Governor's Commission on Disabilities
Legislation Committee Agenda
Monday March 11, 2013 3 – 4:30 PM

John O. Pastore Center, 41 Cherry Dale Court,
Cranston, RI 02920-3049
(voice) 401-462-0100 (fax) 462-0106 (tty) via RI Relay 711
(e-mail) disabilities@gcd.ri.gov
(website) www.disabilities.ri.gov

Attendees: Linda Ward (Chair.); Bill Inlow (Vice Chair.); Sharon Brinkworth; Rosemary C. Carmody; Regina Connor; Heather Daglieri; Linda Deschenes; Timothy Flynn; Casey Gartland; Kathleen Heren; Paula Parker; Arthur M. Plitt; Meredith Sheehan; Msgr. Gerard O. Sabourin; Angelina Stabile; & Dawn Wardyga
Absent: Joseph Cirillo; Julie DeRosa; Sarah Everhart Skeels; & Elaina Goldstein

Guests: Leo Canuel, PARI, Anthony Robinson, House Policy Office

Staff: Bob Cooper, Executive Secretary

Clock graphic

3:00 Call to Order and Acceptance of the Minutes, Linda Ward, Chair

Chair calls the meeting to order at 3:02 PM
Introductions of Commissioners and guests

voting check off graphic

MOTION: To accept the minutes of the previous meeting as presented
TF/RCa passed unanimously

Action Items:

Package graphic

3:05 Commission's Legislative Package, Bob Cooper, Executive Secretary

Purpose/Goal: To decide additional steps needed

Commission Supports

Referred to Committee
House Finance Committee
13 H 5073 AN ACT RELATING TO PUBLIC UTILITIES AND CARRIERS -- PUBLIC TRANSIT INVESTMENT by Rep. O`Grady
House letter send on: 3 /5 /2013 Testimony requested Testified on: Testified:
Senate letter send on: Testimony requested Testified on: Testified:
This act would include public transit in the Rhode Island highway maintenance fund and accelerate the surcharges that support the fund. The funds shall be apportioned as follows: Sixty-five percent to the department of transportation to be used for highway maintenance and 35% percent to the RI public transit authority (RIPTA) to be used in maintaining, enhancing, and/or expanding services.
This act would take effect on July 1, 2013.
GCD Reason: Public (RIPTA) and Para-transit (RIde) services are essential for many children and adults with disabilities. Without transportation services individuals are unable to attend college or job training; go to work, visit the doctor (or other healthcare practitioner), connect with family and friends socially, and be active and productive members of the community. A long term and stable source of funding for transit services must be established.
The Commission supports a phasing in of increase in fees and the implementation in FY 14 of formula assigning 35% to public transit services.
Senate Health and Human Services Committee
13 S 0092 AN ACT RELATING TO INSURANCE - COVERAGE FOR PRESCRIPTION DRUGS by Sen. Crowley
House letter send on: 3 /5 /2013
This act would prevent health insurance policies, plans or contracts that provide coverage for prescription drugs from requiring a beneficiary to use an alternative brand name prescription drug or over-the-counter drug prior to using a brand name prescription drug prescribed by a licensed physician.

This act would take effect upon passage.
GCD Reason: People with chronic conditions should have access to medically necessary brand name drugs without requiring two generic failures before allowing brand name drugs. For certain medical conditions, requiring the use of generics first can cause a deterioration of the patient's health and jeopardize the patient's ability to remain in the community, especially in the area of psychotropic medicines. Savings in prescriptions are offset by increased use of emergency rooms, lost work hours, and other complications.
Heard in Committee
House Finance Committee
13 H 5127 Article AN ARTICLE RELATING TO EMERGENCY AND PUBLIC COMMUNICATION ACCESS FUND by Rep. Melo Requested by the Governor
This article creates a new restricted receipt account in the Commission of the Deaf and Hard of Hearing and provides funding in the sum of $80,000 dollars) for technology required to provide communication access for the deaf and hard of hearing population during periods of emergencies or in other necessary situations.
This article shall take effect upon passage.
GCD Reason:
House Labor Committee
Next Action on: 3 /12/2013 @ Rise in rm 201
13 H 5697 RELATING TO LABOR AND LABOR RELATIONS -- RE-EMPLOYMENT OF WORKERS WHO BECOME DISABLED by Rep. Winfield Requested by the Governor's Commission on Disabilities
This act would promote the re-employment of employees who become disabled while in government service. The application shall be made within five years of the alleged accident from which the injury has resulted in the member's present disability and shall be accompanied by an accident report and a physician's report certifying the disability. If a medical examination made by three physicians engaged by the retirement board, and other investigations as the board may make, confirm the statements made by the member, the board may grant the member an accidental disability retirement allowance.
This act would take effect on January 1, 2014.
GCD Reason:
Passed and Referred to
Senate Special Legislation and Veterans' Affairs Committee
13 H 5099 AN ACT CREATING A SPECIAL JOINT COMMISSION TO STUDY THE QUALITY OF LIFE AND CREATE POSITIVE OUTCOMES FOR INDIVIDUALS WITH AUTISM IN THE STATE OF RHODE ISLAND by Rep. Palumbo
House letter send on: 3 /5 /2013
This resolution would create a 23 member special joint commission whose purpose it would be to make a comprehensive study to improve the quality of life and create positive outcomes for individuals with autism spectrum disorders and their families.
This act would take effect upon passage.
GCD Reason: Each year the Commission and other organizations conduct a series of public forums to hear the concerns of people with disabilities and their families. A constant theme over the past several years has been the difficulty families and young adults with autism spectrum disorders have in locating and receiving appropriate and effective services. The transition from public school into college and/or job training has also been a concern raised at the public forums.
Commission Supports as amended
Referred to Committee
House Finance Committee
Next Action on:
13 H 5127 Article 21 AN ARTICLE RELATING TO RHODE ISLAND PUBLIC TRANSIT AUTHORITY by Rep. Melo Requested by the Governor
The article provides that the $4.2 million loan from the State Revolving Loan Fund to the Rhode Island Public Transit Authority is made available as a direct grant to RIPTA and does not need to be repaid. The funds shall be used for the required 20% match for the Rhode Island Public Transit Authority to obtain federal funds to purchase buses through FY 2017. [It is unclear if the funds could be used for RIde vans.]
This article shall take effect upon passage.
GCD Reason: Ask about use of funds for RIde vans.
Legislation Committee finds this bill Beneficial
Scheduled for hearing and/or consideration
House Health, Education, & Welfare Committee
Next Action on: 3 /6 /2013 @ Rise in rm 135
13 H 5204 AN ACT RELATING TO HEALTH AND SAFETY - STATE PALLIATIVE CARE AND QUALITY OF LIFE ACT by Rep. McNamara

House letter send on: 3 /5 /2013 Testified on: 3/6/2013
This act would establish the "Rhode Island Palliative Care and Quality of Life Interdisciplinary Advisory Council" within the department of health and would require healthcare organizations to provide information about palliative care to appropriate patients. "Palliative care" means patient and family centered medical care that optimizes quality of life by anticipating, preventing, and treating suffering caused by serious illness. Palliative care throughout the continuum of illness also involves addressing physical, emotional, social, and spiritual needs and facilitating patient autonomy, access to information, and choice.
This act would take effect upon passage.
GCD Reason: For many individuals with chronic health conditions, quality of life is the most important element of their "treatment plan". Palliative care throughout the continuum of illness addresses her/his physical, emotional, social, and spiritual needs and allows the individual exercise control over their body.
Held for Further Study, Continued, or Heard
Senate Judiciary Committee
Next Action on:
13 S 0098 AN ACT RELATING TO PROPERTY -- RHODE ISLAND FAIR HOUSING PRACTICES ACT by Sen. Metts
Senate letter send on: 3 /5 /2013
This act would protect persons who are recipients of government assistance against discrimination under the Rhode Island Fair Housing Practices Act. The term "government assistance recipient status" means being the recipient of federal, state or local public assistance, including medical assistance, or the recipient of federal, state or local housing subsidies, including section 8, and other rental assistance or rental supplements, or who is subject to the requirements of any public assistance, rental assistance or housing subsidy program.
This act would take effect upon passage.
GCD Reason: The source of your rent money should not be grounds for preventing you from being a tenant. As long as the source is legal, it should not matter if your income is from Social Security Disability Income, Supplemental Security Income, or Section 8 Rental Subsidy.

Legislation Committee finds these bills Harmful

Referred to Committee
House Finance Committee
Next Action on:
13 H 5029 AN ACT RELATING TO HUMAN SERVICES -- PUBLIC ASSISTANCE by Rep. Messier
House letter send on: 3 /5 /2013
13 H 5646 AN ACT RELATING TO HUMAN SERVICES -- PUBLIC ASSISTANCE ACT Rep. Morgan
These acts would require picture identification on all (EBT) electronic benefit transfer cards issued to administer this program.
This act would take effect upon passage.
GCD Reason: While the intent of reducing fraud is commendable. The practical impact of residents of community-based facilities (group homes, etc.) will create many hardships. Currently many residents have an "authorized agent", a member of the agency's staff who purchases food for residents who are unable to do some themselves.
13 H 5203 AN ACT RELATING TO EDUCATION - THE EDUCATION EQUITY AND PROPERTY TAX RELIEF by Rep. Canario
House letter send on: 3 /5 /2013 Testimony requested Testified on: Testified:
Senate letter send on: Testimony requested Testified on: Testified:
This act would limit the amount by which schools provide special education services to students from other districts, including, but not limited to, private schools providing special education services that could raise their fees for providing said services.
This act would take effect upon passage.
GCD Reason: Why is the only "tuition" cap placed on special education services, and not career and technical centers, charter schools, etc. The cost of services should be set by the educational/healthcare needs of the individual student, not on last year's students.

Tabled for more information

Heard in Committee
House Finance Committee
Next Action on: 2 /27/2013 @ 2 PM in Rm. 35
13 H 5127 Article 15 AN ARTICLE RELATING TO HUMAN RESOURCE INVESTMENT COUNCIL by Rep. Melo
Requested by the Governor:
House Testified on: 2 /27/2013
Senate letter send on: Testimony requested Testified on: Testified:
This article provides that the Human Resource Investment Council shall develop a state work immersion program and a non-trade apprenticeship program to provide post-secondary school students and unemployed adults a

meaningful work experience. It further provides that, for the work immersion program, the Job Development Fund shall reimburse eligible businesses up to 50 percent of the cost of not more than 200 hours of work during a ten-week period. [This article does not appear to coordinate activities with the Office of Rehabilitation Services.]
This article shall take effect upon passage.
GCD Reason: Governor's Policy Office, consulted – other job training programs have similar concerns in regards to coordination, not competition amongst agencies.

graphic	**3:15 Consideration of Recently Filed Bills, Bob Cooper, Executive Secretary**
	Purpose/Goal: To review and determine the impact of recently introduced bills that might impact people with disabilities
	Discussion:

Civil Rights

13 S 0277, 13 S 0317, & 13 H 5818 ACTS RELATING TO HUMAN SERVICES - RIGHTS OF BLIND AND DEAF PERSONS

Sen. Rumsey & Sen. Walaska, in Senate Health and Human Services Committee

Rep. Handy, in House Health, Education, & Welfare Committee

These acts would require movie theaters with ten or more screens to provide captioning on at least one screen for people who are deaf or hard of hearing, and provide audio descriptions for persons who are blind or visually impaired.
This act would take effect on January 1, 2014.

