Violations. --** (a) Persons, as defined in subsection (h) of this
1-5 section, upon application and proof of permanent or long-term disability to the division of motor
1-6 vehicles, shall be issued one motor vehicle disability parking privilege placard or in the case of a
1-7 motorcycle, one motor vehicle sticker, of blue which shall be imprinted with the white
1-8 international symbol of access, certificate number, the words "Rhode Island Disability Parking
1-9 Permit" and shall bear the expiration date and a photograph of the person to whom it is issued
1-10 upon its face. A placard or motorcycle sticker issued to a person whose disability is temporary
1-11 shall be substantially similar to that issued to a person with a permanent or long term disability.
1-12 The temporary placard, however, shall be a red placard with a white international symbol of
1-13 access, certificate number, the words "Rhode Island Disability Parking Permit" and shall bear the
1-14 expiration dates and a photograph of the person to whom it is issued upon its face. Persons issued
1-15 a placard or motorcycle sticker pursuant to this section shall be entitled to the immunities of
1-16 sections 31-28-4 and 31-28-6. The placard shall conform to the Uniform Parking System for
1-17 Disabled Drivers standard issued by the United States Department of Transportation. If an
1-18 application for a placard or motorcycle sticker is denied, the division of motor vehicles shall
2-1 promptly notify the applicant in writing, stating the specific reason(s) for the denial, and advising
2-2 the applicant of the procedures for requesting a hearing to appeal the denial. Prior to the appeal
2-3 hearing, the applicant shall be provided with any and all documents relied upon by the division in
2-4 denying the application. If an application contains a physician certification that the applicant is
2-5 sufficiently disabled to require a placard or motorcycle sticker, and the division has not provided
2-6 specific reasons in its denial letter to the applicant, the hearing officer shall summarily order that
2-7 a placard or motorcycle sticker be provided to the applicant. At all other hearings of application
2-8 denials where a physician certification has been provided, the division shall bear the burden of
2-9 proof that the individual is not entitled to a placard or motorcycle sticker pursuant to this chapter.

2-10 (b) A placard issued pursuant to this section shall be portable and used only when the
2-11 person is being transported. The placard is to be hung from the rear view mirror so as to be seen

2-12 through the front or rear windshield of the motor vehicle. A placard may be issued to a person
2-13 with a disability who does not own a motor vehicle, to be used only when he or she is being
2-14 transported. A motorcycle sticker issued pursuant to this section shall not be portable and shall be
2-15 affixed to the rear plate of the motorcycle.

2-16 (c) (1) The certificate of entitlement to the placard or motorcycle sticker shall be
2-17 renewed every three (3) years for individuals with a long-term disability, as defined in subsection
2-18 (d) of this section, and the renewal application shall require a physician's certification that the
2-19 condition has not changed since the previous approval, and three (3) years for individuals with a
2-20 permanent disability as defined in subsection (h) of this section, in accordance with a schedule
2-21 prepared by the division of motor vehicles that uses the last name of an individual to determine
2-22 the month of renewal. If an application or subsequent renewal is accompanied by a physician's
2-23 certification that the applicant's condition is a chronic, permanent impairment and that application
2-24 is approved, then any subsequent renewal shall be authorized upon receipt of a notarized affidavit
2-25 from the applicant or applicant's, guardian or legal representative or a certificate from the
2-26 applicant's physician that his or her condition has not changed since the previous approval.

2-27 (2) The certificate of entitlement to the placard or motorcycle sticker shall be covered
2-28 with plastic or similar material. The applicant shall, upon timely renewal, receive a sticker
2-29 bearing the expiration date of the certificate of entitlement to be affixed across the expiration date
2-30 of the disability parking privilege placard or in the case of a motorcycle the applicant shall
2-31 receive a new motorcycle sticker. The division of motor vehicles shall establish rules and
2-32 regulations allowing for the renewal of the certificates of entitlement by mail.

2-33 (3) Whenever the division of motor vehicles proposes to suspend, revoke or fail to renew
2-34 the certificate of entitlement for noncompliance with the requirements of this section or for
3-1 violation of subsection (h) of this section, the individual shall first be entitled to a hearing before
3-2 the division of motor vehicles to contest the proposed action. At the hearing, the division of motor
3-3 vehicles shall bear the burden of proof that the individual is not entitled to the placard or
3-4 motorcycle sticker pursuant to this chapter. There shall be no renewal fee charged for the placards
3-5 or motorcycle sticker. The division of motor vehicles shall be authorized to issue a temporary
3-6 disability parking privilege placard or motorcycle sticker immediately upon receipt of an
3-7 application for individuals with a temporary impairment, as defined in subsection (h) of this
3-8 section. A temporary placard or motorcycle sticker shall be valid for sixty (60) days from the date
3-9 of issuance. Temporary placards or motorcycle stickers may be renewed for a period of one year
3-10 or less, as determined by the medical advisory board upon application if the disability persists.
3-11 The division of motor vehicles shall subsequently review the applications in accordance with the
3-12 procedures currently in effect as to applications from persons whose disability is long term. Any
3-13 issuance which, after subsequent review, shall be found to be inappropriate shall be revoked and
3-14 notice of the revocation shall be sent to the applicant.

3-15 (d) A person, other than a person with a disability, who for his or her own purposes uses
3-16 the parking privilege placard, shall be fined five hundred dollars (\$500) for each violation. A
3-17 person issued a special placard who uses the placard after expiration, or who shall allow
3-18 unauthorized use of the disability parking placard or sticker, may be subject to immediate
3-19 revocation of the use of the placard by the division of motor vehicles, and subject to a fine of five
3-20 hundred dollars (\$500).

3-21 (e) Disability parking spaces shall be designated and identified by the posting of signs
3-22 above ground level incorporating the international symbol of access of white on blue, and the
3-23 words "Handicapped Parking", "Disability Parking," "Disabled Parking," or "Reserved Parking"
3-24 at each space, at both ends of a row or series of adjacent disability parking spaces, or at the
3-25 entrance to a parking lot restricted to only disability parking.

3-26 (f) A person, other than a person issued a special placard or motorcycle sticker pursuant
3-27 to this section, who parks a vehicle in a parking space designated for persons with disabilities,
3-28 shall be fined: (1) one hundred dollars (\$100) for a first violation, (2) one hundred seventy-five
3-29 dollars (\$175) for a second violation, and (3) three hundred twenty-five dollars (\$325) for a third
3-30 or subsequent violation. The vehicle may be subject to towing at the owner's expense. Provided
3-31 further, that it shall not be unlawful for a person to park a vehicle in a space designated for person

3-32 with disabilities if that person is transporting a person who has been issued a special placard and
3-33 is properly displaying the placard on the vehicle.

3-34 (g) Enforcement of the parking provisions of this section shall be enforced by the local
4-1 or state authorities on public or private property when the location of the parking spaces is within
4-2 the purview of the State Building Code, chapter 27.3 of title 23.

4-3 (h) Definitions. - For the purpose of this section:

4-4 (1) "Disabled" or "disability" means a permanent or long-term impairment which
4-5 prevents or impedes walking, which shall include but not be limited to: (i) an impairment which
4-6 prevents walking and requires use of a wheelchair; (ii) an impairment which involuntarily causes
4-7 difficulty or insecurity in walking or climbing stairs with or without the need to use braces,
4-8 crutches, canes or artificial support; (iii) an impairment caused by amputation, arthritis, blindness
4-9 (including legally blind), or orthopedic condition; (iv) an impairment in respiratory, circulatory,
4-10 or neurological health which limits the person's walking capability; or (v) disabled veteran,
4-11 pursuant to section 31-6-8 after certification of eligibility from the Veterans' Administration or
4-12 other satisfactory documentation of eligibility is presented. Persons with disabilities may be
4-13 capable of working or may be presently working.

4-14 (2) "Long-term disability" means an impairment which is potentially reversible or may
4-15 improve with appropriate medical treatment. At the time of application and or renewal, the
4-16 impairment should not be expected to improve prior to the expiration of the certification, to a
4-17 point where the individual does not meet the provisions of subdivision (1) of this subsection.

4-18 (3) "Permanent disability" means an impairment which is non-reversible.

4-19 (4) "Temporary impairment" means an impairment which is expected to improve to a
4-20 point where the individual does not meet the provisions of subdivision (1) of this subsection,
4-21 within two (2) years of the application.

4-22 (i) The department of revenue shall inform each licensed driver of the certificate
4-23 procedures and parking restrictions of this section and sections 31-28-4 and 31-28-6, and a
4-24 facsimile of the portable placards and motorcycle stickers issued under this section shall be sent
4-25 to the enforcing authority of each state, and each enforcing authority shall be informed of the
4-26 parking restrictions of this section and sections 31-28-4 and 31-28-6. Recipients of disability
4-27 parking privilege placards shall also receive instructions on their use and the penalties for misuse,
4-28 when the placard is initially issued.

4-29 (j) Any person who makes, manufactures, offers for sale or knowingly uses a counterfeit
4-30 parking privilege placard shall be fined up to five hundred dollars (\$500) and/or forty (40) hours
4-31 of community restitution.

4-32 SECTION 2. This act shall take effect upon passage.

MOTION: To find beneficial if amended, to ensure easy access to arrange the photo without charge 09 H 5989 Relating to Motor and Other Vehicles -Parking Facilities and Privileges AP/JB passed, Abstain LG, LW

09 H 5932 Relating to Motor and Other Vehicles - Parking Facilities and Privileges Rep. Ucci Held for Further Study or Continued by the House Judiciary Committee

This act would require that disability parking signs include the words "report violators" as well as the non-emergency telephone number of the local police department. This act would take effect upon passage

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1-14 motorcycle sticker pursuant to this section shall be entitled to the immunities of sections 31-28-4
1-15 and 31-28-6. The placard shall conform to the Uniform Parking System for Disabled Drivers
1-16 standard issued by the United States Department of Transportation. If an application for a placard
1-17 or motorcycle sticker is denied, the division of motor vehicles shall promptly notify the applicant
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2-1 procedures for requesting a hearing to appeal the denial. Prior to the appeal hearing, the applicant
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2-7 where a physician certification has been provided, the division shall bear the burden of proof that
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3-24 entrance to a parking lot restricted to only disability parking. Disability parking signs shall
3-25 contain the words "report violators" and include the non-emergency telephone number of the
3-26 local police department.

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4-8 difficulty or insecurity in walking or climbing stairs with or without the need to use braces,
4-9 crutches, canes or artificial support; (iii) an impairment caused by amputation, arthritis, blindness
4-10 (including legally blind), or orthopedic condition; (iv) an impairment in respiratory, circulatory,
4-11 or neurological health which limits the person's walking capability; or (v) disabled veteran,
4-12 pursuant to section 31-6-8 after certification of eligibility from the Veterans' Administration or
4-13 other satisfactory documentation of eligibility is presented. Persons with disabilities may be
4-14 capable of working or may be presently working.

4-15 (2) "Long-term disability" means an impairment which is potentially reversible or may
4-16 improve with appropriate medical treatment. At the time of application and or renewal, the
4-17 impairment should not be expected to improve prior to the expiration of the certification, to a
4-18 point where the individual does not meet the provisions of subdivision (1) of this subsection.

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4-23 (i) The department of revenue shall inform each licensed driver of the certificate
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4-29 when the placard is initially issued.

4-30 (j) Any person who makes, manufactures, offers for sale or knowingly uses a counterfeit
4-31 parking privilege placard shall be fined up to five hundred dollars (\$500) and/or forty (40) hours
4-32 of community restitution.

5-1 SECTION 2. This act shall take effect upon passage.

MOTION: To take find beneficial if amended as proposed **09 H 5932 Relating to Motor and Other Vehicles - Parking Facilities and Privileges** BI/RC defeated Nay AP,JB,LG,LW,LD Yea BI,RC,SB,GR

2. Consideration of New Bills

Bob Cooper

Civil Rights

09 H 5171 Relating to Criminal Procedure -- Bail and Recognizance Rep. O'Neill Held for Further Study or Continued by the House Judiciary Committee

This act would provide for a psychological evaluation and review for a period not to exceed ten (10) days upon the order of a judge of competent jurisdiction with regard to an accused's right to release pending trial.

This act would take effect upon passage

1-1 SECTION 1. Section 12-13-1 of the General Laws in Chapter 12-13 entitled "Bail and
1-2 Recognizance" is hereby amended to read as follows:
1-3 **12-13-1. Right to release pending trial on giving of recognizance.** -- (a) Every person
1-4 who is held on any criminal process to answer to any indictment, information, or complaint
1-5 against him or her shall be released upon giving recognizance with sufficient surety or sureties
1-6 before a justice of the supreme or superior court or before a justice of the district court, when the
1-7 complaint is pending in that court or the person is held to answer to that court, in the sum named
1-8 in the process, if any has been named in it, and if none is named, then in any sum that the justice
1-9 shall deem reasonable, to appear before the court where the indictment, information, or complaint
1-10 is pending against him or her, or to which he or she may be bound over to appear, to answer to
1-11 the indictment, information, or complaint, and to answer to it whenever called upon so to do, and
1-12 abide the final order of the court, and in the meantime keep the peace and be of good behavior.
1-13 Any justice may take the recognizance in any place within the state, and the recognizance shall be
1-14 returned to the court to which the accused has recognized to appear.
1-15 (b) At the request of, or in consultation with a mental health professional, a judge may
1-16 order an individual held at a locked in-patient mental health facility for the purpose of evaluation
1-17 and treatment. The order shall not be extended beyond ten (10) days and may only be issued
1-18 when the alternative to such order is incarceration at the Adult Correctional Institutions.
1-19 (c) Any order entered pursuant to this section shall be reviewed within ten (10) days from
2-1 the time of commitment. At the hearing or review, a report from the mental health facility shall be
2-2 presented which shall set forth:
2-3 (1) An assessment of psychological functioning and all relevant diagnoses;
2-4 (2) All recommendations for treatment; and
2-5 (3) All available community services for implementation of the treatment plan.
2-6 SECTION 2. This act shall take effect upon passage.

To tabled until MHRH& RIDLC **09 H 5171 Relating to Criminal Procedure -- Bail and Recognizance** (what is the rationale?)

Disability Prevention

09 H 6021 Relating to Motor and Other Vehicles -- Motor Vehicle Offenses Rep. Marcello Referred to the House Judiciary Committee

This act would require the use of an ignition interlock system and would be applicable to individuals convicted of various driving offenses involving drugs or alcohol. This act would take effect upon passage.

1-1 SECTION 1. Section 31-27-2.8 of the General Laws in Chapter 31-27 entitled "Motor
1-2 Vehicle Offenses" is hereby amended to read as follows:
1-3 **31-27-2.8. Ignition interlock system imposed as part of sentence -- Requirements.** --
1-4 ~~Any person convicted under the provisions of section 31-27-2(d)(2) or (3) may be prohibited by~~
1-5 ~~the sentencing judge from operating a motor vehicle that is not equipped with an ignition~~
1-6 ~~interlock system for a period of not more than two (2) years following the completion of any~~
1-7 ~~sentence imposed pursuant to that section.~~
1-8 (a) Any person convicted under the provisions of section 31-27-2 shall, in addition to the
1-9 penalties contained in section 31-27-2, be prohibited from operating a motor vehicle which is not
1-10 equipped with an approved ignition interlock system for the following terms:

- 1-11 (1) A minimum period of six (6) months and a maximum period of one year for the first
 1-12 conviction;
 1-13 (2) A minimum period of one year and a maximum period of two (2) years for the
 1-14 second conviction;
 1-15 (3) A minimum period of five (5) years and a maximum period of ten (10) years for the
 1-16 third conviction;
 1-17 (4) A minimum period of ten (10) years and a maximum period of twenty (20) years for
 1-18 the fourth conviction.
 1-19 (b) Any person convicted pursuant to section 31-27-2 while transporting a person under
 2-1 eighteen (18) years of age shall be subject to a minimum of an additional six (6) months in
 2-2 addition to the terms specified in subsection (a).
 2-3 (c) Any person who drives in violation of an ignition interlock order, including altering
 2-4 or tampering with said device, shall be guilty of a felony punishable by a fine of one thousand
 2-5 dollars (\$1,000) and up to one year is prison.
 2-6 (d) Any person who drives with a suspended license and the reason for the suspension
 2-7 was a consequence of driving under the influence of drugs or alcohol, or refusal to submit to a
 2-8 chemical test, shall be subject to an additional six (6) months use of the ignition interlock system.
 2-9 (e) The department of motor vehicles shall promulgate rules and regulations regarding
 2-10 certification and installation of the interlock system. All costs associated with installation of said
 2-11 systems shall be borne by the person required to install said system. The department shall charge
 2-12 an administrative fee of one hundred dollars (\$100) to the person ordered to install said system.
 2-13 Said fee shall be apportioned to cover administrative costs and establishment of an ignition
 2-14 interlock devise fund available to indigent parties. The division of motor vehicles shall establish
 2-15 the criteria for individuals who qualify for utilization of said fund.
 2-16 SECTION 2. This act shall take effect upon passage.

MOTION: To find beneficial 09 H 6021 Relating to Motor and Other Vehicles -- Motor Vehicle Offenses RC/BI passed, Nay LW abstain EC

Financial Assistance

09 H 5983 Article 32 Relating to Public Assistance Act Rep. Watson Requested by the Governor Held for Further Study or Continued by the House Finance Committee

This article amends the act to include as eligible living situations under the Supplementary and Security Income (SSI) Program, state licensed assisted living residences and supportive residential care settings, meeting certain criteria established through rules or selective contraction. The state's monthly share of supplementary assistance to the supplementary security income program would be revised. Individuals living in state licensed assisted living facilities residence would continue to receive \$575. Individuals living in state licensed supportive residential care settings that, depending on the population served, meet the standards set by the department of human services in conjunction with the department(s) of children, youth and families, elderly affairs and/or mental health, retardation and hospitals would be reduced from \$575 to \$300. of the amount received individuals living in state licensed supportive residential care settings and assisted living residences who are receiving SSI would be allowed to retain a minimum personal needs allowance of \$55 per month from their SSI monthly benefit prior to payment of any monthly fees.

- 1-1 **ARTICLE 32**
 1-2 **RELATING TO PUBLIC ASSISTANCE ACT**
 1-3 SECTION 1. Section 40-6-27 of the General Laws in Chapter 40-6 entitled "Public
 1-4 Assistance Act" is hereby amended to read as follows:
 1-5 **40-6-27. Supplemental security income. --** (a)(1) The director of the department is
 1-6 hereby authorized to enter into agreements on behalf of the state with the secretary of the
 1-7 Department of Health and Human Services or other appropriate federal officials, under the
 1-8 supplementary and security income (SSI) program established by title XVI of the Social Security
 1-9 Act, 42 U.S.C. § 1381 et seq., concerning the administration and determination of eligibility for
 1-10 SSI benefits for residents of this state, except as otherwise provided in this section. The state's
 1-11 monthly share of supplementary assistance to the supplementary security income program

1-12 effective January 1, 2003, shall be as follows:

1-13 (i) Individual living alone: \$57.35

1-14 (ii) Individual living with others: \$69.94

1-15 (iii) Couple living alone: \$108.50

1-16 (iv) Couple living with others: \$128.50

1-17 (v) Individual living in state licensed ~~residential care and~~ assisted living facilities

1-18 ~~residence~~: \$ 575.00

1-19 (vi) Individual living in state licensed supportive residential care settings that, depending
1-20 on the population served, meet the standards set by the department of human services in
1-21 conjunction with the department(s) of children, youth and families, elderly affairs and/or mental
1-22 health, retardation and hospitals: \$300.00.

1-23 Provided, however, that the department of human services shall by regulation reduce,
1-24 effective January 1, 2009, the state's monthly share of supplementary assistance to the
1-25 supplementary security income program for each of the above listed payment levels, by the same
1-26 value as the annual federal cost of living adjustment to be published by the federal social security
1-27 administration in October 2008 and becoming effective on January 1, 2009, as determined under
1-28 the provisions of title XVI of the federal social security act [42 U.S.C. § 1381 et seq.]; and
1-29 provided further, that it is the intent of the general assembly that the January 1, 2009 reduction in
1-30 the state's monthly share shall not cause a reduction in the combined federal and state payment
2-1 level for each category of recipients in effect in the month of December 2008; and provided
2-2 further, that the department of human services is authorized and directed to provide for payments
2-3 to recipients in accordance with the above directives beginning January 1, 2009 pending formal
2-4 revisions to the above table of payment levels by the general assembly during the 2009 session of
2-5 the general assembly.

2-6 (2) Individuals living in institutions shall receive a twenty dollar (\$20.00) per month
2-7 personal needs allowance from the state which shall be in addition to the personal needs
2-8 allowance allowed by the Social Security Act, 42 U.S.C. § 301 et seq.

2-9 (3) Individuals living in state licensed supportive residential care settings and assisted
2-10 living facilities residences who are receiving SSI shall be allowed to retain a minimum personal
2-11 needs allowance of fifty-five dollars (\$55.00) per month from their SSI monthly benefit prior to
2-12 payment of ~~the residential care and assisted living facility~~ any monthly fee fees.

2-13 (4) To ensure that supportive residential care or an assisted living residence is a safe and
2-14 appropriate service setting, The the department is authorized and directed to establish rules for
2-15 make a determination of the medical need and whether a setting provides the appropriate services
2-16 screening and assessment procedures and eligibility criteria for those persons who:

2-17 (i) Have applied for or are receiving SSI, and who apply for admission to supportive
2-18 residential care setting and assisted living facilities residences on or after October 1, 1998; or

2-19 (ii) Who are residing in supportive residential care settings and assisted living facilities
2-20 residences, and who apply for or begin to receive SSI on or after October 1, 1998.

2-21 (5) ~~The department shall collaborate with the department of elderly affairs to design~~
2-22 ~~and implement the screening and assessment procedures as required in the above section.~~ The
2-23 process for determining medical need required by subsection (4) of this section shall be
2-24 developed by the office of health and human services in collaboration with the departments of
2-25 that office and shall be implemented in a manner that furthers the goals of establishing a
2-26 statewide coordinated long-term care entry system as required pursuant to the Global Consumer
2-27 Choice Compact Waiver.

2-28 (6) To assure access to high quality coordinated services, the department is further
2-29 authorized and directed to establish rules specifying the payment certification standards that must
2-30 be met by those state licensed supportive residential care settings and assisted living residences
2-31 admitting or serving any persons eligible for state-funded supplementary assistance under this
2-32 section. Such payment certification standards shall define:

2-33 (i) The scope and frequency of resident assessments, the development and
2-34 implementation of individualized service plans, staffing levels and qualifications, resident
3-1 monitoring, service coordination, safety risk management and disclosure, and any other related

3-2 areas;
 3-3 (ii) The procedures for determining whether the payment certifications standards have
 3-4 been met; and
 3-5 (iii) The criteria and process for granting a one time, short-term good cause exemption
 3-6 from the payment certification standards to a licensed supportive residential care setting or
 3-7 assisted living residence that provides documented evidence indicating that meeting or failing to
 3-8 meet said standards poses an undue hardship on any person eligible under this section who is a
 3-9 prospective or current resident.
 3-10 (7) The payment certification standards required by this section shall be developed in
 3-11 collaboration by the departments, under the direction of the executive office of health and human
 3-12 services, so as to ensure that they comply with applicable licensure regulations either in effect or
 3-13 in development.
 3-14 (b) The department is authorized and directed to provide additional assistance to
 3-15 individuals eligible for SSI benefits for:
 3-16 (1) Moving costs or other expenses as a result of an emergency of a catastrophic nature
 3-17 which is defined as a fire or natural disaster; and
 3-18 (2) Lost or stolen SSI benefit checks or proceeds of them; and
 3-19 (3) Assistance payments to SSI eligible individuals in need because of the application of
 3-20 federal SSI regulations regarding estranged spouses; and the department shall provide such
 3-21 assistance in a form and amount, which the department shall by regulation determine.
 3-22 SECTION 2. This article shall take effect upon passage.

To table for definition of license supportive residential care settings **09 H 5983 Article 32 Relating to Public Assistance Act**

09 H 6073 Relating to Motor Vehicles-Registration of Motor Vehicles-Breast Cancer Support License Plates Rep. Gemma Referred to the House Constituent Services Committee

This act would make available special license plates for breast cancer support. Proceeds would benefit the Rhode Island Breast Cancer Coalition. This act would take effect upon passage.

1-1 SECTION 1. Chapter 31-3 of the General Laws entitled "Registration of Vehicles" is
 1-2 hereby amended by adding thereto the following section:
 1-3 **31-3-82. Special plate for breast cancer support.** -- (a) The administrator of the
 1-4 division of motor vehicles is empowered to make available a special motor vehicle plate
 1-5 recognizing support for victims and survivors of breast cancer. The plate shall bear the
 1-6 designation "Breast Cancer Support" and shall bear the pink ribbon associated with breast cancer
 1-7 support. The special plate shall be displayed upon the same registration number assigned to the
 1-8 vehicle for which it was issued and shall be used in place of and in the same manner as the
 1-9 registration plates issued to the vehicle. The original registration plates for the vehicle shall be
 1-10 removed from the vehicle and the registration certificate for the plates shall be carried in the
 1-11 vehicle, in accordance with section 31-3-9. The registration certificate shall be in effect for the
 1-12 special plate.
 1-13 (b) A special automobile or commercial breast cancer support plate shall be issued upon
 1-14 application using forms furnished by the administrator upon payment in addition to the regular
 1-15 prescribed motor vehicle registration fee, and a service charge of forty dollars (\$40.00) for each
 1-16 issue. The service charge shall be paid to the administrator prior to the administrator's acceptance
 1-17 of the application. Twenty dollars (\$20.00) of the service charge shall be paid to the Rhode Island
 1-18 Breast Cancer Coalition and twenty dollars (\$20.00) shall be allocated to the division of motor
 2-1 vehicles for its costs in manufacturing and distributing the special plates.
 2-2 SECTION 2. This act shall take effect upon passage.

