



Governor's Commission on Disabilities' Legislation Committee

Monday May 11, 2009 3 – 4:30 PM

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

----- Minutes -----

Call to Order and Acceptance of the Minutes	Tim Flynn Chairperson	5 min.
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Introductions: Executive Secretar called the meeting at 3:12 PM

MOTION: To accept the minutes of the previous meeting as presented AP/LD passed unanimously

Action Items:	Discussion Leader:	Time:
1. Consideration of Tabled Bills	Bob Cooper	40 min.

Discussion:

09 H 5983 Article 15 RELATING TO PHARMACEUTICAL ASSISTANCE TO THE ELDERLY Rep. Watson Requested by the Governor

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.

Held for Further Study or Continued in the House Finance Committee

Tabled at the April 13th meeting for information from DEA on Article 15:

Paula Parker (DEA) addressed the cmte's questions

1. What is the alternative to RIPAE that will cover the middle income seniors?
 - distributed a list of patient assistance programs
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), = 65 persons (7/1/08 to 4/30/09)
 - b. 65 or older, = 62 (7/1/09 to 4/30/09)
 - c. People using RIPAE when they fall into the Medicare Part D "Donut Hole"? = payer of last resort for deductable as of 1/1/09 all eligible RIPAE members must enrolled in Medicare Part D, 3,600 people
3. What were the FY 2008 RIPAE expenditures on drug purchases? \$1.476 million.
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? = 1,056 didn't enroll
5. What is the estimated cost of converting RIPAE into a wrap a-round benefit, just filling in the

donut hole? = Federal govt. has designated RIPAE a “wrap around” plan

The recipients may be eligible for the Cost Not Otherwise Eligible for Medicaid reimbursement.

ARTICLE 15

RELATING TO PHARMACEUTICAL ASSISTANCE TO THE ELDERLY

SECTION 1. Chapter 42-66.2 of the Rhode Island General Laws entitled

“Pharmaceutical Assistance to the Elderly Act” is hereby repealed in its entirety:

~~§ 42-66.2-1. Short title. This chapter shall be known and cited as the “Pharmaceutical Assistance to the Elderly Act”.~~

~~§ 42-66.2-2. Program established. There is established a program for pharmaceutical assistance to the elderly. This program is limited to eligible persons and eligible drugs.~~

~~§ 42-66.2-3 Definitions. As used in this chapter, unless the context requires otherwise:~~

~~(1) “Consumer” means any full-time resident of the state who fulfills the eligibility requirements set forth in § 42-66.2-5. Residence for purposes of this chapter shall be in accordance with the definitions and evidence standards set forth in § 17-1-3.1.~~

~~(2) “Contractor” means a third-party or private vendor capable of administering a program of reimbursement for prescription drugs, and drug program eligibility administrative support as required by the director, the vendor to be determined through a competitive bid process in which the director awards a three (3) year contract for services.~~

~~(3) “Department” means the department of elderly affairs.~~

~~(4) “Director” means the director of the department of elderly affairs.~~

~~(5) “Eligible drugs” means insulin, injectable drugs for multiple sclerosis, and shall mean non-injectable drugs which require a physician’s prescription according to federal law and which are contained in the following American Hospital Formulary Service pharmacologic therapeutic classifications categories that have not been determined by the federal “Drug Efficacy and Safety Implementation (DESI) Commission” to lack substantial evidence of effectiveness. Eligible drugs are limited to the following classification categories: cardiac drugs, hypotensive drugs, diuretics, anti-diabetic agents, insulin, disposable insulin syringes, vasodilators (cardiac indications only), anticoagulants, hemoreologic agents, glaucoma drugs, drugs for the treatment of Parkinson’s disease, antilipemic drugs and oral antineoplastic drugs and drugs for the treatment of asthma and other chronic respiratory diseases and prescription vitamin and mineral supplements for renal patients, and drugs approved for the treatment of Alzheimer’s disease, drugs used for the treatment of depression, those drugs approved for the treatment of urinary incontinence, anti-infectives, drugs used for the treatment of arthritis, drugs approved for the treatment of osteoporosis, and neuraminidase inhibiting drugs indicated for the treatment of influenza A and B.~~

~~(ii) “Additional drugs” means non-injectable drugs which require a physician’s prescription according to federal law and which are contained in the American Hospital Formulary Service pharmacologic therapeutic classifications categories that have not been determined by the federal “Drug Efficacy and Safety Implementation (DESI) Commission” to lack substantial evidence of effectiveness, which are not included in the definition of drugs as defined in this subdivision. However, this shall not include prescription drugs used for cosmetic purposes.~~

~~(6) “Income” for the purposes of this chapter means the sum of federal adjusted gross income as defined in the Internal Revenue Code of the United States, 26 U.S.C. § 1 et seq., and all nontaxable income including, but not limited to, the amount of capital gains excluded from adjusted gross income, alimony, support money, nontaxable strike benefits, cash public assistance and relief (not including relief granted under this chapter), the gross amount of any pension or annuity (including Railroad Retirement Act benefits, 45 U.S.C. § 231 et seq., all payments received under the federal Social Security Act, 42 U.S.C. § 301 et seq., state unemployment insurance laws, and veterans’ disability pensions), nontaxable interest received from the federal government or any of its instrumentalities, workers’ compensation, and the gross amount of “loss of time” insurance. It does not include gifts from nongovernmental sources, or surplus foods or other relief in kind supplied by a public or private agency.~~

~~(7) “Pharmaceutical manufacturer” means any entity holding legal title to or possession~~

2-23 of a national drug code number issued by the federal food and drug administration.

2-24 (8) "Pharmacy" means a pharmacy licensed by the state of Rhode Island.

2-25 (9) [Deleted by P.L. 2008, ch. 100, art. 8, § 2].

2-26 § 42-66.2-4 Amount of payment.—The state shall pay the percentage rate of the
2-27 maximum allowable amount per prescription as formulated in the contract, as of the date of
2-28 purchase of the drug, between the contractor and participating pharmacies in accordance with the
2-29 income eligibility and co-payment shares set forth in § 42-66.2-5. The rebates generated pursuant
2-30 to § 42-66.2-10 shall be used to offset the state's payment. The pharmacy shall collect from the
2-31 consumer the percentage rate of the maximum allowable amount per prescription as formulated in
2-32 the contract, as of the date of the purchase of the eligible drug or additional drug, between the
2-33 contractor and participating pharmacies in accordance with the income eligibility and co-payment
2-34 shares set forth in § 42-66.2-5.

3-1 § 42-66.2-4.1 Catastrophic illness coverage.—The state shall pay one hundred percent
3-2 (100%) of the prescription drug costs for eligible drugs as defined in § 42-66.2-3(5) for any
3-3 consumer, as defined in § 42-66.2-3(1), who is eligible to receive pharmaceutical drug coverage
3-4 benefits under § 42-66.2-5(a)(1)(i) or (a)(2)(i) and who has expended at least one thousand five
3-5 hundred dollars (\$1,500) in total co-payments within a state fiscal year. The initial one thousand
3-6 five hundred dollars (\$1,500) paid by the consumer shall not be reimbursed by the state. The state
3-7 shall make payments under this section only until the end of the fiscal year.

3-8 § 42-66.2-5 Persons eligible.—(a) Persons eligible for assistance under the provisions of
3-9 this chapter include any resident of the state who is at least sixty five (65) years of age or at least
3-10 fifty five (55) years of age and receiving social security disability benefits. State and consumer
3-11 co-payment shares for these persons shall be determined as follows:

3-12 (1) For unmarried persons or married persons living separate and apart whose income for
3-13 the calendar year immediately preceding the year in which assistance is sought is:

3-14 (i) Less than nineteen thousand three hundred forty one dollars (\$19,341) the state shall
3-15 pay sixty percent (60%) of the cost of the prescriptions and the consumer shall pay forty percent
3-16 (40%) of the cost of the prescriptions.

3-17 (ii) More than nineteen thousand three hundred forty one dollars (\$19,341) and less than,
3-18 twenty four thousand two hundred and eighty dollars (\$24,280) the state shall pay thirty percent
3-19 (30%) of the cost of the prescriptions and the consumer shall pay seventy percent (70%) of the
3-20 cost of the prescriptions; and

3-21 (iii) More than twenty four thousand two hundred and eighty dollars (\$24,280) and less
3-22 than forty two thousand four hundred and ninety three dollars (\$42,493), the state shall pay
3-23 fifteen percent (15%) of the cost of prescriptions and the consumer shall pay eighty five percent
3-24 (85%) of the cost of prescriptions.

3-25 (2) For married persons whose income for the calendar year immediately preceding the
3-26 year in which assistance is sought hereunder when combined with any income of the person's
3-27 spouse in the same year is:

3-28 (i) Twenty four thousand one hundred and seventy nine dollars (\$24,179) or less, the
3-29 state shall pay sixty percent (60%) of the cost of the prescriptions and the consumer shall pay
3-30 forty percent (40%) of the cost of the prescriptions;

3-31 (ii) More than twenty four thousand one hundred and seventy nine dollars (\$24,179) and
3-32 less than thirty thousand three hundred and fifty two dollars (\$30,352), the state shall pay thirty
3-33 percent (30%) of the cost of the prescriptions and the consumer shall pay seventy percent (70%)
3-34 of the cost of prescriptions; and

4-1 (iii) More than thirty thousand three hundred and fifty two dollars (\$30,352) and less than
4-2 forty eight thousand five hundred and sixty three dollars (\$48,563), the state shall pay fifteen
4-3 percent (15%) of the cost of prescriptions and the consumer shall pay eighty five percent (85%)
4-4 of the cost of prescriptions.

4-5 (3) Eligibility may also be determined by using income data for the ninety (90) days prior
4-6 to application for benefits and projecting that income on an annual basis. The income levels shall
4-7 not include those sums of money expended for medical and pharmaceutical that exceed three
4-8 percent (3%) of the applicant's annual income or three percent (3%) of the applicant's preceding
4-9 ninety (90) day income computed on an annual basis.

4-10 (4) For persons on social security disability benefits who are: (i) unmarried or married
4-11 and living separate and apart with income for the calendar year immediately preceding the year in
4-12 which assistance is sought that is less than forty two thousand four hundred and ninety three
4-13 dollars (\$42,493); or (ii) married with income that is less than forty eight thousand five hundred
4-14 and sixty three dollars (\$48,563) the state shall pay fifteen percent (15%) of the cost of
4-15 prescriptions and the consumer shall pay eighty five percent (85%) of the cost.

4-16 (b) On July 1 of each year, the maximum amount of allowable income for both unmarried
4-17 and married residents set forth in subsection (a) shall be increased by a percentage equal to the
4-18 percentage of the cost of living adjustment provided for social security recipients.

4-19 (c) No person whose prescription drug expenses are paid or reimbursable, either in whole
4-20 or in part, by any other plan of assistance or insurance is eligible for assistance under this section,
4-21 until the person's prescription drug coverage for a specific covered prescription medication is
4-22 exhausted or the specific prescription medication is not covered by the plan during a benefit year,
4-23 and as provided in subsection (d).

4-24 (d) The fact that some of a person's prescription drug expenses are paid or reimbursable
4-25 under the provisions of the federal Medicare program shall not disqualify that person, if he or she
4-26 is otherwise eligible, to receive assistance under this chapter. In those cases, the state shall pay
4-27 the eligible percentage of the cost of those prescriptions for qualified drugs for which no payment
4-28 or reimbursement is made by the federal government.

4-29 (e) Eligibility for receipt of any other benefit under any other provisions of the Rhode
4-30 Island general laws as a result of eligibility for the pharmaceutical assistance program authorized
4-31 under this section shall be limited to those persons whose income qualify them for a sixty percent
4-32 (60%) state co-payment share of the cost of prescriptions.

4-33 (f) For all additional drugs, the consumer shall pay one hundred percent (100%) of the
4-34 cost of prescriptions as set forth in § 42-66.2-4.

5-1 (g) To promote coordination of benefits between the pharmaceutical assistance program
5-2 created under this chapter and the Medicare Part D prescription drug program created in the
5-3 federal Medicare Prescription Drug, Improvement and Modernization Act of 2003, RIPAE
5-4 enrollees must apply for and enroll in the Medicare Part D prescription drug program.

5-5 § 42-66.2-6 Responsibilities of department of elderly affairs. — (a) Determination of
5-6 eligibility. The department shall adopt regulations relating to the determination of eligibility of
5-7 prospective consumers and the determination and elimination of program abuse. The department
5-8 has the power to declare ineligible any consumer who abuses or misuses the established
5-9 prescription plan. The department has the power to investigate cases of suspected provider or
5-10 consumer fraud.

5-11 (b) Rebates for expenses prohibited. (1) A system of rebates or reimbursements to the
5-12 consumer for pharmaceutical expenses shall be prohibited.

5-13 (2) Subdivision (1) shall not be interpreted to exclude other consumers not participating
5-14 in the pharmaceutical assistance to the elderly program from receiving financial offers or
5-15 redeemable coupons that are available to only those who have paid for the service or product
5-16 through direct cash payment, insurance premiums, or cost sharing with an employer.

5-17 (c) Program criteria. The program includes the following criteria:

5-18 (1) Collection of the co-payment by pharmacies is mandatory;

5-19 (2) Senior citizens participating in the program are not required to maintain records of
5-20 each transaction but shall sign a receipt for eligible and additional drugs;

5-21 (3) A system of rebates or reimbursements to the consumer for pharmaceutical expenses
5-22 is prohibited;

5-23 (ii) This subdivision shall not be interpreted to exclude other consumers from receiving
5-24 financial offers or redeemable coupons that are available to only those who have paid for the
5-25 service or product through direct cash payment, insurance premiums, or cost sharing with an
5-26 employer.

5-27 (4) Prescription benefits for any single prescription may be dispensed in the amounts
5-28 authorized by the physician, and agreed to by the consumer, up to a maximum of a one hundred
5-29 (100) day supply or two hundred (200) doses, whichever is less and/or a one hundred (100) day
5-30 supply or one quart of liquid, whichever is less; provided, however, that disposable insulin

5-31 syringes are dispensed in a quantity of one hundred (100);
5-32 (5) Experimental drugs are excluded from the program;
5-33 (6) A system of mail order delivery for prescriptions is allowed under this program; and
5-34 (7) Eligible and additional drugs must be dispensed within one year of the original
6-1 prescription order.
6-2 (d) The director shall issue an eligibility card containing a program ID number and the
6-3 time period for which the card is valid.
6-4 (e) The director shall provide a mechanism, within the department, to handle all public
6-5 inquiries concerning the program.
6-6 (f) The director shall establish a process, in accordance with the Administrative
6-7 Procedures Act, chapter 35 of this title, to provide an appeals hearing on the determination of
6-8 eligibility.
6-9 (g) The director shall forward to the contractor a list of all eligible consumers.
6-10 (h) Expenditures for multiple sclerosis drugs shall not exceed thirty thousand dollars
6-11 (\$30,000).
6-12 (i) Generic drug substitution is mandatory when there is an available generic drug
6-13 equivalent.
6-14 ~~§ 42-66.2-7 Contract.—(a) The director is authorized and shall enter into a contract with~~
6-15 ~~the contractor for the effective administrative support of this program.~~
6-16 ~~(b) A competitive bid and contract award shall occur in accordance with the state~~
6-17 ~~Medicaid authority's competitive bid process and cycle.~~
6-18 ~~§ 42-66.2-8 Penalties.—(a) Criminal penalties. Any person who submits a false or~~
6-19 ~~fraudulent claim under this chapter, or who aids or abets another in the submission of a false or~~
6-20 ~~fraudulent claim, or who is eligible under a private, state, or federal program for prescription~~
6-21 ~~assistance and who claims or receives duplicative benefits hereunder or who otherwise violates~~
6-22 ~~any provisions of this chapter is deemed guilty of a misdemeanor and is subject to imprisonment~~
6-23 ~~for a term of not more than one year or a fine of not less than five hundred dollars (\$500), or both.~~
6-24 ~~(b) Any provider or consumer found guilty of intentionally violating the provisions of~~
6-25 ~~this chapter shall be subject to immediate termination from this program for a period of no less~~
6-26 ~~than one year.~~
6-27 ~~(c) Repayment of gain. Any provider or consumer who is found guilty under this chapter~~
6-28 ~~is subject to repay three (3) times the value of the material gain he or she received.~~
6-29 ~~§ 42-66.2-9 Annual report.—(a) The director shall submit an annual report to the~~
6-30 ~~governor, the budget officer, the chairperson of the house finance committee, the chairperson of~~
6-31 ~~the senate finance committee, and the chairperson of the board of pharmacy as established by § 5-~~
6-32 ~~19.1-4. The report shall contain the number of consumers eligible for the program, the number of~~
6-33 ~~consumers utilizing the program, the number of appeals, an outline of problems encountered in~~
6-34 ~~the administration of the program and suggested solutions to the problems, and any~~
7-1 ~~recommendations to enhance the program.~~
7-2 ~~(b) The contractor shall submit an annual report to the governor, the budget officer, the~~
7-3 ~~chairperson of the house finance committee, the chairperson of the senate finance committee, and~~
7-4 ~~the board of pharmacy as established by § 5-19.1-4. The report shall contain financial and~~
7-5 ~~utilization statistics as to drug use by therapeutic category, actuarial projections, an outline of~~
7-6 ~~problems encountered in the administration of the program, and suggested solutions to the~~
7-7 ~~problems and any recommendations to enhance the program.~~
7-8 ~~(c) [Deleted by P.L. 2008, ch. 100, art. 8, § 2].~~
7-9 ~~§ 42-66.2-10 Pharmaceutical manufacturer drug rebates.—(a) The director shall enter~~
7-10 ~~into prescription drug rebate agreements with individual pharmaceutical manufacturers under~~
7-11 ~~which the department shall receive a rebate from the pharmaceutical manufacturer equal to the~~
7-12 ~~basic rebate supplied by the manufacturer under 42 U.S.C. § 1396a for every eligible prescription~~
7-13 ~~drug dispensed under the program. Each prescription drug rebate agreement shall provide that the~~
7-14 ~~pharmaceutical manufacturer shall make quarterly rebate payments to the department equal to the~~
7-15 ~~basic rebate supplied by the manufacturer under 42 U.S.C. § 1396a for the total number of dosage~~
7-16 ~~units of each form and strength of a prescription drug which the department reports as reimbursed~~
7-17 ~~to providers of prescription drugs, provided these payments shall not be due until thirty (30) days~~

7-18 following the manufacturer's receipt of utilization data from the department including the number
7-19 of dosage units reimbursed to providers of eligible prescription drugs during the quarter for which
7-20 payment is due.