2013 -- S 0277

A N A C T

RELATING TO HUMAN SERVICES - RIGHTS OF BLIND AND DEAF PERSONS

Introduced By: Senators Cool Rumsey, Sosnowski, Walaska, Ottiano, and Pichardo
Date Introduced: February 12, 2013
Referred To: Senate Health & Human Services

It is enacted by the General Assembly as follows:

1-1 SECTION 1. Section 40-9.1-1 of the General Laws in Chapter 40-9.1 entitled "Equal
1-2 Rights of Blind and Deaf Persons to Public Facilities" is hereby amended to read as follows:
1-3 **40-9.1-1. Declaration of policy. --** It is the policy of this state that:
1-4 (a) Persons who are blind, visually impaired, deaf, hard-of-hearing and otherwise
1-5 disabled have the same rights as the able-bodied to the full and free use of the streets, highways,
1-6 walkways, public buildings, public facilities and other public places.
1-7 (b) Persons who are blind, visually impaired, deaf, hard-of-hearing and otherwise
1-8 disabled are entitled to full and equal accommodations, advantages, facilities and privileges on
1-9 any public conveyance operated on land or water or in the air, or any stations and terminals
1-10 thereof, not limited to taxis, airplanes, motor vehicles, railroad trains, motor buses, street cars,
1-11 boats and in any educational institution, not limited to any kindergarten, primary and secondary
1-12 school, trade or business school, high school, academy, college and university, and in places of
1-13 public resort, accommodation, assemblage or amusement, not limited to hotels, lodging places,
1-14 restaurants, theater and in all other places to which the general public is invited, subject only to
1-15 the conditions and limitations established by law and applicable alike to all persons.
1-16 (c) Persons who are blind, visually impaired, deaf, hard-of-hearing and otherwise
1-17 disabled persons shall be entitled to rent, lease or purchase, as other members of the general
1-18 public, any housing accommodations offered for rent, lease or other compensation in this state,
1-19 subject to the conditions and limitations established by law and applicable alike to all persons.
2-20 {add}(d) Effective January 1, 2014, movie theaters with ten (10) or more screens are required
2-21 to provide captioning on at least one of their screens for persons who are deaf or hard of hearing
2-22 and to provide audio descriptions for persons who are blind or visually impaired as set forth in
2-23 regulations established and promulgated by the office of attorney general with the assistance of
2-24 the Rhode Island commission on the deaf and hard of hearing.{add}
2-25 SECTION 2. This act shall take effect on January 1, 2014.

☑ MOTION: To find 13 S 0277, 13 S 0317, & 13 H 5818 ACTS RELATING

voting check off graphic

TO HUMAN SERVICES - RIGHTS OF BLIND AND DEAF PERSONS
beneficial TF/DW passed Abstain HD, PP, LD

13 H 5830 AN ACT RELATING TO COURTS AND CIVIL PROCEDURE - COURTS

Rep. Handy, in House Judiciary Committee
This act would require a sign language or Communication Access Real-time Translation (CART) provider for all court proceedings.
This act would take effect upon passage.

13 H 5830
A N A C T
RELATING TO COURTS AND CIVIL PROCEDURE - COURTS

Introduced By: Representatives Handy, Naughton, Jacquard, Williams, and Ajello
Date Introduced: February 28, 2013
Referred To: House Judiciary

It is enacted by the General Assembly as follows:

SECTION 1. Section 8-5-8 of the General Laws in Chapter 8-5 entitled "Court Secretaries, Court Reporters, and Electronic Court Reporters" is hereby amended to read as follows:

8-5-8. {delete}~~**Interpreters for deaf and hearing impaired persons.**~~{delete} {add} **Sign language interpreters/transilerators and Communication Access Realtime Translation (CART) providers for deaf, hard of hearing, and deaf-blind persons.** {add} -- (a) In all civil and criminal cases, in workers' compensation, district, family, and superior court{add} proceedings, mental health court competency hearings, {add}{delete} ~~and in the~~ {delete}state traffic {delete}~~tribunal~~{delete}{add} tribunals{add}, and in any case in any municipal court, {add}including, but not limited to, a state and municipal court-ordered or court-provided alternative dispute resolution, mediation, arbitration, diversion/intervention program or treatment; and in an administrative, commission, or agency hearing; {add} pursuant to chapter 18 of this title, where a party or a witness is a person who is deaf, {delete}~~or~~{delete} hard of hearing, {add}or deaf-blind or a juvenile whose parent or parents are deaf, hard of hearing, or deaf-blind is brought before a court for any reason, {add} he or she shall have the proceedings {delete}~~of the trial interpreted~~{delete} {add}accessible{add} to him or her in a language that he or she can understand by a{delete} ~~qualified interpreter~~{delete} {add}sign language interpreter/transliterator, or a CART provider{add} appointed by the court. In any case where ~~an~~ {delete}~~interpreter~~{delete} {add}a sign language interpreter/transliterator, or a CART provide{add}r is required to be appointed by the court under this section, the court shall not commence proceedings until the appointed{delete} ~~interpreter~~{delete} {add}sign language interpreter/transliterator, or a CART provider{add} is in court in a position not exceeding ten feet (10') from and in full view of the person who is deaf, {delete}~~or~~{delete} hard of hearing, {add}or deaf-blind{add} {delete}~~or hard of hearing~~{delete}. The {delete}~~interpreter~~{delete}{add} sign language interpreter/transliterator, or a CART provider{add} appointed under the terms of the section shall be required to take an oath that he or she will {delete}~~make a true interpretation t~~{delete}~~o~~{add} make a legally equivalent, linguistically true interpretation, transliteration, or transcription for the person who is deaf, ~~or~~ hard of hearing, or deaf-blind{add} of all the proceedings {add}or hearings{add} of the case {add}or claim{add} in a language that he or she understands; and will {delete}~~repeat the answer~~{delete} {add}orally transfer the meaning of the answer and any other statements{add} of the person who is deaf, ~~or~~ hard of hearing, {add}or deaf-blind{add} to questions to counsel~~,~~ or the court{delete}~~, or jury~~{delete} in the English language{delete}~~, in his or her best skill and judgment~~{delete}{add}-with exactitude, while accurately reflecting the form and content of the linguistic and paralinguistic elements of the speaker's discourse.

Assistive listening devices are other reasonable and effective auxiliary aids available provided for the deaf, hard of hearing, and deaf-blind who need to maximize their engagement in the proceedings or hearings in addition to interpreters/transliterator and/or CART providers. {add}

(b) For the purposes of this section, {delete} ~~"person who is hard of hearing" means a person who as a result of a hearing impairment, requires sign language and/or speech reading as part of his or her communication system. A "qualified interpreter" means an interpreter for the person who is~~

~~hard of hearing skilled in sign language or oral interpretation and transliteration, having the ability to communicate accurately with a person who is deaf or hard of hearing. An interpreter~~{delete} {add}"sign language interpreter/transliterator" means a person who is a certified interpreter as defined in chapter 5-71 in providing the interpreting and transliterating services for the deaf, hard of hearing, and deaf-blind. "CART provider" means a person who is a qualified communication access realtime translation (CART) service provider certified by the national court reporters association. "Paralinguistic elements" means a non-verbal element of language, including all of the pauses, hedges, self-corrections, hesitations, and emotion as they are conveyed through tone of voice, word choice, level of formality, tone of voice, and intonation. "Assistive listening device (ALD) or assistive listening system (ALS)" means instruments that are designed to improve a persons' ability to hear in specific listening situations. Some ALDs amplify a sound signal, but the primary purpose of an ALD is to make the targeted sound easier to hear by isolating the sound source from surrounding noise. Examples are induction loop systems, frequency-modulated (FM) systems, infrared systems, and personal amplifiers. A sign language interpreter/transliterator, or a CART provider{add} shall be deemed qualified{add} in accordance with United States department of justice regulations effectuating Title II of the federal "Americans with disabilities act of 1990", as from time to time may be amended, Pub. L. 101-336, codified at 42 U.S.C. sec. 12101, et. seq., including regulations, analysis, and technical assistance and as determined by the definition of the Rhode Island general laws 5-71 and the{add} {delete}~~commission on the deaf and hard of hearing~~{delete} {add}Commission on the Deaf and Hard of Hearing{add}, based upon recommendations from the{delete} ~~commission and the deaf and hard of hearing interpreter screening committee~~, the ~~Rhode Island association of the deaf, the national registry of interpreters for the deaf,~~{delete} {add}National Association of the Deaf, the National Registry of Interpreters for the Deaf, the National Hearing Loss Association of America {add}and other appropriate agencies. The {delete}~~commission on the deaf and hard of hearing~~{delete} {add}Commission on the Deaf and Hard of Hearing{add} shall coordinate all requests for qualified {delete}~~interpreters~~{delete} {add}sign language interpreters/transliterators and CART providers{add} and shall maintain a list of all such{delete} ~~interpreters~~{delete} sign language interpreters/transliterators and CART providers{add} from which it shall fill such requests. No{delete} ~~interpreter~~{delete}{add}sign language interpreter/transliterator and CART provider{add} is precluded from being further examined by the court system.

(c) {delete}~~Interpreters~~{delete} {add}Sign language interpreters/transliterators and CART providers{add} appointed under the terms of the section shall be paid by the state or municipality a reasonable compensation fixed by the court.

SECTION 2. Chapter 8-5 of the General Laws entitled "Court Secretaries, Court Reporters, and Electronic Court Reporters" is hereby amended by adding thereto the following section:

{add} **8-5-8.1. Waiver of interpreter/transliterator and CART provider. –** (a) A non-English speaking person may at any point in the proceeding waive the right to the services of an interpreter/transliterator or a CART provider, but only when: (1) The waiver is approved by the appointing authority after explaining on the record to the non-English speaking person through an interpreter/transliterator or a CART provider the nature and effect of the waiver; (2) The appointing authority determines on the record that the waiver has been made knowingly, intelligently, and voluntarily; and (3) The non-English speaking person has been afforded the opportunity to consult with his or her attorney.

(b) At any point in any proceeding or hearing, for good cause shown, a non-English speaking person may retract his or her waiver and request an interpreter/transliterator or a CART provider.

8-5-8.2. Privileged communications. – (a) In the trial of every cause, both civil and criminal, no interpreter/transliterator for the deaf, hard of hearing, and deaf-blind shall be competent to testify concerning any statement made to him or her in connection with the interpreter's or transliterator's interpretation or transliteration for the deaf, hard of hearing, and deaf-blind, without the consent of the person making the statement. No duly licensed interpreter/transliterator for the deaf, hard of hearing, and deaf-blind shall be allowed, in giving testimony to disclose any confidential communication, properly entrusted to him or her in his or her professional capacity, and necessary and proper to enable him or her to discharge the functions of his or her office in the usual course of practice or discipline, without the consent of the person making the communication.

8-5-8.3. Visual recording of testimony. – At the request of any party to the proceeding or the hearing or on the appointing authority's initiative, the appointing authority may order that the testimony of the person who are deaf, hard of hearing, and deaf-blind and the interpretation/transliteration of the proceeding by the qualified interpreter/transliterator be

4-9 visually recorded for use in verification of the official transcript of the proceeding or hearing.
4-10 In any judicial proceeding involving a capital offense, the appointing authority shall order
4-11 that the testimony of the person who are deaf, hard of hearing, and deaf-blind and the
4-12 interpretation/transliteration of the proceeding or the hearing by the qualified
4-13 interpreter/transliterator be visually recorded for use in verification of the official transcript of the
4-14 proceeding or the hearing.{add}
4-15 SECTION 3. This act shall take effect upon passage.