MOTION: To take find beneficial 09 H 6073 Relating to Motor Vehicles-Registration of Motor Vehicles-Breast Cancer Support License Plates RC/BI passed, Abstain KMcCB

Health Care Services

09 H 6087 Relating to Insurance -Insurance Coverage for Mental Illness and Substance Abuse Rep.

Wasylyk Referred to the House Health, Education, & Welfare Committee

This act would expand the definition of mental illness for insurance coverage to include eating disorders.

This act would take effect upon passage.

1-1 SECTION 1. Section 27-38.2-2 of the General Laws in Chapter 27-38.2 entitled

1-2 "Insurance Coverage for Mental Illness and Substance Abuse" is hereby amended to read as
1-3 follows:

1-4 **27-38.2-2. Definitions.** -- For the purposes of this chapter, the following words and terms
1-5 have the following meanings:

1-6 (1) "Health insurers" means all persons, firms, corporations, or other organizations
1-7 offering and assuring health services on a prepaid or primarily expense-incurred basis, including
1-8 but not limited to policies of accident or sickness insurance, as defined by chapter 18 of this title,
1-9 nonprofit hospital or medical service plans, whether organized under chapter 19 or 20 of this title
1-10 or under any public law or by special act of the general assembly, health maintenance
1-11 organizations, or any other entity which insures or reimburses for diagnostic, therapeutic, or
1-12 preventive services to a determined population on the basis of a periodic premium. Provided, this
1-13 chapter does not apply to insurance coverage providing benefits for:

1-14 (i) Hospital confinement indemnity;

1-15 (ii) Disability income;

1-16 (iii) Accident only;

1-17 (iv) Long-term care;

1-18 (v) Medicare supplement;

2-1 (vi) Limited benefit health;

2-2 (vii) Specific disease indemnity;

2-3 (viii) Sickness or bodily injury or death by accident or both; and

2-4 (ix) Other limited benefit policies.

2-5 (2) "Mental illness" means any mental disorder and substance abuse disorder that is
2-6 listed in the most recent revised publication or the most updated volume of either the Diagnostic
2-7 and Statistical Manual of Mental Disorders (DSM) published by the American Psychiatric
2-8 Association or the International Classification of Disease Manual (ICD) published by the World
2-9 Health Organization and that substantially limits the life activities of the person with the illness
2-10 including eating disorders as so defined therein; provided, that tobacco and caffeine are excluded
2-11 from the definition of "substance" for the purposes of this chapter. "Mental illness" shall not
2-12 include: (i) mental retardation, (ii) learning disorders, (iii) motor skills disorders, (iv)
2-13 communication disorders, and (v) mental disorders classified as "V" codes. Nothing shall
2-14 preclude persons with these conditions from receiving benefits provided under this chapter for
2-15 any other diagnoses covered by this chapter.

2-16 (3) "Mental illness coverage" means inpatient hospitalization, partial hospitalization
2-17 provided in a hospital or any other licensed facility, intensive out patient services, outpatient
2-18 services and community residential care services for substance abuse treatment. It shall not
2-19 include methadone maintenance services or community residential care services for mental
2-20 illnesses other than substance abuse disorders.

2-21 (4) "Outpatient services" means office visits that provide for the treatment of mental
2-22 illness and substance abuse.

2-23 (5) "Community residential care services" mean those facilities as defined and licensed
2-24 in accordance with chapter 24 of title 40.1.

2-25 SECTION 2. This act shall take effect upon passage.

MOTION: To take find beneficial 09 H 6087 Relating to Insurance -Insurance Coverage for Mental Illness and Substance Abuse GR/BI passed, abstain LW

09 H 5983 Article 28 Relating to the Children's Health Insurance Program Rep. Watson Requested by the Governor Held for Further Study or Continued by the House Finance Committee
This article amends the general laws to effect changes in the State Children's Health Insurance Program, commensurate with those required under the Children's Health Insurance Reauthorization Act of 2009. Medical assistance would be provided to a non citizen child who was lawfully admitted for permanent residence on or after August 22, 1996 or who first becomes otherwise entitled to reside in the United States on or after August 22, 1996

1-1 **ARTICLE 28**

1-2 **RELATING TO CHILDREN'S HEALTH INSURANCE PROGRAM**

1-3 SECTION 1. Section 40-8-1 of the General Laws in Chapter 40-8 entitled "Medical
1-4 Assistance" is hereby amended to read as follows:

1-5 **40-8-1. Declaration of policy.** -- (a) Whereas, in the state of Rhode Island there are
1-6 many persons who do not have sufficient income and resources to meet the cost of medical care
1-7 and who, except for income and resource requirements, would be eligible for aid or assistance
1-8 under § 40-5.1-9 or § 40-6-27; and

1-9 (b) Whereas, it is in the best interest of all the citizens of this state to promote the
1-10 welfare of persons with the characteristics of persons eligible to receive public assistance and
1-11 ensure that they will receive adequate medical care and treatment in time of need;

1-12 (c) Now, therefore, it is declared to be the policy of this state to provide medical
1-13 assistance for those persons in this state who possess the characteristics of persons receiving
1-14 public assistance under the provisions of § 40-5.1-9 or § 40-6-27, and who do not have the
1-15 income and resources to provide it for themselves or who can do so only at great financial
1-16 sacrifice. Provided, further, that such medical assistance, must qualify for federal financial
1-17 participation pursuant to the provisions of Title XIX of the federal Social Security Act, 42 U.S.C.
1-18 § 1396 et seq., as such provisions apply to medically needy only applicants and recipients.

1-19 (d) Medical assistance shall be provided under this chapter without regard to the
1-20 availability of federal financial participation: (1) to a person who does not meet the citizenship or
1-21 alienage criteria under Title XIX of the Social Security Act, 42 U.S.C. § 1396 et seq., and who
1-22 was lawfully residing in the United States before August 22, 1996 and who was a resident of this
1-23 state prior to July 1, 1997; and provided, however, that such person meets all other eligibility
1-24 requirements under this chapter or under Title XIX or Title XXI of the Social Security Act.

1-25 (e) Medical assistance shall also be provided under this chapter to a non citizen child
1-26 who was lawfully admitted for permanent residence on or after August 22, 1996 or who first
1-27 becomes otherwise entitled to reside in the United States on or after August 22, 1996; provided,
1-28 however, that such person meets all other eligibility requirements under this chapter or under
1-29 Title XIX or Title XXI of the Social Security Act.

1-30 SECTION 2. Sections 40-8.4-2, 40-8.4-4, and 40-8.4-12 of the General Laws in
2-1 Chapter 40-8.4 entitled "Health Care for Families" are hereby amended to read as follows:

2-2 **40-8.4-2. Purpose.** -- It is the intent of the general assembly to continue to meet the goal
2-3 established in 1993 pursuant to § 42-12.3-1 to assure access to comprehensive health care by
2-4 providing or creating access to health insurance to all Rhode Islanders who are uninsured. Over
2-5 the course of several years, health insurance through the RIte Care program has been extended to
2-6 pregnant women and children living in families whose income is less than two hundred fifty
2-7 percent (250%) of the federal poverty level. Many of the parents of these children are uninsured
2-8 and without the means to purchase health insurance. Federal funds are available to help pay for
2-9 health insurance for low-income families through the medical assistance program under § 1931 of
2-10 Title XIX of the Social Security Act, 42 U.S.C. § 1396u-1, which de-links medical assistance
2-11 from cash assistance and allows for expanded income and resource methodologies. It is the intent
2-12 of the general assembly, therefore, to implement § 1931 of Title XIX of the Social Security Act
2-13 and in addition to provide expanded access to health insurance for eligible families. Federal funds
2-14 for some children and ~~their parents~~ pregnant women may also be available under Title XXI of the
2-15 Social Security Act, 42 U.S.C. § 1397 aa et seq., and it is further the intent of the general
2-16 assembly to access these funds as appropriate and as authorized in accordance with the legal
2-17 authority provided by the Children's Health Insurance Program Reauthorization Act of 2009
2-18 (CHIPRA), and Title XXI of the Social Security Act, 42 U.S.C. § 1397 et seq.

2-19 **40-8.4-4. Eligibility.** -- (a) Medical assistance for families. There is hereby established a
2-20 category of medical assistance eligibility pursuant to § 1931 of Title XIX of the Social Security
2-21 Act, 42 U.S.C. § 1396u-1, for families whose income and resources are no greater than the
2-22 standards in effect in the aid to families with dependent children program on July 16, 1996 or
2-23 such increased standards as the department may determine. The department of human services is
2-24 directed to amend the medical assistance Title XIX state plan and to submit to the U.S.

2-25 Department of Health and Human Services an amendment to the RIte Care waiver project to
2-26 provide for medical assistance coverage to families under this chapter in the same amount, scope
2-27 and duration as coverage provided to comparable groups under the waiver. The department is
2-28 further authorized and directed to submit such amendments and/or requests for waivers to the
2-29 Title XXI state plan as may be necessary to maximize federal contribution for provision of
2-30 medical assistance coverage ~~under this chapter provided pursuant to this chapter, including~~
2-31 ~~providing medical coverage as a “qualified state” in accordance with Title XXI of the Social~~
2-32 ~~Security Act, 42 U.S.C. § 1397 et seq. However, implementation~~ Implementation of expanded
2-33 coverage under this chapter shall not be delayed pending federal review of any Title XXI
2-34 amendment or waiver.

3-1 (b) Income. The director of the department of human services is authorized and directed
3-2 to amend the medical assistance Title XIX state plan or RIte Care waiver to provide medical
3-3 assistance coverage through expanded income disregards or other methodology for parents or
3-4 relative caretakers whose income levels are below one hundred seventy-five percent (175%) of
3-5 the federal poverty level.

3-6 (c) Waiver. The department of human services is authorized and directed to apply for and
3-7 obtain appropriate waivers from the Secretary of the U.S. Department of Health and Human
3-8 Services, including, but not limited to, a waiver of the appropriate provisions of Title XIX, to
3-9 require that individuals with incomes equal to or greater than one hundred thirty-three percent
3-10 (133%) of the federal poverty level pay a share of the costs of their medical assistance coverage
3-11 provided through enrollment in either the RIte Care Program or under the premium assistance
3-12 program under § 40-8.4-12, in a manner and at an amount consistent with comparable cost-
3-13 sharing provisions under § 40-8.4-12, provided that such cost sharing shall not exceed five
3-14 percent (5%) of annual income for those with annual income in excess of one hundred thirty-three
3-15 percent (133%); and provided, further, that cost-sharing shall not be required for pregnant women
3-16 or children under age one.

3-17 **40-8.4-12. RIte Share Health Insurance Premium Assistance Program.** -- (1) The
3-18 department of human services is authorized and directed to amend the medical assistance Title
3-19 XIX state plan to implement the provisions of § 1906 of Title XIX of the Social Security Act, 42
3-20 U.S.C. § 1396e, and establish the Rhode Island health insurance premium assistance program for
3-21 RIte Care eligible parents with incomes up to one hundred seventy-five percent (175%) of the
3-22 federal poverty level who have access to employer-based health insurance. The state plan
3-23 amendment shall require eligible individuals with access to employer-based health insurance to
3-24 enroll themselves and/or their family in the employer-based health insurance plan as a condition
3-25 of participation in the RIte Share program under this chapter and as a condition of retaining
3-26 eligibility for medical assistance under chapters 5.1 and 8.4 of this title and/or chapter 12.3 of title
3-27 42 and/or premium assistance under this chapter, provided that doing so meets the criteria
3-28 established in § 1906 of Title XIX for obtaining federal matching funds and the department has
3-29 determined that the individual's and/or the family's enrollment in the employer-based health
3-30 insurance plan is cost-effective and the department has determined that the employer-based health
3-31 insurance plan meets the criteria set forth in subsection (d). The department shall provide
3-32 premium assistance by paying all or a portion of the employee's cost for covering the eligible
3-33 individual or his or her family under the employer-based health insurance plan, subject to the cost
3-34 sharing provisions in subsection (b), and provided that the premium assistance is cost-effective in
4-1 accordance with Title XIX, 42 U.S.C. § 1396 et seq.

4-2 (b) Individuals who can afford it shall share in the cost. The department of human
4-3 services is authorized and directed to apply for and obtain any necessary waivers from the
4-4 secretary of the United States Department of Health and Human Services, including, but not
4-5 limited to, a waiver of the appropriate sections of Title XIX, 42 U.S.C. § 1396 et seq., to require
4-6 that individuals eligible for RIte Care under this chapter or chapter 12.3 of title 42 with incomes
4-7 equal to or greater than one hundred thirty-three percent (133%) of the federal poverty level pay a
4-8 share of the costs of health insurance based on the individual's ability to pay, provided that the
4-9 cost sharing shall not exceed five percent (5%) of the individual's annual income. The department
4-10 of human services shall implement the cost-sharing by regulation, and shall consider co-

4-11 payments, premium shares or other reasonable means to do so.

4-12 (c) Current RIte Care enrollees with access to employer-based health insurance. The
4-13 department of human services shall require any individual who receives RIte Care or whose
4-14 family receives RIte Care on the effective date of the applicable regulations adopted in
4-15 accordance with subsection (f) to enroll in an employer-based health insurance plan at the
4-16 individual's eligibility redetermination date or at an earlier date determined by the department,
4-17 provided that doing so meets the criteria established in the applicable sections of Title XIX, 42
4-18 U.S.C. § 1396 et seq., for obtaining federal matching funds and the department has determined
4-19 that the individual's and/or the family's enrollment in the employer-based health insurance plan is
4-20 cost-effective and has determined that the health insurance plan meets the criteria in subsection
4-21 (d). The insurer shall accept the enrollment of the individual and/or the family in the employer-
4-22 based health insurance plan without regard to any enrollment season restrictions.

4-23 (d) Approval of health insurance plans for premium assistance. The department of
4-24 human services shall adopt regulations providing for the approval of employer-based health
4-25 insurance plans for premium assistance and shall approve employer-based health insurance plans
4-26 based on these regulations. In order for an employer-based health insurance plan to gain approval,
4-27 the department must determine that the benefits offered by the employer-based health insurance
4-28 plan are substantially similar in amount, scope, and duration to the benefits provided to RIte Care
4-29 eligible persons by the RIte Care program, when the plan is evaluated in conjunction with
4-30 available supplemental benefits provided by the department. The department shall obtain and
4-31 make available to persons otherwise eligible for RIte Care as supplemental benefits those benefits
4-32 not reasonably available under employer-based health insurance plans which are required for RIte
4-33 Care eligible persons by state law or federal law or regulation.

4-34 (e) Maximization of federal contribution. The department of human services is
5-1 authorized and directed to apply for and obtain federal approvals and waivers necessary to
5-2 maximize the federal contribution for provision of medical assistance coverage under this section,
5-3 including the authorization to amend the Title XXI state plan and to obtain any waivers
5-4 necessary to reduce barriers to provide premium assistance to recipients as provided for in Title
5-5 XXI of the Social Security Act, 42 U.S.C. § 1397 et seq.

5-6 (f) Implementation by regulation. The department of human services is authorized and
5-7 directed to adopt regulations to ensure the establishment and implementation of the premium
5-8 assistance program in accordance with the intent and purpose of this section, the requirements of
5-9 Title XIX, Title XXI and any approved federal waivers.

5-10 SECTION 3. Sections 42-12.3-3, 42-12.3-4 and 42-12.3-15 of the General Laws in
5-11 Chapter 42-12 entitled "Health Care for Children and Pregnant Women" are hereby amended to
5-12 read as follows:

5-13 **42-12.3-3. Medical assistance expansion for pregnant women/RIte Start.** -- (a) The
5-14 director of the department of human services is authorized to amend its title XIX state plan
5-15 pursuant to title XIX of the Social Security Act to provide Medicaid coverage and to amend its
5-16 title XXI state plan pursuant to Title XXI of the Social Security Act to provide medical assistance
5-17 coverage through expanded family income disregards for pregnant women whose family income
5-18 levels are between one hundred eighty-five percent (85%) and two hundred fifty percent (250%)
5-19 of the federal poverty level. The department is further authorized to promulgate any regulations
5-20 necessary and in accord with title XIX [42 U.S.C. § 1396 et seq.] and title XXI [42 U.S.C. § 1397
5-21 et seq.] of the Social Security Act necessary in order to implement said state plan amendment.
5-22 The services provided shall be in accord with title XIX [42 U.S.C. § 1396 et seq.] and title XXI
5-23 [42 U.S.C. §1397 et seq.] of the Social Security Act.

5-24 (b) The director of the department of human services is authorized and directed to
5-25 establish a payor of last resort program to cover prenatal, delivery and postpartum care. The
5-26 program shall cover the cost of maternity care for any woman who lacks health insurance
5-27 coverage for maternity care and who is not eligible for medical assistance under title XIX [42
5-28 U.S.C. § 1396 et seq.] and title XXI [42 U.S.C. §1397 et seq.] of the Social Security Act
5-29 including, but not limited to, a non-citizen pregnant woman lawfully admitted for permanent
5-30 residence on or after August 22, 1996, without regard to the availability of federal financial

5-31 participation, provided such pregnant woman satisfies all other eligibility requirements. The
5-32 director shall promulgate regulations to implement this program. Such regulations shall include
5-33 specific eligibility criteria; the scope of services to be covered; procedures for administration and
5-34 service delivery; referrals for non-covered services; outreach; and public education. Excluded
6-1 services under this paragraph will include, but not be limited to, induced abortion except to
6-2 prevent the death of the mother.

6-3 (c) The department of human services may enter into cooperative agreements with the
6-4 department of health and/or other state agencies to provide services to individuals eligible for
6-5 services under subsections (a) and (b) above.

6-6 (d) The following services shall be provided through the program:

6-7 (1) Ante-partum and postpartum care;

6-8 (2) Delivery;

6-9 (3) Cesarean section;

6-10 (4) Newborn hospital care;

6-11 (5) Inpatient transportation from one hospital to another when authorized by a medical
6-12 provider;

6-13 (6) Prescription medications and laboratory tests;

6-14 (e) The department of human services shall provide enhanced services, as appropriate,
6-15 to pregnant women as defined in subsections (a) and (b), as well as to other pregnant women
6-16 eligible for medical assistance. These services shall include: care coordination, nutrition and
6-17 social service counseling, high risk obstetrical care, childbirth and parenting preparation
6-18 programs, smoking cessation programs, outpatient counseling for drug-alcohol use, interpreter
6-19 services, mental health services, and home visitation. The provision of enhanced services is
6-20 subject to available appropriations. In the event that appropriations are not adequate for the
6-21 provision of these services, the department has the authority to limit the amount, scope and
6-22 duration of these enhanced services.

6-23 (f) The department of human services shall provide for extended family planning
6-24 services for up to twenty-four (24) months postpartum. These services shall be available to
6-25 women who have been determined eligible for RIte Start or for medical assistance under title XIX
6-26 [42 U.S.C. § 1396 et seq.] or title XXI [42 U.S.C. §1397 et seq.] of the Social Security Act.

6-27 **42-12.3-4. "RIte track" program.** -- There is hereby established a payor of last resort
6-28 program for comprehensive health care for children until they reach nineteen (19) years of age, to
6-29 be known as "RIte track". The department of human services is hereby authorized to amend its
6-30 title XIX state plan pursuant to title XIX [42 U.S.C. § 1396 et seq.] and title XXI [42 U.S.C.
6-31 §1397 et seq.] of the Social Security Act as necessary to provide for expanded Medicaid coverage
6-32 through expanded family income disregards for children, until they reach nineteen (19) years of
6-33 age, whose family income levels are up to two hundred fifty percent (250%) of the federal
6-34 poverty level. Provided, however, that health care coverage provided under this section shall also
7-1 be provided in accordance to Title XIX of the Social Security Act, 42 U.S.C. § 1396 et seq., to a
7-2 non citizen child who is lawfully residing in the United States, and who is otherwise eligible for
7-3 such assistance. The department is further authorized to promulgate any regulations necessary,
7-4 and in accord with title XIX [42 U.S.C. § 1396 et seq.] and title XXI [42 U.S.C. §1397 et seq.] of
7-5 the Social Security Act as necessary in order to implement the state plan amendment. For those
7-6 children who lack health insurance, and whose family incomes are in excess of two hundred fifty
7-7 percent (250%) of the federal poverty level, the department of human services shall promulgate
7-8 necessary regulations to implement the program. The department of human services is further
7-9 directed to ascertain and promulgate the scope of services that will be available to those children
7-10 whose family income exceeds the maximum family income specified in the approved title XIX
7-11 [42 U.S.C. § 1396 et seq.] and title XXI [42 U.S.C. §1397 et seq.] state plan amendment.

7-12 **42-12.3-15. Expansion of RIte track program.** -- The Department of Human Services
7-13 is hereby authorized and directed to submit to the United States Department of Health and Human
7-14 Services an amendment to the "RIte Care" waiver project number 11-W-0004/1-01 to provide for
7-15 expanded Medicaid coverage for children until they reach eight (8) years of age, whose family
7-16 income levels are to two hundred fifty percent (250%) of the federal poverty level. Expansion of

7-17 the RIte track program from the age of six (6) until they reach eighteen (18) years of age in
7-18 accordance with this chapter shall be subject to the approval of the amended waiver by the United
7-19 States Department of Health and Human Services. Health care coverage under this section shall
7-20 also be provided to a non-citizen child lawfully residing in the United States, and who is
7-21 otherwise eligible for such assistance under title XIX [42 U.S.C. § 1396 et seq.] or title XXI [42
7-22 U.S.C. §1397 et seq.]
7-23 SECTION 4. This article shall take effect upon passage.

MOTION: To recommend the Commission *supports* 09 H 5983 Article 28 Relating to the Children’s Health Insurance Program AP/BI passed unanimously

09 H 5983 Article 29 Relating to Diagnosis Related Groups Rep. Watson Requested by the Governor Held for Further Study or Continued by the House Finance Committee
This article would repeal the provisions of: § 40-8-13.1. Reimbursement for out-of-state hospital services; § 40-8-13.2. Prospective rate methodology for in-state hospital services; and § 27-19-14. Negotiation of hospital cost. They would be replaced with a new payment methodology utilizing the Diagnosis Related Groups (DRG) method of payment to hospitals.

ARTICLE 29

RELATING TO DIAGNOSIS RELATED GROUPS

SECTION 1. Sections 40-8-13.1 and 40-8-13.2 of the General Laws in Charter 40-8 entitled “Medical Assistance” are hereby amended to read as follows:

40-8-13.1. Reimbursement for out-of-state hospital services. -- (a) The department of human services is hereby authorized and directed to amend, effective July 1, 1995, its regulations, fee schedules and the Rhode Island state plan for medical assistance (Medicaid) pursuant to Title XIX of the federal Social Security Act to provide for reimbursement to out-of-state hospitals for services provided to eligible recipients in accordance with this section.

(b) Authorized inpatient hospital services shall be reimbursed at a rate equal to fifty percent (50%) of the out-of-state hospital's customary charge(s) for such services to Title XIX recipients in that state; provided, however, that in-patient hospital organ transplant services shall be reimbursed at sixty-one percent (61%) of the out-of-state hospital's customary charge(s) for such organ transplant services to Title XIX recipients in that state. Authorized outpatient hospital services (other than laboratory services) shall be reimbursed at a rate equal to fifty-three percent (53%) of the out-of-state hospital's customary charge(s) for such services to Title XIX recipients in that state; outpatient laboratory services shall be reimbursed at the Medicare allowable rate.

(c) The department may periodically adjust the inpatient and/or outpatient service reimbursement rate(s) based upon a medical care cost index to be determined by the department.

(d) The provisions of this section shall be repealed upon the promulgation of amendments and new methodology pursuant to sections 40-8-13.3 and 40-8-13.4, but in any event no later than March 30, 2010.

40-8-13.2. Prospective rate methodology for in-state hospital services. -- As a condition of participation in the established prospective rate methodology for reimbursement of in-state hospital services, every hospital shall submit year-end settlement reports to the department within one year from the close of a hospital's fiscal year. In the event that a participating hospital fails to timely submit a year-end settlement report as required, the department shall withhold financial cycle payments due by any state agency with respect to this hospital by not more than ten percent (10%) until the report is received. The provisions of this section shall be repealed upon the promulgation of amendments and new methodology pursuant to sections 40-8-13.3 and 40-8-13.4, but in any event no later than March 30, 2010.

SECTION 2. Chapter 40-8 of the General Laws entitled “Medical Assistance” is hereby amended by adding thereto the following sections:

40-8-13.3. Payment for Services provided by in state and out of state hospitals.-- (a) The department of human services and/or the secretary of executive office of health and human services is hereby authorized and directed to amend its rules and regulations and amend the Rhode Island state plan for medical assistance (Medicaid) pursuant to Title XIX of the federal Social Security Act in order to provide for payment to hospitals for services provided to eligible

2-9 recipients in accordance with this chapter. The provisions of this section shall be effective upon
2-10 the promulgation of the amendments and new payment methodology pursuant to this section and
2-11 section 40-8-13.4, which shall in any event be no later than March 30, 2010, at which time the
2-12 provisions of sections 40-8-13.2, 27-19-14, 27-19-15 and 27-19-16 shall be repealed in their
2-13 entirety.