7-21 (b) Upon receipt of the utilization data from the department, the pharmaceutical
7-22 manufacturer shall calculate the quarterly payment. The department may, at its expense, hire a
7-23 mutually agreed upon independent auditor to verify the calculation and payment. In the event that
7-24 a discrepancy is discovered between the pharmaceutical manufacturer's calculation and the
7-25 independent auditor's calculation, the pharmaceutical manufacturer shall justify its calculations or
7-26 make payment to the department for any additional amount due.

7-27 (2) The pharmaceutical manufacturer may, at its expense, hire a mutually agreed upon
7-28 independent auditor to verify the accuracy of the utilization data provided by the department. In
7-29 the event that a discrepancy is discovered, the department shall justify its data or refund any
7-30 excess payment to the pharmaceutical manufacturer. The department may, at its expense,
7-31 establish a grievance adjudication procedure, which provides for independent review of
7-32 manufacturer documentation substantiating the basic rebate amount per unit delivered under 42
7-33 U.S.C. § 1396a. In the event that a discrepancy is discovered, the department shall justify its data
7-34 or refund any excess payment to the pharmaceutical manufacturer.

8-1 (c) All eligible prescription drugs of a pharmaceutical manufacturer that enters into an
8-2 agreement pursuant to subsection (a) shall be immediately available and the cost of these eligible
8-3 drugs shall be reimbursed and not subject to any restrictions or prior authorization requirements.
8-4 Any prescription drug of a manufacturer that does not enter into an agreement pursuant to
8-5 subsection (a) shall not be reimbursable, unless the department determines the eligible
8-6 prescription drug is essential to program participants.

8-7 (d) All rebates collected by the department from the rebate payments made for drugs for
8-8 persons eligible under the provisions of § 42-66.2-5(a) shall be deposited in a restricted receipt
8-9 account, hereby created within the agency and known as Pharmaceutical Rebates, to pay costs in
8-10 accordance with the provisions of § 42-66.2-4.

8-11 SECTION 2. This article shall take effect as of January 1, 2010.

MOTION: To recommends Commission Oppose unless amended 09 H 5983 Article 15 Relating To Pharmaceutical Assistance To The Elderly to provide coverage for persons 55 – 65 until they are Medicare eligible and Medicare Part D donut hole coverage for persons 55 and older. AP/GR passed, Abstain PP & LG.

09 H 5983 Article 32 RELATING TO PUBLIC ASSISTANCE ACT Rep. Watson Requested by the Governor

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.

Held for Further Study or Continued in the House Finance Committee

Tabled at the April 13th meeting for information from DHS/MHRH on the definition of license supportive residential care settings

Hi Bob, I am going to try to make the meeting but in case I can not, As it was explained to me by the DHS "expert" and author of the article, the language in

Article 32 which provides for the "supportive residential care settings" allows for alternatives to assisted living. It doesn't change anything as of this date but would provide future flexibility so to speak. Hope this helps the committee. Thank you, Erin E. Casey, Legislative Liaison Officer, Executive Office of Health and Human Services

Rules and Regulations for Licensing Assisted Living Residences [R23-17.4-ALR]

1.0 Definitions

1.6 "**Assisted living residence**" means a publicly or privately operated residence that provides directly or indirectly by means of contracts or arrangements personal assistance to meet the resident's changing needs and preferences, lodging, and meals to two (2) or more adults who are unrelated to the licensee or administrator, excluding however, any privately operated establishment or facility licensed pursuant to Chapter 23-17 of the General Laws of Rhode Island, as amended, and those facilities licensed by or under the jurisdiction of the Department of Mental Health, Retardation and Hospitals, the Department of Children, Youth, and Families, or any other state agency. Assisted living residences include sheltered care homes, and board and care residences, or any other entity by any other name providing the above services which meet the definition of assisted living residence.

A search for the term "supportive residential care" in both the general laws and the Secretary of State's regulation data base turned up "no match". The closest match was in:

CHAPTER 44 - 50 HEALTH CARE PROVIDER ASSESSMENT ACT

44-50-2. Definitions.

(6) "Residential services" means intermediate care facility services for the mentally retarded and similar twenty-four (24) hour residential services funded under a waiver of 1915(c) of the federal Medicaid statute, 42 U.S.C. 1396n(c), and furnished by providers licensed in accordance with chapter 24 of title 40.1 to provide services to individuals with developmental disabilities. Semi-independent apartment programs and supported living arrangements are not considered residential services for the purposes of this chapter.

(7) "Semi-independent apartment program" means a residential program in which services are provided on a less than twenty-four (24) hour a day basis. Semi-independent apartment programs are not licensed pursuant to chapter 24 of title 40.1.

(8) "Supportive living arrangement" means a residential setting in which an individual or individuals with developmental disabilities reside in a private home with a person or persons to whom the individual(s) is not related by blood or marriage. Supportive living arrangements are not licensed pursuant to chapter 24 of title 40.1. {Chapter 40.1 - 24 Licensing Of Facilities And Programs For People Who Are Mentally Ill And/Or Developmentally Disabled}

ARTICLE 32

RELATING TO PUBLIC ASSISTANCE ACT

SECTION 1. Section 40-6-27 of the General Laws in Chapter 40-6 entitled "Public Assistance Act" is hereby amended to read as follows:

40-6-27. Supplemental security income. -- (a)(1) The director of the department is hereby authorized to enter into agreements on behalf of the state with the secretary of the Department of Health and Human Services or other appropriate federal officials, under the supplementary and security income (SSI) program established by title XVI of the Social Security Act, 42 U.S.C. § 1381 et seq., concerning the administration and determination of eligibility for SSI benefits for residents of this state, except as otherwise provided in this section. The state's monthly share of supplementary assistance to the supplementary security income program effective January 1, 2003, shall be as follows:

(i) Individual living alone: \$57.35

(ii) Individual living with others: \$69.94

(iii) Couple living alone: \$108.50

(iv) Couple living with others: \$128.50

(v) Individual living in state licensed residential care and assisted living facilities

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residence: \$ 575.00

(vi) Individual 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: \$300.00.

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

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

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

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

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

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

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

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

(i) The scope and frequency of resident assessments, the development and implementation of individualized service plans, staffing levels and qualifications, resident monitoring, service coordination, safety risk management and disclosure, and any other related areas;

(ii) The procedures for determining whether the payment certifications standards have been met; and

(iii) The criteria and process for granting a one time, short-term good cause exemption from the payment certification standards to a licensed supportive residential care setting or assisted living residence that provides documented evidence indicating that meeting or failing to 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.

MOTION: To recommends Commission Oppose 09 H 5983 Article 32 Relating To Public Assistance Act, since the term “supportive residential care settings” is not defined in law or regulation. AP/LW passed, abstained PP

09 H 5171 RELATING TO CRIMINAL PROCEDURE -- BAIL AND RECOGNIZANCE Rep. O'Neill

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.

Held for Further Study or Continued in the House Judiciary Committee

Tabled for information from MHRH or RIDLC what is the rational for the change:

From: Raymond Bandusky <rbandusky@ridlc.org>

To: Bob Cooper

Date: Friday - May 8, 2009

Subject: 09 S 0245 Sub A as Amended & 09 H 5415 Substitute A RELATING TO HEALTH AND SAFETY

Hi, Bob:

Anne Mulready informs me H 5171 comes from the PD's Office and that the ACLU opposes it, as we did last year. It is probably unconstitutional because it allows people to be held and deprived of liberty without any finding that they are dangerous. The bill is not linked to competency assessments, which courts could order. Also, the bill is unnecessary because if a person being charged met the dangerous criteria under the civil commitment law, civil commitment proceedings could be initiated by a variety of individuals in district court (RIGL 40.1-5-8). We also believe the District Court does not support this bill. Raymond L. Bandusky, Executive Director, Rhode Island Disability Law Center, Inc.

-----Original Message-----

From: Bob Cooper [mailto:bcooper@gcd.ri.gov]

Sent: Thursday, May 07, 2009 3:11 PM

To: Raymond Bandusky

Subject: 09 S 0245 Sub A as Amended & 09 H 5415 Substitute A RELATING TO HEALTH AND SAFETY

Ray:

Does the RIDLC have a position on Rep. Naughton & Sen. Levesque's HIV/AIDS bills? The legislation committee will be reviewing them on Monday, so I'm checking around to see what other organizations are saying.

Bob

From: <RIACLU@aol.com>

To: <bcooper@gcd.ri.gov>

Date: 5/11/2009 12:07:57 PM
Subject: 09 H 5171 RELATING TO CRIMINAL PROCEDURE -- BAIL AND RECOGNIZANCE

In a nutshell:

1. It undermines the detailed standards currently in place in the mental health law for the involuntary commitment of individuals;
2. It undermines the standards for granting bail, and will be inevitably be used by courts to hold people for evaluation who otherwise should be released pending consideration of their charges.

In a message dated 5/11/2009 11:28:53 A.M. Eastern Daylight Time, bcooper@gcd.ri.gov writes:

Steve:

Please email the reasons for your opposition, so I can share them with my Legislation Cmte. this afternoon.

Bob

>>> <riaclu@aol.com> 5/11/2009 11:24:08 AM >>>

We oppose it.

Steven Brown, ACLU of Rhode Island

-----Original Message-----

From: Bob Cooper <bcooper@gcd.ri.gov>

To: Steven Brown <riaclu@aol.com>

Sent: Mon, 11 May 2009 10:02 am

Subject: 09 H 5171 RELATING TO CRIMINAL PROCEDURE -- BAIL AND RECOGNIZANCE

Steve:

Does the ACLU have a position on 09 H 5171 by Rep. O'Neill?

Bob

- 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 se 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.

No position taken on **09 H 5171 Relating To Criminal Procedure -- Bail And Recognizance**

Passed the Senate and the House on 5/7/2009

09 S 0245 Sub A as Amended RELATING TO HEALTH AND SAFETY Sen. C Levesque

09 H 5415 Sub A RELATING TO HEALTH AND SAFETY Rep. Naughton

These acts 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.

The Substitute would change the definitions of "consent", "HIV screening", "Polymerase chain reaction test", and "sexually transmitted diseases". Also made major revisions to sections 23-6.3-3 HIV Screening and testing of adults, adolescents, and pregnant women; 23-6.3-4 Exception to consent requirements; 23-6.3-14 Reporting and notification of HIV/ Aids; 23-6.3-16 Insurance Exemptions; and 11-37-17 HIV mandatory testing.

The change to 23-6.6.3-5 Reasonable efforts to secure consent would be expanded to include "(2) Provide verbal or written information as specified in subsection 23-6.3-3(h)".

The discrimination prohibited section is expanded to include legal entities and education services.

To tabled for more information from DoH, the sponsors, and/or AIDS Project RI

From: Raymond Bandusky <rbandusky@ridlc.org>

To: Bob Cooper

Date: Friday - May 8, 2009

Subject: 09 S 0245 Sub A as Amended & 09 H 5415 Substitute A RELATING TO HEALTH AND SAFETY

Hi, Bob:

We have not taken a position on the HIV/AIDS bills. I'll try to review them over the weekend, and let you know if I have any strong feelings one way or another.

Anne has informed me the ACLU was tracking the development of this legislation, so you might want to get Steve Brown's input.

Raymond L. Bandusky, Executive Director, Rhode Island Disability Law Center, Inc.

-----Original Message-----

From: Bob Cooper [mailto:bcooper@gcd.ri.gov]

Sent: Thursday, May 07, 2009 3:11 PM

To: Raymond Bandusky

Subject: 09 S 0245 Sub A as Amended & 09 H 5415 Substitute A RELATING TO HEALTH AND SAFETY

Ray:

Does the RIDLC have a position on Rep. Naughton & Sen. Levesque's HIV/AIDS bills?

The legislation committee will be reviewing them on Monday, so I'm checking around to see what other organizations are saying.

Bob

From: <riaclu@aol.com>

To: <bcooper@gcd.ri.gov>

Date: 5/9/2009 9:31:27 AM

Subject: 09 S 0245 Sub A as Amended & 09 H 5415 Substitute A RELATING TO HEALTH AND SAFETY

Hi Bob

Our position is essentially neutral. We are concerned that the bills weaken the current informed consent and counseling requirements in state law, but we worked with the commission that drafted the bills to mitigate the impact, knowing that whatever came out of the commission was going to pass.

Steven Brown, ACLU of Rhode Island

-----Original Message-----

From: Bob Cooper <bcooper@gcd.ri.gov>

To: Steven Brown <riaclu@aol.com>

Sent: Thu, 7 May 2009 3:09 pm

Subject: 09 S 0245 Sub A as Amended & 09 H 5415 Substitute A RELATING TO HEALTH AND SAFETY

Steve:

Does the ACLU have a position on Rep. Naughton & Sen. Levesque's HIV/AIDS bills?

My legislation committee will be reviewing them on Monday, so I'm checking around to see what other organizations are saying.

Bob

This bill has two major provisions, 1) it replaces an entire chapter, a comparison table of the existing law, which would be repealed and 2) amends existing laws to cross reference the new chapter, consolidating and creating a uniform procedure throughout RI Laws.

Current Law to be repealed and replaced by ->>>	Proposed H 5415 Sub A
CHAPTER 6 PREVENTION AND SUPPRESSION OF CONTAGIOUS DISEASES (<i>sections 1 – 9 would be retained, they address other diseases</i>)	CHAPTER 6.3 PREVENTION AND SUPPRESSION OF CONTAGIOUS DISEASES - HIV/AIDS
<p>23-6-10 Purpose. – The purpose of §§ 23-6-10 – 23-6-24 is to protect the public against transmission of human immunodeficiency virus (HIV), and to protect persons who are infected with HIV from discrimination.</p>	<p>23-6.3-1. Purpose. -- The purpose of this chapter is to reduce vulnerability to HIV/AIDS transmission, protect persons who are infected with HIV from discrimination, ensure informed consent for testing, and to provide consistent terms and standards within this title and as applicable to chapters 11-34, 11-37, 21-28 and 40.1-24.</p>
<p>23-6-11 Definitions. – As used in §§ 23-6-10 – 23-6-24: (1) "AIDS" means the medical condition known as acquired immune deficiency syndrome, caused by infection of an individual by the human immunodeficiency virus (HIV). (2) "HIV" means the human immunodeficiency virus, the pathogenic organism responsible for the acquired immunodeficiency syndrome (AIDS). (3) "Informed consent form" means a standardized form provided by the Rhode Island department of health to those individuals offered HIV testing. The form shall be developed by the department and shall contain the following information: (i) The public health rationale for HIV testing and information describing the nature of the HIV disease; (ii) The availability and cost of HIV testing and counseling; (iii) That test results are confidential with certain exceptions; (iv) A list of exceptions to confidentiality of test results; (v) That the test is voluntary and that an informed consent form must be signed before testing; (vi) That by signing this form the person is only acknowledging that the HIV test and counseling have been offered and/or that he or she has declined (opted-out) the offer to be tested; and (vii) Notwithstanding the provisions of subsections (v) and (vi) above, in the event an individual consents to anonymous testing, the HIV testing counselor and/or attending practitioner ordering the test shall receive only verbal confirmation from the client that the client understands all applicable information contained within the informed consent form. (4) "HIV test" means any currently medically accepted diagnostic test for determining infection of an individual by HIV. (5) "Person" means any individual, firm, partnership, corporation, company, association, or joint stock association, state or political subdivision or instrumentality of a state.</p>	<p>23-6.3-2. Definitions. -- As used in this chapter the following words shall have the following meanings: (1) "Agent" means a person empowered by the patient to assert or waive the confidentiality, or to disclose or consent to the disclosure of confidential information, as established by chapter 5-37.3 of the general laws of Rhode Island, as amended, entitled "Confidentiality of Health Care Communications and Information Act." (2) "AIDS" means the medical condition known as acquired immune deficiency syndrome, caused by infection of an individual by the human immunodeficiency virus (HIV). (3) "Anonymous HIV testing" means an HIV test that utilizes a laboratory generated code based system, which does not require an individual's name or other identifying information that may reveal one's identity, including information related to the individual's health insurance policy, to be associated with the test. (4) "Antibody" means a protein produced by the body in response to specific foreign substances such as bacteria or viruses. (5) "Community-based organization" means an entity that has written authorization from the department for HIV counseling, testing and referral services (HIV CTRS). (6) "Confidential HIV testing" means an HIV test that requires the individual's name and other identifying information including information related to the individual's health insurance policy, as appropriate. (7) "Consent" means an explicit exchange of information between a person and a health care provider or qualified professional HIV test counselor through which an informed individual can choose whether to undergo HIV testing or decline to do so. Elements of consent shall include providing each individual with verbal or written information regarding an explanation of HIV infection, a description of interventions that can reduce HIV transmission, the meanings of positive and negative test results, the voluntary nature of the HIV testing, an opportunity to ask questions and to decline testing. (8) "Controlled substance" means a drug, substance, or</p>