☑ voting check off graphic

MOTION: To find 13 H 5830 AN ACT RELATING TO COURTS AND CIVIL PROCEDURE – COURTS beneficial TF/KHe, Abstained LD, KD, PP

13 H 5347 AN ACT RELATING TO HEALTH AND SAFETY - STATE BUILDING CODE
Rep. Shekarch, in House Municipal Government Committee
This act would permit ramps, lifts and other accommodation alternatives necessary for following the laws within the provisions of the Americans with Disabilities relating to accessibility shall be permitted as needed in the front, side or rear yards of existing structures, including those which have been built-out or converted to commercial uses, notwithstanding the provisions of any government construction plan that was originally in order.
This act would take effect upon passage.

13 H 5347
A N A C T
RELATING TO HEALTH AND SAFETY - STATE BUILDING CODE

Introduced By: Representatives Shekarchi, Costa, McNamara, Lombardi, and Dickinson
Date Introduced: February 07, 2013
Referred To: House Municipal Government

It is enacted by the General Assembly as follows:

1-1 SECTION 1. Section 23-27.3-118.2 of the General Laws in Chapter 23-27.3 entitled
1-2 "State Building Code" is hereby amended to read as follows:
1-3 **23-27.3-118.2. Ramps for disabled persons. -** (a) No municipality shall require that a
1-4 fee be paid for the construction or repair of an access ramp for disabled persons to a residential R-
1-5 4 use group.
1-6 {add}(b) Notwithstanding the provisions of any zoning ordinance to the contrary, ramps, lifts
1-7 and other accommodation alternatives necessary for compliance with the provisions of the
1-8 Americans with Disabilities Act (ADA) relating to accessibility shall be permitted as needed in
1-9 the front, side or rear yards of existing structures, including those which have been built-out or
1-10 converted to commercial uses.{add}
1-11 SECTION 2. This act shall take effect upon passage.

☑ voting check off graphic

MOTION: To find 13 H 5347 AN ACT RELATING TO HEALTH AND SAFETY - STATE BUILDING CODE beneficial if amended moved the changes into Zoning Enabling Act RCa/BI passed, Abstain HD, LD, PP

13 H 5593 AN ACT RELATING TO HEALTH AND SAFETY -- STATE BUILDING CODE
Rep. Trillo, in House Corporations Committee
This act would give local building officials and fire chiefs the power to grant variances from the state building code. The construction, reconstruction, alteration, repair, demolition, removal, inspection, issuance, and revocation of permits or licenses, installation of equipment, classification, and definition of any building or structure, and use or occupancy of all buildings and structure and parts of them
This act would take effect upon passage.

13 H 5593

A N A C T
RELATING TO HEALTH AND SAFETY -- STATE BUILDING CODE

Introduced By: Representatives Trillo, Costantino, Corvese, Palumbo, and Nunes
Date Introduced: February 27, 2013
Referred To: House Corporations

It is enacted by the General Assembly as follows:

1-1 SECTION 1. Section 23-27.3-101.1 of the General Laws in Chapter 23-27.3 entitled
1-2 "State Building Code" is hereby amended to read as follows:
1-3 **23-27.3-101.1. Exemption for ordinary repairs. --** No building or structure shall be
1-4 constructed, extended, repaired, removed, demolished, or altered in violation of these provisions,
1-5 Except{add}: (1) For{add} {delete}for{delete} ordinary repairs as defined in section 23-27.3-102.0{add}; or (2) Those instances
1-6 where the chief building official of the city or town wherein the project is located shall have
1-7 determined that the requirements of this chapter need not be enforced with respect to that
1-8 particular project. {add}
1-9 SECTION 2. Chapter 23-28.3 of the General Laws entitled "Fire Safety Code Board of
1-10 Appeal and Review" is hereby amended by adding thereto the following section:
1-11 {add} **23-28.3-12. Concurrent authority of fire chiefs - Relief from responsibility. --** The
1-12 chief fire official of any city, town or fire district shall have the power within his or her
1-13 jurisdiction to grant waivers from the provisions of section 23-27.3 and shall be held harmless in
1-14 life manner as set forth in section 23-28.3-11. {add}
1-15 SECTION 3. This act shall take effect upon passage.

voting check off graphic

MOTION: To find 13 H 5593 AN ACT RELATING TO HEALTH AND SAFETY -- STATE BUILDING CODE harmful AP/KHe Passed, Abstained LD, HD, PP, LW

Professional Standards

13 H 5539 & 13 S 0458 ACTS RELATING TO CRIMINAL PROCEDURE - NATIONAL CRIMINAL RECORDS CHECK SYSTEM

Rep. Naughton Requested by the Attorney General, in House Finance Committee
Sen. McCaffrey Requested by the Attorney General, in Senate Judiciary Committee
These acts would expand the type of criminal records check required for persons applying to be routine contact patient employees in a long-term facility or provider. The employee, through the employer, shall apply to the bureau of criminal identification of the department of the attorney general for a national criminal records check. In those situations in which no disqualifying information has been found, the bureau of criminal identification department of the attorney general shall inform the applicant and the employer in writing of this fact.
This act would take effect on July 1, 2013.

2013 -- S 0458
A N A C T
RELATING TO CRIMINAL PROCEDURE - NATIONAL CRIMINAL RECORDS CHECK SYSTEM

Introduced By: Senators McCaffrey, Felag, and Walaska
Date Introduced: February 28, 2013
Referred To: Senate Judiciary

It is enacted by the General Assembly as follows:

1-1 SECTION 1. Title 12 of the General Laws entitled "CRIMINAL PROCEDURE" is
1-2 hereby amended by adding thereto the following chapter:
1-3 {add}CHAPTER 1.6
1-4 NATIONAL CRIMINAL RECORDS CHECK SYSTEM

1-5 **12-1.6-1. Automated fingerprint identification system database. --** The department of
1-6 attorney general may establish and maintain an automated fingerprint identification system
1-7 database that would allow the department to store and maintain all fingerprints submitted in
1-8 accordance with the national criminal records check system. The automated fingerprint
1-9 identification system database would provide for an automatic notification if, and when, a
1-10 subsequent criminal arrest fingerprint card is submitted to the system and matches a set of
1-11 fingerprints previously submitted in accordance with a national criminal records check. If the
1-12 aforementioned arrest results in a conviction, the department shall immediately notify those
1-13 individuals and entities with which that individual is associated and who are required to be
1-14 notified of disqualifying information concerning national criminal records checks as provided in
1-15 the general laws. The information in the database established under this section is confidential
1-16 and not subject to disclosure under the access to public records act, chapter 2 of title 38 of the
1-17 general laws.
1-18 **12-1.6-2. Long-term health care workers. --** The department of the attorney general
1-19 shall maintain an electronic web-based system to assist facilities, licensed under chapters 23-17,
2-1 23-17.4, 23-17.7.1 or section 23-1-52, required to check relevant registries and conduct national
2-2 criminal records checks of routine contact patient employees. The department of the attorney
2-3 general shall provide for an automated notice, as authorized in section 12-1.6-1, to those facilities
2-4 if a routine contact patient employee is subsequently convicted of a disqualifying offense, as
2-5 described in the relevant licensing statute. The department of the attorney general may charge a
2-6 facility a one-time set up fee of up to one hundred dollars ($100) for access to the electronic web-
2-7 based system under this section.
2-8 **12-1.6-3. Immunity from liability. --** The department of attorney general, the
2-9 department of health, or an employer who disqualifies an applicant from employment or
2-10 continued employment on the basis of a disqualification notice as described in section 12-1.6-2 or
2-11 of a national criminal records check relating to disqualifying information shall not be liable for
2-12 civil damages or subject to any claim, demand, cause of action, or proceeding of any nature as a
2-13 result of the disqualification.
2-14 **12-1.6-4. Rules and regulations. -** The department of attorney general may promulgate
2-15 rules and regulations to carry out the intent of this chapter. {add}
2-16 SECTION 2. Section 23-1-52 of the General Laws in Chapter 23-1 entitled "Department
2-17 of Health" is hereby amended to read as follows:
2-18 **23-1-52. Adult day care program licensure. -** (a) The director is authorized and
2-19 directed to establish a program for the licensure of adult day care programs. "Adult day care
2-20 program" shall mean a comprehensive, nonresidential program designed to address the biological,
2-21 psychological, and social needs of adults through individual plans of care that incorporate, as
2-22 needed, a variety of health, social and related support services in a protective setting. The director
2-23 is further authorized to promulgate regulations as he or she deems necessary to implement these
2-24 provisions.
2-25 {add} (b) Any person seeking employment in any adult day care facility licensed herein and
2-26 having routine contact with an adult day care client or having access to such a client's belongings
2-27 or funds shall undergo a national criminal records check, which shall include fingerprints
2-28 submitted to the federal bureau of investigation (FBI) by the bureau of criminal identification of
2-29 the department of the attorney general or a designated vendor approved by the department of the
2-30 attorney general. The national criminal records check shall be processed prior to or within one
2-31 week of employment. All persons who, as of July 1, 2013, are already employed by an adult day
2-32 care facility and all persons who, as of such date, already provide services under this section shall
2-33 be exempted from the requirements of this section for purposes of their current employment only.
2-34 All persons required to undergo a national criminal records check under this section shall not be
3-1 required to comply with the provisions of this section if they provide their potential employer
3-2 with evidence that they have undergone a national criminal records check in the preceding three
3-3 (3) years, but not before July 1, 2013, and they may request from the bureau of criminal
3-4 identification a letter indicating if any disqualifying information was discovered.
3-5 (1) The director may by rule, identify those positions requiring national criminal records
3-6 checks. The employee, through the employer, shall apply to the bureau of criminal identification
3-7 of the department of the attorney general for a national criminal records check. Upon the
3-8 discovery of any disqualifying information as defined in subsection 23-1-52(c) and in accordance
3-9 with rules promulgated by the director, the bureau of criminal identification of the department of
3-10 the attorney general shall inform the applicant in writing of the nature of the disqualifying
3-11 information; and, without disclosing the nature of the disqualifying information, shall notify the
3-12 employer in writing that disqualifying information has been discovered.