2-14 **40-8-13.4. Rate methodology for payment for in state and out of state hospital**
2-15 **services.--**

2-16 (a) The department of human services shall implement a new methodology for payment
2-17 for in state and out of state hospital services in order to ensure access to and the provision of high
2-18 quality and cost-effective hospital care to its eligible recipients.

2-19 (b) In order to improve efficiency and cost effectiveness, the department of human
2-20 services shall:

2-21 (1) With respect to inpatient services: Implement a new payment methodology for
2-22 inpatient services utilizing the Diagnosis Related Groups (DRG) method of payment, which is, a
2-23 patient classification method which provides a means of relating payment to the hospitals to the
2-24 type of patients cared for by the hospitals. It is understood that a payment method based on
2-25 Diagnosis Related Groups may include cost outlier payments and other specific exceptions.

2-26 (2) With respect to outpatient services. Notwithstanding any provisions of the law to the
2-27 contrary, the department will reimburse hospitals for outpatient services using a rate methodology
2-28 determined by the department and in accordance with federal regulations.

2-29 (c) It is intended that payment utilizing the Diagnosis Related Groups method shall
2-30 reward hospitals for providing the most efficient care, and provide the department the opportunity
2-31 to conduct value based purchasing of inpatient care.

2-32 (d) The director of the department of human services and/or the secretary of executive
2-33 office of health and human services is hereby authorized to promulgate such rules and regulations
2-34 consistent with this chapter, and to establish fiscal procedures he or she deems necessary for the
3-1 proper implementation and administration of this chapter in order to provide payment to hospitals
3-2 using the Diagnosis Related Group payment methodology. Furthermore, amendment of the
3-3 Rhode Island state plan for medical assistance (Medicaid) pursuant to Title XIX of the federal
3-4 Social Security Act is hereby authorized to provide for payment to hospitals for services provided
3-5 to eligible recipients in accordance with this chapter.

3-6 (e) The department shall comply with all public notice requirements necessary to
3-7 implement these rate changes.

3-8 (f) As a condition of participation in the DRG methodology for payment of hospital
3-9 services, every hospital shall submit year-end settlement reports to the department within one
3-10 year from the close of a hospital's fiscal year. Should a participating hospital fail to timely submit
3-11 a year-end settlement report as required by this section, the department shall withhold financial
3-12 cycle payments due by any state agency with respect to this hospital by not more than ten percent
3-13 (10%) until said report is submitted.

3-14 (g) The provisions of this section shall be effective upon implementation of the
3-15 amendments and new payment methodology pursuant to this section and section 40-8-13.3,
3-16 which shall in any event be no later than March 30, 2010, at which time the provisions of sections
3-17 40-8-13.2, 27-19-14, 27-19-15 and 27-19-16 shall be repealed in their entirety.

3-18 SECTION 3. Sections 27-19-14, 27-19-15 and 27-19-16 of the General Laws in Chapter
3-19 27-19 entitled "Nonprofit Hospital Service Corporations" are hereby amended to read as follows:

3-20 **27-19-14. Negotiation of hospital cost.--** The state, acting through the budget officer
3-21 or his or her designated representative, hospitals, and hospital service corporations incorporated
3-22 under this chapter shall be parties to annual budget negotiations held for the purpose of
3-23 determining payment rates for hospital costs by the state and those corporations. The parties to
3-24 the negotiations shall know the total operating expenses for hospitals. The negotiations shall
3-25 commence no later than one hundred eighty (180) days prior to the beginning of each hospital
3-26 fiscal year. The negotiations, which shall be considered collective bargaining for the purposes of
3-27 § 42-46-5(a)(2), shall be held for each hospital fiscal year and individual budget negotiations
3-28 shall commence not later than ninety (90) days prior to the beginning of each hospital fiscal year.

3-29 The parties shall employ mediation and arbitration services-as an aid to the negotiations. The
3-30 provisions of this section shall be repealed upon the implementation of amendments and new
3-31 methodology pursuant to sections 40-8-13.3 and 40-8-13.4, but in any event no later than March
3-32 30, 2010.

3-33 **27-19-15. Agreement on budgets.** -- (a) The budgets and/or each hospital's projected
3-34 expenses and related statistics shall be agreed upon not later than thirty (30) days prior to the
4-1 beginning of each hospital fiscal year. The agreement shall be prima facie evidence that the
4-2 budgets and related statistics are:

4-3 (1) Consistent with the proper conduct of the business of the corporations and the
4-4 interest of the public to the extent that the budgets constitute in the aggregate a component of
4-5 hospital service rates filed for approval in any rate hearing; and

4-6 (2) Reasonable as a component of rates paid by the state as a purchaser of hospital
4-7 services.

4-8 (b) Each hospital shall file its proposed budget to the state budget office which shall
4-9 include projected expenses for the current fiscal year and planned expenses for the next fiscal
4-10 year. Each hospital will also file with the state budget office a copy of its audited financial
4-11 statements with rates within thirty (30) days of acceptance by the hospital's board of trustees. The
4-12 provisions of this section shall not apply and shall be repealed upon the implementation of
4-13 amendments and new methodology pursuant to sections 40-8-13.3 and 40-8-13.4, but in any
4-14 event no later than March 30, 2010.

4-15 **27-19-16. Severability.** -- If a court of competent jurisdiction shall adjudge that the
4-16 requirement in § 27-19-14 that the state be a party to negotiations in which the United States is a
4-17 party or otherwise interested is invalid or unconstitutional, that judgment shall not impair or
4-18 invalidate § 27-19-14 insofar as it requires the state to be a party to negotiations between
4-19 hospitals and hospital service corporations; and if any other clause, sentence, or section of §§ 27-
4-20 19-14, 27-19-15, or this section is adjudged invalid or unconstitutional by a court of competent
4-21 jurisdiction, the remaining provisions of the sections will not be impaired or invalidated by that
4-22 invalidity, but the effect of the judgment shall be confined to the clause, sentence, or section so
4-23 adjudged to be invalid or unconstitutional. If the United States or any of its departments or
4-24 agencies requires that funds supplied by it to the state for the purchase or reimbursement of
4-25 hospital services be disbursed in a manner inconsistent with any agreement reached by the parties
4-26 pursuant to §§ 27-19-14 and 27-19-15, that requirement shall not affect any agreement as to other
4-27 funds to be paid by the state or by hospital service corporations. The provisions of this section
4-28 shall be repealed upon the implementation of amendments and new methodology pursuant to
4-29 sections 40-8-13.3 and 40-8-13.4, but in any event no later than March 30, 2010.

4-30 SECTION 4. This article shall take effect upon passage.

**MOTION: To recommend the Commission supports 09 H 5983 Article 29 Relating to
Diagnosis Related Groups AP/LW passed, Abstain EC**

09 H 5983 Article 40 Relating to Medical Assistance Dental Benefits Rep. Watson Requested by the
Governor Held for Further Study or Continued by the House Finance Committee

This article authorizes the department of human services to eliminate dental services for Rite Care eligible
adults over the age of 21

1-1 **ARTICLE 40**
1-2 **RELATING TO MEDICAL ASSISTANCE --DENTAL BENEFITS**
1-3 SECTION 1. Section 40-8.4-19 of the General Laws in Chapter 40-8.4 entitled "Health
1-4 Care for Families" is hereby amended to read as follows:
1-5 **40-8.4-19. Managed health care delivery systems for families.** -- (a) Notwithstanding
1-6 any other provision of state law, the delivery and financing of the health care services provided
1-7 under this chapter shall be provided through a system of managed care. "Managed care" is
1-8 defined as systems that: integrate an efficient financing mechanism with quality service delivery;
1-9 provide a "medical home" to assure appropriate care and deter unnecessary services; and place
1-10 emphasis on preventive and primary care. For the purposes of Medical Assistance, managed care
1-11 systems are defined to include a primary care case management model in which ancillary services

1-12 are provided under the direction of a physician in a practice that meets standards established by
1-13 the department of human services, including standards pertaining to certification as an "advanced
1-14 medical home".

1-15 (b) Enrollment in managed care health delivery systems is mandatory for individuals
1-16 eligible for medical assistance under this chapter. This includes children in substitute care,
1-17 children receiving Medical Assistance through an adoption subsidy, and children eligible for
1-18 medical assistance based on their disability. Beneficiaries with third-party medical coverage or
1-19 insurance may be exempt from mandatory managed care in accordance with rules and regulations
1-20 promulgated by the department of human services for such purposes.

1-21 (c) Individuals who can afford to contribute shall share in the cost. The department of
1-22 human services is authorized and directed to apply for and obtain any necessary waivers and/or
1-23 state plan amendments from the secretary of the U.S. department of health and human services,
1-24 including, but not limited to, a waiver of the appropriate sections of Title XIX, 42 U.S.C. § 1396
1-25 et seq., to require that beneficiaries eligible under this chapter or chapter 12.3 of title 42, with
1-26 incomes equal to or greater than one hundred thirty-three percent (133%) of the federal poverty
1-27 level, pay a share of the costs of health coverage based on the ability to pay. The department of
1-28 human services shall implement this cost-sharing obligation by regulation, and shall consider co-
1-29 payments, premium shares, or other reasonable means to do so in accordance with approved
1-30 provisions of appropriate waivers and/or state plan amendments approved by the secretary of the
2-1 United States department of health and human services.

2-2 (d) All children and families receiving Medical Assistance under title 40 of the Rhode
2-3 Island general laws shall also be subject to co-payments for certain medical services as approved
2-4 in the waiver and/or the applicable state plan amendment, and in accordance with rules and
2-5 regulations promulgated by the department.

2-6 (e) The department of human services may provide health benefits, similar to those
2-7 available through commercial health plans, to parents or relative caretakers who are Rite Care
2-8 with an income above one hundred percent (100%) of the federal poverty level who are not
2-9 receiving cash assistance under the Rhode Island Temporary Assistance to Needy Families
2-10 (TANF program).

2-11 (f) The department of human services is authorized to create consumer directed health
2-12 care accounts, including but not limited to health opportunity accounts or health savings accounts,
2-13 in order to increase and encourage personal responsibility, wellness and healthy decision-making,
2-14 disease management, and to provide tangible incentives for beneficiaries who meet designated
2-15 wellness initiatives.

2-16 (g) Notwithstanding the above, the department is authorized to eliminate dental services
2-17 for adults over the age of twenty one (21).

2-18 SECTION 2. This article shall take effect as of July 1, 2009.

**MOTION: To recommend the Commission opposed 09 H 5983 Article 40 Relating to
Medical Assistance Dental Benefits LW/BI passed, Abstained EC**

09 H 5415 & 09 S 0245 Relating to Health and Safety Rep. Naughton Held for Further Study or Continued by
the House Health, Education, & Welfare Committee & Sen. C Levesque Referred to the Senate Health and
Human Services Committee

This act would add a new chapter on the prevention and supervision of contagious diseases, specifically
HIV/AIDS and make technical amendments affected by that new chapter. This act would take effect on July 1,
2009.

1-1 SECTION 1. Title 23 of the General Laws entitled "HEALTH AND SAFETY" is hereby
1-2 amended by adding thereto the following chapter:

1-3 **CHAPTER 6.3**

1-4 **PREVENTION AND SUPPRESSION OF CONTAGIOUS DISEASES - HIV/AIDS**

1-5 **23-6.3-1. Purpose.** -- The purpose of this chapter is to reduce vulnerability to HIV/AIDS
1-6 transmission and to provide consistent terms and standards within this title and as applicable to
1-7 chapters 11-34, 11-37, 21-28 and 40.1-24.

1-8 **23-6.3-2. Definitions.** -- As used in this chapter the following words shall have the

1-9 following meanings:

1-10 (1) "Agent" means a person empowered by the patient to assert or waive the
1-11 confidentiality, or to disclose or consent to the disclosure of confidential information, as
1-12 established by chapter 5-37.3 of the general laws of Rhode Island, as amended, entitled
1-13 "Confidentiality of Health Care Communications and Information Act."

1-14 (2) "AIDS" means the medical condition known as acquired immune deficiency
1-15 syndrome, caused by infection of an individual by the human immunodeficiency virus (HIV).

1-16 (3) "Anonymous HIV testing" means an HIV test that utilizes a laboratory generated code
1-17 based system, which does not require an individual's name or other identifying information that
1-18 may reveal one's identity, including information related to the individual's health insurance
1-19 policy, to be associated with the test.

2-1 (4) "Antibody" means a protein produced by the body in response to specific foreign
2-2 substances such as bacteria or viruses.

2-3 (5) "Community-based organization" means a non-profit 501(3)(c) entity that has written
2-4 authorization from the department for HIV counseling, testing and referral services (HIV CTRS).

2-5 (6) "Confidential HIV testing" means an HIV test that requires the individual's name and
2-6 other identifying information including information related to the individual's health insurance
2-7 policy, as appropriate.

2-8 (7) "Consent" means a process of communication between a person and a health care
2-9 provider or qualified professional HIV test counselor through which an informed individual can
2-10 choose whether to undergo HIV testing or decline to do so. Elements of consent shall include
2-11 providing each person with verbal or written information regarding HIV, the risks and benefits of
2-12 testing, the implications of HIV test results, how test results will be communicated, and the
2-13 opportunity to ask questions.

2-14 (8) "Controlled substance" means a drug, substance, or immediate precursor in schedules
2-15 I-V listed in the provisions of chapter 21-28 entitled, "Uniform Controlled Substances Act".

2-16 (9) "Department" means the Rhode Island department of health.

2-17 (10) "Diagnosis of AIDS" means the most current surveillance case definition for AIDS
2-18 published in the Centers for Disease Control & Prevention's (CDC's) Morbidity & Mortality
2-19 Weekly Review (MMWR).

2-20 (11) "Diagnosis of HIV" means the most current surveillance case definition for HIV
2-21 infection published in the CDC's (MMWR).

2-22 (12) "Director" means the director of the Rhode Island department of health.

2-23 (13) "ELISA result" means enzyme-linked immunosorbent assay or EIA (enzyme
2-24 immunoassay) which is a serologic technique used in immunology to detect the presence of either
2-25 antibody or antigen.

2-26 (14) "Health benefits" include accident and sickness, including disability or health
2-27 insurance, health benefit plans and/or policies, hospital, health, or medical service plans, or any
2-28 health maintenance organization plan pursuant to title 27 or otherwise.

2-29 (15) "Health care facility" means those facilities licensed by the department in
2-30 accordance with the provisions of chapter 23-17.

2-31 (16) "Health care provider", as used herein, means a licensed physician, physician
2-32 assistant, certified nurse practitioner or midwife.

2-33 (17) "Health care settings" means venues offering clinical STD services including, but
2-34 not limited to, hospitals, urgent care clinics, STD clinics and other, substance abuse treatment
3-1 facilities, mental health treatment facilities, community health centers, primary care and OB/GYN
3-2 physician offices, and family planning providers.

3-3 (18) "HIV" means the human immunodeficiency virus, the pathogenic organism
3-4 responsible for HIV infection and/or the acquired immunodeficiency syndrome (AIDS) in
3-5 humans.

3-6 (19) "HIV CD4 T-lymphocyte test result" means the results of any currently medically
3-7 accepted and/or FDA approved test used to count CD4 T-lymphatic cells in the blood of an HIV-
3-8 infected person.

3-9 (20) "HIV counseling" means an interactive process of communication between a person

3-10 and a health care provider or qualified professional HIV test counselor during which there is an
3-11 assessment of the person's risks for HIV infection and the provision of counseling to assist the
3-12 person with behavior changes that can reduce risks for acquiring HIV infection.
3-13 (21) "HIV screening" means universally performing an HIV test for at least all persons in
3-14 a defined population.
3-15 (22) "HIV test" means any currently medically accepted and/or FDA approved test for
3-16 determining HIV infection in humans.
3-17 (23) "Occupational health representative" means a person, within a health care facility,
3-18 trained to respond to occupational, particularly blood borne, exposures.
3-19 (24) "Opts out" means that a person who has been notified that an HIV test will be
3-20 performed has elected to decline or defer testing. Acceptance of HIV testing is inferred unless the
3-21 individual declines testing.
3-22 (25) "Perinatal case report for HIV" means the information that is provided to the
3-23 department related to a child aged less than eighteen (18) months born to an HIV-infected mother
3-24 and the child does not meet the criteria for HIV infection or the criteria for "not infected" with
3-25 HIV as defined in the most current surveillance case definition for HIV infection published by the
3-26 CDC in the MMWR.
3-27 (26) "Person" means any individual, trust or estate, partnership, corporation (including
3-28 associations, joint stock companies), limited liability companies, state, or political subdivision or
3-29 instrumentality of a state.
3-30 (27) "Persons at high risk for HIV infection" means persons defined as being high risk in
3-31 the CDC's most current recommendations for HIV testing of adults, adolescents and pregnant
3-32 women in health care settings or through authority and responsibilities conferred on the director
3-33 by law in protecting the public's health.
3-34 (28) "Polymerase chain reaction (PCR) test" means a common laboratory method of
4-1 creating copies of specific fragments of DNA.
4-2 (29) "Qualified professional HIV test counselor" means: (i) A physician, physician
4-3 assistant, certified nurse practitioner, midwife, or nurse licensed to practice in accordance with
4-4 applicable state law; (ii) A medical student who is actively matriculating in a medical degree
4-5 program and who performs duties assigned to them by a physician; or (iii) A person who has
4-6 completed an HIV counseling training program, in accordance with regulations hereunder
4-7 promulgated.
4-8 (30) "Sexually transmitted diseases (STD's)" means those diseases included in section 23-
4-9 11-1, as amended, entitled "Sexually Transmitted Diseases", and any other communicable disease
4-10 that may be required to be reported by the department.
4-11 **23-6.3-3. HIV screening and testing of adults, adolescents, and pregnant women. --**
4-12 **(a) This section shall pertain to qualified professional HIV test counselors in all health**
4-13 **care settings and in HIV CTRS sites.**
4-14 **(b) HIV screening and testing shall be based on the most current recommendations for**
4-15 **HIV counseling, testing and referral of adults, adolescents and pregnant women issued by the**
4-16 **CDC. Provided, however, those guidelines shall be interpreted by the department so as to best**
4-17 **serve the individuals and patents receiving HIV testing, and shall in no event be interpreted or**
4-18 **implemented in a manner inconsistent with other provisions and protections of state law and**
4-19 **regulations.**
4-20 **(c) All individuals who desire anonymous HIV testing shall be referred to an HIV CTRS**
4-21 **site funded by the department that provides anonymous HIV testing.**
4-22 **(d) HIV screening shall be performed after the individual has been informed of the test,**
4-23 **unless the individual opts out.**
4-24 **(e) All health care settings and HIV CTRS sites shall develop protocols that include no**
4-25 **less than the following: assessment for individuals at high risk for HIV infection; frequency of**
4-26 **HIV testing; and communication of HIV test results.**
4-27 **(f) Those adults, adolescents and pregnant women who test positive for HIV infection**
4-28 **shall be given priority for outpatient substance abuse treatment programs that are sponsored or**
4-29 **supported by the appropriate state agency responsible for these services and those who test**

4-30 negative for HIV infection shall be referred to the appropriate state agency responsible for these
4-31 services for earliest possible evaluation and treatment.

4-32 (h) For pregnant women:

4-33 (1) HIV screening shall be incorporated in the routine panel of prenatal tests for all
4-34 pregnant women as early and often as appropriate during each pregnancy after the patient has
5-1 been notified that testing will be performed unless the patient opts out.

5-2 (2) Any woman with an undocumented HIV test status in her record at the time of labor
5-3 and/or delivery shall be screened with an HIV test unless she opts out.

5-4 (3) Testing of the newborn shall occur as soon as possible after birth when the mother's
5-5 HIV status is not documented.

5-6 (4) A newborn can be tested at delivery without the mother's consent if the mother's HIV
5-7 status is not documented; and

5-8 Provided that:

5-9 (i) Reasonable efforts have been made to secure voluntary consent from the mother to test
5-10 the newborn, in accordance with section 23-6-15;

5-11 (ii) A mother is informed that HIV antibodies in the newborn indicates that the mother is
5-12 infected with HIV.

5-13 **23-6.3-4. Consent and providing individuals with information on HIV. -- (a) For**
5-14 **individuals in all health care settings and all HIV CTRS sites:**

5-15 (1) Screening shall be voluntary and undertaken only with the individual's knowledge and
5-16 understanding that HIV testing will be performed. In no event shall an individual be tested for
5-17 HIV pursuant to this section without first being provided with verbal or written information that
5-18 includes the following:

5-19 (i) An explanation of HIV infection and the meanings of positive and negative test
5-20 results;

5-21 (ii) An opportunity to ask questions, and an opportunity to decline testing.

5-22 (2) For all health care settings consent for HIV screening shall be incorporated into the
5-23 patient's general consent for medical care. A separate consent for HIV testing shall not be
5-24 required. If a patient declines an HIV test, this decision shall be documented in the medical
5-25 record.

5-26 (3) For all HIV CTRS sites a consent form for HIV testing shall be used when the HIV
5-27 test is the only test being performed. If other tests are being performed, HIV CTRS sites shall
5-28 incorporate consent for HIV screening or testing into a general medical consent and therefore a
5-29 separate consent form for HIV testing shall not be required. If an individual declines an HIV test,
5-30 this decision shall be documented.

5-31 A distinction shall be made between anonymous and confidential HIV testing. Consent
5-32 may be verbal in anonymous testing.

5-33 (b) Consent and providing information for pregnant women:

5-34 (1) HIV screening shall be voluntary and free from coercion. No pregnant woman shall
6-1 be tested without her knowledge.

6-2 (2) In no event shall a pregnant woman be tested for HIV pursuant to this section without
6-3 first being provided with verbal or written information that includes the following:

6-4 (i) An explanation of HIV infection.

6-5 (ii) A description of interventions that can reduce HIV transmission from mother to
6-6 infant;

6-7 (iii) The meanings of positive and negative test results;

6-8 (iv) An opportunity to ask questions and to decline testing.

6-9 (3) No additional process or written documentation of consent beyond what is required
6-10 for other routine prenatal tests shall be required for HIV testing.

6-11 (4) If a pregnant woman declines an HIV test, this decision shall be documented in her
6-12 medical record.

6-13 (c) The department shall provide guidance and access to written information to be used
6-14 for this purpose. Informational materials shall be easily understandable and made available in
6-15 Spanish and in other languages as appropriate to assure that the information presented is in a

6-16 format that the individual can understand. Interpreters and bilingual staff shall demonstrate
6-17 competency in providing language assistance to patients with limited English proficiency. Family
6-18 or friends shall not be used as language interpreters.
6-19 (d) In accordance with chapter 23-8, individuals under eighteen (18) years of age may
6-20 give legal consent for testing, examination, and/or treatment for any reportable communicable
6-21 disease, including HIV.
6-22 **23-6.3-5. Exceptions to consent requirements. --** A health care provider may test for
6-23 the presence of HIV without obtaining consent from the individual to be tested under the
6-24 following conditions:
6-25 (1) When the individual to be tested is under one year of age;
6-26 (2) When a child between one and thirteen (13) years of age appears to have signs or
6-27 symptoms consistent with HIV infection or an opportunistic illness characteristic of AIDS;
6-28 (3) When the individual to be tested is a minor under the care and authority of the
6-29 department of children, youth, and families, and the director of that department certifies that an
6-30 HIV test is necessary to secure health or human services for that individual;
6-31 (4) When a person (the complainant) working in a setting other than a licensed health
6-32 care facility or health care setting, can document significant exposure to blood or other bodily
6-33 fluids of another individual (the individual to be tested), during the performance of the
6-34 complainant's occupation, providing:
7-1 (i) The complainant completes an incident report within forty-eight (48) hours of the
7-2 exposure, identifying the parties to the exposure, witnesses, time, place, and nature of the event;
7-3 (ii) The complainant submits to a baseline HIV test within seventy-two (72) hours of
7-4 the exposure;
7-5 (iii) There has been a significant percutaneous or mucus membrane exposure (i.e.,
7-6 needle stick, bite, splash over open wound, broken skin, or mucus membrane) by blood or bodily
7-7 fluids of the individual to be tested of a type and in sufficient concentration to permit
7-8 transmission of HIV if present in those fluids; and
7-9 (iv) If a sample of the patient's blood is not otherwise available and the patient refuses
7-10 to grant consent to draw blood, then the complainant may petition the superior court for a court
7-11 order mandating that the test be performed.
7-12 (5) In a licensed health care facility or health care setting, in the event that an
7-13 occupational health representative or physician, registered nurse practitioner, physician assistant,
7-14 or nurse-midwife, not directly involved in the exposure, determines that an employee, other than
7-15 one in a supervisory position to the person making the determination, had a significant exposure
7-16 to the blood and/or body fluids of a patient and the patient or the patient's guardian refuses to
7-17 grant consent for an HIV test to determine whether the patient has HIV, then, if a sample of the
7-18 patient's blood is available, that blood shall be tested for HIV.
7-19 (i) If a sample of the patient's blood is not otherwise available and the patient refuses to
7-20 grant consent to draw blood, then the employee may petition the superior court for a court order
7-21 mandating that the test be performed.
7-22 (ii) Before a patient or a sample of the patient's blood is required to undergo an HIV
7-23 test, the employee must submit to a baseline HIV test within seventy-two (72) hours of the
7-24 exposure.
7-25 (iii) No person who determines that an employee has sustained a significant exposure
7-26 and authorizes the HIV testing of a patient, nor any person or health care facility who acts in good
7-27 faith and recommends the test be performed, shall have any liability as a result of their actions
7-28 carried out under this chapter, unless those persons are proven to have acted in bad faith.
7-29 (6) In an emergency, where due to a grave medical or psychiatric condition, it is
7-30 impossible to obtain consent from the patient or, if applicable under state law, the patient's parent,
7-31 guardian, or agent.
7-32 (7) As permitted under section 23-1-38 entitled "HIV Antibody Testing – Sperm
7-33 Collection or Donation".
7-34 (8) Any individual convicted of a violation of any provisions of Chapter 11-34 entitled
8-1 "Prostitution and Lewdness", shall be required to be tested for HIV unless already documented

8-2 HIV positive. All individuals tested under this section shall be informed of their test results. All
8-3 individuals tested under this section who are determined to be injecting and/or intra-nasal drug
8-4 users shall be referred to appropriate substance abuse treatment as outlined in section 23-6.01-3.