Current Law to be repealed and replaced by ->>>	Proposed H 5415 Sub A
<p>(6) "Physician" means a person licensed to practice allopathic or osteopathic medicine pursuant to the provisions of chapter 37 of title 5.</p> <p>(7) "Services" means health care and social support services.</p> <p>(8) "Occupational health representative" is an individual, within a health care facility, trained to respond to occupational, particularly blood borne, exposures.</p>	<p>immediate precursor in schedules I-V listed in the provisions of chapter 21-28 entitled, "Uniform Controlled Substances Act".</p> <p>(9) "Department" means the Rhode Island department of health.</p> <p>(10) "Diagnosis of AIDS" means the most current surveillance case definition for AIDS published in the Centers for Disease Control & Prevention (CDC).</p> <p>(11) "Diagnosis of HIV" means the most current surveillance case definition for HIV infection published in the CDC's (MMWR).</p> <p>(12) "Director" means the director of the Rhode Island department of health.</p> <p>(13) "ELISA result" means enzyme-linked immunosorbent assay or EIA (enzyme immunoassay) which is a serologic technique used in immunology to detect the presence of either antibody or antigen.</p> <p>(14) "Health benefits" include accident and sickness, including disability or health insurance, health benefit plans and/or policies, hospital, health, or medical service plans, or any health maintenance organization plan pursuant to title 27 or otherwise.</p> <p>(15) "Health care facility" means those facilities licensed by the department in accordance with the provisions of chapter 23-17.</p> <p>(16) "Health care provider", as used herein, means a licensed physician, physician assistant, certified nurse practitioner or midwife.</p> <p>(17) "Health care settings" means venues offering clinical STD services including, but not limited to, hospitals, urgent care clinics, STD clinics and other substance abuse treatment facilities, mental health treatment facilities, community health centers, primary care and OB/GYN physician offices, and family planning providers.</p> <p>(18) "HIV" means the human immunodeficiency virus, the pathogenic organism responsible for HIV infection and/or the acquired immunodeficiency syndrome (AIDS) in humans.</p> <p>(19) "HIV CD4 T-lymphocyte test result" means the results of any currently medic ally accepted and/or FDA approved test used to count CD4 T-lymphatic cells in the blood of an HIV infected person.</p> <p>(20) "HIV counseling" means an interactive process of communication between a person and a health care provider or qualified professional HIV test counselor during which there is an assessment of the person's risks for HIV infection and the provision of counseling to assist the person with behavior changes that can reduce risks for acquiring HIV infection.</p> <p>(21) "HIV screening" means the conduct of HIV testing among those who do not show signs or symptoms of an HIV infection.</p> <p>(22) "HIV test" means any currently medically accepted</p>

Current Law to be repealed and replaced by ->>>	Proposed H 5415 Sub A
	<p>and/or FDA approved test for determining HIV infection in humans.</p> <p>(23) "Occupational health representative" means a person, within a health care facility, trained to respond to occupational, particularly blood borne, exposures.</p> <p>(24) "Opts out" means that a person who has been notified that a voluntary HIV test will be performed, has elected to decline or defer testing. Consent to HIV testing is inferred unless the individual declines testing.</p> <p>(25) "Perinatal case report for HIV" means the information that is provided to the department related to a child aged less than eighteen (18) months born to an HIV-infected mother and the child does not meet the criteria for HIV infection or the criteria for "not infected" with HIV as defined in the most current surveillance case definition for HIV infection published by the CDC.</p> <p>(26) "Person" means any individual, trust or estate, partnership, corporation (including associations, joint stock companies), limited liability companies, state, or political subdivision or instrumentality of a state.</p> <p>(27) "Persons at high risk for HIV infection" means persons defined as being high risk in the CDC's most current recommendations for HIV testing of adults, adolescents and pregnant women in health care settings or through authority and responsibilities conferred on the director by law in protecting the public's health.</p> <p>(28) "Polymerase chain reaction (PCR) test" means a common laboratory method of creating copies of specific fragments of DNA or RNA.</p> <p>(29) "Qualified professional HIV test counselor" means: (i) A physician, physician assistant, certified nurse practitioner, midwife, or nurse licensed to practice in accordance with applicable state law; (ii) A medical student who is actively matriculating in a medical degree program and who performs duties assigned to them by a physician; or (iii) A person who has completed an HIV counseling training program, in accordance with regulations hereunder promulgated.</p> <p>(30) "Sexually transmitted diseases (STD's)" means those diseases included in section 23-11-1, as amended, entitled "Sexually Transmitted Diseases", and any other sexually transmitted disease that may be required to be reported by the department.</p>
<p>23-6-12 Testing. – (a) Recommendations regarding HIV testing shall reference the most current guidelines issued by the Centers for Disease Control and Prevention (CDC) pertaining to HIV Counseling, Testing and Referral of Adults, Adolescents and Pregnant Women; provided, however, those guidelines shall be interpreted by the department of health so as to best serve the clients and patients seeking HIV testing, and shall in no event be interpreted or implemented in a manner inconsistent with</p>	<p>23-6.3-3. HIV screening and testing of adults, adolescents, and pregnant women. -- (a) This section shall pertain to patients in all health care settings and HIV CTRS sites. (b) HIV screening and testing shall be based on the most current recommendations for HIV counseling, testing and referral of adults, adolescents and pregnant women issued by the CDC. Provided, however, those guidelines shall be interpreted by the department so as to best serve the individuals and patients receiving HIV testing, and shall</p>

Current Law to be repealed and replaced by ->>>	Proposed H 5415 Sub A
<p>the minimum informed consent standards of this Title or other protections of state law. The recommendations shall emphasize that:</p> <p>(1) HIV screening is recommended in all health care settings, after the patient is informed, in accordance with this chapter's informed consent standards, that HIV testing will be done unless the patient declines;</p> <p>(2) persons at high-risk for HIV infection should be screened for HIV at least annually, in accordance with this chapter's informed consent standards; and</p> <p>(3) only verbal informed consent is required for anonymous testing.</p> <p>(b) Unless otherwise excepted by the provisions of this chapter, no person may be tested for the presence of HIV where the test result can be identified with a specific individual, unless he or she has given his or her informed consent by his or her signature or that of a parent, guardian, or agent on a written informed consent form specifically relating to the test after discussion of implications of the test with a qualified professional. A physician or health care provider attending to any person who may be at risk for HIV infection shall routinely offer the HIV test to those patients. All testing pursuant to this section shall be performed in accordance with §§ 23-6-17 (confidentiality) and 23-6-18 (protection of the medical record) and this chapter's informed consent standards.</p> <p>(c) In the event an individual consents to anonymous testing and tests positive for HIV, the HIV testing counselor shall discuss with the client options regarding referrals and reporting of this positive screening, including the necessity of accessing a physician.</p> <p>(d) In addition to, and separate from, the requirement of subdivision 23-6-26(b)(4), all HIV CD4 T-lymphocyte test results and all HIV viral load detection test results, detectable and nondetectable, shall be reported to the department of health through a department designed reporting system that uses a non name based code and contains no patient identifying information. These reports may be used by the department to improve the clinical progress of patients through contact with their physicians, and to use the aggregate information collected to develop and improve prevention programs and create better access to care.</p>	<p>in no event be interpreted or implemented in a manner inconsistent with the minimum informed consent standards and other provisions and protections of state law and regulations.</p> <p>(c) All individuals who desire anonymous HIV testing shall be referred to an HIV CTRS site funded by the department that provides anonymous HIV testing.</p> <p>(d) All health care settings and HIV CTRS sites shall develop protocols that include no less than the following: assessment for individuals at high risk for HIV infection; frequency of HIV testing; communication of HIV test results; and post-test linkages to needed care and support services.</p> <p>(e) Those adults, adolescents and pregnant women who test positive for HIV infection shall be given priority for outpatient substance abuse treatment programs that are sponsored or supported by the appropriate state agency responsible for these services, and those who test negative for HIV infection shall be referred to the appropriate state agency responsible for these services for earliest possible evaluation and treatment.</p> <p>(f) A positive test result must be given in person. Persons testing positive for HIV must also be provided with linkages and referrals to HIV-related counseling, health care and support.</p> <p>(g) All persons tested under this section shall be informed of the results of the HIV test.</p> <p>(h) Consent and providing information for HIV testing:</p> <p>(1) Except as provided in section 23-6.3-4, HIV screening shall be voluntary, free from coercion, incorporated into routine medical testing, and undertaken only with the individual's knowledge and understanding that HIV testing will be performed.</p> <p>(2) No person shall order the performance of an HIV test without first: (i) Providing the information and opportunity for discussion or counseling set forth in this section; (ii) Informing the patient that he or she has a right to decline testing; and (iii) Obtaining the oral consent of the patient to be tested or of a person authorized to consent to health care for such individual. Said consent and exchange of HIV information shall be documented in the patient's medical record.</p> <p>(3) A physician or health care provider may tailor HIV counseling to best meet the needs of the individual to be tested. Decisions concerning patient-specific tailoring and the extent of pre-test counseling shall be made on a case-by-case basis.</p> <p>(4) In no event shall a patient be tested for HIV pursuant to this section without first being provided with verbal or written information that includes the following:</p> <p>(1) An explanation of HIV infection;</p> <p>(2) A description of interventions that can reduce HIV transmission;</p>

Current Law to be repealed and replaced by ->>>	Proposed H 5415 Sub A
	<p>(3) The meanings of positive and negative test results;</p> <p>(4) The possibility that a recent infection may not be detected; and</p> <p>(5) An opportunity to ask questions and to decline testing.</p> <p>(i) For pregnant women:</p> <p>(1) HIV screening shall be incorporated as part of routine prenatal testing for all pregnant women as early and often as appropriate during each pregnancy after the patient has been notified that voluntary testing, in accordance with the consent and information requirements of subsection (h), will be performed unless the patient opts out.</p> <p>(2) Any woman with an undocumented HIV test status in her record at the time of labor and/or delivery shall be screened with an HIV test in accordance with the consent and information requirements of subsection (h), unless she opts out.</p> <p>(3) A newborn shall be tested as soon as possible at delivery without the mother's consent if the mother's HIV status is not documented, provided that:</p> <p>(i) Reasonable efforts have been made to secure voluntary consent from the mother to test the newborn; and</p> <p>(ii) A mother is informed that HIV antibodies in the newborn indicate that the mother is infected with HIV.</p> <p>(j) The department shall provide guidance and access to written information to be used for the purposes of this section. This information shall notify the patients about risk-reduction strategies; the merits of repeat HIV and STD testing; and the availability of counseling and HIV prevention services. Informational materials shall be easily understandable and made available in Spanish and in other languages as appropriate to assure that the information presented is in a format that the individual can understand. Interpreters and bilingual staff shall demonstrate competency in providing language assistance to patients with limited English proficiency. Family or friends shall not be used as language interpreters.</p> <p>(k) A distinction shall be made between anonymous and confidential HIV testing. To protect the anonymity of patients tested anonymously, written consent shall not be offered as an option to verbal informed consent in anonymous testing.</p> <p>(l) In accordance with chapter 23-8, individuals under eighteen (18) years of age may give legal consent for testing, examination, and/or treatment for any reportable communicable disease, including HIV.</p> <p>(m) The department shall initiate medical provider training sessions, develop standardized materials to support more universal testing, utilize community input to create implementation plans, and evaluate the impact of this section.</p> <p>(n) No physician or health care provider shall discriminate against a patient because he or she is HIV positive or has declined to take an HIV test.</p>

Current Law to be repealed and replaced by -->>>	Proposed H 5415 Sub A
The next several sections are being amended, to cross reference the new provision directly above ^^^^	
<p>11-34-10. Human Immunodeficiency Virus (HIV). --</p> <p>(a) Any person convicted of a violation of any provisions of this chapter shall be required to be tested for Human Immunodeficiency Virus (HIV). No consent for the testing shall be required.</p> <p>(b) The department of health shall maintain sites for providing both anonymous and confidential HIV testing, and HIV counseling and referral. Each site, funded by the department of health, shall offer free testing, counseling and referral for indigent parties and other individuals without health insurance, offer a sliding scale for payment for all other individuals and, in the case of confidential testing, screen for ability to pay through a third-party insurer. In the case of nonfunded sites for HIV testing, organizations and/or institutions performing the test shall offer free testing, counseling and referral for indigent parties and other individuals without health insurance.</p> <p>(c) All persons tested under this section shall be provided pre-test and post-test counseling by individuals trained by the department of health, as an HIV testing counselor, in accordance with regulations promulgated by the department of health; provided, that the counseling shall be in accordance with acceptable medical standards.</p> <p>(d) All persons who are tested under this section, who are determined to be injecting drug users, shall be referred to appropriate sources of substance abuse treatment by the HIV testing counselor and/or the attending practitioner as follows:</p> <p>(1) Those persons who test positive for HIV infection shall be given priority for those outpatient substance abuse treatment programs that are sponsored or supported by the appropriate state agency responsible for these services.</p> <p>(2) Those persons who are injecting drug users and test negative for HIV infection shall be referred, by the HIV testing counselor and/or attending practitioner, to the appropriate state agency responsible for these services for earliest possible evaluation and treatment</p>	<p>SECTION 2. Section 11-34-10 in chapter 11-34 of the General Laws entitled "Prostitution and Lewdness" is hereby amended to read as follows:</p> <p>11-34-10. Human Immunodeficiency Virus (HIV). -- Any person convicted of a violation of any provisions of this chapter shall be required to be tested for Human Immunodeficiency Virus (HIV) <u>as provided for in chapter 23-6.3.</u></p>
<p>11-37-17. Human Immunodeficiency Virus (HIV) – Mandatory testing. -- (a) Any person who has admitted to or been convicted of or adjudicated wayward or delinquent by reason of having committed any sexual offense involving sexual penetration, as defined in § 11-37-1, whether or not sentence or fine is imposed or probation granted, shall be ordered by the court upon the petition of the victim, immediate family members of the victim or legal guardian of the victim, to submit to a blood test for the presence of a sexually transmitted disease including, but not limited to, the Human Immunodeficiency Virus (HIV) which causes Acquired Immune Deficiency Syndrome (AIDS) as provided for in chapter 23-6.3. Notwithstanding the provision of § 23-6-</p>	<p>SECTION 3. Section 11-37-17 in chapter 11-37 of the General Laws entitled "Sexual Assault" is hereby amended to read as follows:</p> <p>11-37-17. Human Immunodeficiency Virus (HIV) – Mandatory testing. -- (a) Any person who has admitted to or been convicted of or adjudicated wayward or delinquent by reason of having committed any sexual offense involving sexual penetration, as defined in § 11-37-1, whether or not sentence or fine is imposed or probation granted, shall be ordered by the court upon the petition of the victim, immediate family members of the victim or legal guardian of the victim, to submit to a blood test for the presence of a sexually transmitted disease including, but not limited to, the Human</p>

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<p>12, no consent for the testing shall be required.</p> <p>(b) Notwithstanding the limitations imposed by §§ 23-6-17 and 5-37.3-4, the results of the HIV test shall be reported to the court, which shall then disclose the results to any victim of the sexual offense who requests disclosure. Review and disclosure of blood test results by the courts shall be closed and confidential, and any transaction records relating to them shall also be closed and confidential.</p> <p>(c) Upon the victim's request, the department of health shall help provide HIV testing, as well as professional counseling to assist the victim in their understanding of the extent to which the particular circumstances of the crime may or may not have put the victim at risk of transmission of HIV from the perpetrator, to ensure that the victim understands both the benefits and limitations of the current test for HIV, and to obtain referrals to appropriate health care and support services.</p> <p>(d) All persons tested under this section shall be informed of the results of the blood test.</p> <p>(e) Pretest and post-test counseling shall be in accordance with regulations adopted by the department of health; provided, that this counseling shall be in accordance with acceptable medical standards.</p>	<p>Immunodeficiency Virus (HIV) which causes Acquired Immune Deficiency Syndrome (AIDS) as provided for in chapter 23-6.3.</p> <p>(b) Notwithstanding the limitations imposed by §§ 23-6-17 and 5-37.3-4, the results of the HIV test shall be reported to the court, which shall then disclose the results to any victim of the sexual offense who requests disclosure. Review and disclosure of blood test results by the courts shall be closed and confidential, and any transaction records relating to them shall also be closed and confidential.</p>
<p>21-28-4.20. Human Immunodeficiency Virus (HIV) – Testing. -- (a) Any person convicted of possession of any controlled substance that has been administered with a hypodermic instrument, retractable hypodermic syringe, needle, or any similar instrument adapted for the administration of drugs shall be required to be tested for human immunodeficiency virus (HIV). No consent for the testing shall be required.</p> <p>(b) The department of health shall maintain sites for providing both anonymous and confidential HIV testing, and HIV counseling and referral. Each site, funded by the department of health, shall offer free testing, counseling and referral for indigent parties and other individuals without health insurance, offer a sliding scale for payment for all other individuals and, in the case of confidential testing, screen for ability to pay through a third-party insurer. In the case of nonfunded sites for HIV testing, organizations and/or institutions performing the test shall offer free testing, counseling and referral for indigent parties and other individuals without health insurance.</p> <p>(c) All persons tested under this section shall be provided pre-test and post-test counseling by individuals trained by the department of health in accordance with regulations promulgated by the department of health; provided, that this counseling shall be in accordance with acceptable medical standards.</p> <p>(d) All persons who are tested under this section, who are convicted of possession of any controlled substance that has been administered with a hypodermic instrument,</p>	<p>SECTION 4. Section 21-28-4.20 in chapter 21-28 of the General Laws entitled "Uniform Controlled Substances Act" is hereby amended to read as follows:</p> <p>21-28-4.20. Human Immunodeficiency Virus (HIV) – Testing. -- (a) Any person convicted of possession of any controlled substance that has been administered with a hypodermic instrument, retractable hypodermic syringe, needle, or any similar instrument adapted for the administration of drugs shall be required to be tested for human immunodeficiency virus (HIV) as provided for in chapter 23-6.3.</p>