3-13 (2) An employee against whom disqualifying information has been found may provide a
3-14 copy of the national criminal records check to the employer. The employer shall make a judgment
3-15 regarding the continued employment of the employee.
3-16 (3) In those situations in which no disqualifying information has been found, the bureau
3-17 of criminal identification of the department of the attorney general shall inform the applicant and
3-18 the employer in writing of this fact.
3-19 (4) The employer shall maintain on file, subject to inspection by the department of health,
3-20 evidence that statewide criminal records checks have been initiated on all employees seeking
3-21 employment between January 1, 2008 and June 30, 2013, and the results of the checks. The
3-22 employer shall maintain on file, subject to inspection by the department, evidence that national
3-23 criminal records checks have been initiated on all employees seeking employment on or after July
3-24 1, 2013, and the results of those checks. Failure to maintain that evidence may be grounds to
3-25 revoke the license or registration of the employer.
3-26 (5) The employee shall be responsible for the cost of conducting the national criminal
3-27 records check through the bureau of criminal identification of the department of the attorney
3-28 general or a vendor designated by the department of the attorney general.
3-29 (c) Information produced by a national criminal records check pertaining to conviction,
3-30 for the following crimes will result in a letter to the employee and employer disqualifying the
3-31 applicant from employment: murder, voluntary manslaughter, involuntary manslaughter, first
3-32 degree sexual assault, second degree sexual assault, third degree sexual assault, assault on persons
3-33 sixty (60) years of age or older, assault with intent to commit specified felonies (murder, robbery,
3-34 rape, burglary, or the abominable and detestable crimes against nature), felony assault, patient
4-1 abuse, neglect or mistreatment of patients, burglary, first degree arson, robbery, felony drug
4-2 offenses, felony obtaining money under false pretenses, felony embezzlement, abuse, neglect
4-3 and/or exploitation of adults with severe impairments, exploitation of elders, felony larceny, or
4-4 felony banking law violations, or a crime under section 1128(a) of the Social Security Act (42
4-5 U.S.C. section 1320a-7(a)). An employee against whom disqualifying information has been found
4-6 may provide a copy of the national criminal records check to the employer who shall make a
4-7 judgment regarding the continued employment of the employee. For purposes of this subsection,
4-8 "conviction" means, in addition to judgments of conviction entered by a court subsequent to a
4-9 finding of guilty or a plea of guilty, those instances where the defendant has entered a plea of
4-10 nolo contendere and has received a sentence of probation and those instances where a defendant
4-11 has entered into a deferred sentence agreement with the attorney general. {add}
4-12 SECTION 3. Sections 23-17-34 and 23-17-37 of the General Laws in Chapter 23-17
4-13 entitled "Licensing of Health Care Facilities" are hereby amended to read as follows:
4-14 **23-17-34. Criminal records review -- Nursing facilities -- Home nursing care**
4-15 **providers and home care providers. --** (a) Any person seeking employment in a nursing facility,
4-16 a home nursing care provider, {add}hospice provider{add} or a home care provider which is or is required to
4-17 be licensed, registered or certified with the department of health if that employment involves
4-18 routine contact with a patient or resident without the presence of other employees, shall undergo a
4-19 {add}national{add} criminal {delete}~~background~~{delete} {add}records{add} check{add} which shall include fingerprints submitted to the
4-20 federal bureau of investigation (FBI) by the bureau of criminal identification of the department of
4-21 the attorney general or a designated vendor approved by the department of the attorney general.
4-22 The national criminal records check shall{add} ~~to~~ be initiated prior to or within one week of
4-23 employment. {delete}~~All employees hired prior to the enactment of this section shall be exempted from~~
4-24 ~~the requirements of this section.~~ {delete} {add}All persons who, as of July 1, 2013, are already employed by a
4-25 covered facility or provider and all persons who, as of such date, already provide services under
4-26 this chapter shall be exempted from the requirements of this section for purposes of their current
4-27 employment only. All persons required to undergo a national criminal records check under this
4-28 section shall not be required to comply with the provisions of this section if they provide their
4-29 potential employer with evidence that they have undergone a national criminal records check in
4-30 the preceding three (3) years, but not before July 1, 2013, and they may request from the bureau
4-31 of criminal identification a letter indicating if any disqualifying information was discovered. {add}
4-32 (b) The director of the department of health may by rule identify those positions requiring
4-33 criminal {delete}~~background~~{delete}{add} records{add} checks. The identified employee, through the employer, shall apply
4-34 to the bureau of criminal identification of the{delete} ~~state police or local police~~{delete} department {add}of the
5-1 attorney general{add} for a {delete}~~statewide~~{delete} {add}national{add} criminal records check. {delete}~~Fingerprinting shall not be~~
5-2 ~~required.~~ {delete}Upon the discovery of any disqualifying information as defined in section 23-17-37 and

5-3 in accordance with the rule promulgated by the director of health, the bureau of criminal
5-4 identification of the {delete}~~state police or the local police~~{delete} department {add}of the attorney general{add} will inform
5-5 the applicant, in writing, of the nature of the disqualifying information; and, without disclosing
5-6 the nature of the disqualifying information, will notify the employer, in writing, that disqualifying
5-7 information has been discovered.
5-8 (c) An employee against whom disqualifying information has been found may {add}provide{add}
5-9 {delete}~~request that a~~{delete} copy of the {add}national{add} criminal {add}records check{add}{delete} ~~background report be sent~~{delete} to the
5-10 employer who shall make a judgment regarding the continued employment of the employee.
5-11 (d) In those situations in which no disqualifying information has been found, the bureau
5-12 of criminal identification of the{delete} ~~state police or the local police~~{delete} department of the attorney general
5-13 shall inform the applicant and the employer, in writing, of this fact.
5-14 (e) The employer shall maintain on file, subject to inspection by the department of
5-15 health, evidence that {add}statewide{add} criminal records checks have been initiated on all employees
5-16 seeking employment{delete} ~~after~~{delete} {add}between{add} October 1, 1991 {add}and June 30, 2013{add}, and the results of the
5-17 checks. {add}The employer shall maintain on file, subject to inspection by the department of health,
5-18 evidence that national criminal records checks have been initiated on all employees seeking
5-19 employment on or after July 1, 2013, and the results of those checks. {add} Failure to maintain that
5-20 evidence would be grounds to revoke the license or registration of the employer.
5-21 (f) {delete}~~It shall be the responsibility of the bureau of criminal identification of the state police~~
5-22 ~~or the local police department to conduct the criminal records check to the applicant for~~
5-23 ~~employment without charge to either the employee or the employer.~~ {delete} {add}The employee shall be
5-24 responsible for the cost of conducting the national criminal records check through the bureau of
5-25 criminal identification of the department of the attorney general or a vendor designated by the
5-26 department of the attorney general. {add}
5-27 **23-17-37. Disqualifying information. --** (a) Information produced by a criminal records
5-28 review pertaining to conviction, for the following crimes will result in a letter to the employee
5-29 and employer disqualifying the applicant from employment: murder, voluntary manslaughter,
5-30 involuntary manslaughter, first degree sexual assault, second degree sexual assault, third degree
5-31 sexual assault, assault on persons sixty (60) years of age or older, assault with intent to commit
5-32 specified felonies (murder, robbery, rape, burglary, or the abominable and detestable crime
5-33 against nature) felony assault, patient abuse, neglect or mistreatment of patients, burglary, first
5-34 degree arson, robbery, felony drug offenses, {delete}~~larceny, or felony banking law violations~~{delete} {add}felony
6-1 obtaining money under false pretenses, felony embezzlement, abuse, neglect and/or exploitation
6-2 of adults with severe impairments, exploitation of elders, or a crime under section 1128(a) of the
6-3 social security act (42 U.S.C. section 1320a-7(a)) {add}. An employee against whom disqualifying
6-4 information has been found may {delete}~~request that~~{delete} a copy of the {add}national{add} criminal {delete}~~background report be~~{delete}
6-5 ~~sent~~ {add}records check{add} to the employer who shall make a judgment regarding the continued
6-6 employment of the employee.
6-7 (b) For purposes of this section, "conviction" means, in addition to judgments of
6-8 conviction entered by a court subsequent to a finding of guilty or a plea of guilty, those instances
6-9 where the defendant has entered a plea of nolo contendere and has received a sentence of
6-10 probation and those instances where a defendant has entered into a deferred sentence agreement
6-11 with the attorney general.
6-12 SECTION 4. Chapter 23-17 of the General Laws entitled "Licensing of Health Care
6-13 Facilities" is hereby amended by adding thereto the following section:
6-14 {add}**23-17-60. Criminal records review - long-term care hospital. -** (a) For the purposes of
6-15 this section, a "long-term care hospital" shall mean a facility as described in 42 U.S.C. section
6-16 1395ww(d)(1)(iv), which receives payment for inpatient services it provides to Medicare
6-17 beneficiaries pursuant to 42 U.S.C. section 1395ww(m).
6-18 (b) Any person seeking employment in any long-term care hospital having routine
6-19 contact with a long-term care hospital patient or having access to such a patient's belongings or
6-20 funds shall undergo a national criminal records check, which shall include fingerprints submitted
6-21 to the federal bureau of investigation (FBI) by the bureau of criminal identification of the
6-22 department of the attorney general or a designated vendor approved by the department of the
6-23 attorney general. The national criminal records check shall be processed prior to or within one
6-24 week of employment. All persons who, as of July 1, 2013, are already employed by a long-term
6-25 care hospital and all persons who, as of such date, already provide services under this section

6-26 shall be exempted from the requirements of this section for purposes of their current employment
6-27 only. All persons required to undergo a national criminal records check under this section shall
6-28 not be required to comply with the provisions of this section if they provide their potential
6-29 employer with evidence that they have undergone a national criminal records check in the
6-30 preceding three (3) years, but not before July 1, 2013, and they may request from the bureau of
6-31 criminal identification a letter indicating if any disqualifying information was discovered.
6-32 (1) The director may by rule identify those positions requiring national criminal records
6-33 checks. The employee, through the employer, shall apply to the bureau of criminal identification
6-34 of the department of the attorney general for a national criminal records check. Upon the
7-1 discovery of any disqualifying information as defined in subsection 23-17-60(c) and in
7-2 accordance with the rule promulgated by the director, the bureau of criminal identification of the
7-3 department of the attorney general shall inform the applicant in writing of the nature of the
7-4 disqualifying information; and, without disclosing the nature of the disqualifying information,
7-5 shall notify the employer in writing that disqualifying information has been discovered.
7-6 (2) An employee against whom disqualifying information has been found may provide a
7-7 copy of the national criminal records report to the employer. The employer shall make a judgment
7-8 regarding the continued employment of the employee.
7-9 (3) In those situations in which no disqualifying information has been found, the bureau
7-10 of criminal identification of the department of the attorney general shall inform the applicant and
7-11 the employer in writing of this fact.
7-12 (4) The employer shall maintain on file, subject to inspection by the department, evidence
7-13 that statewide criminal records checks have been initiated on all employees seeking employment
7-14 between October 1, 1991 and June 30, 2013, and the results of the checks. The employer shall
7-15 maintain on file, subject to inspection by the department, evidence that national criminal records
7-16 checks have been initiated on all employees seeking employment on or after July 1, 2013, and the
7-17 results of those checks. Failure to maintain that evidence would be grounds to revoke the license
7-18 or registration of the employer.
7-19 (5) The employee shall be responsible for the cost of conducting the national criminal
7-20 records check through the bureau of criminal identification of the department of the attorney
7-21 general or a vendor designated by the department of the attorney general.
7-22 (c) Information produced by a national criminal records check pertaining to conviction,
7-23 for the following crimes will result in a letter to the employee and employer disqualifying the
7-24 applicant from employment: murder, voluntary manslaughter, involuntary manslaughter, first
7-25 degree sexual assault, second degree sexual assault, third degree sexual assault, assault on persons
7-26 sixty (60) years of age or older, assault with intent to commit specified felonies (murder, robbery,
7-27 rape, burglary, or the abominable and detestable crimes against nature), felony assault, patient
7-28 abuse, neglect or mistreatment of patients, burglary, first degree arson, robbery, felony drug
7-29 offenses, felony obtaining money under false pretenses, felony embezzlement, abuse, neglect
7-30 and/or exploitation of adults with severe impairments, exploitation of elders, felony larceny, or
7-31 felony banking law violations, or a crime under section 1128(a) of the Social Security Act (42
7-32 U.S.C. section 1320a-7(a)). An employee against whom disqualifying information has been found
7-33 may provide a copy of the national criminal records check to the employer who shall make a
7-34 judgment regarding the continued employment of the employee. For purposes of this subsection,
8-1 "conviction" means, in addition to judgments of conviction entered by a court subsequent to a
8-2 finding of guilty or a plea of guilty, those instances where the defendant has entered a plea of
8-3 nolo contendere and has received a sentence of probation and those instances where a defendant
8-4 has entered into a deferred sentence agreement with the attorney general. {add}
8-5 SECTION 5. Sections 23-17.4-27 and 23-17.4-30 of the General Laws in Chapter 23-
8-6 17.4 entitled "Assisted Living Residence Licensing Act" are hereby amended to read as follows:
8-7 **23-17.4-27. Criminal records review. --** (a) Any person seeking employment in any
8-8 assisted living residence licensed under this act and having routine contact with a resident or
8-9 having access to a resident's belongings or funds shall undergo a {add}national{add} criminal
{delete}background{delete}
8-10 {add}records{add} check to {add}which shall include fingerprints submitted to the federal bureau of investigation
8-11 (FBI) by the bureau of criminal identification of the department of the attorney general or a
8-12 designated vendor approved by the department of the attorney general. The national criminal
8-13 records check shall{add} be processed prior to or within one week of employment. {delete}All employees hired
8-14 prior to the enactment of this section shall be exempted from the requirements of this section.{delete} {add}All
8-15 persons who, as of July 1, 2013, are already employed by an assisted living residence and all
8-16 persons who, as of such date, already provide services under this chapter, shall be exempted from
8-17 the requirements of this section for purposes of their current employment only. All persons