8-5 (9) Any individual convicted of possession of any controlled substance as defined in
8-6 Chapter 21-28 entitled “Uniform Controlled Substances Act”, that has been administered with a
8-7 hypodermic instrument, retractable hypodermic syringe, needle, intra-nasally, or any similar
8-8 instrument adapted for the administration of drugs shall be required to be tested for HIV unless
8-9 already documented HIV positive. All individuals tested under this section shall be informed of
8-10 their test results.

8-11 (10) In accordance with the provisions of Chapter 11-37, entitled, “Sexual Assault”, any
8-12 individual who has admitted to or been convicted of or adjudicated wayward or delinquent by
8-13 reason of having committed any sexual offense involving penetration whether or not a sentence or
8-14 fine is imposed or probation granted, shall be ordered by the court upon petition of the victim,
8-15 immediate family members of the victim or legal guardian of the victim, to submit to a blood test
8-16 for the presence of a sexually transmitted disease including, but not limited to HIV. All
8-17 individuals tested under this section shall be informed of their test results.

8-18 (11) In accordance with the provisions of section 42-56-37, entitled “HIV Testing”,
8-19 every individual who is committed to the adult correctional institutions to answer for any criminal
8-20 offense, after conviction, is required to be tested for HIV.

8-21 **23-6.3-6. Reasonable efforts to secure consent.** -- No involuntary testing for HIV shall
8-22 take place under any of the exceptions set forth in section 23-6-14, unless reasonable efforts have
8-23 been made to secure voluntary consent from the individual to be tested, or in the case of a minor
8-24 patient, from the legal parent or guardian of the minor patient.

8-25 **23-6.3-7. Confidentiality.** -- (a) It is unlawful for any person to disclose to a third-party
8-26 the results of an individual's HIV test without the prior written consent of that individual, or in the
8-27 case of a minor, the minor's parent, guardian, or agent, except for:

8-28 (1) A licensed laboratory or other health care facility that performs HIV tests shall report
8-29 test results to the health care provider who requested the test and to the director.

8-30 (2) A health care provider shall enter HIV test results in the patient's medical record.

8-31 (3) May notify the director of the department of children, Youth and Families, pursuant to
8-32 subsection 23-6-14(3).

8-33 (4) As provided in Chapter 5-37.3 and section 40.1-5-26, or as otherwise permitted by
8-34 law.

9-1 (5) By a health care provider to appropriate persons entitled to receive notification of
9-2 individuals with infectious or communicable diseases pursuant to Section 23-5-9 and 23-28.36-3.

9-3 (b) This chapter shall not be construed to interfere with any other federal or state laws or
9-4 regulations that provide more extensive protection than provided in this chapter for the
9-5 confidentiality of health care information.

9-6 **23-6.3-8. Protection of records.** -- (a) Providers of health care, public health officials,
9-7 and any other person who maintains records containing information on HIV test results of
9-8 individuals are responsible for maintaining full confidentiality of this data and shall take
9-9 appropriate steps for their protection, including:

9-10 (1) Keeping records secure at all times and establishing adequate confidentiality
9-11 safeguards for any records electronically stored;

9-12 (2) Establishing and enforcing reasonable rules limiting access to these records; and

9-13 (3) Training persons who handle records in security objectives and technique.

9-14 (b) The department shall evaluate reports of HIV/AIDS for completeness and potential
9-15 referrals for service. All case reports shall be kept in a confidential and secure setting. An
9-16 HIV/AIDS policy and protocol for security shall be developed and implemented by the
9-17 department for this purpose.

9-18 (c) The department shall evaluate its procedures for HIV/AIDS reporting on a
9-19 continuous basis for timeliness, completeness of reporting, and security of confidential
9-20 information.

9-21 (d) The department shall develop a protocol that shall be in accordance with the most

9-22 recent recommendations of the CDC's Guidelines for National Human Immunodeficiency Virus
9-23 Case Surveillance, including monitoring for Human Immunodeficiency Virus infection and
9-24 Acquired Immunodeficiency Syndrome, pertaining to patient records and confidentiality;
9-25 provided, however, that in no event shall the protocol be less protective than that required by state
9-26 law.

9-27 (e) All reports and notifications made pursuant to this section shall be confidential and
9-28 protected from release except under the provisions of law. Any person aggrieved by a violation of
9-29 this section shall have a right of action in the superior court and may recover for each violation.

9-30 **23-6.3-9. Penalties and remedies.** -- The penalties and remedies contained in Chapter 5-
9-31 37.3 entitled "confidentiality of health care communications and information" shall apply to
9-32 violations of sections 23-6-16 Confidentiality and 23-6-17 Protection of Records.

9-33 **23-6.3-10. Notification of disclosure.** -- (a) In all cases when an individual's HIV test
9-34 results are disclosed to a third-party, other than a person involved in the care and treatment of the
10-1 individual, and except as permitted by subsections (1), (2)(i), (2)(ii), (2)(iv), or (4) of Section 23-
10-2 6- 21 (permitted disclosures re: confidentiality), and permitted by and disclosed in accordance
10-3 with the Federal Health Insurance Portability and Accountability Act of 1996 (Public law 104-
10-4 191) enacted on August 21, 1996 and as thereafter amended, the person so disclosing shall make
10-5 reasonable efforts to inform that individual in advance of:

- 10-6 (1) The nature and purpose of the disclosure;
- 10-7 (2) The date of disclosure;
- 10-8 (3) The recipient of the disclosed information.

10-9 (b) Health care providers may inform third-parties with whom an HIV infected patient is
10-10 in close and continuous exposure related contact, including, but not limited to a spouse and/or
10-11 partner, if the nature of the contact, in the health care providers opinion, poses a clear and present
10-12 danger of HIV transmission to the third-party, and if the physician has reason to believe that the
10-13 patient, despite the health care provider's strong encouragement, has not and will not inform the
10-14 third-party that they may have been exposed to HIV.

10-15 **23-6.3-11. Discrimination prohibited.** -- No person, agency, organization, or corporate
10-16 body may discriminate against an individual on the basis of a positive HIV test result, or
10-17 perception of a positive test, in housing, employment, the granting of credit, public
10-18 accommodation, or delivery of services, nor shall an HIV test be required as a condition of
10-19 employment.

10-20 **23-6.3-12. Administrative relief.** -- Any individual who believes that he or she has been
10-21 unlawfully discriminated against in housing, employment, the granting of credit, public
10-22 accommodations, or delivery of services on the basis of a positive HIV test, or perception of a
10-23 positive test, may bring action for administrative relief before the Rhode Island human rights
10-24 commission; and that commission may hear the matter and grant relief in those cases.

10-25 **23-6.3-13. HIV Counseling, Testing, Referral and Services Sites (HIV CTRS)** -- The
10-26 department shall designate and fund HIV CTRS sites, for providing both anonymous and
10-27 confidential HIV testing and HIV counseling and referral services.

10-28 Anonymous and confidential HIV testing provided by HIV CTRS sites funded by the
10-29 department shall screen individuals for their ability to pay for such HIV testing, using a fee
10-30 schedule and screening process available to the department on request. HIV CTRS sites shall not
10-31 deny HIV testing to any individual based on his or her inability to pay.

10-32 **23-6.3-14. Reporting and notification of HIV/AIDS** -- (a) Except in the case of
10-33 anonymous HIV testing, a diagnosis of HIV or AIDS shall be notifiable and reportable to the
10-34 department by name.

11-1 (b) The following shall be reported to the department:

- 11-2 (1) A diagnosis of HIV, according to the most current CDC case definition of HIV.
- 11-3 (2) A diagnosis of AIDS, according to the most recent CDC case definition of AIDS.
- 11-4 (3) A positive ELISA result of any HIV test and/or other FDA approved test indicative
11-5 of the presence of HIV.
- 11-6 (4) CD4 T-lymphocyte test results < 200 mg/dl and/or fourteen percent (14%) and all
11-7 HIV viral load test results.

11-8 (5) Notification of a perinatal exposure to HIV shall be made to the department
11-9 regardless of confirmatory testing. A perinatal case report for HIV shall be indicated by two (2)
11-10 positive polymerase chain reaction (PCR) tests; <18 months; and/or other U.S. Food and Drug
11-11 Administration approved tests that indicate the presence of HIV in pediatric cases.

11-12 (b) The following persons shall report information required by this section to the
11-13 department:

11-14 (1) A health care provider who diagnoses or treats HIV/AIDS;

11-15 (2) The administrator of a health care facility as defined in Chapter 23-17 who
11-16 diagnoses or treats HIV/AIDS; or

11-17 (3) The administrator of a prison in which there is an HIV/AIDS infected individual or
11-18 perinatal exposure to HIV/AIDS.

11-19 (c) A person responsible for the administration of a clinical or hospital laboratory, blood
11-20 bank, mobile unit, or other facility in which a laboratory examination of any specimen derived
11-21 from a human body yields serological, or other evidence of HIV/AIDS, including perinatal
11-22 exposure to HIV/AIDS shall notify the department in a timely manner.

11-23 (d) The HIV test results shall only be made if confirmed with a Western Blot or other
11-24 FDA approved confirmatory test.

11-25 **23-6.3-15. Laboratory analyses and reporting.** -- (a) With the exception of
11-26 confirmatory HIV tests, all biological samples or specimens taken for the purpose of performing
11-27 laboratory analysis for the detection of antibody to HIV, by or under the direction or order of any
11-28 health care provider working within the scope of his or her practice, shall be sent to the
11-29 department of health laboratory for analysis. This provision shall not apply to those HIV tests
11-30 performed in a hospital laboratory or to those sites performing rapid HIV testing.

11-31 (b) Hospitals shall forward all positive HIV test results to the department, in accordance
11-32 with regulations promulgated by the department. All sites performing HIV testing must submit
11-33 an annual HIV testing report to the department.

11-34 (c) The department laboratory shall conduct all confirmatory testing for HIV/AIDS with
12-1 the exception of written waivers issued by the department as indicated in (d) below.

12-2 (d) Sites performing HIV testing (e.g. rapid testing), must seek a waiver from the
12-3 department to provide confirmatory HIV testing from a laboratory other than the state laboratory.
12-4 HIV CTRS sites performing non-venapuncture HIV testing shall forward all positive HIV tests
12-5 results to the department.

12-6 (e) Except in the case of anonymous HIV testing, a health care provider working within
12-7 the scope of his or her practice providing samples of specimens for HIV testing, or results of HIV
12-8 tests to the department, shall include the name of the patient and other identifying information
12-9 including information related to the individual's health insurance policy as applicable.

12-10 (f) Any HIV cases reported in the previous code based system, shall remain in a code-
12-11 based data set. This does not prohibit a physician from submitting or requesting that an updated
12-12 name case report on a patient replace a previously coded case report.

12-13 **23-6.3-16. Insurance Exemption.** -- (a) Sections 23-6.3-1 does not apply to the offering
12-14 or sale of life insurance in Rhode Island; provided, however, that any insurance company offering
12-15 or selling life insurance within Rhode Island that requires an individual to be tested for infection
12-16 with human immunodeficiency virus (HIV) or any other identified causative agent of HIV for
12-17 purposes of determining insurability shall: (1) Give that individual prior written notice of those
12-18 requirements; and (2) Proceed with that testing only upon the written authorization of the
12-19 individual or in the event the individual is a minor, the individual's parent or guardian.

12-20 Notwithstanding anything in this chapter to the contrary, life insurance companies offering or
12-21 selling life insurance in Rhode Island may otherwise obtain or disclose HIV test results in
12-22 accordance with this chapter. Nothing in this chapter prohibits that company from collecting data
12-23 for statistical purposes, so long as the insured is not identified. However, nothing in this section
12-24 shall be construed to permit that insurance company to cancel or refuse to renew a life insurance
12-25 policy that by its terms has not lapsed on the basis of a positive HIV test result.

12-26 (b) The provisions of this chapter apply to the offer or sale of health benefits in this state
12-27 by any company regulated under the laws of this state, including, but not limited to, title 27 and

12-28 chapter 42-62, provided, however, this chapter does not apply to the following:
12-29 (1) Individual health benefit policies;
12-30 (2) Small group health benefits plans, i.e., groups having fewer than twenty-five (25)
12-31 employees eligible to participate in an employer sponsored plan, or, in the case of non-employer
12-32 groups, a group having fewer than twenty-five (25) employees;
12-33 (3) Late entrants into any group health benefits plan, regardless of the size of the group.
12-34 A late entrant shall be defined as any individual who does not enroll into a health plan when first
13-1 eligible under the plan, but who later seeks coverage under the group plan;
13-2 (4) Where an individual seeks to become eligible for an amount of group disability
13-3 income benefit, which benefit would be in excess of the insurer's non-medical maximum as
13-4 defined under the group plan.

13-5 (c) Any company offering or selling health benefits in this state and regulated under the
13-6 laws of this state that requires an individual to be tested for infection with HIV or any other
13-7 identified causative agent of HIV as permitted in paragraphs (2)(i) to (iv) for purposes of
13-8 determining insurability shall: (1) Give that individual prior written notice of those requirements;
13-9 and (2) Proceed with that testing only upon the written authorization of the individual, or in the
13-10 event the individual is a minor, the individual's parent or guardian. Notwithstanding anything in
13-11 this chapter to the contrary, companies offering or selling health benefits in this state may
13-12 otherwise obtain or disclose HIV test results in accordance with this chapter. Nothing in this
13-13 chapter shall prohibit that company from collecting data for statistical purposes so long as the
13-14 insured's name is not identified.

13-15 (d) Nothing in this chapter shall be construed to permit any company that offers or sells
13-16 health benefits in this state to cancel or refuse to renew a health benefit, which has not by its
13-17 terms lapsed, on the basis of a positive HIV test result.

13-18 **23-6.3-17. Rules and Regulations.** -- The director is authorized to promulgate
13-19 regulations as he or she deems necessary or desirable to implement the provisions of this chapter,
13-20 in accordance with the provisions set forth in section 23-1-17 and chapter 42-35.

13-21 **23-6.3-18. Severability.** -- If any provision of this chapter is held by a court to be invalid,
13-22 that invalidity shall not affect the remaining provisions of the chapter, and to this end the
13-23 provisions of the chapter are declared severable.

13-24 **23-6.3-19. Construction of the chapter.** -- This chapter shall be liberally construed to
13-25 accomplish the purposes sought in it.

13-26 SECTION 2. Section 11-34-10 in chapter 11-34 of the General Laws entitled
13-27 "Prostitution and Lewdness" is hereby amended to read as follows:

13-28 **11-34-10. Human Immunodeficiency Virus (HIV).** -- ~~(a) Any person convicted of a~~
13-29 ~~violation of any provisions of this chapter shall be required to be tested for Human~~
13-30 ~~Immunodeficiency Virus (HIV) as provided for in chapter 23-6.3. No consent for the testing shall~~
13-31 ~~be required.~~

13-32 ~~(b) The department of health shall maintain sites for providing both anonymous and~~
13-33 ~~confidential HIV testing, and HIV counseling and referral. Each site, funded by the department of~~
13-34 ~~health, shall offer free testing, counseling and referral for indigent parties and other individuals~~
14-1 ~~without health insurance, offer a sliding scale for payment for all other individuals and, in the~~
14-2 ~~case of confidential testing, screen for ability to pay through a third party insurer. In the case of~~
14-3 ~~nonfunded sites for HIV testing, organizations and/or institutions performing the test shall offer~~
14-4 ~~free testing, counseling and referral for indigent parties and other individuals without health~~
14-5 ~~insurance.~~

14-6 ~~(c) All persons tested under this section shall be provided pre-test and post test~~
14-7 ~~counseling by individuals trained by the department of health, as an HIV testing counselor, in~~
14-8 ~~accordance with regulations promulgated by the department of health; provided, that the~~
14-9 ~~counseling shall be in accordance with acceptable medical standards.~~

14-10 ~~(d) All persons who are tested under this section, who are determined to be injecting~~
14-11 ~~drug users, shall be referred to appropriate sources of substance abuse treatment by the HIV~~
14-12 ~~testing counselor and/or the attending practitioner as follows:~~

14-13 ~~(1) Those persons who test positive for HIV infection shall be given priority for those~~

14-14 outpatient substance abuse treatment programs that are sponsored or supported by the appropriate
14-15 state agency responsible for these services.

14-16 (2) Those persons who are injecting drug users and test negative for HIV infection shall
14-17 be referred, by the HIV testing counselor and/or attending practitioner, to the appropriate state
14-18 agency responsible for these services for earliest possible evaluation and treatment

14-19 SECTION 3. Section 11-37-17 in chapter 11-37 of the General Laws entitled "Sexual
14-20 Assault" is hereby amended to read as follows:

14-21 **11-37-17. Human Immunodeficiency Virus (HIV) – Mandatory testing.** -- (a) Any
14-22 person who has admitted to or been convicted of or adjudicated wayward or delinquent by reason
14-23 of having committed any sexual offense involving sexual penetration, as defined in § 11-37-1,
14-24 whether or not sentence or fine is imposed or probation granted, shall be ordered by the court
14-25 upon the petition of the victim, immediate family members of the victim or legal guardian of the
14-26 victim, to submit to a blood test for the presence of a sexually transmitted disease including, but
14-27 not limited to, the Human Immunodeficiency Virus (HIV) which causes Acquired Immune
14-28 Deficiency Syndrome (AIDS) as provided for in section 23-6.3-5. Notwithstanding the provision
14-29 of § 23-6-12, no consent for the testing shall be required.

14-30 (b) ~~Notwithstanding the limitations imposed by §§ 23-6-17 and 5-37.3-4, the results of~~
14-31 ~~the HIV test shall be reported to the court, which shall then disclose the results to any victim of~~
14-32 ~~the sexual offense who requests disclosure. Review and disclosure of blood test results by the~~
14-33 ~~courts shall be closed and confidential, and any transaction records relating to them shall also be~~
14-34 ~~closed and confidential.~~

15-1 (c) ~~Upon the victim's request, the department of health shall help provide HIV testing,~~
15-2 ~~as well as professional counseling to assist the victim in their understanding of the extent to~~
15-3 ~~which the particular circumstances of the crime may or may not have put the victim at risk of~~
15-4 ~~transmission of HIV from the perpetrator, to ensure that the victim understands both the benefits~~
15-5 ~~and limitations of the current test for HIV, and to obtain referrals to appropriate health care and~~
15-6 ~~support services.~~

15-7 (d) ~~All persons tested under this section shall be informed of the results of the blood~~
15-8 ~~test.~~

15-9 (e) ~~Pretest and post test counseling shall be in accordance with regulations adopted by~~
15-10 ~~the department of health; provided, that this counseling shall be in accordance with acceptable~~
15-11 ~~medical standards.~~

15-12 SECTION 4. Section 21-28-4.20 in chapter 21-28 of the General Laws entitled "Uniform
15-13 Controlled Substances Act" is hereby amended to read as follows:

15-14 **21-28-4.20. Human Immunodeficiency Virus (HIV) – Testing.** -- (a) Any person
15-15 convicted of possession of any controlled substance that has been administered with a
15-16 hypodermic instrument, retractable hypodermic syringe, needle, or any similar instrument
15-17 adapted for the administration of drugs shall be required to be tested for human
15-18 immunodeficiency virus (HIV) as provided for in section 23-6.3-5. No consent for the testing
15-19 shall be required.

15-20 (b) ~~The department of health shall maintain sites for providing both anonymous and~~
15-21 ~~confidential HIV testing, and HIV counseling and referral. Each site, funded by the department of~~
15-22 ~~health, shall offer free testing, counseling and referral for indigent parties and other individuals~~
15-23 ~~without health insurance, offer a sliding scale for payment for all other individuals and, in the~~
15-24 ~~case of confidential testing, screen for ability to pay through a third party insurer. In the case of~~
15-25 ~~nonfunded sites for HIV testing, organizations and/or institutions performing the test shall offer~~
15-26 ~~free testing, counseling and referral for indigent parties and other individuals without health~~
15-27 ~~insurance.~~

15-28 (c) ~~All persons tested under this section shall be provided pre-test and post test~~
15-29 ~~counseling by individuals trained by the department of health in accordance with regulations~~
15-30 ~~promulgated by the department of health; provided, that this counseling shall be in accordance~~
15-31 ~~with acceptable medical standards.~~

15-32 (d) ~~All persons who are tested under this section, who are convicted of possession of~~
15-33 ~~any controlled substance that has been administered with a hypodermic instrument, retractable~~

15-34 hypodermic syringe, needle, or any similar instrument adopted for the administration of drugs
16-1 shall be referred by the HIV testing counselor and/or attending practitioner to appropriate sources
16-2 of drug treatment by the department of health as follows:

16-3 (1) Those persons who test positive for HIV infection shall be given priority for those
16-4 outpatient treatment programs which are supported by a state agency;

16-5 (2) Those persons who test negative for HIV infection shall be referred to the
16-6 appropriate division in the department of health for earliest possible evaluation and treatment.

16-7 SECTION 5. Section 23-11-17 in chapter 23-11 of the General Laws entitled "Sexually
16-8 Transmitted Diseases" is hereby amended to read as follows:

16-9 **23-11-17. Human immunodeficiency virus (HIV) testing.** -- (a) (1) The physician or
16-10 health care provider attending any person for a suspected sexually transmitted disease shall offer
16-11 testing for human immunodeficiency virus (HIV). All testing pursuant to this section shall be
16-12 performed in accordance with sections 23-6-17 (confidentiality) and 23-6-18 (protection of the
16-13 medical record) and the informed consent standards contained in chapter 6 of title 23 as provided
16-14 for in chapter 23-6.3.

16-15 (2) Each person tested and counseled shall first be provided with an "informed consent
16-16 form" as provided by subsection 23-6-11(3), and shall specifically be given the opportunity to
16-17 decline or opt out of testing, which he or she shall sign and date in acknowledgment of his/her
16-18 election to be tested.

16-19 (b) In the event an individual consents to anonymous testing and tests positive for HIV,
16-20 the HIV testing counselor shall provide the client an informed consent form as provided by
16-21 subsection 23-6-11(3). If an individual is tested anonymously and is found positive on the initial
16-22 screening test or during a post-test consultation, the counselor shall discuss, with the client,
16-23 options regarding referrals and reporting of this positive screening, including the necessity of
16-24 accessing a physician. The department of health shall maintain sites for providing both
16-25 anonymous and confidential HIV testing, and HIV counseling and referral. Each site, funded by
16-26 the department of health, shall offer free testing, counseling and referral for indigent parties and
16-27 other individuals without health insurance, offer a sliding scale for payment for all other
16-28 individuals and, in the case of confidential testing, screen, for ability to pay through a third-party
16-29 insurer. In the case of nonfunded sites for HIV testing, organizations and/or institutions
16-30 performing the test shall offer free testing, counseling and referral for indigent parties and other
16-31 individuals without health insurance.

16-32 (c) All persons tested under this section shall be counseled and tested in accordance with
16-33 regulations promulgated by the department of health; provided, however, that the counseling shall
16-34 be in accordance with acceptable medical standards, and no test results shall be given by any
17-1 means (e.g. phone, mail, e-mail, fax, etc.) other than in person. Counselors for HIV counseling,
17-2 testing and referral must undergo training given by the department of health to become a qualified
17-3 professional counselor.

17-4 SECTION 6. Section 23-13-19 in chapter 23-13 of the General Laws entitled "Maternal
17-5 and Child Health Services for Children with Special Health Care Needs " is hereby amended to
17-6 read as follows:

17-7 **23-13-19. Human immunodeficiency virus (HIV) testing.** -- (a) Every physician or
17-8 health care provider attending any person for prenatal care or family planning services shall
17-9 include HIV screening consistent with the provisions of chapter 23-6.3. in these settings so as to
17-10 promote earlier detection of HIV with unrecognized or no identified risk factors. HIV testing
17-11 shall be included in the routine panel of prenatal tests for all pregnant women unless testing is
17-12 declined. Repeat testing in the third trimester is recommended if determined by the physician.