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<p>retractable hypodermic syringe, needle, or any similar instrument adopted for the administration of drugs shall be referred by the HIV testing counselor and/or attending practitioner to appropriate sources of drug treatment by the department of health as follows:</p> <p>(1) Those persons who test positive for HIV infection shall be given priority for those outpatient treatment programs which are supported by a state agency;</p> <p>(2) Those persons who test negative for HIV infection shall be referred to the appropriate division in the department of health for earliest possible evaluation and treatment.</p>	
<p>23-11-17. Human immunodeficiency virus (HIV) testing. -- (a) (1) The physician or health care provider attending any person for a suspected sexually transmitted disease shall offer testing for human immunodeficiency virus (HIV). All testing pursuant to this section shall be performed in accordance with sections 23-6-17 (confidentiality) and 23-6-18 (protection of the medical record) and the informed consent standards contained in chapter 6 of title 23.</p> <p>(2) Each person tested and counseled shall first be provided with an "informed consent form" as provided by subsection 23-6-11(3), and shall specifically be given the opportunity to decline or opt-out of testing, which he or she shall sign and date in acknowledgment of his/her election to be tested.</p> <p>(b) In the event an individual consents to anonymous testing and tests positive for HIV, the HIV testing counselor shall provide the client an informed consent form as provided by subsection 23-6-11(3). If an individual is tested anonymously and is found positive on the initial screening test or during a post-test consultation, the counselor shall discuss, with the client, options regarding referrals and reporting of this positive screening, including the necessity of accessing a physician. The department of health shall maintain sites for providing both anonymous and confidential HIV testing, and HIV counseling and referral. Each site, funded by the department of health, shall offer free testing, counseling and referral for indigent parties and other individuals without health insurance, offer a sliding scale for payment for all other individuals and, in the case of confidential testing, screen, for ability to pay through a third-party insurer. In the case of nonfunded sites for HIV testing, organizations and/or institutions performing the test shall offer free testing, counseling and referral for indigent parties and other individuals without health insurance.</p> <p>(c) All persons tested under this section shall be counseled and tested in accordance with regulations promulgated by the department of health; provided, however, that the counseling shall be in accordance with</p>	<p>SECTION 5. Section 23-11-17 in chapter 23-11 of the General Laws entitled "Sexually Transmitted Diseases" is hereby amended to read as follows:</p> <p>23-11-17. Human immunodeficiency virus (HIV) testing. –</p> <p>(1) The physician or health care provider attending any person for a suspected sexually transmitted disease shall offer testing for human immunodeficiency virus (HIV). All testing pursuant to this section shall be as provided for in chapter 23-6.3.</p>

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<p>acceptable medical standards, and no test results shall be given by any means (e.g. phone, mail, e-mail, fax, etc.) other than in person. Counselors for HIV counseling, testing and referral must undergo training given by the department of health to become a qualified professional counselor.</p>	
<p>23-13-19. Human immunodeficiency virus (HIV) testing. -- (a) Every physician or health care provider attending any person for prenatal care or family planning services shall include HIV screening in these settings so as to promote earlier detection of HIV with unrecognized or no identified risk factors. HIV testing shall be included in the routine panel of prenatal tests for all pregnant women unless testing is declined. Repeat testing in the third trimester is recommended if determined by the physician.</p> <p>(b) No person shall order the performance of an HIV-related test without first providing the information and counseling set forth in subsection 23-13-19(c), informing the woman that she has a right to decline testing, and obtaining the oral consent of the patient to be tested, or of a person authorized to consent to health care for such individual, which consent and counseling shall be documented in the patient's medical record.</p> <p>(c) Prior to performing an HIV-related test, patients shall be provided pre-test counseling. To allow greater flexibility for pre-test counseling by allowing client-specific counseling, a physician or health care provider may tailor HIV counseling to best meet the needs of the individual to be tested. Decisions concerning tailoring and the extent of pre-test counseling shall be made on a case-by-case basis, but in no event shall a woman be tested for HIV pursuant to this section without being provided with oral or written information that includes the following:</p> <ol style="list-style-type: none"> (1) An explanation of HIV infection; (2) A description of the interventions that can reduce HIV transmission from mother to infant; (3) The meaning of positive and negative test results; (4) An opportunity to ask questions. <p>The department of health shall provide appropriate health care providers with the written information, in multiple languages, required in subsections (1), (2) and (3) herein.</p> <p>(d) No physician or health care professional providing prenatal health services to a pregnant woman shall perform an HIV test of any woman who has not given consent to testing.</p> <p>(e) In the event that a pregnant woman tests positive for HIV/AIDS, the physician, health care provider or counselor shall provide post-test counseling, which shall include information about:</p> <ol style="list-style-type: none"> (1) The meaning of the test result; (2) The possible need for additional testing; (3) Measures to prevent the transmission of HIV; 	<p>SECTION 6. Section 23-13-19 in chapter 23-13 of the General Laws entitled "Maternal and Child Health Services for Children with Special Health Care Needs" is hereby amended to read as follows:</p> <p>23-13-19. Human immunodeficiency virus (HIV) testing. -- (a) Every physician or health care provider attending any person for prenatal care or family planning services shall include HIV screening consistent with the provisions of chapter 23-6.3.</p>

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<p>(4) Measures to prevent perinatal HIV transmission; and</p> <p>(5) The availability of, and referrals for, appropriate health care services, including mental health care, and appropriate social and support services.</p> <p>(f) All HIV testing pursuant to this section shall be kept confidential in accordance with § 23-6-17.</p> <p>(g) No physician or health care provider shall discriminate against a woman because she is HIV positive or has declined to take an HIV test.</p> <p>(h) In the event an individual consents to anonymous testing and tests positive for HIV, the HIV testing counselor shall discuss with the client options regarding referrals and reporting of this positive screening, including the necessity of accessing a physician. The department of health shall maintain sites for providing both anonymous and confidential HIV testing, and HIV counseling and referral. Each site, funded by the department of health, shall offer free testing, counseling and referral for indigent parties and other individuals without health insurance, offer a sliding scale for payment for all other individuals and, in the case of confidential testing, screen for ability to pay through a third-party insurer. In the case of nonfunded sites for HIV testing, organizations and/or institutions performing the test shall offer free testing, counseling and referral for indigent parties and other individuals without health insurance.</p> <p>(i) All persons tested under this section shall be counseled and tested in accordance with regulations promulgated by the department of health.</p>	
<p>23-17-31. Human immunodeficiency virus (HIV) testing – Hospitals. -- (a) Hospital patients in any hospital licensed under this chapter shall be offered testing for human immunodeficiency virus (HIV) unless excluded by regulations developed by the department of health, or unless the test is deemed inappropriate by a physician caring for the patient and so noted in the person's medical record. All testing pursuant to this section shall be performed in accordance with §§ 23-6-12 and 23-6-13. The identity of the individuals tested under this section shall be maintained only at the hospital site where the sample is drawn, and shall not be released except as provided by statute. Each person who is offered a test and counseling shall be provided with an "informed consent form" which he or she shall sign and date in acknowledgment of the offer.</p> <p>(b) The department of health is responsible for reasonable costs associated with performing and reporting the results of the HIV tests.</p> <p>(c) All persons tested under this section shall be provided pretest and post-test counseling, and the department of health shall define in regulation the nature and scope of the counseling. The counseling shall be in accordance with acceptable medical standards.</p>	<p>SECTION 7. Sections 23-17-31 and 23-17-31.1 in chapter 23-17 of the General Laws entitled "Licensing of Health Care Facilities" are hereby amended to read as follows:</p> <p>23-17-31. Human immunodeficiency virus (HIV) testing – Hospitals. -- (a) Hospital patients in any hospital licensed under this chapter shall be offered testing for human immunodeficiency virus (HIV) as set forth in chapter 23-6.3.</p>

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<p>(d) The department of health will either provide or pay for all pretest and post-test counseling. It will negotiate with the hospitals concerning incremental costs associated with pretest and post-test counseling and will provide reasonable reimbursement of these costs or provide the services themselves in the case of post-test counseling.</p>	
<p>40.1-24-20. Human immunodeficiency virus (HIV) testing – Facilities for drug users. -- (a) Every physician or health care provider attending any person for any service offered at a facility for intravenous drug users, shall offer testing for human immunodeficiency virus (HIV). All testing pursuant to this section shall be performed in accordance with §§ 23-6-17 (confidentiality) and 23-6-18 (protection of medical records) and the informed consent standards contained in chapter 6 of title 23, except where federal confidentiality laws may supercede.</p> <p>(b) Each person tested and counseled shall first be provided with an "informed consent form" as provided by subsection 23-6-11(3), which he/she shall sign and date, and shall specifically be given the opportunity to decline or opt-out of the testing.</p> <p>(c) In the event an individual consents to anonymous testing and tests positive for HIV, the HIV testing counselor shall discuss with the client options regarding referrals and reporting of this positive screening, including the necessity of accessing a physician.</p> <p>(d) The department of health shall assist providers with performing and reporting the results of the HIV tests.</p> <p>(e) The department of health shall maintain sites for providing both anonymous and confidential HIV testing, and HIV counseling and referral. Each site, funded by the department of health, shall offer free testing, counseling and referral for indigent parties and other individuals without health insurance, offer a sliding scale for payment for all other individuals and, in the case of confidential testing, screen for ability to pay through a third-party insurer. In the case of nonfunded sites for HIV testing, organizations and/or institutions performing the test shall offer free testing, counseling and referral for indigent parties and other individuals without health insurance.</p> <p>(f) All persons tested under this section shall be counseled and tested in accordance with regulations promulgated by the department of health.</p>	<p>SECTION 8. Section 40.1-24-20 in chapter 40.1 of the General Laws entitled “Licensing of Facilities and Programs for People who are Mentally Ill and/or Developmentally Disabled” is hereby amended to read as follows:</p> <p>40.1-24-20. Human immunodeficiency virus (HIV) testing – Facilities for drug users. -- (a) Every physician or health care provider attending any person for any service offered at a facility for intravenous drug users, shall offer testing for human immunodeficiency virus (HIV). All testing pursuant to this section shall be performed in accordance with the provisions of chapter 23-6.3.</p>
<p>SECTION 9. Section 23-1-36.1 in chapter 23-1 of the General Laws entitled “Department of Health” is hereby repealed.</p> <p>23-1-36.1 Director's duties regarding diseases – Marriage licenses. – The director of health shall prepare and submit to the clerk's office of each city and town in the state a packet containing all appropriate information relating to any disease, including but not limited to, sexually transmitted diseases or general health issue as the</p>	

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<p>director of health deems necessary, for distribution to all persons applying for a marriage license. The individual packet shall include an "AIDS Testing and Notification Form" which shall clearly state that the department of health provides confidential HIV tests, at no costs, and further provides pre-test and post-test educational materials and post-test counseling for HIV positive persons in accordance with regulations adopted by the department of health; provided, however, that any counseling shall be in accordance with acceptable medical standards.</p>	
<p>23-6-13 Informed consent form. – The written informed consent form shall include at least the following:</p> <ol style="list-style-type: none"> (1) The name and signature of the party(s) seeking and consenting to the HIV test; (2) The name and nature of the test; (3) The reasons for conducting the test; (4) The fact that the test results shall remain confidential except as required by law; and (5) Explanation of how test results will affect the tested person's ability to obtain services from the party requesting the test, or those for whom he or she is acting. 	
<p>23-6-14. Exceptions. – A physician or other health care provider may secure a test sample for the presence of HIV without consent under the following conditions:</p> <ol style="list-style-type: none"> (1) When the person to be tested is under one year of age; (2) When the person to be tested is between one and thirteen (13) years of age and appears to be symptomatic for HIV; (3) When the person to be tested is a minor under the care and authority of the department of children, youth, and families, and the director of that department certifies that an HIV test is necessary to secure health or human services for that person; (4) When a person (the complainant) can document significant exposure to blood or other bodily fluids of another person (the individual to be tested), during the performance of the complainant's occupation, providing: <ol style="list-style-type: none"> (i) The complainant completes an incident report within forty-eight (48) hours of the exposure, identifying the parties to the exposure, witnesses, time, place, and nature of the event; (ii) The complainant submits to a baseline HIV test and is negative on that test for the presence of HIV, within seventy-two (72) hours of the exposure; (iii) There has been a significant percutaneous or mucus membrane exposure, i.e., needlestick, bite, splash over open wound, broken skin, or mucus membrane, by blood or bodily fluids of the person to be tested of a type and in sufficient concentration to permit transmission of HIV if present in those fluids; and 	<p>23-6.3-4. Exceptions to consent requirements. – A health care provider may test for the presence of HIV without obtaining consent from the individual to be tested under the following conditions:</p> <ol style="list-style-type: none"> (1) When the individual to be tested is under one year of age; (2) When a child between one and thirteen (13) years of age appears to be symptomatic for HIV; (3) When the individual to be tested is a minor under the care and authority of the department of children, youth and families, and the director of that department certifies that an HIV test is necessary to secure health or human services for that individual; (4) In a licensed health care facility or health care setting, in the event that an occupational health representative or physician, registered nurse practitioner, physician assistant, or nurse-midwife, not directly involved in the exposure, determines that an employee, other than one in a supervisory position to the person making the determination, had a significant exposure to the blood and/or body fluids of a patient and the patient or the patient's guardian refuses to grant consent for an HIV test to determine whether the patient has HIV, then, if a sample of the patient's blood is available, that blood shall be tested for HIV. <ol style="list-style-type: none"> (i) If a sample of the patient's blood is not otherwise available and the patient refuses to grant consent to draw blood, the employee may petition the superior court for a court order mandating that the test be performed. (ii) Before a patient or a sample of the patient's blood is required to undergo an HIV test, the employee must

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<p>(iv) If a sample of the patient's blood is not otherwise available and the patient refuses to grant informed consent, then the complainant may petition the superior court for a court order mandating that the test be performed.</p> <p>(5) (i) In a licensed health care facility or in the private office of a physician in the event that an occupational health representative or physician, registered nurse practitioner, physician assistant, or nurse-midwife not directly involved in the exposure, determines that a health care provider, other than one in a supervisory position to the person making the determination had a significant exposure to the blood and/or body fluids of a patient and the patient or the patient's guardian refuses to grant consent for an HIV test to determine whether the patient has HIV, then, if a sample of the patient's blood is available, that blood shall be tested for HIV.</p> <p>(ii) If a sample of the patient's blood is not otherwise available and the patient refuses to grant informed consent, then the health care worker may petition the superior court for a court order mandating that the test be performed.</p> <p>(iii) Before a patient or a sample of the patient's blood is required to undergo an HIV test, the health care provider must submit to a baseline HIV test within seventy-two (72) hours of the exposure.</p> <p>(iv) No person who determines that a health care worker has sustained a significant exposure and authorizes the HIV testing of a patient, nor any person or health care facility who acts in good faith and recommends the test be performed, shall have any liability as a result of their actions carried out under this chapter, unless those persons are proven to have acted in bad faith.</p> <p>(6) In an emergency, where due to a grave medical or psychiatric condition, it is impossible to obtain consent from the patient or the patient's parent, guardian, or agent.</p> <p>(7) As permitted under sections 23-18.6.1-14(c) and (d) (organ transplant), 23-1-38 (sperm donation), and 23-8-1.1 (person under eighteen (18) years may give consent for testing for communicable diseases).</p> <p>(8) Mandatory testing for human immunodeficiency virus (HIV) conducted pursuant to sections 42-56-37 (testing at ACI), 11-34-10 (prostitution), and 21-28-4.20 (IDU and needles).</p>	<p>submit to a baseline HIV test within seventy-two (72) hours of the exposure.</p> <p>(iii) No person who determines that an employee has sustained a significant exposure and authorizes the HIV testing of a patient, nor any person or health care facility who acts in good faith and recommends the test be performed, shall have any liability as a result of their actions carried out under this chapter, unless those persons are proven to have acted in bad faith.</p> <p>(5) In an emergency, where due to a grave medical or psychiatric condition, and it is impossible to obtain consent from the patient or, if applicable under state law, the patient's parent, guardian, or agent.</p> <p>(6) As permitted under section 23-1-38 entitled "HIV Antibody Testing-Sperm Collection or Donation".</p> <p>(7) Any individual convicted of a violation of any provisions of Chapter 11-34 entitled "Prostitution and Lewdness", shall be required to be tested for HIV unless already documented HIV positive. All individuals tested under this section shall be informed of their test results. All individuals tested under this section who are determined to be injecting and/or intra-nasal drug users shall be referred to appropriate substance abuse treatment as outlined in subsection 23-6.3-3(e).</p> <p>(8) Any individual convicted of possession of any controlled substance as defined in Chapter 21-28 entitled "Uniform Controlled Substances Act", that has been administered with a hypodermic instrument, retractable hypodermic syringe, needle, intra-nasally, or any similar instrument adapted for the administration of drugs shall be required to be tested for HIV unless already documented HIV positive. All individuals tested under this section shall be informed of their test results.</p> <p>(9) In accordance with the provisions of Chapter 11-37, entitled, "Sexual Assault", any individual who has admitted to or been convicted of or adjudicated wayward or delinquent by reason of having committed any sexual offense involving penetration whether or not a sentence or fine is imposed or probation granted, shall be ordered by the court upon petition of the victim, immediate family members of the victim or legal guardian of the victim, to submit to a blood test for the presence of a sexually transmitted disease including, but not limited to, HIV. All individuals tested under this section shall be informed of their test results.</p> <p>(10) In accordance with the provisions or section 42-56-37, entitled "HIV Testing", every individual who is committed to the adult correctional institutions to any criminal offense, after conviction, is required to be tested for HIV.</p>
<p>23-6-15 Reasonable effort to secure consent. – No involuntary testing for HIV shall take place under any of the exceptions set forth in § 23-6-14 until reasonable</p>	<p>23-6.3-5. Reasonable efforts to secure consent. -- No involuntary testing for HIV shall take place under any of the exceptions set forth in section 23-6.3-4, unless</p>