required to undergo a national criminal records check under this section shall not be required to comply with the provisions of this section if they provide their potential employer with evidence that they have undergone a national criminal records check in the preceding three (3) years, but not before July 1, 2013, and they may request from the bureau of criminal identification a letter indicating if any disqualifying information was discovered.{add}

(b) The director of the department of health may by rule identify those positions requiring {add}national{add} criminal{delete} background{delete} {add}records{add} checks. The employee, through the employer, shall apply to the bureau of criminal identification of the {delete}state police or local police{delete} department {add}of the attorney general{add} for a {delete}statewide{delete} {add}national {add}criminal records check. {delete}Fingerprinting shall not be required.{delete} Upon the discovery of any disqualifying information as defined in section 23-17.4-30 and in accordance with the rule promulgated by the director of health, the bureau of criminal identification of the {delete}state police or the local police{delete} department {add}of the attorney general{add} will inform the applicant in writing of the nature of the disqualifying information; and, without disclosing the nature of the disqualifying information, will notify the employer in writing that disqualifying information has been discovered.

(c) An employee against whom disqualifying information has been found may {delete}request that{delete} {add}provide{add} a copy of the {add}national{add} criminal {delete}background report be sent{delete} {add}records check{add} to the employer. The administrator shall make a judgment regarding the continued employment of the employee.

(d) In those situations in which no disqualifying information has been found, the bureau of criminal identification (BCI) of the {delete}state police or the local police{delete} {add}department of the attorney general {add}shall inform the applicant and the employer in writing of this fact.

(e) The employer shall maintain on file, subject to inspection by the department of health, evidence that {add}statewide national{add} criminal records checks have been initiated on all employees seeking employment {add}between{add} {delete}after{delete} October 1, 1991 {add}and June 30, 2013{add}, and the results of the checks. {add}The employer shall maintain on file, subject to inspection by the department of health, evidence that national criminal records checks have been initiated on all employees seeking employment on or after July 1, 2013, and the results of those checks.{add} Failure to maintain that evidence would be grounds to revoke the license or registration of the employer.{delete} (f) It shall be the responsibility of the bureau of criminal identification (BCI) of the state police or the local police department to conduct the criminal records check to the applicant for employment without charge to either the employee or employer.{delete}{add}The employee shall be responsible for the cost of conducting the national criminal records check through the bureau of criminal identification of the department of the attorney general or a vendor designated by the department of the attorney general.{add}

23-17.4-30. Disqualifying information. -- (a) Information produced by a criminal records review pertaining to conviction, for the following crimes will result in a letter to the employee and employer disqualifying the applicant from employment: murder, voluntary manslaughter, involuntary manslaughter, first degree sexual assault, second degree sexual assault, third degree sexual assault, assault on persons sixty (60) years of age or older, assault with intent to commit specified felonies (murder, robbery, rape, burglary, or the abominable and detestable crime against nature) felony assault, patient abuse, neglect or mistreatment of patients, burglary, first degree arson, robbery, felony drug offenses,{add} felony obtaining money under false pretenses, felony embezzlement, abuse, neglect and/or exploitation of adults with severe impairments, exploitation of elders, felony{add}{delete} larceny or felony banking law violations{delete} or a crime under section 1128(a) of the social security act (42 U.S.C. section 1320a-7(a)). An employee against whom disqualifying information has been found{delete} may request{delete} that a copy of the criminal {delete}background report be sent{delete} {add}records check{add} to the employer who shall make a judgment regarding the continued employment of the employee.

(b) For purposes of this section, "conviction" means, in addition to judgments of conviction entered by a court subsequent to a finding of guilty or a plea of guilty, those instances where the defendant has entered a plea of nolo contendere and has received a sentence of probation and those instances where a defendant has entered into a deferred sentence agreement with the attorney general.

SECTION 6. Sections 23-17.7.1-17 and 23-17.7.1-20 of the General Laws in Chapter 23-17.7.1 entitled "Licensing of Nursing Service Agencies" are hereby amended to read as follows:

10-6 **23-17.7.1-17. Criminal records review. --** (a) Any person seeking employment in a
10-7 facility which is or is required to be licensed or registered with the department of health if that
10-8 employment involves routine contact with a patient or resident without the presence of other
10-9 employees, shall undergo a {add}national{add} criminal {delete}background{delete} {add}records{add} check, which shall {add}include
10-10 fingerprints submitted to the federal bureau of investigation (FBI) by the bureau of criminal
10-11 identification of the department of the attorney general or a designated vendor approved by the
10-12 department of the attorney general. The national criminal records check shall{add} be initiated prior to,
10-13 or within one week of, employment. {delete}All employees hired prior to the enactment of this section
10-14 shall be exempted from the requirements of this section.{delete} {add}All persons who, as of July 1, 2013, are
10-15 already employed by a covered facility and all persons who, as of such date, already provide
10-16 services under this chapter shall be exempt from the requirements of this section for purposes of
10-17 their current employment only. All persons required to undergo a national criminal records check
10-18 under this section shall not be required to comply with the provisions of this section if they
10-19 provide their potential employer with evidence that they have undergone a national criminal
10-20 records check in the preceding three (3) years, but not before July 1, 2013, and they may request
10-21 from the bureau of criminal identification a letter indicating if any disqualifying information was
10-22 discovered.{add}
10-23 (b) The director of the department of health may, by rule, identify those positions
10-24 requiring {add}national{add} criminal {delete}background{delete} {add}records{add} checks. The employee, through the employer,
10-25 shall apply to the bureau of criminal identification of the {delete}state police or local police{delete} department {add}of
10-26 the attorney general{add} for a {add}national{add {delete}statewide{delete} criminal records check. {delete}Fingerprinting shall not be
10-27 required. {delete}Upon the discovery of any disqualifying information as defined in section 23-17.7.1-20
10-28 and in accordance with the rule promulgated by the director of the department of health, the
10-29 bureau of criminal identification of the{delete}{delete}{delete} state police or the local police department {add}of the attorney
10-30 general {add}will inform the applicant, in writing, of the nature of the disqualifying information; and,
10-31 without disclosing the nature of the disqualifying information, will notify the employer, in
10-32 writing, that disqualifying information has been discovered.
10-33 (c) An employee against whom disqualifying information under section 23-17.7.1-20(b)
10-34 has been found may request that{delete} {add}provide{add} a copy of the {add}national{add} criminal {delete}background report be
11-1 sent{delete} {add}records check{add} to the employer who shall make a judgment regarding the continued
11-2 employment of the employee.
11-3 (d) In those situations in which no disqualifying information has been found, the bureau
11-4 of criminal identification of the {delete}state police or the local police{delete} {add}department of the attorney general {add}
11-5 shall inform the applicant and the employer, in writing, of this fact.
11-6 (e) The employer shall maintain on file, subject to inspection by the department of
11-7 health, evidence that criminal records checks have been initiated on all employees {add}seeking
11-8 employment between October 1, 1991 and June 30, 2013, and the results of the checks. The
11-9 employer shall maintain on file, subject to inspection by the department of health, evidence that
11-10 national criminal records checks have been initiated on all employees seeking employment on or
11-11 after July 1, 2013, and the results of those checks. {add} Failure to maintain that evidence would be
11-12 grounds to revoke the license or registration of the employer.
11-13 (f) {delete} It shall be the responsibility of the bureau of criminal identification of the state police
11-14 or the local police department to conduct the criminal records check to the applicant for
11-15 employment without charge to either the employee or the employer.{delete} {add}The employee shall be
11-16 responsible for the cost of conducting the national criminal records check through the bureau of
11-17 criminal identification of the department of the attorney general or a vendor designated by the
11-18 department of the attorney general. {add}
11-19 **23-17.7.1-20. Disqualifying information. --** (a) Information produced by a criminal
11-20 records review pertaining to conviction, for the following crimes will result in a letter to the
11-21 employee and employer disqualifying the applicant from the employment: murder, voluntary
11-22 manslaughter, involuntary manslaughter, first degree sexual assault, second degree sexual assault,
11-23 third degree sexual assault, assault on persons sixty (60) years of age or older, assault with intent
11-24 to commit specified felonies (murder, robbery, rape, burglary, or the abominable and detestable
11-25 crime against nature), felony assault, patient abuse, neglect or mistreatment of patients, first
11-26 degree arson, robbery, felony drug offenses, {delete}larceny, or felony banking law violations{delete} {add}felony

11-27 obtaining money under false pretenses, felony embezzlement, abuse, neglect, and/or exploitation
11-28 of adults with severe impairments, exploitation of elders, felony larceny, or felony banking law
11-29 violations or a crime under section 1128(a) of the social security act (42 U.S.C. section 1320a-
11-30 7(a)).{add}
11-31 (b) Information produced by a {add}national{add} criminal records {delete}review{delete} {add}check{add} pertaining to
11-32 convictions for crimes other than those listed in subsection (a) of this section shall entitle, but not
11-33 obligate the employer to decline to hire the applicant. An employee against whom conviction
11-34 information related to this subsection has been found may{delete} request that{delete} {add}provide{add} a copy of the
12-1 {add}national{add} criminal{delete} background report be sent{delete} {add}records check{add} to the employer who shall make a
12-2 determination regarding the continued employment of the employee.
12-3 (c) For purposes of this section "conviction" means, in addition to judgments of
12-4 conviction entered by a court subsequent to a finding of guilty or a plea of guilty, those instances
12-5 where the defendant has entered a plea of nolo contendere and has received a sentence of
12-6 probation and those instances where a defendant has entered into a deferred sentence agreement
12-7 with the attorney general.
12-8 SECTION 7. This act shall take effect on July 1, 2013.

voting check off graphic

MOTION: To find 13 H 5539 & 13 S 0458 ACTS RELATING TO CRIMINAL PROCEDURE - NATIONAL CRIMINAL RECORDS CHECK SYSTEM beneficial TF/CG Passed, Abstain PP, LD, KD

13 S 0461 & 13 H 5538 ACTS RELATING TO HUMAN SERVICES - PERSONAL CARE ATTENDANTS
Sen. McCaffrey Requested by the Attorney General, in Senate Judiciary Committee &

Rep. Naughton Requested by the Attorney General, in House Health, Education, & Welfare Committee
These acts would require registration of those individuals who provide personal care assistant services to a consumer. The personal care assistant must be certified by the Department of Health and Human Services within 30 days before they start working with their clients. A personal care assistant is a person who works with someone else by providing assistance in a variety of activities from cooking, cleaning, providing transportation to those who need it. This includes someone who has a physical or mental disability and is currently working with the Office of Rehabilitation Services.