17-13 (b) No person shall order the performance of an HIV-related test without first providing
17-14 the information and counseling set forth in subsection 23-13-19(c), informing the woman that she
17-15 has a right to decline testing, and obtaining the oral consent of the patient to be tested, or of a
17-16 person authorized to consent to health care for such individual, which consent and counseling
17-17 shall be documented in the patient's medical record.

17-18 (c) Prior to performing an HIV-related test, patients shall be provided pre-test
17-19 counseling. To allow greater flexibility for pre-test counseling by allowing client-specific

17-20 counseling, a physician or health care provider may tailor HIV counseling to best meet the needs
17-21 of the individual to be tested. Decisions concerning tailoring and the extent of pre-test counseling
17-22 shall be made on a case by case basis, but in no event shall a woman be tested for HIV pursuant
17-23 to this section without being provided with oral or written information that includes the
17-24 following:

17-25 (1) An explanation of HIV infection;

17-26 (2) A description of the interventions that can reduce HIV transmission from mother to
17-27 infant;

17-28 (3) The meaning of positive and negative test results;

17-29 (4) An opportunity to ask questions.

17-30 The department of health shall provide appropriate health care providers with the
17-31 written information, in multiple languages, required in subsections (1), (2) and (3) herein.

17-32 (d) No physician or health care professional providing prenatal health services to a
17-33 pregnant woman shall perform an HIV test of any woman who has not given consent to testing.

17-34 (e) In the event that a pregnant woman tests positive for HIV/AIDS, the physician,
18-1 health care provider or counselor shall provide post-test counseling, which shall include
18-2 information about:

18-3 (1) The meaning of the test result;

18-4 (2) The possible need for additional testing;

18-5 (3) Measures to prevent the transmission of HIV;

18-6 (4) Measures to prevent perinatal HIV transmission; and

18-7 (5) The availability of, and referrals for, appropriate health care services, including
18-8 mental health care, and appropriate social and support services.

18-9 (f) All HIV testing pursuant to this section shall be kept confidential in accordance with
18-10 § 23-6-17.

18-11 (g) No physician or health care provider shall discriminate against a woman because
18-12 she is HIV positive or has declined to take an HIV test.

18-13 (h) In the event an individual consents to anonymous testing and tests positive for HIV,
18-14 the HIV testing counselor shall discuss with the client options regarding referrals and reporting of
18-15 this positive screening, including the necessity of accessing a physician. The department of health
18-16 shall maintain sites for providing both anonymous and confidential HIV testing, and HIV
18-17 counseling and referral. Each site, funded by the department of health, shall offer free testing,
18-18 counseling and referral for indigent parties and other individuals without health insurance, offer a
18-19 sliding scale for payment for all other individuals and, in the case of confidential testing, screen
18-20 for ability to pay through a third party insurer. In the case of nonfunded sites for HIV testing,
18-21 organizations and/or institutions performing the test shall offer free testing, counseling and
18-22 referral for indigent parties and other individuals without health insurance.

18-23 (i) All persons tested under this section shall be counseled and tested in accordance
18-24 with regulations promulgated by the department of health.

18-25 SECTION 7. Sections 23-17-31 and 23-17-31.1 in chapter 23-17 of the General Laws
18-26 entitled "Licensing of Health Care Facilities" are hereby amended to read as follows:

18-27 **23-17-31. Human immunodeficiency virus (HIV) testing – Hospitals.** -- (a) Hospital
18-28 patients in any hospital licensed under this chapter shall be offered testing for human
18-29 immunodeficiency virus (HIV) as set forth in chapter 23-6.3, unless excluded by regulations
18-30 developed by the department of health, or unless the test is deemed inappropriate by a physician
18-31 caring for the patient and so noted in the person's medical record. All testing pursuant to this
18-32 section shall be performed in accordance with §§ 23-6-12 and 23-6-13. The identity of the
18-33 individuals tested under this section shall be maintained only at the hospital site where the sample
18-34 is drawn, and shall not be released except as provided by statute. Each person who is offered a
19-1 test and counseling shall be provided with an "informed consent form" which he or she shall sign
19-2 and date in acknowledgment of the offer.

19-3 (b) The department of health is responsible for reasonable costs associated with
19-4 performing and reporting the results of the HIV tests.

19-5 (c) All persons tested under this section shall be provided pretest and post-test

19-6 counseling, and the department of health shall define in regulation the nature and scope of the
19-7 counseling. The counseling shall be in accordance with acceptable medical standards.

19-8 (d) The department of health will either provide or pay for all pretest and post test
19-9 counseling. It will negotiate with the hospitals concerning incremental costs associated with
19-10 pretest and post test counseling and will provide reasonable reimbursement of these costs or
19-11 provide the services themselves in the case of post test counseling.

19-12 **23-17-31.1. Human immunodeficiency virus (HIV) testing – Facilities for drug**

19-13 **users.** -- (a) Every physician or health care provider attending any person for any service offered
19-14 at a facility for injecting drug users, shall offer testing for human immunodeficiency virus (HIV).
19-15 All testing pursuant to this section shall be performed in accordance with the provisions of
19-16 chapter 23-6.3 §§ 23-6-17 (confidentiality) and 23-6-18 (protection of records), except where
19-17 federal confidentiality laws may supersede.

19-18 (b) Each person tested and counseled shall first be provided an "informed consent
19-19 form" as provided by subsection 23-6-11(3), which he/she shall sign and date, and shall
19-20 specifically be given the opportunity to decline or opt out of the testing.

19-21 (c) In the event an individual consents to anonymous testing and tests positive for HIV,
19-22 the HIV testing counselor shall discuss, with the client, options regarding referrals and reporting
19-23 of this positive screening, including the necessity of accessing a physician.

19-24 (d)(b) The department of health shall maintain sites for providing both anonymous and
19-25 confidential HIV testing, and HIV counseling and referral. Each site, funded by the department of
19-26 health, shall offer free testing, counseling and referral for indigent parties and other individuals
19-27 without health insurance, offer a sliding scale for payment for all other individuals and, in the
19-28 case of confidential testing, screen for ability to pay through a third-party insurer. In the case of
19-29 nonfunded sites for HIV testing, organizations and/or institutions performing the test shall offer
19-30 free testing, counseling and referral for indigent parties and other individuals without health
19-31 insurance.

19-32 (e) All persons tested under this section shall be counseled and tested in accordance
19-33 with regulations adopted by the department of health.

19-34 SECTION 8. Section 40.1-24-20 in chapter 40.1 of the General Laws entitled "Licensing
20-1 of Facilities and Programs for People who are Mentally Ill and/or Developmentally Disabled" is
20-2 hereby amended to read as follows:

20-3 **40.1-24-20. Human immunodeficiency virus (HIV) testing – Facilities for drug**

20-4 **users.** -- (a) Every physician or health care provider attending any person for any service offered
20-5 at a facility for intravenous drug users, shall offer testing for human immunodeficiency virus
20-6 (HIV). All testing pursuant to this section shall be performed in accordance with the provisions of
20-7 chapter 23-6.3 §§ 23-6-17 (confidentiality) and 23-6-18 (protection of medical records) and the
20-8 informed consent standards contained in chapter 6 of title 23, except where federal confidentiality
20-9 laws may supercede.

20-10 (b) Each person tested and counseled shall first be provided with an "informed consent
20-11 form" as provided by subsection 23-6-11(3), which he/she shall sign and date, and shall
20-12 specifically be given the opportunity to decline or opt out of the testing.

20-13 (c) In the event an individual consents to anonymous testing and tests positive for HIV,
20-14 the HIV testing counselor shall discuss with the client options regarding referrals and reporting of
20-15 this positive screening, including the necessity of accessing a physician.

20-16 (d) The department of health shall assist providers with performing and reporting the
20-17 results of the HIV tests.

20-18 (e) The department of health shall maintain sites for providing both anonymous and
20-19 confidential HIV testing, and HIV counseling and referral. Each site, funded by the department of
20-20 health, shall offer free testing, counseling and referral for indigent parties and other individuals
20-21 without health insurance, offer a sliding scale for payment for all other individuals and, in the
20-22 case of confidential testing, screen for ability to pay through a third party insurer. In the case of
20-23 nonfunded sites for HIV testing, organizations and/or institutions performing the test shall offer
20-24 free testing, counseling and referral for indigent parties and other individuals without health
20-25 insurance.

20-26 (f) All persons tested under this section shall be counseled and tested in accordance
20-27 with regulations promulgated by the department of health.

20-28 SECTION 9. Section 23-1-36.1 in chapter 23-1 of the General Laws entitled "Department
20-29 of Health" is hereby repealed.

20-30 ~~23-1-36.1 Director's duties regarding diseases — Marriage licenses.~~ The director of
20-31 health shall prepare and submit to the clerk's office of each city and town in the state a packet
20-32 containing all appropriate information relating to any disease, including but not limited to,
20-33 sexually transmitted diseases or general health issue as the director of health deems necessary, for
20-34 distribution to all persons applying for a marriage license. The individual packet shall include an
21-1 "AIDS Testing and Notification Form" which shall clearly state that the department of health
21-2 provides confidential HIV tests, at no costs, and further provides pre-test and post-test
21-3 educational materials and post-test counseling for HIV positive persons in accordance with
21-4 regulations adopted by the department of health; provided, however, that any counseling shall be
21-5 in accordance with acceptable medical standards.

21-6 SECTION 10. Sections 23-6-10, 23-6-11, 23-6-12, 23-6-13, 23-6-14, 23-6-15, 23-6-16,
21-7 23-6-17, 23-6-18, 23-6-19, 23-6-20, 23-6-21, 23-6-22, 23-6-23, 23-6-24, 23-6-25, 23-6-26 and
21-8 23-6-27 in chapter 23-6 of the General Laws entitled "Prevention and Suppression of Contagious
21-9 Diseases" are hereby repealed.

21-10 ~~23-6-10 Purpose.~~ The purpose of §§ 23-6-10 — 23-6-24 is to protect the public
21-11 against transmission of human immunodeficiency virus (HIV), and to protect persons who are
21-12 infected with HIV from discrimination.

21-13 ~~23-6-11 Definitions.~~ As used in §§ 23-6-10 — 23-6-24:

21-14 (1) "AIDS" means the medical condition known as acquired immune deficiency
21-15 syndrome, caused by infection of an individual by the human immunodeficiency virus (HIV).

21-16 (2) "HIV" means the human immunodeficiency virus, the pathogenic organism
21-17 responsible for the acquired immunodeficiency syndrome (AIDS).

21-18 (3) "Informed consent form" means a standardized form provided by the Rhode Island
21-19 department of health to those individuals offered HIV testing. The form shall be developed by the
21-20 department and shall contain the following information:

21-21 (i) The public health rationale for HIV testing and information describing the nature of
21-22 the HIV disease;

21-23 (ii) The availability and cost of HIV testing and counseling;

21-24 (iii) That test results are confidential with certain exceptions;

21-25 (iv) A list of exceptions to confidentiality of test results;

21-26 (v) That the test is voluntary and that an informed consent form must be signed before
21-27 testing;

21-28 (vi) That by signing this form the person is only acknowledging that the HIV test and
21-29 counseling have been offered and/or that he or she has declined (opted out) the offer to be tested;
21-30 and

21-31 (vii) Notwithstanding the provisions of subsections (v) and (vi) above, in the event an
21-32 individual consents to anonymous testing, the HIV testing counselor and/or attending practitioner
21-33 ordering the test shall receive only verbal confirmation from the client that the client understands
21-34 all applicable information contained within the informed consent form.

22-1 (4) "HIV test" means any currently medically accepted diagnostic test for determining
22-2 infection of an individual by HIV.

22-3 (5) "Person" means any individual, firm, partnership, corporation, company,
22-4 association, or joint stock association, state or political subdivision or instrumentality of a state.

22-5 (6) "Physician" means a person licensed to practice allopathic or osteopathic medicine
22-6 pursuant to the provisions of chapter 37 of title 5.

22-7 (7) "Services" means health care and social support services.

22-8 (8) "Occupational health representative" is an individual, within a health care facility,
22-9 trained to respond to occupational, particularly blood borne, exposures.

22-10 ~~23-6-12 Testing.~~ (a) Recommendations regarding HIV testing shall reference the most
22-11 current guidelines issued by the Centers for Disease Control and Prevention (CDC) pertaining to

22-12 HIV Counseling, Testing and Referral of Adults, Adolescents and Pregnant Women; provided,
22-13 however, those guidelines shall be interpreted by the department of health so as to best serve the
22-14 clients and patients seeking HIV testing, and shall in no event be interpreted or implemented in a
22-15 manner inconsistent with the minimum informed consent standards of this Title or other
22-16 protections of state law. The recommendations shall emphasize that: (1) HIV screening is
22-17 recommended in all health care settings, after the patient is informed, in accordance with this
22-18 chapter's informed consent standards, that HIV testing will be done unless the patient declines;
22-19 (2) persons at high risk for HIV infection should be screened for HIV at least annually, in
22-20 accordance with this chapter's informed consent standards; and (3) only verbal informed consent
22-21 is required for anonymous testing.

22-22 (b) Unless otherwise excepted by the provisions of this chapter, no person may be
22-23 tested for the presence of HIV where the test result can be identified with a specific individual,
22-24 unless he or she has given his or her informed consent by his or her signature or that of a parent,
22-25 guardian, or agent on a written informed consent form specifically relating to the test after
22-26 discussion of implications of the test with a qualified professional. A physician or health care
22-27 provider attending to any person who may be at risk for HIV infection shall routinely offer the
22-28 HIV test to those patients. All testing pursuant to this section shall be performed in accordance
22-29 with §§ 23-6-17 (confidentiality) and 23-6-18 (protection of the medical record) and this chapter's
22-30 informed consent standards.

22-31 (c) In the event an individual consents to anonymous testing and tests positive for HIV,
22-32 the HIV testing counselor shall discuss with the client options regarding referrals and reporting of
22-33 this positive screening, including the necessity of accessing a physician.

22-34 (d) In addition to, and separate from, the requirement of subdivision 23-6-26(b)(4), all
23-1 HIV CD4 T-lymphocyte test results and all HIV viral load detection test results, detectable and
23-2 nondetectable, shall be reported to the department of health through a department designed
23-3 reporting system that uses a nonname based code and contains no patient identifying information.
23-4 These reports may be used by the department to improve the clinical progress of patients through
23-5 contact with their physicians, and to use the aggregate information collected to develop and
23-6 improve prevention programs and create better access to care.

23-7 **23-6-13 Informed consent form.**— The written informed consent form shall include at
23-8 least the following:

- 23-9 (1) The name and signature of the party(s) seeking and consenting to the HIV test;
23-10 (2) The name and nature of the test;
23-11 (3) The reasons for conducting the test;
23-12 (4) The fact that the test results shall remain confidential except as required by law; and
23-13 (5) Explanation of how test results will affect the tested person's ability to obtain
23-14 services from the party requesting the test, or those for whom he or she is acting.

23-15 **23-6-14. Exceptions.**— A physician or other health care provider may secure a test
23-16 sample for the presence of HIV without consent under the following conditions:

- 23-17 (1) When the person to be tested is under one year of age;
23-18 (2) When the person to be tested is between one and thirteen (13) years of age and
23-19 appears to be symptomatic for HIV;
23-20 (3) When the person to be tested is a minor under the care and authority of the
23-21 department of children, youth, and families, and the director of that department certifies that an
23-22 HIV test is necessary to secure health or human services for that person;
23-23 (4) When a person (the complainant) can document significant exposure to blood or
23-24 other bodily fluids of another person (the individual to be tested), during the performance of the
23-25 complainant's occupation, providing:
23-26 (i) The complainant completes an incident report within forty eight (48) hours of the
23-27 exposure, identifying the parties to the exposure, witnesses, time, place, and nature of the event;
23-28 (ii) The complainant submits to a baseline HIV test and is negative on that test for the
23-29 presence of HIV, within seventy two (72) hours of the exposure;
23-30 (iii) There has been a significant percutaneous or mucous membrane exposure, i.e.,
23-31 needlestick, bite, splash over open wound, broken skin, or mucous membrane, by blood or bodily

23-32 fluids of the person to be tested of a type and in sufficient concentration to permit transmission of
23-33 HIV if present in those fluids; and

23-34 (iv) If a sample of the patient's blood is not otherwise available and the patient refuses to
24-1 grant informed consent, then the complainant may petition the superior court for a court order
24-2 mandating that the test be performed.

24-3 (5) (i) In a licensed health care facility or in the private office of a physician in the event
24-4 that an occupational health representative or physician, registered nurse practitioner, physician
24-5 assistant, or nurse midwife not directly involved in the exposure, determines that a health care
24-6 provider, other than one in a supervisory position to the person making the determination had a
24-7 significant exposure to the blood and/or body fluids of a patient and the patient or the patient's
24-8 guardian refuses to grant consent for an HIV test to determine whether the patient has HIV, then,
24-9 if a sample of the patient's blood is available, that blood shall be tested for HIV.

24-10 (ii) If a sample of the patient's blood is not otherwise available and the patient refuses to
24-11 grant informed consent, then the health care worker may petition the superior court for a court
24-12 order mandating that the test be performed.

24-13 (iii) Before a patient or a sample of the patient's blood is required to undergo an HIV
24-14 test, the health care provider must submit to a baseline HIV test within seventy two (72) hours of
24-15 the exposure.

24-16 (iv) No person who determines that a health care worker has sustained a significant
24-17 exposure and authorizes the HIV testing of a patient, nor any person or health care facility who
24-18 acts in good faith and recommends the test be performed, shall have any liability as a result of
24-19 their actions carried out under this chapter, unless those persons are proven to have acted in bad
24-20 faith.

24-21 (6) In an emergency, where due to a grave medical or psychiatric condition, it is
24-22 impossible to obtain consent from the patient or the patient's parent, guardian, or agent.

24-23 (7) As permitted under sections 23-18.6.1-14(e) and (d) (organ transplant), 23-1-38
24-24 (sperm donation), and 23-8-1.1 (person under eighteen (18) years may give consent for testing for
24-25 communicable diseases).

24-26 (8) Mandatory testing for human immunodeficiency virus (HIV) conducted pursuant to
24-27 sections 42-56-37 (testing at ACI), 11-34-10 (prostitution), and 21-28-4.20 (IDU and needles).

24-28 **23-6-15 Reasonable effort to secure consent.**— No involuntary testing for HIV shall
24-29 take place under any of the exceptions set forth in § 23-6-14 until reasonable efforts have been
24-30 made to secure voluntary informed consent.

24-31 **23-6-16 Due process—Right to bring suit.**— Nothing in §§ 23-6-10—23-6-24 shall be
24-32 construed to limit or deprive any person of his or her right to due process of law, or to bar an
24-33 action for relief and/or damages before a court of competent jurisdiction.

24-34 **23-6-17 Confidentiality.**— (a) It is unlawful for any person to disclose to a third party
25-1 the results of an individual's HIV test without the prior written consent of that individual, or in the
25-2 case of a minor, the minor's parent, guardian, or agent, on a form that specifically states that HIV
25-3 test results may be released, except:

25-4 (1) A licensed laboratory or other health care facility which performs HIV tests shall
25-5 report test results to a patient's licensed physician or other medical personnel who requested the
25-6 test, and to the director of the department of health, pursuant to rules and regulations adopted for
25-7 that purpose.

25-8 (2) A physician:

25-9 (i) May enter HIV test results in the medical record, as would be the case with any
25-10 other diagnostic test;

25-11 (ii) May notify other health professionals directly involved in the care of the individual
25-12 testing positive on the HIV test, or to whom that individual is referred for treatment;

25-13 (iii) May notify persons exposed to blood or other body fluids of an individual who
25-14 tests positive for HIV, pursuant to § 23-6-14(4) through (8) (exceptions) and § 23-17-31 (testing
25-15 of hospitalized patients);

25-16 (iv) May notify the director of the department of children, youth, and families, pursuant
25-17 to § 23-6-14(3) (testing of a minor to secure services); and

25-18 (v) May inform third parties with whom an HIV infected patient is in close and
25-19 continuous exposure related contact, including but not limited to a spouse and/or partner, if the
25-20 nature of the contact, in the physician's opinion, poses a clear and present danger of HIV
25-21 transmission to the third party, and if the physician has reason to believe that the patient, despite
25-22 the physician's strong encouragement, has not and will not inform the third party that they may
25-23 have been exposed to HIV;

25-24 (3) As permitted in subsections (b)(1), (2), (5), (6), (8), (9), (10), (11), (12), (13), (14),
25-25 and (15) of § 5-37.3-4 (confidentiality of health care information) and § 40.1-5-26 (disclosure of
25-26 confidential information under mental health law), or as otherwise required by law.

25-27 (4) By a health care provider to appropriate persons entitled to receive notification of
25-28 persons with infectious or communicable diseases pursuant to §§ 23-5-9 (report of infectious
25-29 disease upon death) and 23-28.36-3 (notification to EMT, firefighter, police officer of infectious
25-30 disease).

25-31 (b) Facilities and other health care providers subject to this section will have
25-32 documentation that each person with access to any confidential information understands and
25-33 acknowledges that the information may not be disclosed except as provided herein. The director
25-34 shall establish protocols for collecting, maintaining and transferring the information (and
26-1 ultimately destroying the information) to ensure the integrity of the transfer, and, if possible, the
26-2 director may suspend any transfer, even to CDC, if he or she is not confident that the transfer is
26-3 secure.

26-4 **23-6-18 Protection of records.**— (a) Providers of health care, public health officials, and
26-5 any other person who maintains records containing information on HIV test results of individuals
26-6 are responsible for maintaining full confidentiality of these data, as provided in § 23-6-17, and
26-7 shall take appropriate steps for their protection, including:

26-8 (1) Keeping records secure at all times and establishing adequate confidentiality
26-9 safeguards for any records electronically stored;

26-10 (2) Establishing and enforcing reasonable rules limiting access to these records; and

26-11 (3) Training persons who handle records in security objectives and technique.

26-12 (b) The department shall evaluate reports of HIV/AIDS for completeness and potential
26-13 referrals for service. All case reports shall be kept in a confidential and secure setting. An
26-14 HIV/AIDS policy and protocol for security shall be developed and implemented by the
26-15 department for this purpose.

26-16 (1) The department shall evaluate its procedures for HIV/AIDS reporting on a
26-17 continuous basis for timeliness, completeness of reporting, and security of confidential
26-18 information.

26-19 (2) The department's protocol shall be in accordance with the recommendations of the
26-20 December 10, 1999 Morbidity and Mortality Weekly Report Recommendations and Reports,
26-21 "CDC Guidelines for National Human Immunodeficiency Virus Case Surveillance, including
26-22 monitoring for Human Immunodeficiency Virus infection and Acquired Immunodeficiency
26-23 Syndrome" document, or its successor document, that pertains to patient records and
26-24 confidentiality; provided, however, that in no event shall the protocol be less protective than that
26-25 required by state law.

26-26 (3) All reports and notifications made pursuant to this section shall be confidential and
26-27 protected from release except under the provisions of this law. Any person aggrieved by a
26-28 violation of this section shall have a right of action in the superior court and may recover for each
26-29 violation:

26-30 (i) Against any person who negligently violates a provision of this section, damages of
26-31 one thousand dollars (\$1,000) or actual damages, whichever is greater.

26-32 (ii) Against any person who intentionally or recklessly violates a provision of this
26-33 section, damages of five thousand dollars (\$5,000) or actual damages, whichever is greater.

26-34 (iii) Reasonable attorneys' fees;

27-1 (iv) Such other relief, including an injunction, as the court may deem appropriate; and

27-2 (v) Any action under this section is barred unless the action is commenced within three

27-3 (3) years after the cause of action accrues. A cause of action shall accrue when the injured party

27-4 becomes aware of an unauthorized disclosure

27-5 ~~**23-6-19 Penalties and remedies.**—The penalties and remedies contained in § 5-37.3-9~~
27-6 shall apply to violations of §§ 23-6-17 and 23-6-18.

27-7 ~~**23-6-20. Notification of disclosure.**—In all cases when an individual's HIV test results~~
27-8 are disclosed to a third party, other than a person involved in the care and treatment of the
27-9 individual, and except as permitted by subsections (a)(1), (a)(2)(i), (a)(2)(ii), (a)(2)(iv), or (a)(4)
27-10 of section 23-6-17 (permitted disclosures re: confidentiality), and permitted by and disclosed in
27-11 accordance with the Federal Health Insurance Portability and Accountability Act of 1996 (Public
27-12 law 104-191) enacted on August 21, 1996 and as thereafter amended, the person so disclosing
27-13 shall make reasonable efforts to inform that individual in advance of:

27-14 (1) The nature and purpose of the disclosure;

27-15 (2) The date of disclosure;

27-16 (3) The recipient of the disclosed information.

27-17 ~~**23-6-21 Protection of public health.**—Nothing contained in §§ 23-6-10—23-6-24 shall~~
27-18 bar the director of health from exercising the authority and responsibilities conferred on him or
27-19 her by law in protecting the public health.

27-20 ~~**23-6-22 Discrimination prohibited.**—No person, agency, organization, or corporate~~
27-21 body may discriminate against a person on the basis of a positive HIV test result, or perception of
27-22 a positive test, in housing, employment, the granting of credit, public accommodation, or delivery
27-23 of services, nor shall an HIV test be required as a condition of employment, except where
27-24 nondiscrimination can be shown, on the testimony of competent medical authorities, to constitute
27-25 a clear and present danger of HIV transmission to others.