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efforts have been made to secure voluntary informed consent.	reasonable efforts have been made to: (1) Secure voluntary consent from the individual to be tested, or in the case of a minor patient, from the legal parent or guardian of the minor patient; and (2) Provide verbal or written information as specified in subsection 23-6.3-3(h).
	23-6.3-6. Due process – Right to bring suit. – Nothing in section 23-6.3-1 to 23-6.3-16 shall be construed to limit or deprive any person of his or her right to due process of law, or to bar an action of relief and/or damages before a court of competent jurisdiction.
<p>23-6-17 Confidentiality. –</p> <p>(a) It is unlawful for any person to disclose to a third party the results of an individual's HIV test without the prior written consent of that individual, or in the case of a minor, the minor's parent, guardian, or agent, on a form that specifically states that HIV test results may be released, except:</p> <p>(1) A licensed laboratory or other health care facility which performs HIV tests shall report test results to a patient's licensed physician or other medical personnel who requested the test, and to the director of the department of health, pursuant to rules and regulations adopted for that purpose.</p> <p>(2) A physician:</p> <p>(i) May enter HIV test results in the medical record, as would be the case with any other diagnostic test;</p> <p>(ii) May notify other health professionals directly involved in the care of the individual testing positive on the HIV test, or to whom that individual is referred for treatment;</p> <p>(iii) May notify persons exposed to blood or other body fluids of an individual who tests positive for HIV, pursuant to § 23-6-14(4) through (8) (exceptions) and § 23-17-31 (testing of hospitalized patients);</p> <p>(iv) May notify the director of the department of children, youth, and families, pursuant to § 23-6-14(3) (testing of a minor to secure services); and</p> <p>(v) May inform third parties with whom an HIV-infected patient is in close and continuous exposure related contact, including but not limited to a spouse and/or partner, if the nature of the contact, in the physician's opinion, poses a clear and present danger of HIV transmission to the third party, and if the physician has reason to believe that the patient, despite the physician's strong encouragement, has not and will not inform the third party that they may have been exposed to HIV;</p> <p>(3) As permitted in subsections (b)(1), (2), (5), (6), (8), (9), (10), (11), (12), (13), (14), and (15) of § 5-37.3-4 (confidentiality of health care information) and § 40.1-5-26 (disclosure of confidential information under mental health law), or as otherwise required by law.</p> <p>(4) By a health care provider to appropriate persons entitled to receive notification of persons with infectious</p>	<p>23-6.3-7. Confidentiality. -- (a) It is unlawful for any person to disclose to a third-party the results of an individual's HIV test without the prior written consent of that individual, except for:</p> <p>(1) A licensed laboratory or other health care facility that performs HIV tests shall report test results to the health care provider who requested the test and to the director.</p> <p>(2) A health care provider shall enter HIV test results in the patient's medical record.</p> <p>(3) Notification to the director of the department of children, youth and families, pursuant to subdivision 23-6.3-4(3).</p> <p>(4) As provided in chapter 5-37.3, section 40.1-5-26, sections 23-6.3-10 and 23-6.3-14 or as otherwise permitted by law.</p> <p>(5) By a health care provider to appropriate persons entitled to receive notification of individuals with infectious or communicable diseases pursuant to sections 23-5-9 and 23-28.36-3.</p> <p>(b) This chapter shall not be construed to interfere with any other federal or state laws or regulations that provide more extensive protection than provided in this chapter for the confidentiality of health care information.</p>

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<p>or communicable diseases pursuant to §§ 23-5-9 (report of infectious disease upon death) and 23-28.36-3 (notification to EMT, firefighter, police officer of infectious disease).</p> <p>(b) Facilities and other health care providers subject to this section will have documentation that each person with access to any confidential information understands and acknowledges that the information may not be disclosed except as provided herein. The director shall establish protocols for collecting, maintaining and transferring the information (and ultimately destroying the information) to ensure the integrity of the transfer, and, if possible, the director may suspend any transfer, even to CDC, if he or she is not confident that the transfer is secure.</p>	
<p>23-6-18 Protection of records. –</p> <p>(a) Providers of health care, public health officials, and any other person who maintains records containing information on HIV test results of individuals are responsible for maintaining full confidentiality of these data, as provided in § 23-6-17, and shall take appropriate steps for their protection, including:</p> <p>(1) Keeping records secure at all times and establishing adequate confidentiality safeguards for any records electronically stored;</p> <p>(2) Establishing and enforcing reasonable rules limiting access to these records; and</p> <p>(3) Training persons who handle records in security objectives and technique.</p> <p>(b) The department shall evaluate reports of HIV/AIDS for completeness and potential referrals for service. All case reports shall be kept in a confidential and secure setting. An HIV/AIDS policy and protocol for security shall be developed and implemented by the department for this purpose.</p> <p>(1) The department shall evaluate its procedures for HIV/AIDS reporting on a continuous basis for timeliness, completeness of reporting, and security of confidential information.</p> <p>(2) The department's protocol shall be in accordance with the recommendations of the December 10, 1999 Morbidity and Mortality Weekly Report Recommendations and Reports, "CDC Guidelines for National Human Immunodeficiency Virus Case Surveillance, including monitoring for Human Immunodeficiency Virus infection and Acquired Immunodeficiency Syndrome" document, or its successor document, that pertains to patient records and confidentiality; provided, however, that in no event shall the protocol be less protective than that required by state law.</p> <p>(3) All reports and notifications made pursuant to this section shall be confidential and protected from release</p>	<p>23-6.3-8. Protection of records. -- (a) Providers of health care, public health officials, and any other person who maintains records containing information on HIV test results of individuals are responsible for maintaining full confidentiality of this data and shall take appropriate steps for their protection, including:</p> <p>(1) Keeping records secure at all times and establishing adequate confidentiality safeguards for any records electronically stored;</p> <p>(2) Establishing and enforcing reasonable rules limiting access to these records; and</p> <p>(3) Training persons who handle records in security objectives and technique.</p> <p>(b) The department shall evaluate reports of HIV/AIDS for completeness and potential referrals for service. All case reports shall be kept in a confidential and secure setting. An HIV/AIDS policy and protocol for security shall be developed and implemented by the department for this purpose.</p> <p>(c) The department shall evaluate its procedures for HIV/AIDS reporting on a continuous basis for timeliness, completeness of reporting, and security of confidential information.</p> <p>(d) The department shall develop a protocol that shall be in accordance with the most recent recommendations of the CDC's Guidelines for National Human Immunodeficiency Virus Case Surveillance, including monitoring for Human Immunodeficiency Virus infection and Acquired Immunodeficiency Syndrome, pertaining to patient records and confidentiality; provided, however, that in no event shall the protocol be less protective than that required by state law.</p> <p>(e) All reports and notifications made pursuant to this section shall be confidential and protected from release except under the provisions of law. Any person aggrieved by a violation of this section shall have a right of action in the superior court and may recover for each violation.</p>

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<p>except under the provisions of this law. Any person aggrieved by a violation of this section shall have a right of action in the superior court and may recover for each violation:</p> <p>(i) Against any person who negligently violates a provision of this section, damages of one thousand dollars (\$1,000) or actual damages, whichever is greater.</p> <p>(ii) Against any person who intentionally or recklessly violates a provision of this section, damages of five thousand dollars (\$5,000) or actual damages, whichever is greater.</p> <p>(iii) Reasonable attorneys' fees; (iv) Such other relief, including an injunction, as the court may deem appropriate; and</p> <p>(v) Any action under this section is barred unless the action is commenced within three (3) years after the cause of action accrues. A cause of action shall accrue when the injured party becomes aware of an unauthorized disclosure</p>	
<p>23-6-19 Penalties and remedies. – The penalties and remedies contained in § 5-37.3-9 shall apply to violations of §§ 23-6-17 and 23-6-18.</p>	<p>23-6.3-9. Penalties and remedies. -- The penalties and remedies contained in chapter 5-37.3 entitled “Confidentiality of Health Care Communications and Information” shall apply to violations of sections 23-6.3-7 confidentiality and 23-6.3-8 protection of records.</p>
<p>23-6-20. Notification of disclosure. – In all cases when an individual's HIV test results are disclosed to a third party, other than a person involved in the care and treatment of the individual, and except as permitted by subsections (a)(1), (a)(2)(i), (a)(2)(ii), (a)(2)(iv), or (a)(4) of section 23-6-17 (permitted disclosures re: confidentiality), and permitted by and disclosed in accordance with the Federal Health Insurance Portability and Accountability Act of 1996 (Public law 104-191) enacted on August 21, 1996 and as thereafter amended, the person so disclosing shall make reasonable efforts to inform that individual in advance of:</p> <p>(1) The nature and purpose of the disclosure;</p> <p>(2) The date of disclosure;</p> <p>(3) The recipient of the disclosed information.</p>	<p>23-6.3-10. Notification of disclosure. -- (a) In all cases when an individual's HIV test results are disclosed to a third-party, other than a person involved in the care and treatment of the individual, and except as permitted by subsections (1), (2)(i), (2)(ii), (2)(iv), or (4) of section 23-6- 21 (permitted disclosures re: confidentiality), and permitted by and disclosed in accordance with the Federal Health Insurance Portability and Accountability Act of 1996 (Public law 104-191) enacted on August 21, 1996 and as thereafter amended, the person so disclosing shall make reasonable efforts to inform that individual in advance of:</p> <p>(1) The nature and purpose of the disclosure;</p> <p>(2) The date of disclosure;</p> <p>(3) The recipient of the disclosed information.</p> <p>(b) Health care providers may inform third-parties with whom an HIV infected patient is in close and continuous exposure related contact, including, but not limited to a spouse and/or partner, if the nature of the contact, in the health care providers opinion, poses a clear and present danger of HIV transmission to the third-party, and if the physician has reason to believe that the patient, despite the health care provider’s strong encouragement, has not and will not inform the third-party that they may have been exposed to HIV.</p>
<p>23-6-22 Discrimination prohibited. – No person, agency, organization, or corporate body may discriminate against a person on the basis of a positive HIV test result, or perception of a positive test, in</p>	<p>23-6.3-11. Discrimination prohibited. -- No person, agency, organization, or legal entity may discriminate against an individual on the basis of a positive HIV test result, or perception of a positive test, in housing,</p>

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<p>housing, employment, the granting of credit, public accommodation, or delivery of services, nor shall an HIV test be required as a condition of employment, except where nondiscrimination can be shown, on the testimony of competent medical authorities, to constitute a clear and present danger of HIV transmission to others.</p>	<p>education, employment, the granting of credit, public accommodation, or delivery of services, nor shall an HIV test be required as a condition of employment.</p>
<p>23-6-23 Administrative relief. – Any person who believes that he or she has been unlawfully discriminated against in housing, employment, the granting of credit, public accommodations, or delivery of services on the basis of a positive HIV test, or perception of a positive test, may bring action for administrative relief before the Rhode Island human rights commission; and that commission may</p>	<p>23-6.3-12. Administrative relief. -- Any individual who believes that he or she has been unlawfully discriminated against in housing, education, employment, the granting of credit, public accommodations, or delivery of services on the basis of a positive HIV test, or perception of a positive test, may bring action for administrative relief before the Rhode Island human rights commission; and that commission may hear the matter and grant relief in those cases.</p>
<p>23-6-25. Alternative test sites. – The department of health shall maintain sites providing both anonymous and confidential HIV testing, and HIV counseling and referral. Each site, funded by the department of health, shall offer free testing, counseling and referral indigent parties and other individuals without health insurance, offer a sliding scale for payment for all other individuals and, in the case of confidential testing, screen for ability to pay through third-party insurer. In the case of nonfunded sites for HIV testing, organizations and/ institutions performing the test shall offer free testing, counseling and referral for indigent parties and other individuals without health insurance.</p>	<p>23-6.3-13. HIV Counseling, Testing, Referral and Services Sites (HIV CTRS) – The department shall designate and fund HIV CTRS sites, for providing both anonymous and confidential HIV testing and HIV counseling and referral services. Anonymous and confidential HIV testing provided by HIV CTRS sites funded by the department shall screen individuals for their ability to pay for such HIV testing, using a fee schedule and screening process available to the department on request. HIV CTRS sites shall not deny HIV testing to any individual based on his or her inability to pay.</p>
<p>23-6-27. Reporting of HIV/AIDS and perinatal exposure of newborns. -- (a) The following persons shall report information required by this section to the department's HIV/AIDS surveillance team: (1) A physician/health care provider who diagnoses or treats HIV/AIDS; (2) The administrator of a health care facility as defined in Rhode Island general laws chapter 23-17 who diagnoses or treats HIV/AIDS; or (3) The administrator of a prison in which there is an HIV/AIDS infected person perinatal exposure to HIV/AIDS. Reports provided under this section shall specify the infected person's name, as well all information required on the official department HIV Case Report Form. (b) Any high managerial agent who is responsible for the administration of a clinical hospital laboratory, blood bank, mobile unit, or other facility in which a laboratory examination of any specimen derived from a human body yields serological, or other evidence of HIV/AIDS, including perinatal exposure to HIV/AIDS shall notify the department in a timely manner stipulated in the rules promulgated by the department. Reports provided under this section shall specify the name as well as all information indicated on the official department HIV</p>	<p>23-6.3-14. Reporting and notification of HIV/AIDS -- (a) Except in the case of anonymous HIV testing, a diagnosis of HIV or AIDS shall be notifiable and reportable to the department by name. The following shall be reported to the department: (1) A diagnosis of HIV, according to the most current CDC case definition of HIV. (2) A diagnosis of AIDS, according to the most recent CDC case definition of AIDS. (3) A positive ELISA result of any HIV test and/or other FDA approved test indicative of the presence of HIV. (4) Notification of a perinatal exposure to HIV shall be made to the department regardless of confirmatory testing. A perinatal case report for HIV shall be indicated by two (2) positive polymerase chain reaction (PCR) tests; <18 months; and/or other U.S. Food and Drug Administration approved tests that indicate the presence of HIV in pediatric cases. (b) The following persons shall report information required by this section to the department: (1) A health care provider who diagnoses or treats HIV/AIDS; (2) The administrator of a health care facility as defined in Chapter 23-17 who diagnoses or treats HIV/AIDS; or (3) The administrator of a prison in which there is an</p>

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<p>Case Report Form.</p> <p>(c) Reports as required by this section shall only be made if confirmed with a Western Blot or other FDA approved confirmatory test.</p> <p>(1) All facilities obtaining blood from human donors for the purpose of transfusion manufacture of blood products shall report HIV/AIDS consistent with this section.</p> <p>(2) Any laboratory that processes specimens shall permit the department to examine the records of said laboratory, facility, or office in order to evaluate compliance with this section.</p> <p>(d) Perinatal HIV/AIDS exposure reporting shall be made to the department regardless of confirmatory testing.</p> <p>(e) Reports required by this section shall be mailed within forty-eight (48) hours diagnosis or treatment, to the department using a designated envelope that shall be provided the department's HIV/AIDS Surveillance Team. Any other reporting method shall be approved advance by the department.</p> <p>(f) Nothing in this section shall preclude the performance of anonymous HIV/AIDS testing.</p>	<p>HIV/AIDS infected individual or perinatal exposure to HIV/AIDS.</p> <p>(c) A person responsible for the administration of a clinical or hospital laboratory, blood bank, mobile unit, or other facility in which a laboratory examination of any specimen derived from a human body yields serological, or other evidence of HIV/AIDS, including perinatal exposure to HIV/AIDS shall notify the department in a timely manner.</p> <p>(d) All positive HIV test results shall be confirmed with a Western Blot or other FDA approved confirmatory test.</p>
<p>23-6-26. Laboratory analysis for HIV. –</p> <p>(a) HIV/AIDS is regarded to cause significant morbidity and mortality, can be screened, diagnosed and treated, and is of major public health concern, such that surveillance of the disease occurrence is in the public interest, and therefore shall be designated as notifiable and reportable by name.</p> <p>(b) Under this provision the following shall be reported:</p> <p>(1) A diagnosis of HIV, according to the U.S. Centers for Disease Control Prevention case definition of HIV.</p> <p>(2) A diagnosis of AIDS, according to the U.S. Centers for Disease Control and Prevention case definition of AIDS.</p> <p>(3) A positive ELIZA result of any HIV test and/or other FDA approved test indicative of the presence of HIV.</p> <p>(4) CD4 T-lymphocyte test results <200 mg degrees l and/or fourteen percent (14%).</p> <p>(5) A perinatal exposure of a newborn to HIV indicated by two (2) positive PCR tests; <18 months; and/or other U.S. Food and Drug Administration approved tests that indicate the presence of HIV in pediatric cases.</p> <p>(6) Other U.S. Food and Drug Administration approved tests indicative of the presence of HIV/AIDS, as approved by the department.</p> <p>(c) All biological samples or specimens taken from Rhode Island residents for the purpose of performing laboratory analysis for the detection of antibody to human immunodeficiency virus (HIV), by or under the direction or order of any physician licensed to practice medicine in this state, or on order of any duly licensed health care provider shall be sent to the Rhode Island department of health laboratory for analysis. This provision shall not</p>	<p>23-6.3-15. Laboratory analyses and reporting. -- (a) All biological samples or specimens taken for the purpose of performing laboratory analysis for the detection of antibody to HIV, by or under the direction or order of any health care provider working within the scope of his or her practice, shall be sent to the department of health laboratory for analysis. This provision shall not apply to those HIV tests performed in a hospital laboratory or to those sites performing rapid HIV testing.</p> <p>(b) Hospitals shall forward all positive confirmatory HIV test results to the department.</p> <p>All sites performing HIV testing must submit an annual HIV testing report to the department in accordance with regulations promulgated by the department.</p> <p>(c) The department laboratory shall conduct all confirmatory testing for HIV/AIDS with the exception of written waivers issued by the department as indicated in (d) below.</p> <p>(d) Sites performing non-venapuncture HIV testing (e.g. rapid testing), must seek a waiver from the department to provide confirmatory HIV testing from a laboratory other than the state laboratory, and shall forward all positive and negative confirmatory HIV tests results to the department.</p> <p>(e) Except in the case of anonymous HIV testing, a health care provider working within the scope of his or her practice providing samples of specimens for HIV testing, or results of HIV tests to the department, shall include the name of the patient and other identifying information including information related to the individual's health insurance policy as applicable.</p> <p>(f) Any HIV cases reported in the previous code based</p>