2013 -- S 0461
A N A C T
RELATING TO HUMAN SERVICES - PERSONAL CARE ATTENDANTS

Introduced By: Senators McCaffrey, Felag, and Walaska
Date Introduced: February 28, 2013
Referred To: Senate Judiciary

It is enacted by the General Assembly as follows:

1-1 SECTION 1. Section 40-8.1-3 of the General Laws in Chapter 40-8.1 entitled "Personal
1-2 Care Attendant Program" is hereby amended to read as follows:
1-3 **40-8.1-3. Eligibility for services. --** Services available under this chapter may be
1-4 provided to any person who meets the following criteria:
1-5 (1) Has made application therefor to the director of the department of human services in
1-6 a manner prescribed by the director;
1-7 (2) Has a severe physical disability that caused the person to be unduly dependent, the
1-8 disability to be certified by the ~~division of vocational~~ {add}office of{add} rehabilitation {ADD}services{ADD}; and
1-9 (3) Has not sufficient income or resources to meet the cost of home care services, a
1-10 determination of insufficiency to be made by the division of vocational rehabilitation.
1-11 SECTION 2. Title 23 of the General Laws entitled "HEALTH AND SAFETY" is hereby
1-12 amended by adding thereto the following chapter:
1-13 {add}CHAPTER 88
1-14 PERSONAL CARE SERVICES
1-15 **23-88-1. Definitions. -** As used in this chapter:
1-16 (1) "Applicant" means a person applying with the department for a certificate of
1-17 registration as a personal care assistant.
1-18 (2) "Activities of daily living" means hands on assistance with activities of daily living

1-19 including, but not limited to, ambulation, transfer, toileting, and grooming.
2-20 (3) "Bureau of Criminal Identification" means the bureau of criminal identification of the
2-21 department of attorney general.
2-22 (4) "Companionship" includes, but is not limited to, spending time with or caring for a
2-23 consumer, accompanying a consumer on trips and outings, and providing necessary transportation
2-24 to a consumer.
2-25 (5) "Consumer" means an individual who receives self-directed personal assistant care
2-26 services, including, a participant in personal care assistant services provided pursuant to section
2-27 40-8.1-2 or a person who receives personal care assistant services through Medicaid, a third-party
2-28 payor, or paid for by the individual and/or his/her family. "Consumer" shall not include an
2-29 individual who receives services similar to personal care assistant services for no compensation.
2-30 (6) "Department" means the department of health.
2-31 (7) "Employer" means the consumer unless the personal care assistant is employed by a
2-32 third party, in such cases the third party is the employer.
2-33 (8) "Homemaking" means performing household chores that includes, but is not limited
2-34 to, housekeeping, meal planning and preparation, shopping assistance, and routine household
2-35 activities for a consumer.
2-36 (9) "Participant" means an individual approved by the department to receive self-directed
2-37 personal care assistant services.
2-38 (10) "Personal care assistant" means an individual with appropriate training who provides
2-39 personal care assistant services to a consumer.
2-40 (11) "Personal care assistant services" means assistance with activities of daily living,
2-41 homemaking, and companionship provided to a consumer that are intended to enable the
2-42 consumer to remain safely and comfortably in their residence. Personal care assistant services
2-43 does not include services provided by entities required to be licensed under the general laws
2-44 including, but not limited to: education facilities, title 16; health care facilities, chapter 23-17;
2-45 assisted living residences, chapter 23-17.4; nursing service agencies, chapter 23-17.7.1; and/or
2-46 behavioral healthcare, developmental disabilities and hospitals facilities, chapter 40.1-25.1.
2-47 (12) "Personal representative" means a person who, under applicable state law, has the
2-48 authority to act on behalf of the consumer with regard to an action to be taken.
2-49 (13) "Registrant" means the lawful holder of a certificate of registration as a personal
2-50 care assistant with the department.
2-51 (14) "Service plan" means a written list of the types and schedule of personal care
2-52 assistant services prepared by the personal care assistant, or his or her designee, updated to reflect
2-53 changes in needs or services as appropriate, but at least annually, that states the services to be
2-54 provided to the consumer subject to the consumer's right to temporarily suspend, permanently
3-1 terminate, temporarily add, or permanently add the provision of any such service.
3-2 **23-88-2. Rights of consumers. -** The department shall develop rights to be distributed to
3-3 the consumer within five (5) calendar days of the initiation of services to the consumer and
3-4 thereafter, on an annual basis. These rights include:
3-5 (1) The consumer's right to be free from verbal, physical and psychological abuse and to
3-6 be treated with dignity;
3-7 (2) The consumer's right to temporarily or permanently suspend, terminate, or add the
3-8 provision of any services stated in the service plan;
3-9 (3) The consumer's right to have property treated with respect;
3-10 (4) The consumer's right to voice grievances regarding services furnished or regarding
3-11 the lack of respect for property by anyone who is furnishing services and that the consumer must
3-12 not be subject to discrimination or reprisal for doing so;
3-13 (5) A statement that it is not within the scope of the services to manage the medical and
3-14 health conditions of the consumers;
3-15 (6) The charges for services provided by the personal care assistant; and
3-16 (7) The procedure and contact information to file a complaint with the department.
3-17 **23-88-3. Complaint Process.--** The department shall investigate complaints made by a
3-18 consumer, the consumer's family, or the personal representative regarding services that are or
3-19 have failed to be furnished or lack of respect for the consumer's property by the personal care
3-20 assistant. The department shall document the existence of the complaint and the resolution of the
3-21 complaint in accordance with the department's rules and regulations.
3-22 **23-88-4. Registration.--** (a) Every person being employed as a personal care assistant or
3-23 offering services as a personal care assistant must obtain a certificate of registration issued by the
3-24 department within their initial thirty (30) days of employment or of offering services.
3-25 (b) The department shall verify, prior to issuing a certificate of registration, that the

3-26 applicant underwent a national criminal records check in accordance with section 23-88-8 and
3-27 successfully completed the training program in accordance with section 23-88-7.
3-28 (c) The department shall register all those individuals issued a certificate of registration
3-29 and the register shall be open to public inspection.
3-30 (d) The department may charge a fee for registration or renewal of the certificate that
3-31 shall be established by rules and regulations promulgated pursuant to section 23-88-15 of this
3-32 chapter.
3-33 **23-88-5. Renewal of certificate of registration. --** Every registrant shall renew their
3-34 certificate of registration biennially by making application to the department. Such forms shall be
4-1 provided by the department. The renewals shall be granted as a matter of course provided that the
4-2 registrant has proof of successful completion of the continuing education requirements as
4-3 required by section 23-88-7. The department shall not automatically renew the certificate of
4-4 registration if the department finds that the registrant has acted or failed to act in a manner under
4-5 the circumstances that would constitute grounds for suspension or revocation of a certificate of
4-6 registration.
4-7 **23-88-6. Grandfather clause. --** After January 1, 2014 and at any time prior to March
4-8 31, 2014, the department shall issue a certificate of registration to any applicant who shall present
4-9 satisfactory evidence that he or she has been employed as a personal care assistant in Rhode
4-10 Island for a period of at least three hundred (300) hours and has undergone a national criminal
4-11 records check in accordance with section 23-88-8.
4-12 **23-88-7. Personal Care Assistant Training.--** (a) The department shall be responsible
4-13 for ensuring that all registrants have completed four (4) hours of initial training on personal care
4-14 assistant responsibilities and practices and two (2) hours of continuing education biennially
4-15 thereafter, as prescribed by the department. In addition to the four (4) hours of initial training,
4-16 each registrant shall receive individualized training on how to assist their consumer's needs.
4-17 (b) All applicants not otherwise exempted, under section 23-88-6, are required to
4-18 complete the process of training within thirty (30) days from the date of initiation of training. If
4-19 the applicant fails to successfully complete the training within ninety (90) days, he or she must
4-20 successfully repeat the training program.
4-21 **23-88-8. National Criminal Records Check. --** (a) Any person applying for a certificate
4-22 of registration as a personal care assistant shall undergo a national criminal records check to be
4-23 initiated prior to applying for a certificate of registration.
4-24 (b) The applicant shall apply to the bureau of criminal identification for a national
4-25 criminal records check that shall be supported by fingerprints submitted to the federal bureau of
4-26 investigation ("FBI"). Upon the discovery of any disqualifying information as defined in section
4-27 23-88-10, the bureau of criminal identification shall inform the applicant, in writing, of the nature
4-28 of the disqualifying information; and, without disclosing the nature of the disqualifying
4-29 information, will notify the department, in writing, that disqualifying information has been
4-30 discovered.
4-31 (c) In those situations in which no disqualifying information has been found, the bureau
4-32 of criminal identification shall inform the applicant and the department, in writing.
4-33 (d) It shall be the responsibility of the applicant to pay for the national criminal records
4-34 check.
5-1 **23-88-9. Prior criminal records checks.--** If an applicant has undergone a national
5-2 criminal records check within eighteen (18) months of an application for a certificate of
5-3 registration, then an applicant may request from the bureau of criminal identification a letter
5-4 indicating if any disqualifying information was discovered. The bureau of criminal identification
5-5 shall respond without disclosing the nature of the disqualifying information. The letter may be
5-6 maintained on file to satisfy the requirements of this chapter.
5-7 **23-88-10. Disqualifying information.--** (a) Information produced by a national criminal
5-8 records check pertaining to a conviction, for the following crimes, shall result in a letter to the
5-9 applicant and the department disqualifying the applicant from a certificate of registration: murder,
5-10 manslaughter, first degree sexual assault, second degree sexual assault, third degree sexual
5-11 assault, assault on persons sixty (60) years of age or older, assault with intent to commit specified
5-12 felonies (murder, robbery, rape, burglary, or the abominable and detestable crime against nature),
5-13 felony assault, patient abuse, neglect or mistreatment of patients, first degree arson, robbery,
5-14 felony drug offenses, larceny, abuse, neglect and/or exploitation of adults with severe
5-15 impairments, fraud and false dealing, theft, embezzlement, false pretenses, misappropriation,
5-16 impersonation and identity fraud, exploitation of elders, or felony banking law violations.
5-17 (b) For purposes of this section "conviction" means, in addition to judgments of
5-18 conviction entered by a court subsequent to a finding of guilty or a plea of guilty, those instances