27-26 ~~**23-6-23 Administrative relief.**—Any person who believes that he or she has been~~
27-27 unlawfully discriminated against in housing, employment, the granting of credit, public
27-28 accommodations, or delivery of services on the basis of a positive HIV test, or perception of a
27-29 positive test, may bring action for administrative relief before the Rhode Island human rights
27-30 commission; and that commission may

27-31 ~~**23-6-24. Insurance exemption.**—(a) Sections 23-6-10—23-6-23 do not apply to the~~
27-32 offering or sale of life insurance in Rhode Island; provided, however, that any insurance company
27-33 offering or selling life insurance within Rhode Island that requires an individual to be tested for
27-34 infection with human immunodeficiency virus (HIV) or any other identified causative agent of
28-1 HIV for purposes of determining insurability shall: (1) give that individual prior written notice of
28-2 those requirements, and (2) proceed with that testing only upon the written authorization of the
28-3 individual or in the event the individual is a minor, the individual's parent or guardian.

28-4 Notwithstanding anything in sections 23-6-10—23-6-23 to the contrary, life insurance companies
28-5 offering or selling life insurance in Rhode Island may otherwise obtain or disclose HIV test
28-6 results in accordance with section 23-6-17(3). Nothing in this chapter prohibits that company
28-7 from collecting data for statistical purposes, so long as the insured is not identified. However,
28-8 nothing in this section shall be construed to permit that insurance company to cancel or refuse to
28-9 renew a life insurance policy that by its terms has not lapsed on the basis of a positive HIV test
28-10 result.

28-11 (b) (1) "Health benefits" include accident and sickness, including disability or health
28-12 insurance, health benefit plans and/or policies, hospital, health, or medical service plans, or any
28-13 health maintenance organization plan pursuant to title 27 or otherwise.

28-14 (2) The provisions of sections 23-6-10—23-6-23 apply to the offer or sale of health
28-15 benefits in this state by any company regulated under the laws of this state, including, but not
28-16 limited to, title 27 and chapter 62 of title 42; provided, however, sections 23-6-10—23-6-23 do
28-17 not apply to the following:

28-18 (i) Individual health benefit policies;

28-19 (ii) Small group health benefits plans, i.e., groups having fewer than twenty-five (25)
28-20 employees eligible to participate in an employer sponsored plan, or, in the case of non-employer
28-21 groups, a group having fewer than twenty-five (25) employees;

28-22 (iii) Late entrants into any group health benefits plan, regardless of the size of the group.

28-23 A late entrant shall be defined as any individual who does not enroll into a health plan when first

28-24 eligible under the plan, but who later seeks coverage under the group plan;

28-25 (iv) Where an individual seeks to become eligible for an amount of group disability

28-26 income benefit, which benefit would be in excess of the insurer's non-medical maximum as

28-27 defined under the group plan.

28-28 (3) Any company offering or selling health benefits in this state and regulated under the

28-29 laws of this state that requires an individual to be tested for infection with HIV or any other

28-30 identified causative agent of HIV as permitted in paragraphs (2)(i) to (iv) for purposes of

28-31 determining insurability shall: (i) give that individual prior written notice of those requirements;

28-32 and (ii) proceed with that testing only upon the written authorization of the individual, or in the

28-33 event the individual is a minor, the individual's parent or guardian. Notwithstanding anything in

28-34 this chapter to the contrary, companies offering or selling health benefits in this state may

29-1 otherwise obtain or disclose HIV test results in accordance with section 23-6-17(a)(3). Nothing in

29-2 this chapter shall prohibit that company from collecting data for statistical purposes so long as the

29-3 insured's name is not identified.

29-4 (4) Nothing in this chapter shall be construed to permit any company that offers or sells

29-5 health benefits in this state to cancel or refuse to renew a health benefit, which has not by its

29-6 terms lapsed, on the basis of a positive HIV test result.

29-7 (c) (1) There is established a commission to develop and recommend to the legislature a

29-8 risk pool plan under which all insurers issuing health insurance in the state shall participate and

29-9 share a proportion of the risk and cost of insuring people with HIV.

29-10 (2) The commission consists of eleven (11) members; three (3) of whom shall be

29-11 members of the house of representatives, not more than two (2) from the same political party, to

29-12 be appointed by the speaker of the house; two (2) of whom shall be members of the senate, not

29-13 more than one of whom shall be from the same political party, to be appointed by the president of

29-14 the senate; one of whom shall be the director of the department of health, or his or her designee;

29-15 one of whom shall be the director of the department of business regulation, or his or her designee;

29-16 two (2) of whom shall be representatives of the insurance community, to be appointed by the

29-17 governor; and two (2) of whom shall be representatives of AIDS project Rhode Island, to be

29-18 appointed by the governor.

29-19 (3) The commission shall meet at the call of the speaker.

29-20 **23-6-25. Alternative test sites.** -- The department of health shall maintain sites for

29-21 providing both anonymous and confidential HIV testing, and HIV counseling and referral. Each

29-22 site, funded by the department of health, shall offer free testing, counseling and referral for

29-23 indigent parties and other individuals without health insurance, offer a sliding scale for payment

29-24 for all other individuals and, in the case of confidential testing, screen for ability to pay through a

29-25 third party insurer. In the case of nonfunded sites for HIV testing, organizations and/or

29-26 institutions performing the test shall offer free testing, counseling and referral for indigent parties

29-27 and other individuals without health insurance.

29-28 **23-6-26. Laboratory analysis for HIV.** -- (a) HIV/AIDS is regarded to cause significant

29-29 morbidity and mortality, can be screened, diagnosed and treated, and is of major public health

29-30 concern, such that surveillance of the disease occurrence is in the public interest, and therefore

29-31 shall be designated as notifiable and reportable by name.

29-32 (b) Under this provision the following shall be reported:

29-33 (1) A diagnosis of HIV, according to the U.S. Centers for Disease Control and

29-34 Prevention case definition of HIV.

30-1 (2) A diagnosis of AIDS, according to the U.S. Centers for Disease Control and

30-2 Prevention case definition of AIDS.

30-3 (3) A positive ELISA result of any HIV test and/or other FDA approved test indicative

30-4 of the presence of HIV.

30-5 (4) CD4 T lymphocyte test results <200 mg degrees l and/or fourteen percent (14%).

30-6 (5) A perinatal exposure of a newborn to HIV indicated by two (2) positive PCR tests;

30-7 <18 months; and/or other U.S. Food and Drug Administration approved tests that indicate the

30-8 presence of HIV in pediatric cases.

30-9 (6) Other U.S. Food and Drug Administration approved tests indicative of the presence

30-10 of HIV/AIDS, as approved by the department.

30-11 (c) All biological samples or specimens taken from Rhode Island residents for the
30-12 purpose of performing laboratory analysis for the detection of antibody to human
30-13 immunodeficiency virus (HIV), by or under the direction or order of any physician licensed to
30-14 practice medicine in this state, or on order of any duly licensed health care provider shall be sent
30-15 to the Rhode Island department of health laboratory for analysis. This provision shall not apply to
30-16 those HIV tests performed in a hospital laboratory. Hospitals shall forward all positive HIV test
30-17 results to the department of health. The department of health laboratory shall conduct all
30-18 confirmatory testing for HIV/AIDS; exceptions, for alternative testing methods, may be granted
30-19 through written approval by the department of health.

30-20 (d) Except in the case of anonymous testing, a physician or laboratory or duly licensed
30-21 health care provider providing samples or specimens for HIV testing, or results of HIV tests to
30-22 the department, shall include the name of the patient.

30-23 (e) Any HIV cases reported in the previous code based system, shall remain in a code
30-24 based data set. The department of health shall only use and require HIV name case reports
30-25 submitted after the enactment of this law.

30-26 (f) In addition to, and separate from, the requirement of subdivision 23-6-26(b)(4), all
30-27 HIV CD4 T-lymphocyte test results and all HIV viral load detection test results, detectable and
30-28 nondetectable, shall be reported to the department of health through a department designed
30-29 reporting system that uses a nonname based code and contains no patient identifying information.
30-30 These reports may be used by the department to improve the clinical progress of patients through
30-31 contact with their physicians, and to use the aggregate information collected to develop and
30-32 improve prevention programs and create better access to care.

30-33 **23-6-27. Reporting of HIV/AIDS and perinatal exposure of newborns.** (a) The
30-34 following persons shall report information required by this section to the department's HIV/AIDS
31-1 surveillance team:

31-2 (1) A physician/health care provider who diagnoses or treats HIV/AIDS;

31-3 (2) The administrator of a health care facility as defined in Rhode Island general laws
31-4 chapter 23-17 who diagnoses or treats HIV/AIDS; or

31-5 (3) The administrator of a prison in which there is an HIV/AIDS infected person or
31-6 perinatal exposure to HIV/AIDS.

31-7 Reports provided under this section shall specify the infected person's name, as well as
31-8 all information required on the official department HIV Case Report Form.

31-9 (b) Any high managerial agent who is responsible for the administration of a clinical or
31-10 hospital laboratory, blood bank, mobile unit, or other facility in which a laboratory examination
31-11 of any specimen derived from a human body yields serological, or other evidence of HIV/AIDS,
31-12 including perinatal exposure to HIV/AIDS shall notify the department in a timely manner as
31-13 stipulated in the rules promulgated by the department. Reports provided under this section shall
31-14 specify the name as well as all information indicated on the official department HIV Case Report
31-15 Form.

31-16 (c) Reports as required by this section shall only be made if confirmed with a Western
31-17 Blot or other FDA approved confirmatory test.

31-18 (1) All facilities obtaining blood from human donors for the purpose of transfusion or
31-19 manufacture of blood products shall report HIV/AIDS consistent with this section.

31-20 (2) Any laboratory that processes specimens shall permit the department to examine the
31-21 records of said laboratory, facility, or office in order to evaluate compliance with this section.

31-22 (d) Perinatal HIV/AIDS exposure reporting shall be made to the department regardless
31-23 of confirmatory testing.

31-24 (e) Reports required by this section shall be mailed within forty eight (48) hours of
31-25 diagnosis or treatment, to the department using a designated envelope that shall be provided by
31-26 the department's HIV/AIDS Surveillance Team. Any other reporting method shall be approved in
31-27 advance by the department.

31-28 (f) Nothing in this section shall preclude the performance of anonymous HIV/AIDS
31-29 testing.

To tabled for more information from DoH and sponsors, & AIDS Project RI **09 H 5415 & 09 S 0245 Relating to Health and Safety**

09 H 5980 Relating to State Affairs and Government - Health Care for Children and Pregnant Women

Rep. Gemma Held for Further Study or Continued by the House Health, Education, & Welfare Committee
This act would authorize the prescribing physicians to make the final determination if a brand name drug is medically necessary for patients in the RItE Care program. This act would take effect upon passage.

1-1 SECTION 1. Chapter 42-12.3 of the General Laws entitled "Health Care for Children and
1-2 Pregnant Women" is hereby amended by adding thereto the following section:
1-3 **42-12.3-9.1. Physician authorized product selection.** – Every licensed Rhode Island
1-4 physician, when prescribing any drug by brand name for a participant in the RItE Care program,
1-5 shall, in each prescription, whether oral, written or electronic, authorize a less expensive generic
1-6 equivalent drug product by signing the prescription. If, in the professional judgment of the
1-7 prescribing physician, the brand name is medically necessary, the physician shall indicate “brand
1-8 name necessary” on the prescription form. Pursuant to section 42-127.1-7 and chapter 19.1 of this
1-9 title, an electronic signature shall satisfy this requirement.
1-10 SECTION 2. This act shall take effect upon passage.

MOTION: To take find beneficial 09 H 5980 Relating to State Affairs and Government - Health Care for Children and Pregnant Women BI/AP passed unanimously

Housing

09 H 5987 Relating to State Affairs and Government - Housing Resources - Neighborhood Opportunities

Program Rep. Fox Referred to the House Finance Committee
This act would establish and fund the neighborhood opportunities program to address the housing and revitalization needs of the state's deteriorating neighborhoods. It would also appropriate \$7,500,000 for FY 2010. This act would take effect upon passage.

1-1 SECTION 1. Section 42-128-8 of the General Laws in Chapter 42-128 entitled "Rhode
1-2 Island Housing Resources Act of 1998" is hereby amended to read as follows:
1-3 **42-128-8. Powers and duties.** -- In order to provide housing opportunities for all Rhode
1-4 Islanders, to maintain the quality of housing in Rhode Island, and to coordinate and make
1-5 effective the housing responsibilities of the agencies and subdivisions of the state, the
1-6 commission shall have the following powers and duties:
1-7 (1) Policy, planning and coordination of state housing functions. - The commission shall
1-8 have the power and duty:
1-9 (i) To prepare and adopt the state's plans for housing, provided however that this
1-10 provision shall not be interpreted to contravene the prerogative of the state planning council to
1-11 adopt a state guide plan for housing.
1-12 (ii) To prepare, adopt, and issue the state's housing policy.
1-13 (iii) To conduct research on and make reports regarding housing issues in the state.
1-14 (iv) To advise the governor and general assembly on housing issues and to coordinate
1-15 housing activities among government agencies and agencies created by state law or providing
1-16 housing services under government programs.
1-17 (2) Establish, implement, and monitor state performance measures and guidelines for
1-18 housing programs. - The commission shall have the power and the duty:
2-1 (i) To promulgate performance measures and guidelines for housing programs conducted
2-2 under state law.
2-3 (ii) To monitor and evaluate housing responsibilities established by state law, and to
2-4 establish a process for annual reporting on the outcomes of the programs and investments of the
2-5 state in housing for low and moderate income people.
2-6 (iii) To hear and resolve disputes pertaining to housing issues.
2-7 (3) Administer the programs pertaining to housing resources that may be assigned by
2-8 state law. - The commission shall have the power and duty to administer programs for housing,
2-9 housing services, and community development, including, but not limited to, programs pertaining
2-10 to:

- 2-11 (i) Abandoned properties and the remediation of blighting conditions.
- 2-12 (ii) Lead abatement and to manage a lead hazard abatement program in cooperation with
- 2-13 the Rhode Island Housing and Mortgage Finance Corporation.
- 2-14 (iii) Services for the homeless.
- 2-15 (iv) Rental assistance.
- 2-16 (v) Community development.
- 2-17 (vi) Outreach, education and technical assistance services.
- 2-18 (vii) Assistance, including financial support, to non-profit organizations and community
- 2-19 development corporations.
- 2-20 (viii) Tax credits that assist in the provision of housing or foster community development
- 2-21 or that result in support to non-profit organizations performing functions to accomplish the
- 2-22 purposes of this chapter.
- 2-23 (ix) The neighborhood opportunities program, the purpose of which shall be to address
- 2-24 the housing and revitalization needs of the state's deteriorating neighborhoods. The neighborhood
- 2-25 opportunities program shall provide financial assistance to implement the following three (3)
- 2-26 components:
- 2-27 (a) The family affordable housing program, the purpose of which shall be to produce an
- 2-28 additional supply of housing units at rents affordable to families working at or near minimum
- 2-29 wage. State funding will leverage other resources for the production of housing, to create mixed
- 2-30 income housing, and to revitalize neighborhoods through the rehabilitation of existing
- 2-31 substandard units.
- 2-32 (b) The permanent supportive housing program, the purpose of which shall be to produce
- 2-33 additional housing for disabled individuals to be coupled with services and case management to
- 2-34 stabilize homeless individuals in permanent housing at affordable rents for persons receiving
- 3-1 supplemental social security income (SSI).
- 3-2 (c) The neighborhood revitalization program, the purpose of which shall be to provide
- 3-3 grants to local communities for renovation, demolition, and homeownership opportunities in
- 3-4 neighborhoods designated for revitalization.
- 3-5 **SECTION 2.** There is hereby appropriated out of any money in the treasury not
- 3-6 otherwise appropriated for the fiscal year 2009-2010, the sum of seven million, five hundred
- 3-7 thousand dollars (\$7,500,000) for the purpose of carrying out the provisions of this act, and the
- 3-8 state controller is hereby authorized to draw his orders upon the general treasurer for the payment
- 3-9 of said sum, or so much thereof as may be from time to time required, upon receipt by him of
- 3-10 properly authenticated vouchers.
- 3-11 **SECTION 3.** This act shall take effect upon passage.

MOTION: To take find beneficial 09 H 5987 Relating to State Affairs and Government - Housing Resources - Neighborhood Opportunities Program AP/LW passed unanimously

Special Education

09 H 5978 Relating to Education - The Education Equity and Property Tax Relief Act Rep. Ajello

Referred to the House Finance Committee

This act would establish a new system for the support of public education in Rhode Island, based upon an objective assessment of student needs and designed to assure predictability and accountability in the funding and delivery of meaningful educational opportunity to all students in all communities throughout the state. There shall be a separate accounting for "extraordinary special education expenditures" on a per child basis in a given fiscal year. Costs associated with expenses greater than four (4) times the per pupil foundation level shall be provided by the state. This act would take effect upon passage.

1-1 **SECTION 1.** Section 16-7-20 of the General Laws in Chapter 16-7 entitled "Foundation

1-2 Level School Support" is hereby amended to read as follows:

1-3 **16-7-20. Determination of state's share.** -- (a) For each community the state's share

1-4 shall be computed as follows: Let

1-5 R = state share ratio for the community.

1-6 v = adjusted equalized weighted assessed valuation for the community, as defined in

1-7 section 16-7-21(3).

1-8 V = sum of the values of v for all communities. m = average daily membership of pupils
1-9 in the community as defined in section 16-7-22(3).
1-10 M = total average daily membership of pupils in the state.
1-11 E = approved reimbursable expenditures for the community for the reference year minus
1-12 the excess costs of special education, tuitions, federal and state receipts, and other income. Then
1-13 the state share entitlement for the community shall be RE
1-14 where $R = 1 - 0.5vM/(Vm)$,
1-15 Except that in no case shall R be less than zero percent (0%). This percentage shall be
1-16 applied to one hundred percent (100%) of all expenditures approved by the board of regents for
1-17 elementary and secondary education in accordance with currently existing rules and regulations
1-18 for administering state aid, including but not limited to the setting of appropriate limits for
2-1 expenditures eligible for reimbursement; provided, however, that the costs of special education
2-2 required under chapter 24 of this title shall be excluded; and the costs for regional vocational
2-3 school operation and tuition which are funded in chapter 45 of this title for the reference year
2-4 1987-1988 and thereafter, shall be excluded. "Special education costs" mean the costs that are in
2-5 excess of the average per pupil expenditure in average daily membership for the second school
2-6 year preceding. The average per pupil expenditure in average daily membership of those students
2-7 receiving special education shall be included in the cost of the basic program for the reference
2-8 year, as "reference year" is defined in section 16-7-16. Expenditures from federal money in lieu
2-9 of taxes shall not be counted and, provided further that the individual communities in the Chariho
2-10 regional districts shall each receive the seven and five hundredths percent (7.05%) for those
2-11 grades serviced by the regional school district.
2-12 (b) The department of elementary and secondary education shall base reimbursement on
2-13 one hundred percent (100%) of the expenditures for its state operated schools in accordance with
2-14 the reference year provision as defined in section 16-7-16(11). Any funds to supplement the
2-15 reimbursement shall be appropriated and included in the department budget.
2-16 (c) This section shall apply to the School for the Deaf and the Davies Vocational School
2-17 notwithstanding any provisions of this section to the contrary.
2-18 (d) Whenever any funds are appropriated for educational purposes, the funds shall be
2-19 used for educational purposes only and all state funds appropriated for educational purposes must
2-20 be used to supplement any and all money allocated by a city or town for educational purposes and
2-21 in no event shall state funds be used to supplant, directly or indirectly, any money allocated by a
2-22 city or town for educational purposes. The courts of this state shall enforce this section by writ of
2-23 mandamus.
2-24 (e) Notwithstanding the calculations in subsection (a), the hospital school at the Hasbro
2-25 Children's Hospital shall be reimbursed one hundred percent (100%) of all expenditures approved
2-26 by the board of regents for elementary and secondary education in accordance with currently
2-27 existing rules and regulations for administering state aid, and subject to annual appropriations by
2-28 the general assembly including, but not limited to, expenditures for educational personnel,
2-29 supplies, and materials in the prior fiscal year.
2-30 (f) Excepting further, that commencing with the fiscal year that begins July 1, 2009,
2-31 twenty-five percent (25%) of the aid provided pursuant to the formula contained in this section
2-32 herein and as otherwise provided by this chapter shall instead be distributed in accordance with
2-33 the provisions of chapter 16-7.2, ("The Education Equity and Property Tax Relief Act").
2-34 Commencing with the fiscal year that begins July 1, 2010, fifty percent (50%) of the aid provided
3-1 pursuant to the formula contained in this section herein and as otherwise provided by this chapter
3-2 shall instead be distributed in accordance with the provisions of chapter 16-7.2. Commencing
3-3 with the fiscal year that begins July 1, 2011, all school aid previously provided by the formula set
3-4 forth in this chapter shall instead be distributed in accordance with the provisions of chapter 16-
3-5 7.2 ("The Education Equity and Property Tax Relief Act"), and the formulas provided for school
3-6 aid both by this section and chapter shall become null and void.
3-7 SECTION 2. Sections 16-7.2-1 and 16-7.2-2 of the General Laws in Chapter 16-7.2
3-8 entitled "The Education Equity and Property Tax Relief Act" are hereby amended to read as
3-9 follows:

3-10 **16-7.2-1. Legislative findings.** -- (a) The general assembly recognizes the need for an
3-11 equitable distribution of resources among the state's school districts, property tax relief and a
3-12 predicable method of distributing education aid. The general assembly finds that there is a need to
3-13 reform the way public education is financed because:

3-14 (1) All children should have access to an adequate and meaningful education regardless
3-15 of their residence or economic means;

3-16 (2) A school funding system should treat property taxpayers equably, limit the portion of
3-17 school budgets financed by property taxes, ~~and~~ establish sufficient cost controls on school
3-18 spending, and promote efficiency in the use and distribution of limited resources;

3-19 (3) The state should ensure that its school funding structure adequately reflects the
3-20 different needs of students, and closes the educational inequities among the state's school
3-21 districts; ~~and~~

3-22 (4) The state education funding system should provide a predicable amount and source
3-23 of funding to ensure stability in the funding of schools; and

3-24 (5) The state education funding system must be anchored in systems of fiscal and
3-25 program accountability that measure whether state and local programs and expenditures actually
3-26 provide the opportunity for a sound basic education in a manner consistent with Rhode Island
3-27 law.

3-28 (b) The intent of this chapter is to promote a school finance system in Rhode Island that
3-29 is predicated on student need and taxpayer ability to pay. A new school funding system in the
3-30 state should promote educational equity for all students and reduce the reliance on the property
3-31 tax to fund public education. This legislation is intended to ensure educational opportunity to
3-32 each pupil in each city or town on substantially equal terms. Adequate per pupil support will be
3-33 provided through a combination of state school aid and local education property tax levies.

3-34 **16-7.2-2. Joint legislative committee to establish a permanent education foundation**

4-1 **aid formula for Rhode Island.** -- (a) There is hereby established a joint legislative committee to
4-2 develop a basic foundation support program and an appropriate transition plan to fully implement
4-3 a new funding system.

4-4 The committee shall consist of ten (10) members, five (5) of which shall be appointed by
4-5 the speaker of the house, one (1) of which shall be from the minority party, and five (5) members
4-6 appointed by the president of the senate, one (1) of which shall be from the minority party. The
4-7 speaker of the house and president of the senate shall each appoint a committee co-chair.

4-8 The joint legislative committee ~~is directed to consider the following framework in~~
4-9 ~~developing a new education foundation support program:~~ shall monitor the operation and
4-10 implementation of this chapter and make such recommendations to the general assembly as it
4-11 may from time to time deem appropriate.

4-12 (b) The provisions of this chapter shall apply to the 2009-2010 and subsequent school
4-13 years. Education is of primary importance of Rhode Island's economic competitiveness. Rhode
4-14 Island requires a permanent funding formula for education that ensures that education funding is
4-15 distributed in a responsible and consistently predictable manner, regardless of annual availability
4-16 of state revenues. It will take a period of years to implement a new approach to education
4-17 funding, making a reliable transition plan a key element of the permanent education foundation
4-18 aid formula, as well as the funding system that implements that formula on an annual basis.

4-19 Successful education funding must be done with transparency, must be based on
4-20 available data, and must have the flexibility to allow for mid-course corrections over a period of
4-21 years. The successful implementation of this comprehensive funding system will require the full
4-22 implementation of the uniform system of accounting and accountability established by section 16-
4-23 2-9.4, as well as incorporation of fiscal oversight into the state system of accountability—
4-24 progressive support and intervention—as set forth in chapter 16-7.1. Funding shall be allocated
4-25 on an annual basis to the department of elementary and secondary education for the purpose of
4-26 implementing an accountability framework designed to ensure fiscal efficiency and program
4-27 effectiveness.

4-28 (c)(1) ~~(1) A state education funding formula that is~~ The permanent education foundation
4-29 aid formula is based upon distribution of both student population and ~~needs-driven~~ student need.

4-30 Student counts ~~should~~ shall include enrollments, students eligible for free and reduced lunch,
4-31 those participating in English language assistance programs, career and technical education and
4-32 special education. Provisions should be made for those school districts that experience declining
4-33 enrollments.