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<p>apply to those HIV tests performed in a hospital laboratory. Hospitals shall forward all positive HIV test results to the department of health. The department of health laboratory shall conduct all confirmatory testing for HIV/AIDS; exceptions, for alternative testing methods, may be granted through written approval by the department of health.</p> <p>(d) Except in the case of anonymous testing, a physician or laboratory or duly licensed health care provider providing samples or specimens for HIV-testing, or results of HIV tests to the department, shall include the name of the patient.</p> <p>(e) Any HIV cases reported in the previous code based system, shall remain in a code based data set. The department of health shall only use and require HIV name case reports submitted after the enactment of this law.</p> <p>(f) In addition to, and separate from, the requirement of subdivision 23-6-26(b)</p> <p>(4), all HIV CD4 T-lymphocyte test results and all HIV viral load detection test results, detectable and nondetectable, shall be reported to the department of health through a department designed reporting system that uses a nonname based code and contains no patient identifying information. These reports may be used by the department to improve the clinical progress of patients through contact with their physicians, and to use the aggregate information collected to develop and improve prevention programs and create better access to care.</p>	<p>system, shall remain in a code based data set. This does not prohibit a physician from submitting or requesting that an updated name case report on a patient replace a previously coded case report.</p>
<p>23-6-24. Insurance exemption. –</p> <p>(a) Sections 23-6-10 -- 23-6-23 do not apply to the offering or sale of life insurance in Rhode Island; provided, however, that any insurance company offering or selling life insurance within Rhode Island that requires an individual to be tested for infection with human immunodeficiency virus (HIV) or any other identified causative agent of HIV for purposes of determining insurability shall:</p> <p>(1) give that individual prior written notice of those requirements, and</p> <p>(2) proceed with that testing only upon the written authorization of the individual or in the event the individual is a minor, the individual's parent or guardian. Notwithstanding anything in sections 23-6-10 -- 23-6-23 to the contrary, life insurance companies offering or selling life insurance in Rhode Island may otherwise obtain or disclose HIV test results in accordance with section 23-6-17</p> <p>(3). Nothing in this chapter prohibits that company from collecting data for statistical purposes, so long as the insured is not identified. However, nothing in this section shall be construed to permit that insurance company to cancel or refuse to renew a life insurance policy that by its terms has not lapsed on the basis of a positive HIV test</p>	<p>23-6.3-16. Insurance Exemption. – (a) Sections 23-6.3-1 through 23-6.3-14 do not apply to the offering or sale of life insurance in Rhode Island; provided, however, that any insurance company offering or selling life insurance within Rhode Island that requires an individual to be tested for infection with human immunodeficiency virus (HIV) or any other identified causative agent of HIV for purposes of determining insurability shall: (1) Give that individual prior written notice of those requirements; (2) Proceed with that testing only upon the written authorization of the individual or in the event the individual is a minor, the individual's parent or guardian; and (3) Notify the tested person of his or her positive or negative test results.</p> <p>If the person has a positive test result he or she must receive appropriate information and referral from the insurance company. Notwithstanding anything in this chapter to the contrary, life insurance companies offering or selling life insurance in Rhode Island may otherwise obtain or disclose HIV test results in accordance with this chapter. Nothing in this chapter prohibits that company from collecting data for statistical purposes, so long as the insured is not identified.</p> <p>However, nothing in this section shall be construed to permit that insurance company to cancel or refuse to</p>

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<p>result.</p> <p>(b) (1) "Health benefits" include accident and sickness, including disability or health insurance, health benefit plans and/or policies, hospital, health, or medical service plans, or any health maintenance organization plan pursuant to title 27 or otherwise.</p> <p>(2) The provisions of sections 23-6-10 -- 23-6-23 apply to the offer or sale of health benefits in this state by any company regulated under the laws of this state, including, but not limited to, title 27 and chapter 62 of title 42; provided, however, sections 23-6-10 -- 23-6-23 do not apply to the following:</p> <p>(i) Individual health benefit policies;</p> <p>(ii) Small group health benefits plans, i.e., groups having fewer than twenty-five (25) employees eligible to participate in an employer sponsored plan, or, in the case of non-employer groups, a group having fewer than twenty-five (25) employees;</p> <p>(iii) Late entrants into any group health benefits plan, regardless of the size of the group. A late entrant shall be defined as any individual who does not enroll into a health plan when first eligible under the plan, but who later seeks coverage under the group plan;</p> <p>(iv) Where an individual seeks to become eligible for an amount of group disability income benefit, which benefit would be in excess of the insurer's non-medical maximum as defined under the group plan.</p> <p>(3) Any company offering or selling health benefits in this state and regulated under the laws of this state that requires an individual to be tested for infection with HIV or any other identified causative agent of HIV as permitted in paragraphs (2)(i) to (iv) for purposes of determining insurability shall:</p> <p>(i) give that individual prior written notice of those requirements, and</p> <p>(ii) proceed with that testing only upon the written authorization of the individual, or in the event the individual is a minor, the individual's parent or guardian. Notwithstanding anything in this chapter to the contrary, companies offering or selling health benefits in this state may otherwise obtain or disclose HIV test results in accordance with section 23-6-17(a)</p> <p>(3). Nothing in this chapter shall prohibit that company from collecting data for statistical purposes so long as the insured's name is not identified.</p> <p>(4) Nothing in this chapter shall be construed to permit any company that offers or sells health benefits in this state to cancel or refuse to renew a health benefit, which has not by its terms lapsed, on the basis of a positive HIV test result.</p> <p>(c) (1) There is established a commission to develop and recommend to the legislature a risk pool plan under which</p>	<p>renew a life insurance policy that by its terms has not lapsed on the basis of a positive HIV test result.</p> <p>(b) The provisions of this chapter apply to the offer or sale of health benefits in this state by any company regulated under the laws of this state, including, but not limited to, title 27 and chapter 42-62, provided, however, this chapter does not apply to the following:</p> <p>(1) Individual health benefit policies;</p> <p>(2) Small group health benefits plans, i.e., groups having fewer than twenty-five (25) employees eligible to participate in an employer sponsored plan, or, in the case of non-employer groups, a group having fewer than twenty-five (25) employees;</p> <p>(3) Late entrants into any group health benefits plan, regardless of the size of the group. A late entrant shall be defined as any individual who does not enroll into a health plan when first eligible under the plan, but who later seeks coverage under the group plan;</p> <p>(4) Where an individual seeks to become eligible for an amount of group disability income benefit, which benefit would be in excess of the insurer's non-medical maximum as defined under the group plan.</p> <p>(c) Any company offering or selling health benefits in this state and regulated under the laws of this state that requires an individual to be tested for infection with HIV or any other identified causative agent of HIV as permitted in paragraphs (2)(i) to (iv) for purposes of determining insurability shall: (1) Give that individual prior written notice of those requirements; and (2) Proceed with that testing only upon the written authorization of the individual, or in the event the individual is a minor, the individual's parent or guardian. Notwithstanding anything in this chapter to the contrary, companies offering or selling health benefits in this state may otherwise obtain or disclose HIV test results in accordance with this chapter. Nothing in this chapter shall prohibit that company from collecting data for statistical purposes so long as the identity of the insured may not be determined from the information released.</p> <p>(d) Nothing in this chapter shall be construed to permit any company that offers or sells health benefits in this state to cancel or refuse to renew a health benefit, which has not by its terms lapsed, on the basis of a positive HIV test result.</p>

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<p>all insurers issuing health insurance in the state shall participate and share a proportion of the risk and cost of insuring people with HIV.</p> <p>(2) The commission consists of eleven (11) members; three (3) of whom shall be members of the house of representatives, not more than two (2) from the same political party, to be appointed by the speaker of the house; two (2) of whom shall be members of the senate, not more than one of whom shall be from the same political party, to be appointed by the president of the senate; one of whom shall be the director of the department of health, or his or her designee; one of whom shall be the director of the department of business regulation, or his or her designee; two (2) of whom shall be representatives of the insurance community, to be appointed by the governor; and two (2) of whom shall be representatives of AIDS project Rhode Island, to be appointed by the governor.</p> <p>(3) The commission shall meet at the call of the speaker.</p>	
	<p>23-6.3-17. Rules and Regulations. -- The director is authorized to promulgate regulations as he or she deems necessary or desirable to implement the provisions of this chapter, in accordance with the provisions set forth in section 23-1-17 and chapter 42-35.</p>
	<p>23-6.3-18. Severability. -- If any provision of this chapter is held by a court to be invalid, that invalidity shall not affect the remaining provisions of the chapter, and to this end the provisions of the chapter are declared severable.</p>
	<p>23-6.3-19. Construction of the chapter. -- This chapter shall be liberally construed to accomplish the purposes sought in it.</p>
<p>A Floor Amendment was added to the bills in both the Senate and House</p>	
<p>SECTION 11. Section 42-51-9 of the General Laws in Chapter 42-51 entitled "Governor's Commission on Disabilities" is hereby amended to read as follows:</p> <p>42-51-9. Definitions. -- The following words and terms, unless the context clearly indicates a different meaning, shall have the following meanings:</p> <p>(1) "People with disabilities" or "individuals with disabilities" means any person who:</p> <p>(i) Has a physical or mental impairment that substantially limits one or more of the person's major life activities;</p> <p>(ii) Has a record of that impairment; or</p> <p>(iii) Is regarded as having that impairment.</p> <p>(2) "Federal and state laws protecting the rights of individuals with disabilities" means, but is not limited to, the Americans with Disabilities Act of 1990, 42 U.S.C. section 12101 et seq.; Title V of the Rehabilitation Act of 1973, 29 U.S.C. section 794; R.I. Const., art. I, section 2; the provisions of chapter 87 of title 42 and sections 23-6-22 23-6.3-11, 37-8-15, 37-8-15.1 and 42-46-13.</p> <p>(3) "State agency" means any department, division, agency, commission, board, office, bureau, council, or authority, either branch of the Rhode Island general assembly or any agency or any committee thereof, or any other agency that is in any branch of Rhode Island state government and which exercises governmental functions.</p> <p>(4) "Coordinating compliance" means the authority to:</p> <p>(i) Issue guidelines, directives, or instructions that are necessary to effectuate compliance with federal and state laws protecting the rights of individuals with disabilities;</p> <p>(ii) Establish a grievance procedure to promptly and equitably resolve complaints of noncompliance with federal and state laws protecting the rights of individuals with</p>	

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<p>disabilities involving state agencies, including the power to investigate possible discrimination and eliminate unlawful practices by informal methods of conference, conciliation, and persuasion;</p> <p>(iii) Initiate complaints against any state agency that willfully fails to comply with federal and state laws protecting the rights of individuals with disabilities to the appropriate state or federal agency; and</p> <p>(iv) Develop, make periodic revisions to, and oversee the implementation of a transition plan for the removal of environmental and communication barriers in state-owned facilities.</p> <p>(5) "Providing technical assistance to public and private agencies, businesses, and citizens on complying with federal and state laws protecting the rights of individuals with disabilities" means information dissemination and training designed to encourage the voluntary compliance with laws protecting the rights of individuals with disabilities; conducting disability accessibility surveys and providing advice on how to overcome any barriers to accessibility; and a mediation service to assist parties who voluntarily chose to utilize that service to resolve allegations of discrimination on the basis of disability.</p> <p>(6) "Promoting on behalf of the people with disabilities and assuring, on behalf of the state, that people with disabilities are afforded the opportunities to exercise all of the rights and responsibilities accorded to citizens of this state" means the authority to act and appear on behalf of the people with disabilities to present evidence and make arguments before any federal, state or local agency or public body regarding matters pending before that agency or public body that may have an adverse effect on persons with disabilities.</p>	

MOTION: To find beneficial/harmful 09 S 0245 Sub A As Amended & 09 H 5415 Sub A Relating To Health And Safety RC/BI passed, Abstain PP & LG

2. Consideration of New Bills	Liberty Goodwin	10 min.
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Discussion:
<p>09 H 6153 RELATING TO HEALTH AND SAFETY -- TOXIC MOLD PROTECTION ACT Rep. Lima</p> <p>This act would create a mold advisory board to advise the department of health with respect to establishing permissible exposure limits for mold exposure and procedures for the assessment of the health risk posed by the presence of mold, and promulgate mold remediation procedures.</p> <p>This act would take effect upon passage.</p> <p>House Health, Education, & Welfare Committee Scheduled for hearing and/or consideration</p>
<p align="center"><u>H6153 - TOXIC MOLD PROTECTION ACT</u></p> <p>THE WORDING IN SECTION THREE BELOW IS TOO NARROW. SOME PRODUCTS USED FOR MOLD REMEDIATION CAN THEMSELVES BE TOXIC, NOT ONLY TO THE APPLICATOR, BUT TO OTHERS IN THE BUILDING, EVEN AFTER THE TIME OF APPLICATION.</p> <p>THE COMMISSION SHOULD BE DIRECTED TO PROVIDE GUIDANCE ON FINDING ENVIRONMENTAL AND HEALTH-FRIENDLY (AS WELL AS EFFECTIVE) REMEDIATION OPTIONS FOR THE TOXIC MOLD -- WHICH DO EXIST. SEE COMMENTS FROM SOMEONE WHOSE FACILITY WAS FILLED WITH TOXIC MOLD CLEANER FUMES AT:</p> <p>www.toxicsinfo.org/house/MoldRemedyEndorsement.htm (Note that this is not a product endorsement, just an example - TIP is a 501C3 educational organization that does not sell or endorse any cleaning products.)</p> <p>23-84-8. Mold remediation procedures. – (a) Within twelve (12) months of the effective date of this act, the department of health shall adopt standards for mold remediation procedures including specialized cleaning, repairs, maintenance, painting, temporary containment and ongoing monitoring of mold hazards or potential hazards.</p> <p>(b) Remediation procedures for mold developed by the department shall:</p> <p>(1) Provide practical guidelines for the removal of mold and abatement of the underlying cause of mold and associated water intrusion and water damage in indoor environments;</p> <p>(2) Balance the protection of public health with technological and economic feasibility;</p>

insert in place of page 4 lines 17 – 19 (3) PROVIDE PRACTICAL GUIDANCE FOR THE REMOVAL OR CLEANING OF CONTAMINATED MATERIALS IN A MANNER THAT PROTECTS THE HEALTH OF THE PERSON PERFORMING THE REMEDIATION, INCLUDING REQUIREMENTS FOR THE USE OF PROTECTIVE CLOTHING OR EQUIPMENT.

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 85**

1-4 **TOXIC MOLD PROTECTION ACT**

1-5 **23-84-1. Short title.** – This chapter shall be known and may be cited as the "Toxic Mold
1-6 Protection Act."

1-7 **23-84-2. Definitions.** – For purposes of this chapter:

1-8 (1) "Code enforcement officer" means a local official responsible for enforcing housing
1-9 codes and maintaining public safety in buildings.

1-10 (2) "Indoor environments" means the affected dwelling unit.

1-11 (3) "Mold" means any form of multi-cellular fungi that live on plant or animal matter and
1-12 in indoor environments. Types of mold include, but are not limited to, cladosporium, penicillium,
1-13 alternaria, aspergillus, fuarim, trichoderma, memmoniella, mucor and stachhybotrys chartarum,
1-14 often found in water-damaged building materials.

1-15 (4) "Public health officer" means a person who is either a state employee or a designee of
1-16 the health department whose duty, among others, shall be to conduct state mold inspections.

1-17 (5) "Department" means the state department of health.

1-18 (6) "Director" means the director of the department of health.

1-19 **23-84-3. Purpose.** – The purpose of this chapter is to protect the public health and public
2-1 interest by establishing procedures for the identification and treatment of molds in indoor
2-2 environments.

2-3 **23-84-4. Mold advisory board.** – (a) There is established a mold advisory board
2-4 consisting of eleven (11) members within the department of health.

2-5 (b) The purpose of the board shall be as follows:

2-6 (1) To monitor the implementation of this chapter and to ensure that the records of all
2-7 departments and agencies of state government relating to the mold protection act shall be made
2-8 accessible to the chairperson of the mold advisory board upon request, providing that the board
2-9 has directed the chairperson by a vote of the board as a whole;

2-10 (2) To report on or before March 1 of each year to the speaker of the house and the
2-11 president of the senate of any legislative changes required in this chapter;

2-12 (3) To advise the director on the desirability of proposed regulations.