5-19 where the defendant has entered a plea of nolo contendere and has received a sentence of
5-20 probation and those instances where a defendant has entered into a deferred sentence agreement
5-21 with the attorney general.
5-22 **23-88-11. Denial, suspension, or revocation of a certificate of registration.--** The
5-23 department, after notice and opportunity for a hearing to the applicant or registrant, is authorized
5-24 to deny, suspend, or revoke a certificate of registration in any case in which it finds that there has
5-25 been failure to comply with the requirements under this chapter and the rules and regulations
5-26 promulgated thereto or the registrant has been convicted of a disqualifying offense provided in
5-27 section 23-88-10. The notice shall be effected by registered or certified mail or by personal
5-28 service, setting forth the particular reasons for the proposed action and fixing a date not less than
5-29 thirty (30) days from the date of the mailing or service, at which time the applicant or registrant
5-30 shall be given an opportunity for a prompt and fair hearing, On the basis of the hearing, or upon
5-31 the failure of the applicant or registrant to appear, the department shall make a determination
5-32 specifying its findings of fact and conclusions of law. A copy of the determination shall be sent
5-33 by registered or certified mail or served personally upon the applicant or registrant. The decision
5-34 denying, suspending, or revoking the certificate of registration shall become final thirty (30) days
6-1 after it is so mailed or served, unless the applicant or registrant, within the thirty (30) day period,
6-2 appeals the decision pursuant to section 42-35-15. The procedure governing hearings authorized
6-3 by this section shall be in accordance with sections 42-35-9 and 42-35-13 as contained in section
6-4 42-35-14. A full and complete record shall be kept of all proceedings, and all testimony shall be
6-5 reported but need not be transcribed unless the decision is appealed pursuant to section 42-35-15.
6-6 A copy or copies of the transcript may be obtained by an interested party on payment of the cost
6-7 of preparing the copy or copies. Witnesses may be subpoenaed by either party.
6-8 **23-88-12. Judicial review of certificate of registration action. --** Any person who has
6-9 exhausted all administrative remedies available to him or her within the department, and who is
6-10 aggrieved by a final decision of the department, is entitled to judicial review in accordance with
6-11 the provisions of sections 42-35-15 and 42-35-16.
6-12 **23-88-13. Immunity from liability.--** No person who disqualifies an individual from
6-13 employment or continued employment within thirty (30) days of receipt of a letter containing
6-14 disqualifying information as defined in section 23-88-10 or of a national criminal records check
6-15 relating to that information shall be liable for civil damages or subject to any claim, cause of
6-16 action, or proceeding of any nature as a result of the disqualification.
6-17 **23-88-14. Inspections and Investigations.--** The department may conduct any such
6-18 investigation and inspection as it deems necessary to assess compliance with this chapter and the
6-19 rules and regulations promulgated thereto. Wherever possible and practical, on-site reviews shall
6-20 be scheduled, in an effort so as to reduce the number of visits and the disruption to the personal
6-21 care assistant services. Investigations and inspections may occur when the consumer gives
6-22 consent including the direct observation of the provision of personal care assistant services.
6-23 Registrants shall make available to the department all books, records, policies and procedures, or
6-24 any other materials requested during the course of an investigation or inspection. Refusal to make
6-25 such materials available to the department shall be grounds for certificate of registration
6-26 revocation, or the imposition of any other penalty provided in the chapter.
6-27 **23-88-15. Rules and regulations.--** The department shall promulgate rules and
6-28 regulations to carry out the intent and purpose of this chapter.
6-29 **23-88-16. Penalties for violations. --** It shall be a misdemeanor punishable by a fine of
6-30 not more than one thousand dollars ($1,000) and/or by imprisonment for not more than one year
6-31 for any person to:
6-32 (1) Be employed as a personal care assistant or offer services as a personal care assistant
6-33 without a certificate of registration as required by this chapter;
7-34 (2) Practice as a personal care assistant during the time his or her certification of
7-35 registration issued under the provisions of this chapter is suspended or revoked; or
7-36 (3) Obtain his or her certification of registration by means of fraud, misrepresentation, or
7-37 concealment of material facts.
7-38 **23-88-17. Severability.--** If any provision of this chapter or the application of any
7-39 provision of this chapter to any person or circumstance shall be held invalid, the invalidity shall
7-40 not affect the provisions or application of this chapter which can be given effect without the
7-41 invalid provisions or application, and to this end the provisions of this chapter are declared
7-42 severable.{add}
7-43 SECTION 3. This act shall take effect on January 1, 2014.

☑ voting check off graphic

MOTION: To find 13 S 0461 & 13 H 5538 ACTS RELATING TO HUMAN SERVICES - PERSONAL CARE ATTENDANTS harmful unless amended to address the cost of registration, the training should be provided by the consumer, the only general training should be an orientation to self-directed care & the cost of that orientation/training, and the final decision to hire, should be the consumer's. AS/TF passed, Nay KH, Abstain PP, LD, KD

13 H 5312 RELATING TO TAXATION -- IMAGING SERVICES SURCHARGE

Rep. Giarrusso, in House Finance Committee

This act would repeal section 44-65-3 of the general laws in chapter 44-65 entitled, "Imaging Services Surcharge."

This act would take effect upon passage.

13 H 5312

A N A C T

RELATING TO TAXATION -- IMAGING SERVICES SURCHARGE

Introduced By: Representatives Giarrusso, McLaughlin, Carnevale, Ackerman, and Costa
Date Introduced: February 07, 2013
Referred To: House Finance

It is enacted by the General Assembly as follows:

1-1 SECTION 1. Section 44-65-3 of the General Laws in Chapter 44-65 entitled "Imaging
1-2 Services Surcharge" is hereby repealed.
1-3 {delete} ~~**44-65-3. Imposition of surcharge. --** A surcharge shall be imposed upon the net patient~~
1-4 ~~revenue received by every provider in each month at a rate of two percent (2.0%). Every provider~~
1-5 ~~shall pay the monthly surcharge no later than the twenty-fifty (25th) day of each month following~~
1-6 ~~the month of receipt of net patient services revenue. This surcharge shall be in addition to any~~
1-7 ~~other fees or assessments upon the provider allowable by law.~~ {delete}
1-8 SECTION 2. This act shall take effect upon passage.

☑ voting check off graphic

MOTION: To find 13 H 5312 AN ACT RELATING TO TAXATION -- IMAGING SERVICES SURCHARGE beneficial AP/RCa In favor KH & AP, Did not pass, Abstained LD, KD, PP

Health Insurance

13 H 5354 AN ACT RELATING TO INSURANCE - ORALLY ADMINISTERED ANTICANCER MEDICATION

Rep. Amore, in House Corporations Committee

This act would require insurance coverage for prescribed, orally administered anticancer medication just as there is coverage for administered through or within the veins of the body.

This act would take effect upon passage.

13 H 5354

A N A C T

RELATING TO INSURANCE - ORALLY ADMINISTERED ANTICANCER MEDICATION

Introduced By: Representatives Amore, Kazarian, Melo, Valencia, and Ackerman
Date Introduced: February 12, 2013
Referred To: House Corporations

It is enacted by the General Assembly as follows:

1-1 SECTION 1. Chapter 27-18 of the General Laws entitled "Accident and Sickness

1-2 Insurance Policies" is hereby amended by adding thereto the following section:
1-3 {add}**27-18-79. Orally administered anticancer medication - Coverage mandated. --** Every
1-4 individual or group hospital or medical expense, insurance policy or individual or group hospital
1-5 or medical services plan contract, plan or certificate of insurance delivered, issued for delivery, or
1-6 renewed in this state shall provide coverage for prescribed, orally administered anticancer
1-7 medications used to kill or slow the growth of cancerous cells on a basis no less favorable than
1-8 intravenously administered or injected cancer medications that are covered as medical benefits.
1-9 An increase in patient cost sharing for anticancer medications shall not be allowed to achieve
1-10 compliance with this section.{add}
1-11 SECTION 2. Chapter 27-19 of the General Laws entitled "Individual Health Insurance
1-12 Coverage" is hereby amended by adding thereto the following section:
1-13 {add} **27-19-70. Orally administered anticancer medication – Coverage mandated. --** Every
1-14 individual or group hospital or medical expense, insurance policy or individual or group hospital
1-15 or medical services plan contract, plan or certificate of insurance delivered, issued for delivery, or
1-16 renewed in this state shall provide coverage for prescribed, orally administered anticancer
1-17 medications used to kill or slow the growth of cancerous cells on a basis no less favorable than
1-18 intravenously administered or injected cancer medications that are covered as medical benefits.
1-19 An increase in patient cost sharing for anticancer medications shall not be allowed to achieve
1-20 compliance with this section.{add}
2-1 SECTION 3. Chapter 27-20 of the General Laws entitled "Nonprofit Medical Service
2-2 Corporations" is hereby amended by adding thereto the following section:
2-3 {add}**27-20-66. Orally administered anticancer medication – Coverage mandated. --** Every
2-4 individual or group hospital or medical expense, insurance policy or individual or group hospital
2-5 or medical services plan contract, plan or certificate of insurance delivered, issued for delivery, or
2-6 renewed in this state shall provide coverage for prescribed, orally administered anticancer
2-7 medications used to kill or slow the growth of cancerous cells on a basis no less favorable than
2-8 intravenously administered or injected cancer medications that are covered as medical benefits.
2-9 An increase in patient cost sharing for anticancer medications shall not be allowed to achieve
2-10 compliance with this section.{add}
2-11 SECTION 4. Chapter 27-41 of the General Laws entitled "Health Maintenance
2-12 Organizations" is hereby amended by adding thereto the following section:
2-13 {add}**27-41-83. Orally administered anticancer medication – Coverage mandated. –**
2-14 Every individual or group hospital or medical expense, insurance policy or individual or group
2-15 hospital or medical services plan contract, plan or certificate of insurance delivered, issued for
2-16 delivery, or renewed in this state shall provide coverage for prescribed, orally administered
2-17 anticancer medications used to kill or slow the growth of cancerous cells on a basis no less
2-18 favorable than intravenously administered or injected cancer medications that are covered as
2-19 medical benefits. An increase in patient cost sharing for anticancer medications shall not be
2-20 allowed to achieve compliance with this section.{add}
2-21 SECTION 5. This act shall take effect upon passage.

voting check off graphic

MOTION: To find13 H 5354 AN ACT RELATING TO INSURANCE - ORALLY ADMINISTERED ANTICANCER MEDICATION beneficial RCa/CG passed, Abstain LW, PP, LD, KD

13 H 5590 AN ACT RELATING TO HEALTH AND SAFETY -- UTILIZATION REVIEW

Rep. Keable, in House Corporations Committee
This act would reduce the time required for the approval of prescription drug coverage and would provide that failure to comply within the deadline, the result is an automatic approval of the request.