4-34 (2) ~~The accounting for "extraordinary special education expenditures" in special~~
5-1 ~~education spending for one child in a given fiscal year. There shall be a separate accounting for~~
5-2 ~~"extraordinary special education expenditures" on a per child basis in a given fiscal year. Costs~~
5-3 ~~associated with expenses greater than four (4) times the per pupil foundation level shall be~~
5-4 ~~provided by the state.~~

5-5 (2)(3) ~~A statewide per pupil foundation amount to~~ shall be used in the calculation of
5-6 school funding. The per pupil foundation amount ~~should~~ shall be based on what the department of
5-7 elementary and secondary education in collaboration with the general assembly and the
5-8 governor's office determines to be the reference year cost is to provide an equitable and adequate
5-9 education; to one student with no special needs, and consider various cost factors, such as pupil-
5-10 teacher ratios, teacher and staff compensation, technology investments, educational supplies,
5-11 teacher training and professional development, student performance assessments, curriculum
5-12 offerings and support services and other costs associated with the delivery of educational
5-13 services.

5-14 (3)(4) ~~Per pupil cost, based on a least cost option plan to provide purchase of service~~
5-15 ~~contracts in areas such as equipment, repair, benefits, transportation, general purchasing, capital~~
5-16 ~~construction, data processing and health and other insurance programs. In addition, the~~
5-17 ~~department of elementary and secondary education should~~ shall assist regional collaboratives in
5-18 identifying opportunities to maximize multiple school district participation for "high cost"
5-19 programs.

5-20 (4)(5) ~~Various methods of funding the system. Due to their supplemental nature, federal~~
5-21 ~~monies shall be accounted for separately and apart from the state/local permanent education~~
5-22 ~~foundation aid formula.~~

5-23 (5)(6) ~~A transition education funding plan. The permanent education foundation aid~~
5-24 ~~formula shall be seen as one element of a more comprehensive system of funding public~~
5-25 ~~education. The four (4) primary categories of expenditures that must be accounted for in an~~
5-26 ~~overall state/local funding strategy are as follows:~~

5-27 (i) ~~The foundation formula, which sets parameters of local/state cost sharing for most~~
5-28 ~~educational expenses.~~

5-29 (ii) ~~Costs for which there are potential efficiencies only at the state level;~~

5-30 (iii) ~~Expenses that are state program responsibilities and therefore not included in the~~
5-31 ~~foundation itself; and~~

5-32 (iv) ~~Costs controlled at the local level which could be treated as purely local~~
5-33 ~~responsibilities.~~

5-34 (6) ~~Distribution of allowable expenses across these four (4) categories, expressed as (i)~~
6-1 ~~through (iv) above, shall be examined on an annual basis as part of the transition education~~
6-2 ~~funding plan, which shall explore various methods of funding the system. Based on availability~~
6-3 ~~of revenues, a key element of transition planning shall be the prioritization of increasing the state~~
6-4 ~~share of certain identified expenditures that logically should be borne by the state based on~~
6-5 ~~criteria of efficiency and accountability. For example, the costs associated for extraordinary~~
6-6 ~~special education students shall be the responsibility of the state once expenditures surpass four~~
6-7 ~~(4) times the per pupil foundation level. State funding of these new aid categories will become a~~
6-8 ~~direct source of local property tax relief.~~

6-9 (b) ~~The speaker of the house and president of the senate, in consultation with the~~
6-10 ~~committee co-chairs, are hereby directed to appoint a foundation aid technical advisory group,~~
6-11 ~~and a property tax relief technical advisory group.~~

6-12 (c) ~~The foundation aid technical advisory group shall advise and assist the committee in~~
6-13 ~~recommending foundation aid amounts by:~~

6-14 (1) ~~Identifying specific resources and least cost options to provide every child the~~
6-15 ~~opportunity to necessary educational opportunities to meet education performance standards; and~~

6-16 ~~(2) Systematically calculating the amount of per pupil funding necessary to support an~~
6-17 ~~effective and efficient educational system. The group may create task forces to consider the needs~~
6-18 ~~of special populations, comprehensive education programs, and noneducational support activities,~~
6-19 ~~composed of experts in these areas. In developing a foundation aid amount, the group shall~~
6-20 ~~consider, among other factors, pupil teacher ratios, compensation, collective bargaining practices,~~
6-21 ~~technology investments, educational supplies, teacher training and professional development,~~
6-22 ~~student performance assessments, curriculum offerings and support services and all other costs~~
6-23 ~~and needs associated with the delivery of educational services.~~

6-24 ~~(d) The property tax relief technical advisory group shall advise and assist the committee~~
6-25 ~~in identifying the options and the impact of replacing existing local education property tax levies~~
6-26 ~~that support the funding of elementary and secondary education with other resources.~~

6-27 ~~(e) The joint committee shall issue a report outlining its findings and recommendations~~
6-28 ~~no later than May 15, 2007.~~

6-29 ~~All state agencies and departments shall be directed to cooperate with and provide all~~
6-30 ~~necessary information to the joint legislative committee.~~

6-31 SECTION 3. Chapter 16-7.2 of the General Laws entitled "The Education Equity and
6-32 Property Tax Relief Act" is hereby amended by adding thereto the following section:

6-33 **16-7.2-3. Permanent education foundation aid formula.** – (a) The annual cost of
6-34 educating students in Rhode Island shall be based on a statewide per pupil foundation amount,
7-1 which is defined as that level of expenditure for each student that represents the cost of providing
7-2 adequate and lawfully compliant educational opportunities to one student with no special needs.
7-3 Such per pupil foundation amount shall be determined by actual expenditures reported by school
7-4 districts for the reference year pursuant to subdivision 16-7-16(11). The department of
7-5 elementary and secondary education shall verify expenditures collected in accordance with the
7-6 provisions of section 16-7.1-3 via the use of a uniform chart of accounts, and the department shall
7-7 base the per pupil calculation upon those expenses determined to be allowable shared education
7-8 costs between the state and school districts in accordance with applicable law.

7-9 (b) The per pupil foundation amount shall be multiplied by the resident average daily
7-10 membership (RADM) pursuant to section 16-7-22 and further multiplied by the state share ratio.
7-11 The state share ratio shall be computed in accordance with the formula contained in section 16-7-
7-12 20.

7-13 (c) The per pupil foundation amount shall also be multiplied by certain student
7-14 populations multiplied by a weight that equals the proportional additional instructional costs
7-15 incurred in educating those students as follows:

7-16 Weight

7-17 Special education students .50

7-18 Students eligible for free school lunch .50

7-19 Students eligible for reduced school lunch .25

7-20 Students participating in English language acquisition programs .20

7-21 Vocational education students .25

7-22 (d) Foundation aid for a district shall be the sum of aid calculated pursuant to subsections
7-23 (b) and (c) above, which results in a state share ratio applied to a student population derived from
7-24 the sum of RADM and weighted students—subject to the transition plan set forth in section 16-
7-25 7.2-9 of this chapter.

7-26 (e) Provided, that the formulas provided for in this chapter shall be used in full for the
7-27 fiscal year commencing July 1, 2010. For the school years occurring between July 1, 2009, and
7-28 July 1, 2010, the provisions of this chapter shall be used to allocate a portion, but not all, of
7-29 school aid, in conjunction with the formulas set forth in chapter 16-7 (“Foundation Level School
7-30 Support”)

7-31 Such pupil foundation for the 2009-10 school year shall be determined by the total
7-32 resources provided by the state and localities for the 2008-09 school year. In coming years the
7-33 total funding can be increased based on the overall economic well-being of the state.

7-34 (f) Districts may set aside a portion of the funds received for free and reduced lunch
8-1 weighted students for expanded learning opportunities such as afterschool and summer programs.

8-2 pre-kindergarten education, full day kindergarten and/or career and technical programs.
8-3 (g) As part of its monitoring responsibilities as set forth in section 16-7.2-2, the joint
8-4 legislative committee may make recommendations on possible additional weights for expanded
8-5 learning opportunities such as afterschool and summer programs, pre-kindergarten education, full
8-6 day kindergarten and/or career and technical programs.

8-7 **16-7.2-4. Locally funded expenses.** – The calculation of the annual foundation education
8-8 per pupil amount shall not include those costs determined to be entirely controlled at the local
8-9 level, and therefore supported entirely by local funds. Such locally controlled and supported
8-10 costs include retiree health benefits.

8-11 **16-7.2-5. State funded expenses.** – (a) In addition to the foundation aid provided
8-12 pursuant to 16-7.2-3, the permanent foundation aid program will provide direct state funding for
8-13 areas of expenditures in which districts incur extraordinary costs; where the state is able to
8-14 provide the service in a more efficient and cost-effective manner; and/or where the state
8-15 determines that the program or initiative is a priority for direct state oversight or control. Such
8-16 funding shall be provided in the areas of group home aid, out-of-district transportation,
8-17 extraordinary costs associated with individual special education students, and non-public school
8-18 textbooks. Assumption of one-hundred percent (100%) of these costs will result in property tax
8-19 relief for taxpayers and will enable municipalities to stay within statutory tax cap increases.
8-20 Provided, that such additional funding beyond foundation aid as set forth in this chapter shall be a
8-21 goal, and not an unfunded mandate, so that such funding shall be provided as revenues and needs
8-22 allow, as determined annually by the general assembly.

8-23 (b) Costs associated with an individual special education student shall be deemed to be
8-24 “extraordinary” when they exceed four (4) times the current fiscal year’s statewide per pupil
8-25 foundation amount as determined pursuant to subsection 16-7.2-3(a) of this chapter.

8-26 **16-7.2-6. Accountability.** – (a) Pursuant to sections 16-7.1-3 and 16-7.1-5, the
8-27 department of elementary and secondary education shall use the uniform chart of accounts to
8-28 maintain fiscal accountability for education expenditures that comply with applicable laws and
8-29 regulations. These dates shall be used to develop criteria and priorities for cost controls,
8-30 efficiencies, and program effectiveness.

8-31 (b) The department of elementary and secondary education shall establish and/or
8-32 implement program standards to be used in the oversight of foundation aid calculated pursuant to
8-33 subsection 16-7.23(c). The intent is to ensure that state aid for targeted, weighted populations
8-34 results in improved student performance, and that such funds be used in accordance with state
9-1 standards for curricula, student proficiency and performance-based graduation requirements.
9-2 Such oversight will be carried out in accordance with the progressive support and intervention
9-3 protocols established in chapter 7.1 of title 16.

9-4 **16-7.2-7. Transition plan.** – (a) Funding for the foundation aid program including
9-5 increases in aid to districts and state assumption of costs, shall be phased in over a period of years
9-6 in three (3) year increments. The transition will increase a combination of direct aid to districts
9-7 and district savings through state-assumed costs at an overall rate of three percent (3%) to six
9-8 percent (6%) per year, as determined by the general assembly on an annual basis, based on
9-9 available revenues. Provided, that for the fiscal years occurring prior to July 1, 2010, the
9-10 foundation aid program shall be sued to distribute funds in conjunction with the provisions for
9-11 foundation level school support as set forth in subsection 16-7-20(f).

9-12 (b) The senate and house committees on finance are hereby jointly charged with the
9-13 responsibility of creating a systemic, permanent formula for the distribution of state aid in
9-14 compliance with the dictates of chapter 7.2 of title 16, as amended. Said formula shall be
9-15 projected on a three (3) year basis, and shall be updated annually at least sixty (60) days prior to
9-16 the enactment of each fiscal year budget by the general assembly. It shall be explicitly
9-17 understood that said three (3) year projections shall be subject to available revenues in each
9-18 ensuing fiscal year, and that the general assembly reserves all rights to revise chapter 7.2 of title
9-19 16 at any time as needed to reflect the availability of revenues to fund the permanent foundation
9-20 aid formula and related public education expenses. The first three (3) year projection of transition
9-21 funding for the permanent foundation aid formula, as set forth in chapter 7.2 of title 16, shall be

9-22 presented to the full general assembly no later than February 1, 2009, in order to allow for
9-23 sufficient time to distribute FY 2009 funds in accordance with the dictates contained therein.
9-24 **16-7.2-8. Applicability.** – This chapter applies to education aid for any city, town or
9-25 regional school district including the Central Falls state operated school district. Calculation and
9-26 distribution of aid under sections 16-7-20, 16-7.1-6, 16-7.1-8, 16-7.1-9, 16-7.1-10, 16-7.1-11, 16-
9-27 7.11.1, 16-7.1-12, 16-7.1-15, 16-7.1-16 and 16-7.1-19 is hereby suspended until further action by
9-28 the general assembly. Aid under this chapter will be paid pursuant to section 16-7-17, except that
9-29 aid to the Central Falls state operated school district shall be paid in twelve (12) equal
9-30 installments.
9-31 **16-7.2-9. Severability.** – If any provision of this chapter or any rule or regulation made
9-32 hereunder, or the application thereof to any person or circumstance, is held invalid by a court of
9-33 competent jurisdiction, the remainder of the chapter, rule or regulation and the application of that
9-34 provision to other persons or circumstances shall not be affected thereby. The invalidity of any
10-1 section or sections shall not affect the validity of the remainder of the chapter.
10-2 SECTION 4. Section 16-2-9.4 of the General Laws in Chapter 16-2 entitled "School
10-3 Committees and Superintendents" is hereby amended to read as follows:
10-4 **16-2-9.4. School district accounting compliance.** -- (a) The office of auditor general
10-5 and the department of elementary and secondary education shall promulgate a uniform system of
10-6 accounting, including a chart of accounts based on the recommendations of the advisory council
10-7 on school finance, and require all accounts of the school districts, regional school districts, state
10-8 schools and charter schools to be kept in accordance therewith; provided, that in any case in
10-9 which the uniform system of accounting is not practicable, the office of auditor general in
10-10 conjunction with the department of elementary and secondary education shall determine the
10-11 manner in which the accounts shall be kept.
10-12 (b) For the purpose of securing a uniform system of accounting and a chart of accounts
10-13 the advisory council on school finances, as defined in section 16-2-9.2 may make such surveys of
10-14 the operation of any school districts, regional school district, state school or charter school as they
10-15 shall deem necessary.
10-16 (c) If any school district, regional school district, state school or charter school fails to
10-17 install and maintain the uniform system of accounting, including a chart of accounts, or fails to
10-18 keep its accounts and interdepartmental records, or refuses or neglects to make the reports and to
10-19 furnish the information in accordance with the method prescribed by the office of auditor general
10-20 and the department of education or hinders or prevents the examination of accounts and financial
10-21 records, the auditor general and the commissioner of education may make a report to the board of
10-22 regents for elementary and secondary education in writing, specifying the nature and extent of the
10-23 failure, refusal, neglect, hindrance, or prevention, and the board of regents is hereby authorized
10-24 and directed to review the matter so reported. If the regents shall find that failure, refusal, neglect,
10-25 hindrance, or prevention exists and that the school district, regional school district, state school or
10-26 charter school should properly comply in the matter so reported, the regents shall direct the
10-27 school district, regional school district, state school or charter school, in writing, to so comply. If
10-28 the failure, refusal, neglect, hindrance, or prevention shall continue for a period of ten (10) days
10-29 following the written direction, the regents may withhold distribution of state aid to said school
10-30 district, regional school district, state school or charter school.
10-31 (d) In addition to sums elsewhere appropriated, the general assembly shall appropriate
10-32 funds to the department of elementary and secondary education for fiscal year 2009 for
10-33 distribution to the state's local education agencies to fulfill the requirements of implementing a
10-34 uniform chart of accounts in each school district, charter school, and state-operated school, as
11-1 mandated by this section, in order to ensure full accountability for those funds distributed
11-2 pursuant to the permanent education foundation aid formula in fiscal year 2010 and ensuing
11-3 years.
11-4 SECTION 5. This act shall be construed liberally in aid of its declared purposes.
11-5 SECTION 6. This act shall take effect upon passage.

MOTION: To take find beneficial 09 H 5978 Relating to Education - The Education Equity and Property Tax Relief Act BI/GR passed abstain AP

Transportation

09 H 5983 Article 17 Relating to Motor Fuel Tax Rep. Watson Requested by the Governor Held for Further Study or Continued by the House Finance Committee

This article permanently transfers the proceeds of one cent of the thirty cent motor fuel tax from the general fund to the department of transportation effective July 1, 2009, rather than as many public and para transit consumers hoped assigning it to RIPTA.

ARTICLE 17

RELATING TO MOTOR FUEL TAX

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SECTION 1. Section 31-36-20 of the General Laws in Chapter 31-36 entitled "Motor Fuel Tax" is hereby amended to read as follows:

31-36-20. Disposition of proceeds. – (a) Notwithstanding any other provision of law to the contrary, all moneys paid into the general treasury under the provisions of this chapter or chapter 37 of this title shall be applied to and held in a separate fund and be deposited in any depositories that may be selected by the general treasurer to the credit of the fund, which fund shall be known as the Intermodal Surface Transportation Fund; provided, that in fiscal year 2004 for the months of July through April six and eighty-five hundredth cents (\$0.0685) per gallon of the tax imposed and accruing for the liability under the provisions of § 31-36-7, less refunds and credits, shall be transferred to the Rhode Island public transit authority as provided under § 39-18-21. For the months of May and June in fiscal year 2004, the allocation shall be five and five hundredth cents (\$0.0505). Thereafter, until fiscal year 2006, the allocation shall be six and twenty-five hundredth cents (\$0.0625). For fiscal year 2006 and thereafter the allocation shall be seven and twenty-five hundredth cents (\$0.0725); provided, that expenditures shall include the costs of a market survey of non-transit users and a management study of the agency to include the feasibility of moving the Authority into the Department of Transportation, both to be conducted under the auspices of the state budget officer. The state budget officer shall hire necessary consultants to perform the studies, and shall direct payment by the Authority. Both studies shall be transmitted by the Budget Officer to the 2006 session of the General Assembly, with comments from the Authority. One cent (\$0.01) per gallon shall be transferred to the Elderly/Disabled Transportation Program of the department of elderly affairs, and the remaining cents per gallon shall be available for general revenue as determined by the following schedule:

- (i) For the fiscal year 2000, three and one fourth cents (\$0.0325) shall be available for general revenue.
- (ii) For the fiscal year 2001, one and three-fourth cents (\$0.0175) shall be available for general revenue.
- (iii) For the fiscal year 2002, one-fourth cent (\$0.0025) shall be available for general revenue.
- (iv) For the fiscal year 2003, two and one-fourth cent (\$0.0225) shall be available for general revenue.
- (v) For the months of July through April in fiscal year 2004, one and four-tenths cents (\$0.014) shall be available for general revenue. For the months of May through June in fiscal year 2004, three and two-tenths cents (\$0.032) shall be available for general revenue, and thereafter, until fiscal year 2006, two cents (\$0.02) shall be available for general revenue. For fiscal year 2006 ~~and thereafter~~ through FY 2009 one cent (\$0.01) shall be available for general revenue.

(2) All deposits and transfers of funds made by the tax administrator under this section, including those to the Rhode Island public transit authority, the department of elderly affairs and the general fund, shall be made within twenty-four (24) hours of receipt or previous deposit of the funds in question.

(3) Commencing in fiscal year 2004, the Director of the Rhode Island Department of Transportation is authorized to remit, on a monthly or less frequent basis as shall be determined by the Director of the Rhode Island Department of Transportation, or his or her designee, or at the election of the Director of the Rhode Island Department of Transportation, with the approval of the Director of the Department of Administration, to an indenture trustee, administrator, or other third party fiduciary, in an amount not to exceed two cents (\$0.02) per gallon of the gas tax imposed, in order to satisfy debt service payments on aggregate bonds issued pursuant to a Joint

2-19 Resolution and Enactment Approving the Financing of Various Department of Transportation
2-20 Projects adopted during the 2003 session of the General Assembly, and approved by the
2-21 Governor.

2-22 (b) Notwithstanding any other provision of law to the contrary, all other funds in the
2-23 fund shall be dedicated to the department of transportation, subject to annual appropriation by the
2-24 general assembly. The director of transportation shall submit to the general assembly, budget
2-25 office and office of the governor annually an accounting of all amounts deposited in and credited
2-26 to the fund together with a budget for proposed expenditures for the succeeding fiscal year in
2-27 compliance with §§ 35-3-1 and 35-3-4. On order of the director of transportation, the state
2-28 controller is authorized and directed to draw his or her orders upon the general treasurer for the
2-29 payments of any sum or portion of the sum that may be required from time to time upon receipt
2-30 of properly authenticated vouchers.

2-31 (c) At any time the amount of the fund is insufficient to fund the expenditures of the
2-32 department of transportation, not to exceed the amount authorized by the general assembly, the
2-33 general treasurer is authorized, with the approval of the governor and the director of
2-34 administration, in anticipation of the receipts of monies enumerated in § 31-36-20 to advance
3-1 sums to the fund, for the purposes specified in § 31-36-20, any funds of the state not specifically
3-2 held for any particular purpose. However, all the advances made to the fund shall be returned to
3-3 the general fund immediately upon the receipt by the fund of proceeds resulting from the receipt
3-4 of monies to the extent of the advances.

3-5 SECTION 2. This article shall take effect as of July 1, 2009.

MOTION: To recommend the Commission opposed 09 H 5983 Article 17 Relating to Motor Fuel Tax AP/JB passed abstain LD,BI,SB

3. Consideration of Amended Bills

Bob Cooper

Health Care

09 H 5112 Sub B Relating To Centers For Medicare And Medicaid Services Waiver And Expenditure Authority
Rep. Costantino Passed and Transferred to House Finance Committee & **S 53 Sub A as Amended State Affairs And Government -- The Rhode Island Medicaid Reform Act** Sen. DaPonte Passed and Transferred to House Finance Committee

This act would authorize the implementation of the Rhode Island Global Consumer Choice Compact Demonstration subject to various restrictions that would require prior general assembly approval.

6-20 SECTION 6. Section 40-8.9-9 of the General Laws in Chapter 40-8.9 entitled "Medical
6-21 Assistance - Long-Term Care Service and Finance Reform" is hereby amended to read as
6-22 follows:

6-23 **40-8.9-9. Long-term care re-balancing system reform goal.** -- (a) Notwithstanding any
6-24 other provision of state law, the department of human services is authorized and directed to apply
6-25 for and obtain any necessary waiver(s), waiver amendment(s) and/or state plan amendments from
6-26 the secretary of the United States department of health and human services, and to promulgate
6-27 rules necessary to adopt an affirmative plan of program design and implementation that addresses
6-28 the goal of allocating a minimum of fifty percent (50%) of Medicaid long-term care funding for
6-29 persons aged sixty-five (65) and over and adults with disabilities in addition to services for
6-30 persons with developmental disabilities and mental disabilities to home and community-based
6-31 care on or before December 31, ~~2012~~ 2013; provided, further, the executive office of health and
6-32 human services shall report annually as part of its budget submission, the percentage distribution
6-33 between institutional care and home and community-based care by population and shall report
6-34 current and projected waiting lists for long-term care and home and community-based care
7-1 services. The department is further authorized and directed to prioritize investments in home and
7-2 community-based care and to maintain the integrity and financial viability of all current long-
7-3 term care services while pursuing this goal.

7-4 (b) The long-term care re-balancing goal is person-centered and encourages individual
7-5 self-determination, family involvement, interagency collaboration, and individual choice through
7-6 the provision of highly specialized and individually tailored home-based services. Additionally,
7-7 individuals with severe behavioral, physical, or developmental disabilities must have the

7-8 opportunity to live safe and healthful lives through access to a wide range of supportive services
7-9 in an array of community-based settings, regardless of the complexity of their medical condition,
7-10 the severity of their disability, or the challenges of their behavior. Delivery of services and
7-11 supports in less costly and less restrictive community settings, will enable children, adolescents
7-12 and adults to be able to curtail, delay or avoid lengthy stays in residential treatment facilities,
7-13 juvenile detention centers, psychiatric facilities, and/or intermediate care or skilled nursing
7-14 facilities.

7-15 (c) Pursuant to federal authority procured under section 42-7.2-16 of the general laws,
7-16 the department of human services is directed and authorized to adopt a tiered set of criteria to be
7-17 used to determine eligibility for services. Such criteria shall be developed in collaboration with
7-18 the state's health and human services departments and shall encompass eligibility determinations
7-19 for services in nursing facilities, hospitals, and intermediate care facilities for the mentally
7-20 retarded as well as home and community-based alternatives, and shall provide a common
7-21 standard of income eligibility for both institutional and home and community-based care. The
7-22 department is, subject to prior approval of the general assembly, authorized to adopt criteria for
7-23 admission to a nursing facility, hospital, or intermediate care facility for the mentally retarded that
7-24 are more stringent than those employed for access to home and community-based services. The
7-25 department is also authorized to promulgate rules that define the frequency of re-assessments for
7-26 services provided for under this section. Legislatively approved levels of care may be applied in
7-27 accordance with the following:

7-28 (1) Any Medicaid recipient deemed eligible for nursing facility, hospital, or intermediate
7-29 care facility for the mentally retarded as of January 15, 2009, shall continue, throughout that
7-30 individual's life, to be assessed utilizing the level of care criteria in place for that care as of
7-31 January 15, 2009;

7-32 (2) Any Medicaid recipient deemed eligible for home and community services prior to
7-33 January 15, 2009, shall continue to be assessed for that care utilizing the level of care criteria in
7-34 place as of January 15, 2009;

8-1 (3) Persons meeting or who would have met the level of care criteria for nursing facility
8-2 care as of January 15, 2009, shall continue to be deemed to meet the institutional level of care and
8-3 shall only be transitioned to home and community services on a voluntary basis, and shall not be
8-4 subject to any wait list for home and community services; and

8-5 (4) No resident of a nursing facility, hospital, or intermediate care facility for the
8-6 mentally retarded shall be removed involuntarily from said facility even if the condition of the
8-7 resident improves.