2-13 (c) The members of the board shall be electors and shall be appointed as follows:

2-14 (1) There shall be three (3) ex-officio members: the director of the department of health,
2-15 the director of the department of administration, and the director of the department of
2-16 environmental management or their designees;

2-17 (2) There shall be four (4) public representatives, two (2) to be appointed by the speaker
2-18 and two (2) to be appointed by the president of the senate, and there shall be four (4) members
2-19 approved by the governor, one of whom shall be a physician familiar with mold problems, one of
2-20 whom shall be a qualified environmental health expert, and one of whom shall be an architect or
2-21 engineer familiar with mold problems, and one of whom shall be a mold abatement contractor.

2-22 (d) The term of office of each member shall be for a period of three (3) years except that
2-23 in the case of the initial appointments of public and professional members, one by the speaker and
2-24 one by the governor shall be for two (2) years and one by the speaker and two (2) by the governor
2-25 shall be for one year. Each member shall serve until a successor is appointed or designated. In
2-26 the month of August of each year, the members shall elect from among their members, a
2-27 chairperson, vice chairperson and secretary. Any member absent for three (3) or more
2-28 consecutive meetings shall be considered as having vacated the office. Six (6) members shall be

2-29 considered a quorum, and the board may fulfill any of its duties by a subcommittee of four (4)
2-30 members present.

2-31 (e) The board may engage any experts and secretarial staff as necessary at a rate of pay
2-32 approved by the unclassified pay board.

2-33 (f) The director shall provide any meeting and hearing rooms as the board may require.

2-34 **23-84-5. Advisory board duties.** -- The advisory board shall provide advice to the
3-1 department of health on the development of standards for permissible exposure limits to mold in
3-2 the indoor environment, guidelines for the identification of the presence of mold, guidelines for
3-3 the assessment of the health risk posed by the presence of mold, and remediation guidelines and
3-4 procedures for the abatement of a mold hazard.

3-5 **23-84-6. Permissible exposure limits.** – (a) Within twelve (12) months of the effective
3-6 date of this act, the department of health shall adopt permissible exposure limits to mold in indoor
3-7 environments, and procedures for the assessment of the health risk posed by the presence of
3-8 mold. The exposure limits shall be set at levels to avoid adverse effects on health, with an
3-9 adequate margin of safety. The department shall balance the protection of public health with
3-10 technological and economic feasibility when it adopts permissible exposure limits and procedures
3-11 for the assessment of the health risk posed by the presence of mold. The department shall use the
3-12 latest scientific data to develop permissible exposure limits and assessment procedures that target
3-13 the general population.

3-14 (b) The department shall consider the following criteria when it adopts permissible
3-15 exposure limits and assessment procedures for molds in indoor environments:

3-16 (1) The adverse health effects of exposure to molds on the general population, the health
3-17 effects on members of subgroups of the general population, which may include infants, children
3-18 age six (6) years and under, pregnant women, the elderly, asthmatic, allergic individuals, immune
3-19 compromised individuals or other subgroups that are identifiable as being at greater risk of
3-20 adverse health effects than the general population when exposed to mold;

3-21 (2) The standards for mold exposure and procedures for assessing its health effects, if
3-22 any, adopted by any other state or by a federal agency;

3-23 (3) The technological and economic feasibility of compliance with the proposed
3-24 permissible exposure limit for molds. For the purposes of determining economic feasibility
3-25 pursuant to this subsection, the department shall consider the costs of compliance to tenants,
3-26 landlords, homeowners, and other affected parties; and

3-27 (4) Toxicological studies and any scientific evidence as it relates to mold.

3-28 **23-84-7. Mold identification guidelines.** – (a) Within twelve (12) months of the
3-29 effective date of this act, the department of health shall adopt mold identification guidelines for
3-30 the recognition of mold in indoor environments.

3-31 (b) Identification guidelines shall include scientifically accepted methods to identify the
3-32 presence of mold, and may include procedures for the collection of air, surface and bulk samples,
3-33 visual identification, olfactory identification, laboratory analysis, measurements of amount of
3-34 moisture, and presence of mold, and any other recognized analytical method used for the
4-1 identification of molds. The department may use scientific data or existing standards or
4-2 procedures for the identification of molds adopted by any other state or by a federal agency.

4-3 (c) The department shall consider the following criteria when it develops identification
4-4 guidelines for molds:

4-5 (1) Exposure limits and the procedures for the assessment of the health threat by molds;
4-6 (2) Any scientific or other evidence developed by the United States Environmental
4-7 Protection Agency, the World Health Organization, Centers for Disease Control and Prevention,
4-8 or any other public health or scientific organization.

4-9 **23-84-8. Mold remediation procedures.** – (a) Within twelve (12) months of the
4-10 effective date of this act, the department of health shall adopt standards for mold remediation
4-11 procedures including specialized cleaning, repairs, maintenance, painting, temporary containment

4-12 and ongoing monitoring of mold hazards or potential hazards.
4-13 (b) Remediation procedures for mold developed by the department shall:
4-14 (1) Provide practical guidelines for the removal of mold and abatement of the underlying
4-15 cause of mold and associated water intrusion and water damage in indoor environments;
4-16 (2) Balance the protection of public health with technological and economic feasibility;
4-17 (3) Provide practical guidance for the removal or cleaning of contaminated materials in a
4-18 manner that protects the health of the person performing the remediation, including requirements
4-19 for the use of protective clothing or equipment.
4-20 **23-84-9. Public information.** -- The department shall make available to the public upon
4-21 request, information about contracting for the removal of mold in a building or surrounding
4-22 environment. The information to be made available shall include recommended steps to take
4-23 when contracting with a company to remove mold, existing laws, regulations, and guidelines
4-24 developed by the department of health, pertaining to permissible exposure limits to mold,
4-25 identification, and remediation, health effects of molds, methods to prevent, identify and
4-26 remediate mold growth, resources to obtain information about molds, and contact information for
4-27 individuals, organizations, or government entities to assist with public concerns about molds.
4-28 **23-84-10. Disclosure required upon sale or lease.** -- Any person who sells, transfers or
4-29 leases residential real property shall disclose, in writing, to any prospective buyer or lessee before
4-30 the transfer of title or execution of the rental agreement, when the seller, transferor or
4-31 landlord/property owner knows of the presence of mold in the unit or building and the mold either
4-32 exceeds permissible exposure limits to mold or poses a health risk, pursuant to the standards
4-33 adopted by the department of health. A disclosure shall not be required pursuant to this section if
4-34 a mold hazard is remediated pursuant to the remediation standards adopted by the department
5-1 **23-84-11. Duties of residential lessee and lessor.** -- (a) Any lessee of residential
5-2 property who knows that mold is present in the building, heating system, ventilating or air
5-3 conditioning system, or appurtenant structures, or that there is a condition of chronic water
5-4 intrusion or flood, shall inform the lessor of this knowledge in writing within a reasonable period
5-5 of time. The lessee shall make the property available to the lessor or his or her agents for
5-6 appropriate assessment or remedial action as soon as is reasonably practicable if the lessor is
5-7 responsible for maintenance of the property. Nothing in this section shall affect existing duties
5-8 and obligations of residential lessees and lessors.
5-9 (b) Except as provided in subsection 23-84-11(c), any person who owns a residential
5-10 property, who knows or has notice that mold is present in the building, heating system, ventilating
5-11 or air conditioning system, or appurtenant structures, or that there is a condition of chronic water
5-12 intrusion or flood, shall, within a reasonable period of time, assess the presence of mold, or the
5-13 condition likely to result in the presence of mold and conduct any necessary remedial action.
5-14 (c) The provisions of subsection (b) of this section shall not apply to any property where
5-15 the lessee is responsible pursuant to a lease or other contract, for maintenance of the property.
5-16 (d) Any lessee of residential real property who knows that mold is present in the building,
5-17 heating system, ventilating or air conditioning system, or appurtenant structures, or that there is a
5-18 condition of chronic water intrusion or flood, and is responsible for maintenance of the property
5-19 shall inform the owner of the property, in writing of the conditions as soon as practicable and
5-20 shall correct the condition in compliance with the terms of the lease.
5-21 **23-84-12. Enforcement authority.** -- Any local health inspector, local housing inspector,
5-22 or code enforcement officer may respond to complaints about mold and may enforce standards
5-23 adopted by the department of health pursuant to this chapter and may enforce the disclosure
5-24 requirements established by this chapter.
5-25 **23-84-13. Penalties.** -- Any person or entity acting in violation of either this chapter or
5-26 any rules or regulations promulgated pursuant to the authority conferred by this chapter shall be
5-27 fined by the director in an amount not to exceed five thousand dollars (\$5,000) for each violation
5-28 provided that fines are not imposed until the director has afforded that person or entity an

- 5-29 opportunity for a hearing on the matter. Each day during which any portion of a violation
- 5-30 continues shall constitute a separate offense.
- 5-31 SECTION 2. This act shall take effect upon passage.

Potential MOTION: To find beneficial if amended **replace on page 4 lines 17 – 19 with the following “(3) provide practical guidance for the removal or cleaning of contaminated materials in a manner that protects the health of the person performing the remediation, including requirements for the use of protective clothing or equipment.” 09 H 6153 Relating To Health And Safety -- Toxic Mold Protection Act GR/AP passed, Abstained PP**

3. Consideration of Amended versions of Bills	Tim Flynn	10 min.
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Discussion:

09 H 5536 Sub A RELATING TO INSURANCE - SMALL EMPLOYER HEALTH INSURANCE Rep. Kennedy and
09 S 0539 Sub A as Amended RELATING TO INSURANCE - SMALL EMPLOYER HEALTH INSURANCE Sen. Paiva-Weed

These acts would limit any increased adjustments to premium rates based on age and gender, to twenty percent (20%). It would also allow for differences in rates based on age and gender in otherwise identical groups.

This act would take effect upon passage.

The Substitute would add this paragraph which reads: "(6) For a small employer group renewing its health insurance with the same small employer carrier which provided it small employer health insurance in the prior year, the combined adjustment factor for age and gender for that small employer group will not exceed one hundred twenty percent (120%) of the combined adjustment factor for age and gender for that small employer group in the prior rate year." and delay the effective date until January 1, 2010.

09 S 0539 Passed and Transferred to the House Corporations Committee

09 H 5536 Passed on the House Desk awaiting transfer to the Senate

- 1-1 SECTION 1. Section 27-50-5 of the General Laws in Chapter 27-50 entitled "Small
- 1-2 Employer Health Insurance Availability Act" is hereby amended to read as follows:
- 1-3 **27-50-5. Restrictions relating to premium rates. [Effective January 1, 2009.] --** (a)
- 1-4 Premium rates for health benefit plans subject to this chapter are subject to the following
- 1-5 provisions:
- 1-6 (1) Subject to subdivision (2) of this subsection, a small employer carrier shall develop
- 1-7 its rates based on an adjusted community rate and may only vary the adjusted community rate for:
- 1-8 (i) Age;
- 1-9 (ii) Gender; and
- 1-10 (iii) Family composition;
- 1-11 (2) The adjustment for age in paragraph (1)(i) of this subsection may not use age
- 1-12 brackets smaller than five (5) year increments and these shall begin with age thirty (30) and end
- 1-13 with age sixty-five (65).
- 1-14 (3) The small employer carriers are permitted to develop separate rates for individuals
- 1-15 age sixty-five (65) or older for coverage for which Medicare is the primary payer and coverage
- 1-16 for which Medicare is not the primary payer. Both rates are subject to the requirements of this
- 1-17 subsection.
- 1-18 (4) For each health benefit plan offered by a carrier, the highest premium rate for each
- 1-19 family composition type shall not exceed four (4) times the premium rate that could be charged to
- 2-1 a small employer with the lowest premium rate for that family composition.
- 2-2 (5) Premium rates for bona fide associations except for the Rhode Island Builders'

2-3 Association whose membership is limited to those who are actively involved in supporting the
2-4 construction industry in Rhode Island shall comply with the requirements of section 27-50-5.
2-5 (6) For a small employer group renewing its health insurance with the same small
2-6 employer carrier which provided it small employer health insurance in the prior year, the
2-7 combined adjustment factor for age and gender for that small employer group will not exceed one
2-8 hundred twenty percent (120%) of the combined adjustment factor for age and gender for that
2-9 small employer group in the prior rate year.

2-10 (b) The premium charged for a health benefit plan may not be adjusted more frequently
2-11 than annually except that the rates may be changed to reflect:
2-12 (1) Changes to the enrollment of the small employer;
2-13 (2) Changes to the family composition of the employee; or
2-14 (3) Changes to the health benefit plan requested by the small employer.
2-15 (c) Premium rates for health benefit plans shall comply with the requirements of this
2-16 section.
2-17 (d) Small employer carriers shall apply rating factors consistently with respect to all
2-18 small employers. Rating factors shall produce premiums for identical groups that differ only by
2-19 the amounts attributable to plan design and do not reflect differences due to the nature of the
2-20 groups assumed to select particular health benefit plans. Two groups that are otherwise identical,
2-21 but which have different prior year rate factors may, however, have rating factors that produce
2-22 premiums that differ because of the requirements of subdivision 27-50-5(a)(6). Nothing in this
2-23 section shall be construed to prevent a group health plan and a health insurance carrier offering
2-24 health insurance coverage from establishing premium discounts or rebates or modifying
2-25 otherwise applicable copayments or deductibles in return for adherence to programs of health
2-26 promotion and disease prevention, including those included in affordable health benefit plans,
2-27 provided that the resulting rates comply with the other requirements of this section, including
2-28 subdivision (a)(5) of this section.
2-29 The calculation of premium discounts, rebates, or modifications to otherwise applicable
2-30 copayments or deductibles for affordable health benefit plans shall be made in a manner
2-31 consistent with accepted actuarial standards and based on actual or reasonably anticipated small
2-32 employer claims experience. As used in the preceding sentence, "accepted actuarial standards"
2-33 includes actuarially appropriate use of relevant data from outside the claims experience of small
2-34 employers covered by affordable health plans, including, but not limited to, experience derived
3-1 from the large group market, as this term is defined in section 27-18.6-2(19).
3-2 (e) For the purposes of this section, a health benefit plan that contains a restricted
3-3 network provision shall not be considered similar coverage to a health benefit plan that does not
3-4 contain such a provision, provided that the restriction of benefits to network providers results in
3-5 substantial differences in claim costs.
3-6 (f) The health insurance commissioner may establish regulations to implement the
3-7 provisions of this section and to assure that rating practices used by small employer carriers are
3-8 consistent with the purposes of this chapter, including regulations that assure that differences in
3-9 rates charged for health benefit plans by small employer carriers are reasonable and reflect
3-10 objective differences in plan design or coverage (not including differences due to the nature of the
3-11 groups assumed to select particular health benefit plans or separate claim experience for
3-12 individual health benefit plans) and to ensure that small employer groups with one eligible
3-13 subscriber are notified of rates for health benefit plans in the individual market.
3-14 (g) In connection with the offering for sale of any health benefit plan to a small
3-15 employer, a small employer carrier shall make a reasonable disclosure, as part of its solicitation
3-16 and sales materials, of all of the following:
3-17 (1) The provisions of the health benefit plan concerning the small employer carrier's
3-18 right to change premium rates and the factors, other than claim experience, that affect changes in
3-19 premium rates;

3-20 (2) The provisions relating to renewability of policies and contracts;
3-21 (3) The provisions relating to any preexisting condition provision; and
3-22 (4) A listing of and descriptive information, including benefits and premiums, about all
3-23 benefit plans for which the small employer is qualified.
3-24 (h) (1) Each small employer carrier shall maintain at its principal place of business a
3-25 complete and detailed description of its rating practices and renewal underwriting practices,
3-26 including information and documentation that demonstrate that its rating methods and practices
3-27 are based upon commonly accepted actuarial assumptions and are in accordance with sound
3-28 actuarial principles.
3-29 (2) Each small employer carrier shall file with the commissioner annually on or before
3-30 March 15 an actuarial certification certifying that the carrier is in compliance with this chapter
3-31 and that the rating methods of the small employer carrier are actuarially sound. The certification
3-32 shall be in a form and manner, and shall contain the information, specified by the commissioner.
3-33 A copy of the certification shall be retained by the small employer carrier at its principal place of
3-34 business.
4-1 (3) A small employer carrier shall make the information and documentation described in
4-2 subdivision (1) of this subsection available to the commissioner upon request. Except in cases of
4-3 violations of this chapter, the information shall be considered proprietary and trade secret
4-4 information and shall not be subject to disclosure by the director to persons outside of the
4-5 department except as agreed to by the small employer carrier or as ordered by a court of
4-6 competent jurisdiction.
4-7 (4) For the wellness health benefit plan described in section 27-50-10, the rates proposed
4-8 to be charged and the plan design to be offered by any carrier shall be filed by the carrier at the
4-9 office of the commissioner no less than thirty (30) days prior to their proposed date of use. The
4-10 carrier shall be required to establish that the rates proposed to be charged and the plan design to
4-11 be offered are consistent with the proper conduct of its business and with the interest of the
4-12 public. The commissioner may approve, disapprove, or modify the rates and/or approve or
4-13 disapprove the plan design proposed to be offered by the carrier. Any disapproval by the
4-14 commissioner of a plan design proposed to be offered shall be based upon a determination that
4-15 the plan design is not consistent with the criteria established pursuant to subsection 27-50-10(b).
4-16 (i) The requirements of this section apply to all health benefit plans issued or renewed on
4-17 or after October 1, 2000.
4-18 SECTION 2. This act shall take effect on January 1, 2010.