8-8 (5) No nursing home, hospital, or intermediate care facility for the mentally retarded shall
8-9 be denied payment for services rendered to a Medicaid recipient on the grounds that the recipient
8-10 does not meet level of care criteria unless and until the department of human services has: (i)
8-11 performed an individual assessment of the recipient at issue and provided written notice to the
8-12 nursing home, hospital, or intermediate care facility for the mentally retarded that the recipient
8-13 does not meet level of care criteria; and (ii) the recipient has either appealed that level of care
8-14 determination and been unsuccessful, or any appeal period available to the recipient regarding
8-15 that level of care determination has expired.

8-16 (d) The department of human services is further authorized and directed to consolidate
8-17 all home and community-based services currently provided pursuant to section 1915(c) of title
8-18 XIX of the United States Code into a single program of home and community-based services that
8-19 include options for consumer direction and shared living. The resulting single home and
8-20 community-based services program shall replace and supersede all section 1915(c) programs
8-21 when fully implemented. Notwithstanding the foregoing, the resulting single program home and
8-22 community-based services program shall include the continued funding of assisted living services
8-23 at any assisted living facility financed by the Rhode Island housing and mortgage finance
8-24 corporation prior to January 1, 2006, and shall be in accordance with chapter 66.8 of title 42 of
8-25 the general laws as long as assisted living services are a covered Medicaid benefit.

8-26 (e) The department of human services is authorized to promulgate rules that permit
8-27 certain optional services including, but not limited to, homemaker services, home modifications,

8-28 respite, and physical therapy evaluations to be offered subject to availability of state-appropriated
8-29 funding for these purposes.

8-30 (f) To promote the expansion of home and community-based service capacity, the
8-31 department of human services is authorized and directed to pursue rate reform for homemaker,
8-32 personal care (home health aide) and adult day care services, as follows:

8-33 (1) A prospective base adjustment effective, not later than July 1, 2008, across all
8-34 departments and programs, of ten percent (10%) of the existing standard or average rate,
9-1 contingent upon a demonstrated increase in the state-funded or Medicaid caseload by June 30,
9-2 2009;

9-3 (2) Development, not later than September 30, 2008, of certification standards
9-4 supporting and defining targeted rate increments to encourage service specialization and
9-5 scheduling accommodations including, but not limited to, medication and pain management,
9-6 wound management, certified Alzheimer's Syndrome treatment and support programs, and shift
9-7 differentials for night and week-end services; and

9-8 (3) Development and submission to the governor and the general assembly, not later than
9-9 December 31, 2008, of a proposed rate-setting methodology for home and community-based
9-10 services to assure coverage of the base cost of service delivery as well as reasonable coverage of
9-11 changes in cost caused by wage inflation.

9-12 (h) The department of human services is also authorized, subject to availability of
9-13 appropriation of funding, to pay for certain non-Medicaid reimbursable expenses necessary to
9-14 transition residents back to the community; provided, however, payments shall not exceed an
9-15 annual or per person amount.

9-16 (i) To assure the continued financial viability of nursing facilities, the department of
9-17 human services is authorized and directed to develop a proposal for revisions to section 40-8-19
9-18 that reflect the changes in cost and resident acuity that result from implementation of this re-
9-19 balancing goal. Said proposal shall be submitted to the governor and the general assembly on or
9-20 before January 1, 2010.

9-21 SECTION 7. This act shall take effect upon passage.

MOTION: To find beneficial if amended as proposed 09 H 5112 Sub B Relating To Centers For Medicare And Medicaid Services Waiver And Expenditure Authority & S 53 Sub A as Amended State Affairs And Government -- The Rhode Island Medicaid Reform Act BI/EG passed, Nay LG, Abstain LJ,LW,RC, KMCC-B

Transportation

09 H 5264 Sub A Section 10 Relating to Taxation Rep. Costantino Recommitted to the House Finance Committee

This act would increase fees and taxes on various items and activities, including: increasing the insurance premium tax for health insurance companies and health maintenance organizations from 1.75% to 2% of the gross premiums, including any business related to the administration of programs Medicaid programs; and transferring \$0.005/gallon of the \$0.01/ gallon environmental protection fee to the Intermodal Surface Transportation Fund, to increase funding to RIPTA from \$0.0725 gallon to \$0.775/gallon from the sale of motor fuel, in FY 2009 \$2,237,500 would be transferred to RIPTA.

Sections 1 through 5 would take effect upon passage. Sections 6 through 8 (insurance) would take effect on February The sections on health insurance & health maintenance organizations would take effect upon passage and would apply to tax years beginning on or after January 1, 2009 and the sections relating to RIPTA would take effect upon passage and would be retroactive to January 1, 2009.

12-27 SECTION 10. Section 31-36-20 of the General Laws in Chapter 31-36 entitled "Motor
12-28 Fuel Tax" is hereby amended to read as follows:

12-29 **31-36-20. Disposition of proceeds.** -- (a) Notwithstanding any other provision of law to
12-30 the contrary, all moneys paid into the general treasury under the provisions of this chapter or
12-31 chapter 37 of this title, and title 46 shall be applied to and held in a separate fund and be
12-32 deposited in any depositories that may be selected by the general treasurer to the credit of the
12-33 fund, which fund shall be known as the Intermodal Surface Transportation Fund; provided, that in

12-34 fiscal year 2004 for the months of July through April six and eighty-five hundredth cents
13-1 (\$0.0685) per gallon of the tax imposed and accruing for the liability under the provisions of §
13-2 31-36-7, less refunds and credits, shall be transferred to the Rhode Island public transit authority
13-3 as provided under § 39-18-21. For the months of May and June in fiscal year 2004, the allocation
13-4 shall be five and five hundredth cents (\$0.0505). Thereafter, until fiscal year 2006, the allocation
13-5 shall be six and twenty-five hundredth cents (\$0.0625). For fiscal ~~year~~ years 2006 ~~and thereafter~~
13-6 through FY 2008, the allocation shall be seven and twenty-five hundredth cents (\$0.0725);
13-7 provided, that expenditures shall include the costs of a market survey of non-transit users and a
13-8 management study of the agency to include the feasibility of moving the Authority into the
13-9 Department of Transportation, both to be conducted under the auspices of the state budget officer.
13-10 The state budget officer shall hire necessary consultants to perform the studies, and shall direct
13-11 payment by the Authority. Both studies shall be transmitted by the Budget Officer to the 2006
13-12 session of the General Assembly, with comments from the Authority. For fiscal year 2009 and
13-13 thereafter, the allocation shall be seven and seventy-five hundredth cents (\$0.775), of which one-
13-14 half cent (\$0.005) shall be derived from the one cent (\$0.01) per gallon environmental protection
13-15 fee pursuant to § 46-12.9-11. One cent (\$0.01) per gallon shall be transferred to the
13-16 Elderly/Disabled Transportation Program of the department of elderly affairs, and the remaining
13-17 cents per gallon shall be available for general revenue as determined by the following schedule:
13-18 (i) For the fiscal year 2000, three and one fourth cents (\$0.0325) shall be available for
13-19 general revenue.
13-20 (ii) For the fiscal year 2001, one and three-fourth cents (\$0.0175) shall be available for
13-21 general revenue.
13-22 (iii) For the fiscal year 2002, one-fourth cent (\$0.0025) shall be available for general
13-23 revenue.
13-24 (iv) For the fiscal year 2003, two and one-fourth cent (\$0.0225) shall be available for
13-25 general revenue.
13-26 (v) For the months of July through April in fiscal year 2004, one and four-tenths cents
13-27 (\$0.014) shall be available for general revenue. For the months of May through June in fiscal year
13-28 2004, three and two-tenths cents (\$0.032) shall be available for general revenue, and thereafter,
13-29 until fiscal year 2006, two cents (\$0.02) shall be available for general revenue. For fiscal year
13-30 2006 and thereafter one cent (\$0.01) shall be available for general revenue.
13-31 (2) All deposits and transfers of funds made by the tax administrator under this section,
13-32 including those to the Rhode Island public transit authority, the department of elderly affairs and
13-33 the general fund, shall be made within twenty-four (24) hours of receipt or previous deposit of the
13-34 funds in question.
14-1 (3) Commencing in fiscal year 2004, the Director of the Rhode Island Department of
14-2 Transportation is authorized to remit, on a monthly or less frequent basis as shall be determined
14-3 by the Director of the Rhode Island Department of Transportation, or his or her designee, or at the
14-4 election of the Director of the Rhode Island Department of Transportation, with the approval of
14-5 the Director of the Department of Administration, to an indenture trustee, administrator, or other
14-6 third party fiduciary, in an amount not to exceed two cents (\$0.02) per gallon of the gas tax
14-7 imposed, in order to satisfy debt service payments on aggregate bonds issued pursuant to a Joint
14-8 Resolution and Enactment Approving the Financing of Various Department of Transportation
14-9 Projects adopted during the 2003 session of the General Assembly, and approved by the
14-10 Governor.
14-11 (b) Notwithstanding any other provision of law to the contrary, all other funds in the
14-12 fund shall be dedicated to the department of transportation, subject to annual appropriation by the
14-13 general assembly. The director of transportation shall submit to the general assembly, budget
14-14 office and office of the governor annually an accounting of all amounts deposited in and credited
14-15 to the fund together with a budget for proposed expenditures for the succeeding fiscal year in
14-16 compliance with §§ 35-3-1 and 35-3-4. On order of the director of transportation, the state
14-17 controller is authorized and directed to draw his or her orders upon the general treasurer for the
14-18 payments of any sum or portion of the sum that may be required from time to time upon receipt
14-19 of properly authenticated vouchers.

14-20 (c) At any time the amount of the fund is insufficient to fund the expenditures of the
 14-21 department of transportation, not to exceed the amount authorized by the general assembly, the
 14-22 general treasurer is authorized, with the approval of the governor and the director of
 14-23 administration, in anticipation of the receipts of monies enumerated in § 31-36-20 to advance
 14-24 sums to the fund, for the purposes specified in § 31-36-20, any funds of the state not specifically
 14-25 held for any particular purpose. However, all the advances made to the fund shall be returned to
 14-26 the general fund immediately upon the receipt by the fund of proceeds resulting from the receipt
 14-27 of monies to the extent of the advances.

15-1 SECTION 11. Sections 1 through 4 shall take effect upon passage. Sections 5 through 7
 15-2 shall take effect on February 17, 2009. Section 8 shall take effect upon passage and shall apply to
 15-3 tax years beginning on or after January 1, 2009. Sections 9 and 10 shall take effect upon passage
 15-4 and shall be retroactive to January 1, 2009.

MOTION: To find beneficial 09 H 5264 Sub A Section 10 Relating to Taxation JB/ failed for a second.

Questions on Legislative Package Status Report:	Bob Cooper	5 min.
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House Corporations Committee

Held for Further Study or Continued

1. 09 H 5394 RELATING TO PUBLIC UTILITIES AND CARRIERS -- TERMINATION OF SERVICE TO PERSONS WHO ARE DISABLED OR SERIOUSLY ILL Rep. Slater **Committee finds this bill Beneficial** Sent House Letter 3/11/2009
2. 09 H 5449 RELATING TO HEALTH AND SAFETY - LONG TERM CARE COORDINATING COUNCIL Rep. Naughton **Committee finds this bill Harmful** Sent House Letter 3/11/2009
3. 09 H 5612 RELATING TO PUBLIC UTILITIES AND CARRIERS -- PUBLIC UTILITIES COMMISSION Rep. Handy **Committee finds this bill Beneficial if amended** Sent House Letter 3/11/2009

Postponed by sponsor

4. 09 H 5946 RELATING TO PUBLIC UTILITIES AND CARRIERS - TAXICABS AND LIMITED PUBLIC MOTOR VEHICLES Rep. Coderre **Commission Supports** Sent House Letter 3/16/2009

House Desk

Passed

5. 09 H 5654 As Amended JOINT RESOLUTION CREATING A SPECIAL LEGISLATIVE COMMISSION TO STUDY AND ESTABLISH HEALTH CARE REFORM MODELS TO EXPAND HEALTH CARE COVERAGE AND TO DECREASE HEALTH CARE COSTS FOR RHODE ISLAND RESIDENTS Rep. Dennigan **Committee finds this bill Beneficial**

House Finance Committee

Referred to Committee

6. 09 H 5152 RELATING TO MOTOR AND OTHER VEHICLES - MOTOR FUEL TAX Rep. Pacheco **Committee finds this bill Beneficial** Sent House Letter 2/10/2009
7. 09 H 5158 RELATING TO TAXATION - PROPERTY SUBJECT TO TAXATION Rep. Winfield **Committee finds this bill Beneficial** Sent House Letter 2/10/2009

Held for Further Study or Continued

8. 09 H 5210 RELATING TO PUBLIC PROPERTY AND WORKS -- MINORITY BUSINESS ENTERPRISE Almeida **Commission Supports if amended** House Testimony 3/10/2009
9. 09 H 5546 RELATING TO HUMAN SERVICES - THE RHODE ISLAND WORKS PROGRAM Rep. Slater **Committee finds this bill Beneficial** Sent House Letter 3/11/2009
10. 09 H 5983 Article 15 RELATING TO PHARMACEUTICAL ASSISTANCE TO THE ELDERLY Rep. Watson Requested by the Governor **Tabled for more information** Sent House Letter 4/7/2009 House Testimony 4/8/2009
11. 09 H 5983 Article 30 RELATING TO LONG TERM CARE SERVICE REFORM FOR MEDICAID

ELIGIBLE INDIVIDUALS Rep. Watson Requested by the Governor **Commission Opposes unless its amended** Sent House Letter 4/9/2009 House Testimony 4/9/2009

12. 09 H 5983 Article 31 RELATING TO RHODE ISLAND GLOBAL CONSUMER DEMONSTRATION WAIVER Rep. Watson Requested by the Governor **Commission Opposes unless its amended** Sent House Letter 4/7/2009 House Testimony 4/9/2009

13. 09 H 5983 Article 34 RELATING TO LONG-TERM CARE SERVICE AND FINANCE REFORM Rep. Watson Requested by the Governor **Commission Supports** Sent House Letter 4/7/2009 House Testimony 4/9/2009

14. 09 H 5983 Article 39 RELATING TO EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES Rep. Watson Requested by the Governor **Commission Opposes unless its amended** Sent House Letter 4/7/2009

Indefinitely Postponed

15. 09 H 5019 Article 06 RELATING TO EMPLOYMENT SECURITY FUND – LOANS AND INTEREST Rep. Watson Requested by the Governor **Committee finds this bill Harmful** Sent House Letter 1/14/2009 Sent Senate Letter 1/28/2009

16. 09 H 5019 Article 23 RELATING TO HEALTH AND SAFETY OF PUPILS - SCHOOL NURSES Rep. Watson Requested by the Governor **Committee finds this bill Beneficial** Sent House Letter 1/14/2009

17. 09 H 5019 Gov New Article Gov Amendment RELATING TO HEALTH CARE PROVIDER ASSESSMENT ACT Rep. Watson Requested by the Governor **Committee finds this bill Harmful** Sent House Letter 1/14/2009 Sent Senate Letter 1/28/2009

Withdrawn by sponsor

18. 09 H 5019 Article 36 RELATING TO MEDICAL ASSISTANCE FOR DISABLED CHILDREN Rep. Watson Requested by the Governor **Committee finds this bill Harmful** Sent House Letter 1/14/2009

Passed and Transferred

19. 09 S 0053 Sub A as Amended STATE AFFAIRS AND GOVERNMENT -- THE RHODE ISLAND MEDICAID REFORM ACT Sen. DaPonte **Commission Supports as amended** Sent House Letter 3/2/2009 Senate Testimony 1/21/2009

20. 09 H 5112 Sub B RELATING TO CENTERS FOR MEDICARE AND MEDICAID SERVICES WAIVER AND EXPENDITURE AUTHORITY Rep. Costantino **Commission Supports as amended** Sent Senate Letter 3/2/2009 House Testimony 1/20/2009

Transferred

21. 09 H 5806 RELATING TO ELECTIONS - CAMPAIGN FIDUCIARY Rep. Ajello **Committee finds this bill Harmful unless amended** Sent House Letter 3/16/2009

Postponed by sponsor

22. 09 H 5641 RELATING TO STATE AFFAIRS AND GOVERNMENT -- OFFICE OF HEALTH AND HUMAN SERVICES Rep. Slater **Commission Opposes** Sent House Letter 3/10/2009

House Health, Education, & Welfare Committee

Referred to Committee

23. 09 H 5852 RELATING TO STATE AFFAIRS AND GOVERNMENT -- HEALTH CARE REFORM ACT OF 2009 Rep. Ferri **Committee finds this bill Harmful** Sent House Letter 3/11/2009

Held for Further Study or Continued

24. 09 H 5038 AN ACT RELATING TO HEALTH AND SAFETY - CHILDREN'S PRODUCT SAFETY ACT Rep. Rice **Committee finds this bill Beneficial** Sent House Letter 2/10/2009

25. 09 H 5132 RELATING TO HEALTH AND SAFETY - BANNING HARMFUL TOXINS - BISPHENOL A (BPA) FROM CONTAINERS THAT CONTACT BABY FOOD Rep. Pollard **Committee finds this bill Beneficial** Sent House Letter 2/10/2009

26. 09 H 5217 RELATING TO EDUCATION -- MANDATES Rep. DaSilva **Committee finds this bill Harmful** Sent House Letter 2/10/2009
27. 09 H 5266 RELATING TO HEALTH AND SAFETY - THE RHODE ISLAND AUTISM SPECTRUM DISORDER EVALUATION AND TREATMENT ACT Rep. Palumbo **Committee finds this bill Beneficial** Sent House Letter 2/10/2009
28. 09 H 5287 RELATING TO HEALTH AND SAFETY Rep. Palumbo **Committee finds this bill Beneficial if amended** Sent House Letter 2/10/2009
29. 09 H 5358 RELATING TO EDUCATION -- HEALTH AND SAFETY OF PUPILS Rep. Silva **Committee finds this bill Beneficial** Sent House Letter 3/31/2009
30. 09 H 5601 RELATING TO HUMAN SERVICES -- RIGHTS OF BLIND AND DEAF PERSONS Rep. Jacquard **Committee finds this bill Beneficial if amended** Sent House Letter 3/11/2009
31. 09 H 5655 RELATING TO BUSINESSES AND PROFESSIONS - HEARING AID DEALERS AND FITTERS Rep. Naughton **Committee finds this bill Beneficial** Sent House Letter 3/11/2009
32. 09 H 5656 RELATING TO BUSINESSES AND PROFESSIONS - PATIENT PROTECTION Rep. Naughton **Committee finds this bill Beneficial** Sent House Letter 3/11/2009
- House Judiciary Committee**
- Referred to Committee**
33. 09 H 5494 RELATING TO PROPERTY -RHODE ISLAND FAIR HOUSING PROTECTION ACT Rep. Segal **Committee finds this bill Beneficial** Sent House Letter 3/16/2009
34. 09 H 5949 RELATING TO CRIMINAL OFFENSES - PERSONS WITH DISABILITIES Rep. Lally Requested by Governor's Commission, **Commission Supports** Sent House Letter 3/31/2009
- Held for Further Study or Continued**
35. 09 H 5135 RELATING TO STATE AFFAIRS AND GOVERNMENT - THE CIVIL RIGHTS ACT OF 1990 Rep. Walsh **Committee finds this bill Beneficial** Sent House Letter 2/10/2009
36. 09 H 5175 RELATING TO PROPERTY -- RESIDENTIAL LANDLORD AND TENANT ACT Rep. Savage **Committee finds this bill Beneficial** Sent House Letter 3/11/2009
37. 09 H 5431 RELATING TO HUMAN SERVICES - MENTAL HEALTH, RETARDATION, AND HOSPITALS Rep. Slater **Committee finds this bill Beneficial if amended** Sent House Letter 3/11/2009
38. 09 H 5570 RELATING TO ELECTIONS Rep. Handy **Committee finds this bill Beneficial** Sent House Letter 3/11/2009
39. 09 H 5935 RELATING TO STATE AFFAIRS AND GOVERNMENT - CIVIL RIGHTS OF PEOPLE WITH DISABILITIES Rep. Naughton **Commission Supports as amended** Sent House Letter 3/11/2009
- Senate Constitutional and Regulatory Issues Committee**
- Referred to Committee**
40. 09 S 0170 RELATING TO HEALTH AND SAFETY - THE RHODE ISLAND AUTISM SPECTRUM DISORDER EVALUATION AND TREATMENT ACT Sen. Doyle **Committee finds this bill Beneficial** Sent Senate Letter 2/10/2009
- Passed and Transferred**
41. 09 H 5691 JOINT RESOLUTION CREATING A SPECIAL JOINT COMMISSION TO STUDY THE EDUCATION OF CHILDREN WITH AUTISM IN THE STATE OF RHODE ISLAND Rep. Palumbo **Committee finds this bill Beneficial** Sent Senate Letter 3/5/2009
- Senate Desk**
- Recommend Passage**
42. 09 S 0162 RELATING TO STATE AFFAIRS AND GOVERNMENT - THE CIVIL RIGHTS ACT OF 1990 Sen. Connor **Committee finds this bill Beneficial** Letter Sent Senate Letter 2/10/2009
- Senate Education Committee**

Referred to Committee

43. 09 S 0060 RELATING TO EDUCATION - - MANDATES Sen. Blais **Committee finds this bill Harmful**
Sent Senate Letter 2/10/2009

Held for Further Study or Continued

44. 09 S 0173 RELATING TO EDUCATION - HEALTH AND SAFETY OF PUPILS Sen. Walaska
Committee finds this bill Harmful Sent Senate Letter 3/11/2009

Senate Finance Committee

Referred to Committee

45. 09 S 0030 RELATING TO MOTOR AND OTHER VEHICLES -- REGISTRATION FEES Sen. Tassoni
By Request **Committee finds this bill Harmful unless amended** Sent Senate Letter 2/10/2009

46. 09 S 0075 RELATING TO MOTOR AND OTHER VEHICLES - MOTOR FUEL TAX Sen. Tassoni By
Request **Committee finds this bill Beneficial** Sent Senate Letter 2/10/2009

47. 09 S 0116 RELATING TO PUBLIC PROPERTY AND WORKS -- MINORITY BUSINESS
ENTERPRISE Sen. Metts **Commission Supports if amended** Sent Senate Letter 3/16/2009

Held for Further Study or Continued

48. 09 S 0032 RELATING TO TAXATION - PROPERTY SUBJECT TO TAXATION Sen. Tassoni
Committee finds this bill Beneficial Sent Senate Letter 2/10/2009

49. 09 S 0036 RELATING TO EDUCATION - SCHOOL AND MUNICIPAL PLAYGROUND SAFETY Sen.
Blais **Committee finds this bill Beneficial** Sent Senate Letter 2/10/2009

50. 09 S 0775 RELATING TO HUMAN SERVICES - THE RHODE ISLAND WORKS PROGRAM Sen.
Ciccone **Committee finds this bill Beneficial** Sent Senate Letter 3/11/2009

Senate Health and Human Services Committee

Referred to Committee

51. 09 S 0056 RELATING TO HEALTH AND SAFETY -- RIGHTS OF NURSING HOME PATIENTS Sen.
Lanzi **Committee finds this bill Beneficial if amended** Sent Senate Letter 2/10/2009

52. 09 S 0126 RELATING TO HEALTH AND SAFETY - PUBLIC HEALTH AND WORKPLACE SAFETY
ACT Sen. Fogarty **Committee finds this bill Beneficial** Sent Senate Letter 2/10/2009

53. 09 S 0538 RELATING TO HUMAN SERVICES -- RIGHTS OF BLIND AND DEAF PERSONS Sen.
Walaska **Committee finds this bill Beneficial if amended** Sent Senate Letter 3/16/2009

Held for Further Study or Continued

54. 09 S 0533 RELATING TO HEALTH AND SAFETY -- TOXIC MOLD PROTECTION ACT Sen. Lanzi
Committee finds this bill Beneficial Sent Senate Letter 3/11/2009

Senate Judiciary Committee

Referred to Committee

55. 09 S 0783 RELATING TO CRIMINAL OFFENSES - PERSONS WITH DISABILITIES Sen. McCaffrey
Requested by the Governor's Commission, **Commission Supports** Sent Senate Letter 3/31/2009

Held for Further Study or Continued

56. 09 S 0327 RELATING TO ELECTIONS - CAMPAIGN FIDUCIARY Sen. Perry **Committee finds this
bill Harmful unless amended** Sent Senate Letter 3/16/2009

57. 09 S 0383 RELATING TO ELECTIONS Sen. Walaska **Committee finds this bill Beneficial** Sent Senate
Letter 3/11/2009

Announcements and Scheduling of Meetings		Tim Flynn	5 min.
Next meeting will be on:	Monday May 11th	Starting at: 3 PM	
Adjournment	Chairperson adjourned the meeting at	4:45 PM	
Resource persons:	Bob Cooper, Committee Staff & Julie DeRosa, Fellow		