Tabled, chair will speak to the House sponsor 09 S 0539 Sub A as Amended 09 and H 5536 Sub A Relating To Insurance - Small Employer Health Insurance

09 H 5449 Sub A RELATING TO HEALTH AND SAFETY - LONG TERM CARE COORDINATING COUNCIL

This act would change the composition of the long-term care coordinating council by adding: "a representative of a long-term care service provider that primarily serves persons with mental retardation or developmental disabilities"; "a member of the public representing the interests of parents of children with special care needs" and "a member of the public representing the interests of persons with developmental disabilities". The act would also designate the lieutenant governor as its chairperson.

This act would take effect upon passage.

The Legislation Committee found this bill harmful in its original version.

The Substitute would increase the number of council members from 37 to 41 members, adding "a family member of a person with developmental disabilities" and replacing the "member of the public representing the interests of persons with developmental disabilities" with "a person with developmental disabilities or a representative of an organization that advocates for the rights of persons with

developmental disabilities".

The lieutenant governor would not automatically serve as chairperson. References of the "senate majority leader" making appointments would be changed to the "president of the senate".

1-1 SECTION 1. Section 23-17.3-2 of the General Laws in Chapter 23-17.3 entitled "Long-
1-2 term Care Coordinating Council" is hereby amended to read as follows:
1-3 **23-17.3-2. Membership.** -- The council shall be comprised of ~~thirty-seven (37)~~ forty-one
1-4 (41) members, as follows: the lieutenant governor or designee; the secretary of state or designee;
1-5 the director of the department of health or designee; the director of the department of human
1-6 services or designee; the director of the department of mental health, retardation, and hospitals or
1-7 designee; the attorney general or designee; the director of the department of elderly affairs or
1-8 designee; the chair of the Rhode Island advisory commission on aging or designee; the president
1-9 of the Rhode Island Chapter of the American Association of Retired Persons (AARP) or
1-10 designee; the director of the Alliance for Long-term Care or designee; the president of the Rhode
1-11 Island Senior Center Directors Association or designee; the executive director of the Rhode
1-12 Island chapter of the Alzheimer's Association or designee; a representative of a long-term care
1-13 provider organization other than a nursing home owner, a representative of a long-term care
1-14 service provider that primarily serves persons with mental retardation or developmental
1-15 disabilities and a representative of an assisted living residence other than a nursing home, to be
1-16 appointed by the governor; a representative of a not-for-profit nursing home to be appointed by
1-17 the lieutenant governor; five (5) citizens of the state with no direct or indirect interest in nursing
1-18 home ownership who have demonstrated concern for the care of the elderly, two (2) of whom
2-1 shall be appointed by the lieutenant governor, two (2) of whom shall be appointed by the speaker
2-2 of the house of representatives, and one of whom shall be appointed by the ~~majority leader~~
2-3 President of the senate; a representative of an adult day care center to be appointed by the
2-4 speaker; a representative of senior housing to be appointed by the lieutenant governor; a
2-5 representative of a not-for-profit home health care agency to be appointed by the speaker; a
2-6 representative of a for profit home health care agency to be appointed by the speaker; and a
2-7 representative of a community mental health center, to be appointed by the ~~majority leader~~ president of the senate
2-8 ~~majority leader~~; a registered nurse experienced in the care of the elderly, to be appointed by the
2-9 governor; a representative of nonmanagerial nursing home employees, to be appointed by the
2-10 lieutenant governor; three (3) members of the house, not more than two (2) from the same
2-11 political party, to be appointed by the speaker; a nursing home owner, to be appointed by the
2-12 speaker; two (2) members of the senate, not more than one from the same political party to be
2-13 appointed by the ~~majority leader~~ president of the senate; one consumer of home and community
2-14 based care to be appointed by the speaker from a list of three (3) submitted by the chairperson of
2-15 the independent living council; one consumer of home and community based care to be appointed
2-16 by the ~~majority leader~~ president of the senate from a list of three (3) submitted by the chairperson
2-17 of the Governor's Council on Mental Health; a member of the public representing the interests of
2-18 parents of children with special care needs to be appointed by the president of the senate; a family
2-19 member of a person with developmental disabilities to be appointed by the speaker of the house; a
2-20 person with developmental disabilities or a representative of an organization that advocates for
2-21 the rights of persons with developmental disabilities to be appointed by the lieutenant governor; a
2-22 general physician to be appointed by the ~~majority leader~~ president of the senate and a psychiatrist
2-23 specializing in the medical problems of the elderly, to be appointed by the lieutenant governor.
2-24 Members of the general public may be appointed in lieu of legislators, provided that at least one
2-25 member shall be appointed from the house and one from the senate, and the appointments shall be
2-26 made by the same authority as for the legislators supplanted. The members of the council shall
2-27 serve two (2) year terms, expiring on the second anniversary of each individual's appointment or
2-28 on the date that their respective successors are appointed and qualified, whichever is later.
2-29 SECTION 2. This act shall take effect upon passage.

MOTION: To find beneficial 09 H 5449 Sub A Relating To Health And Safety - Long Term Care Coordinating Council BI/LG passed, Abstain LD,PP

4. Planning the Public Forums on the Concerns of People with Disabilities and their Families	Bob Cooper	10 min.
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Discussion:

1. The 19th Anniversary of the Signing of the ADA is Sunday July 26th. Should the forums be the week before the anniversary (July 20th - 24th) or the week following (July 27th - 31st)

2. Last year we had complaints that most of the forums took place during working hours:

Monday July 21, 2008 1:30 - 3 pm, Barrington Public Library's Gallery, 281 County Road, Barrington

Tuesday July 22, 2008 3 - 5 pm, Independence Square II, Independence Way, Kingston, Route 138 just west of the URI campus

Wednesday July 23, 2008 4 - 6 pm, Warwick Public Library's Community Room, 600 Sandy Lane, Warwick

Thursday July 24, 2007 10 am - Noon, Cumberland Library's Community Room, 1464 Diamond Hill Road, Cumberland

Thursday July 24, 2008 3 - 5 pm, Middletown Library's Community Room, 700 West Main Road, Middletown

Friday July 25, 2007 4 - 6 pm, RI Department of Administration's Conference Room B, 2nd floor, One Capitol Hill, Providence

1. There were concerns raised about the Barrington Public Library's auditorium, were there any other "problem" locations?

2. Last year's newspaper advertisements cost:

Hometown Newspapers: The Narragansett Times; The Standard Times; The Charaho Times; The East Greenwich Pendulum; The Coventry Courier; Kent County Daily	\$1,014.60
Newport Daily News; North East Independence; South County Independence	\$960.00
Providence American	\$380.00
Providence en Espanol	\$660.00
RI Newspaper Group: Barrington Times (Wed.); Bristol Phoenix (Thurs.); Chariho Times (Thurs.); Coventry Courier (Fri.); Cranston Herald (Thurs.); East Greenwich Pendulum (Thurs.); Johnston Sun Rise (Thurs.); Lincoln /Cumberland Valley Breeze (Thurs.); Narragansett Times (Wed., Fri.*); Newport This Week; The News (Thurs.); N. Kingstown Standard-Times (Thurs.); N. Providence North Star (Thurs.); N. Smithfield /Blackstone /Woonsocket Valley Breeze (Thurs.); The Observer (Thurs.); Sakonnet Times (Thurs.); Somerset Spectator (Wed.); Warren Times Gazette (Wed.); Warwick Beacon (Tues., Thurs.*)	\$1,460.00
Westerly Sun	\$200.00
Woonsocket Call	\$445.60
Woonsocket Call for Pawtucket Times	\$408.20
Advertisements	\$7,611.20

LD indicated that ORS will cover the CART expenses.

MOTION: To conduct the Public forums during the week of July 27th,

1:30 - 3 pm, Barrington Public Library's Gallery - LW OL

4 - 6 Wakefield - LJ RIPIN

3 - 5 PM Middletown Library GR - MS

4 - 6 Warwick Public Library LR OSCIL

10 – Noon Cumberland Library’s Community Room AP

4 – 6 Dept of Administration KMcCB DoH

To advertise in *all the newspapers used in the past except the Pro Jo* – see about their on-line only. LW/RC passed

Questions on Legislative Package Status Report: (mailed with the agenda)

20 min.

House Calendar Recommend Passage

5/7/2009

1. 09 H 5175 RELATING TO PROPERTY -- RESIDENTIAL LANDLORD AND TENANT ACT Rep. Savage **Committee finds this bill Beneficial** Sent House Letter 3/11/2009
2. 09 H 5949 Sub A RELATING TO CRIMINAL OFFENSES - PERSONS WITH DISABILITIES Rep. Lally **Requested by the Commission** Sent House Letter 3/31/2009 House Testimony 4/29/2009

5/12/2009

3. 09 H 5266 Sub A 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

5/13/2009

4. 09 H 5449 Sub A RELATING TO HEALTH AND SAFETY - LONG TERM CARE COORDINATING COUNCIL Rep. Naughton **Committee finds this bill Harmful** Sent House Letter 3/11/2009

House Constituent Services Committee

Referred to Committee

5. 09 H 6073 RELATING TO MOTOR VEHICLES-REGISTRATION OF MOTOR VEHICLES-BREAST CANCER SUPPORT LICENSE PLATES Rep. Gemma **Committee finds this bill Beneficial** Sent House Letter 4/20/2009

Recommended

6. 09 H 5600 Sub A RELATING TO MOTOR AND OTHER VEHICLES - REGISTRATION OF VEHICLES Rep. Naughton **Committee finds this bill Beneficial** Sent House Letter 4/20/2009

House Corporations Committee

Held for Further Study or Continued

7. 09 H 5149 RELATING TO PUBLIC UTILITIES AND CARRIERS -- WHEELCHAIR ACCESSIBLE TAXICABS Rep. Coderre Requested by the **Commission** Sent House Letter 2/3/2009 House Testimony 2/3/2009
8. 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
9. 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

10. 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 Finance Committee

Referred to Committee

11. 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
12. 09 H 5158 RELATING TO TAXATION - PROPERTY SUBJECT TO TAXATION Rep. Winfield **Committee finds this bill Beneficial** Sent House Letter 2/10/2009
13. 09 H 5978 RELATING TO EDUCATION -- THE EDUCATION EQUITY AND PROPERTY TAX

- RELIEF ACT Rep. Ajello **Committee finds this bill Beneficial** Sent House Letter 4/20/2009
14. 09 H 5987 RELATING TO STATE AFFAIRS AND GOVERNMENT -- HOUSING RESOURCES - NEIGHBORHOOD OPPORTUNITIES PROGRAM Rep. Fox **Committee finds this bill Beneficial** Sent House Letter 4/20/2009
- Held for Further Study or Continued**
15. 09 H 5210 RELATING TO PUBLIC PROPERTY AND WORKS -- MINORITY BUSINESS ENTERPRISE Almeida **Commission Supports if amended** House Testimony 3/10/2009
16. 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
17. 09 H 5638 RELATING TO PUBLIC PROPERTY AND WORKS Rep. Naughton **Committee finds this bill Beneficial if amended** Sent House Letter 3/11/2009 House Testimony 5/6/2009
18. 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
19. 09 H 5983 Article 17 RELATING TO MOTOR FUEL TAX Rep. Watson Requested by the Governor **Commission Opposes** Sent House Letter 4/30/2009
20. 09 H 5983 Article 28 RELATING TO THE CHILDREN'S HEALTH INSURANCE PROGRAM Rep. Watson Requested by the Governor **Commission Supports** Sent House Letter 4/30/2009
21. 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 amended** Sent House Letter 4/9/2009 Sent Senate Letter 4/30/2009 House Testimony 4/9/2009 Senate Testimony 4/30/2009
22. 09 H 5983 Article 31 RELATING TO RHODE ISLAND GLOBAL CONSUMER DEMONSTRATION WAIVER Rep. Watson Requested by the Governor **Commission Opposes unless amended** Sent House Letter 4/7/2009 Sent Senate Letter 4/30/2009 Senate Testimony 4/30/2009
23. 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
24. 09 H 5983 Article 39 Gov Amendment RELATING TO EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES Rep. Watson Requested by the Governor **Commission Opposes unless amended** Sent House Letter 4/7/2009 Sent Senate Letter 4/30/2009 Senate Testimony 4/30/2009
25. 09 H 5983 Article 40 RELATING TO MEDICAL ASSISTANCE DENTAL BENEFITS Rep. Watson Requested by the Governor **Commission Opposes** Sent House Letter 4/30/2009
- Indefinitely Postponed**
26. 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
27. 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
28. 09 H 5019 Gov New 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**
29. 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
- Recommitted**
30. 09 H 5264 Section 10 Sub A RELATING TO TAXATION Rep. Costantino **Committee finds this bill Beneficial** Sent House Letter 4/20/2009
- Passed and Transferred**
31. 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

32. 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

33. 09 H 5806 RELATING TO ELECTIONS - CAMPAIGN FIDUCIARY Rep. Ajello **Committee finds this bill Harmful unless** Sent House Letter 3/16/2009

Postponed by sponsor

34. 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

35. 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

36. 09 H 6087 RELATING TO INSURANCE -INSURANCE COVERAGE FOR MENTAL ILLNESS AND SUBSTANCE ABUSE Rep. Wasylyk **Committee finds this bill Beneficial** Sent House Letter 4/20/2009

Held for Further Study or Continued

37. 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

38. 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

39. 09 H 5217 RELATING TO EDUCATION - - MANDATES Rep. DaSilva **Committee finds this bill Harmful** Sent House Letter 2/10/2009

40. 09 H 5287 RELATING TO HEALTH AND SAFETY Rep. Palumbo **Committee finds this bill Beneficial if amended** Sent House Letter 2/10/2009

41. 09 H 5358 RELATING TO EDUCATION -- HEALTH AND SAFETY OF PUPILS Rep. Silva **Committee finds this bill Beneficial** Sent House Letter 3/31/2009

42. 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

43. 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

44. 09 H 5656 RELATING TO BUSINESSES AND PROFESSIONS - PATIENT PROTECTION Rep. Naughton **Committee finds this bill Beneficial** Sent House Letter 3/11/2009

45. 09 H 5980 RELATING TO STATE AFFAIRS AND GOVERNMENT -- HEALTH CARE FOR CHILDREN AND PREGNANT WOMEN Rep. Gemma **Committee finds this bill Beneficial** Sent House Letter 4/20/2009

House Judiciary Committee

Referred to Committee

46. 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

47. 09 H 5989 RELATING TO MOTOR AND OTHER VEHICLES -PARKING FACILITIES AND PRIVILEGES Rep. Baldelli-Hunt **Committee finds this bill Beneficial if amended** Sent House Letter 4/20/2009

48. 09 H 6021 RELATING TO MOTOR AND OTHER VEHICLES -- MOTOR VEHICLE OFFENSES Rep. Marcello **Committee finds this bill Beneficial** Sent House Letter 4/20/2009

Held for Further Study or Continued

49. 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

50. 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
51. 09 H 5570 RELATING TO ELECTIONS Rep. Handy **Committee finds this bill Beneficial** Sent House Letter 3/11/2009
52. 09 H 5932 RELATING TO MOTOR AND OTHER VEHICLES - PARKING FACILITIES AND PRIVILEGES Rep. Ucci **Committee finds this bill Beneficial if amended** House Testimony 3/24/2009
53. 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
Passed and Transferred
54. 09 S 0162 RELATING TO STATE AFFAIRS AND GOVERNMENT - THE CIVIL RIGHTS ACT OF 1990 Sen. Connor **Committee finds this bill Beneficial** Senate Letter 2/10/2009

Senate Constitutional and Regulatory Issues Committee

Referred to Committee

55. 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

56. 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** Sent Senate Letter 05/07/2009
57. 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 Corporations Committee

Held for Further Study or Continued

58. 09 S 0172 RELATING TO PUBLIC UTILITIES AND CARRIERS -- WHEELCHAIR ACCESSIBLE TAXICABS Sen. Walaska **Commission Supports** Sent Senate Letter 2/10/2009

Senate Education Committee

Held for Further Study or Continued

59. 09 S 0060 RELATING TO EDUCATION - - MANDATES Sen. Blais **Committee finds this bill Harmful** Sent Senate Letter 2/10/2009
60. 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

61. 09 S 0030 RELATING TO MOTOR AND OTHER VEHICLES -- REGISTRATION FEES Sen. Tassoni By Request **Committee finds this bill Harmful unless** Sent Senate Letter 2/10/2009
62. 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
63. 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
64. 09 S 0032 RELATING TO TAXATION - PROPERTY SUBJECT TO TAXATION Sen. Tassoni **Committee finds this bill Beneficial** Sent Senate Letter 2/10/2009
65. 09 S 0036 RELATING TO EDUCATION - SCHOOL AND MUNICIPAL PLAYGROUND SAFETY Sen. Blais **Committee finds this bill Beneficial** Sent Senate Letter 2/10/2009
66. 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

Referred to Committee

- 67. 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
- 68. 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
- 69. 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
- Held for Further Study or Continued**
- 70. 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

Held for Further Study or Continued

- 71. 09 S 0327 RELATING TO ELECTIONS - CAMPAIGN FIDUCIARY Sen. Perry **Committee finds this bill Harmful unless** Sent Senate Letter 3/16/2009
- 72. 09 S 0383 RELATING TO ELECTIONS Sen. Walaska **Committee finds this bill Beneficial** Sent Senate Letter 3/11/2009
- 73. 09 S 0783 RELATING TO CRIMINAL OFFENSES - PERSONS WITH DISABILITIES Sen. McCaffrey Requested by the **Commission** Sent Senate Letter 3/31/2009 Senate Testimony 4/21/2009

Announcements and Scheduling of Meetings		Chairperson	5 min.
Next meeting will be on:	Monday June 8, 2009	Starting at: 3 PM	
Adjournment:	Chairperson adjourned the meeting at 4:45 PM		
Resource persons:	Bob Cooper, Committee Staff, Julie DeRosa		