13 H 5590
A N A C T
RELATING TO HEALTH AND SAFETY -- UTILIZATION REVIEW

Introduced By: Representatives Keable, Johnston, Cimini, and Kazarian
Date Introduced: February 27, 2013
Referred To: House Corporations

It is enacted by the General Assembly as follows:

1-1 SECTION 1. Section 23-17.12-9 of the General Laws in Chapter 23-17.12 entitled
1-2 "Health Care Services - Utilization Review Act" is hereby amended to read as follows:
1-3 **23-17.12-9. Review agency requirement for adverse determination and internal**
1-4 **appeals. --** (a) The adverse determination and appeals process of the review agent shall conform
1-5 to the following:
1-6 (1) Notification of a prospective adverse determination by the review agent shall be
1-7 mailed or otherwise communicated to the provider of record and to the patient or other
1-8 appropriate individual as follows:
1-9 (i) Within fifteen (15) business days of receipt of all the information necessary to
1-10 complete a review of non-urgent and/or non-emergent services{add}, exclusive of prescriptions{add};
1-11 (ii) Within seventy-two (72) hours of receipt of all the information necessary to complete
1-12 a review of urgent and/or emergent services{add}, exclusive of prescriptions{add}; {delete}~~and~~{delete}
1-13 {add} (iii) Within forty-eight (48) hours of receipt of all the information necessary to complete
1-14 a review of non-urgent and/or non-emergent prescriptions, provided further, that the failure to
1-15 comply within said forty-eight (48) hours of receipt shall result in automatic approval;
1-16 (iv) Within two (2) hours of receipt of all the information necessary to complete a review
1-17 of urgent and/or emergent prescriptions; provided further, that the failure to comply within said
1-18 two (2) hours of receipt shall result automatic approval; {add}
1-19 {delete} ~~(iii)~~ {delete} {add} (v) {add} Prior to the expected date of service.
2-20 (2) Notification of a concurrent adverse determination shall be mailed or otherwise
2-21 communicated to the patient and to the provider of record period as follows:
2-22 (i) To the provider(s) prior to the end of the current certified period; and
2-23 (ii) To the patient within one business day of making the adverse determination.
2-24 (3) Notification of a retrospective adverse determination shall be mailed or otherwise
2-25 communicated to the patient and to the provider of record within thirty (30) business days of
2-26 receipt of a request for payment with all supporting documentation for the covered benefit being
2-27 reviewed.
2-28 (4) A utilization review agency shall not retrospectively deny authorization for health
2-29 care services provided to a covered person when an authorization has been obtained for that
2-30 service from the review agent unless the approval was based upon inaccurate information
2-31 material to the review or the health care services were not provided consistent with the provider's
2-32 submitted plan of care and/or any restrictions included in the prior approval granted by the review
2-33 agent.
2-34 (5) Any notice of an adverse determination shall include:
2-35 (i) The principal reasons for the adverse determination, to include explicit documentation
2-36 of the criteria not met and/or the clinical rationale utilized by the agency's clinical reviewer in
2-37 making the adverse determination. The criteria shall be in accordance with the agency criteria
2-38 noted in subsection 23-17.12-9(d) and shall be made available within the first level appeal
2-39 timeframe if requested unless otherwise provided as part of the adverse determination notification
2-40 process;
2-41 (ii) The procedures to initiate an appeal of the adverse determination, including the name
2-42 and telephone number of the person to contract with regard to an appeal;
2-43 (iii) The necessary contact information to complete the two-way direct communication
2-44 defined in subdivision 23-17.12-9(a)(7); and
2-45 (iv) The information noted in subdivision 23-27.12-9(a)(5)(i)(ii)(iii) for all verbal
2-46 notifications followed by written notification to the patient and provider(s).
2-47 (6) All initial retrospective adverse determinations of a health care service that had been
2-48 ordered by a physician, dentist or other practitioner shall be made, documented and signed
2-49 consistent with the regulatory requirements which shall be developed by the department with the
2-50 input of review agents, providers and other affected parties.
2-51 (7) A level one appeal decision of an adverse determination shall not be made until an
2-52 appropriately qualified and licensed review physician, dentist or other practitioner has spoken to,
2-53 or otherwise provided for, an equivalent two-way direct communication with the patient's
2-54 attending physician, dentist, other practitioner, other designated or qualified professional or
3-1 provider responsible for treatment of the patient concerning the medical care, with the exception
3-2 of the following:
3-3 (i) When the attending provider is not reasonably available;
3-4 (ii) When the attending provider chooses not to speak with agency staff;
3-5 (iii) When the attending provider has negotiated an agreement with the review agent for

3-6 alternative care; and/or
3-7 (iv) When the attending provider requests a peer to peer communication prior to the
3-8 adverse determination, the review agency shall then comply with subdivision 23-17.12-9(c)(1) in
3-9 responding to such a request. Such requests shall be on the case specific basis unless otherwise
3-10 arranged for in advance by the provider.
3-11 (8) All initial, prospective and concurrent adverse determinations of a health care service
3-12 that had been ordered by a physician, dentist or other practitioner shall be made, documented and
3-13 signed by a licensed practitioner with the same licensure status as the ordering practitioner or a
3-14 licensed physician or dentist. This does not prohibit appropriately qualified review agency staff
3-15 from engaging in discussions with the attending provider, the attending provider's designee or
3-16 appropriate health care facility and office personnel regarding alternative service and treatment
3-17 options. Such a discussion shall not constitute an adverse determination provided though that any
3-18 change to the provider's original order and/or any decision for an alternative level of care must be
3-19 made and/or appropriately consented to by the attending provider or the provider's designee
3-20 responsible for treating the patient.
3-21 (9) The requirement that, upon written request made by or on behalf of a patient, any
3-22 adverse determination and/or appeal shall include the written evaluation and findings of the
3-23 reviewing physician, dentist or other practitioner. The review agent is required to accept a verbal
3-24 request made by or on behalf of a patient for any information where a provider or patient can
3-25 demonstrate that a timely response is urgent.
3-26 (b) The review agent shall conform to the following for the appeal of an adverse
3-27 determination:
3-28 (1) The review agent shall maintain and make available a written description of the
3-29 appeal procedure by which either the patient or the provider of record may seek review of
3-30 determinations not to authorize a health care service. The process established by each review
3-31 agent may include a reasonable period within which an appeal must be filed to be considered and
3-32 that period shall not be less than sixty (60) days.
3-33 (2) The review agent shall notify, in writing, the patient and provider of record of its
3-34 decision on the appeal as soon as practical, but in no case later than fifteen (15) or twenty-one
4-1 (21) business days if verbal notice is given within fifteen (15) business days after receiving the
4-2 required documentation on the appeal.
4-3 (3) The review agent shall also provide for an expedited appeals process for emergency
4-4 or life threatening situations. Each review agent shall complete the adjudication of expedited
4-5 appeals within two (2) business days of the date the appeal is filed and all information necessary
4-6 to complete the appeal is received by the review agent.
4-7 (4) All first level appeals of determinations not to authorize a health care service that had
4-8 been ordered by a physician, dentist, or other practitioner shall be made, documented, and signed
4-9 by a licensed practitioner with the same licensure status as the ordering practitioner or a licensed
4-10 physician or a licensed dentist.
4-11 (5) All second level appeal decisions shall be made, signed, and documented by a
4-12 licensed practitioner in the same or a similar general specialty as typically manages the medical
4-13 condition, procedure, or treatment under discussion.
4-14 (6) The review agent shall maintain records of written appeals and their resolution, and
4-15 shall provide reports as requested by the department.
4-16 (c) The review agency must conform to the following requirements when making its
4-17 adverse determination and appeal decisions:
4-18 (1) The review agent must assure that the licensed practitioner or licensed physician is
4-19 reasonably available to review the case as required under subdivision 23-17.12-9(a)(7) and shall
4-20 conform to the following:
4-21 (i) Each agency peer reviewer shall have access to and review all necessary information
4-22 as requested by the agency and/or submitted by the provider(s) and/or patients;
4-23 (ii) Each agency shall provide accurate peer review contact information to the provider at
4-24 the time of service, if requested, and/or prior to such service, if requested. This contact
4-25 information must provide a mechanism for direct communication with the agency's peer
4-26 reviewer;
4-27 (iii) Agency peer reviewers shall respond to the provider's request for a two-way direct
4-28 communication defined in subdivision 23-17.12-9(a)(7)(iv) as follows:
4-29 (A) For a prospective review of non-urgent and non-emergent health care services, a
4-30 response within one business day of the request for a peer discussion;
4-31 (B) For concurrent and prospective reviews of urgent and emergent health care services,
4-32 a response within a reasonable period of time of the request for a peer discussion; and

4-33 (C) For retrospective reviews, prior to the first level appeal decision.
5-34 (iv) The review agency will have met the requirements of a two-way direct
5-35 communication, when requested and/or as required prior to the first level of appeal, when it has
5-36 made two (2) reasonable attempts to contact the attending provider directly.
5-37 (v) Repeated violations of this section shall be deemed to be substantial violations
5-38 pursuant to section 23-17.12-14 and shall be cause for the imposition of penalties under that
5-39 section.
5-40 (2) No reviewer at any level under this section shall be compensated or paid a bonus or
5-41 incentive based on making or upholding an adverse determination.
5-42 (3) No reviewer under this section who has been involved in prior reviews of the case
5-43 under appeal or who has participated in the direct care of the patient may participate as the sole
5-44 reviewer in reviewing a case under appeal; provided, however, that when new information has
5-45 been made available at the first level of appeal, then the review may be conducted by the same
5-46 reviewer who made the initial adverse determination.
5-47 (4) A review agent is only entitled to review information or data relevant to the
5-48 utilization review process. A review agent may not disclose or publish individual medical records
5-49 or any confidential medical information obtained in the performance of utilization review
5-50 activities. A review agent shall be considered a third party health insurer for the purposes of
5-51 section 5-37.3-6(b)(6) of this state and shall be required to maintain the security procedures
5-52 mandated in section 5-37.3-4(c).
5-53 (5) Notwithstanding any other provision of law, the review agent, the department, and all
5-54 other parties privy to information which is the subject of this chapter shall comply with all state
5-55 and federal confidentiality laws, including, but not limited to, chapter 37.3 of title 5
5-56 (Confidentiality of Health Care Communications and Information Act) and specifically section 5-
5-57 37.3-4(c), which requires limitation on the distribution of information which is the subject of this
5-58 chapter on a "need to know" basis, and section 40.1-5-26.
5-59 (6) The department may, in response to a complaint that is provided in written form to
5-60 the review agent, review an appeal regarding any adverse determination, and may request
5-61 information of the review agent, provider or patient regarding the status, outcome or rationale
5-62 regarding the decision.
5-63 (d) The requirement that each review agent shall utilize and provide upon request, by
5-64 Rhode Island licensed hospitals and the Rhode Island Medical Society, in either electronic or
5-65 paper format, written medically acceptable screening criteria and review procedures which are
5-66 established and periodically evaluated and updated with appropriate consultation with Rhode
5-67 Island licensed physicians, hospitals, including practicing physicians, and other health care
5-68 providers in the same specialty as would typically treat the services subject to the criteria as
6-1 follows:
6-2 (1) Utilization review agents shall consult with no fewer than five (5) Rhode Island
6-3 licensed physicians or other health care providers. Further, in instances where the screening
6-4 criteria and review procedures are applicable to inpatients and/or outpatients of hospitals, the
6-5 medical director of each licensed hospital in Rhode Island shall also be consulted. Utilization
6-6 review agents who utilize screening criteria and review procedures provided by another entity
6-7 may satisfy the requirements of this section if the utilization review agent demonstrates to the
6-8 satisfaction of the director that the entity furnishing the screening criteria and review procedures
6-9 has complied with the requirements of this section.
6-10 (2) Utilization review agents seeking initial certification shall conduct the consultation
6-11 for all screening and review criteria to be utilized. Utilization review agents who have been
6-12 certified for one year or longer shall be required to conduct the consultation on a periodic basis
6-13 for the utilization review agent's highest volume services subject to utilization review during the
6-14 prior year; services subject to the highest volume of adverse determinations during the prior year;
6-15 and for any additional services identified by the director.
6-16 (3) Utilization review agents shall not include in the consultations as required under
6-17 paragraph (1) of this subdivision, any physicians or other health services providers who have
6-18 financial relationships with the utilization review agent other than financial relationships for
6-19 provisions of direct patient care to utilization review agent enrollees and reasonable compensation
6-20 for consultation as required by paragraph (1) of this subdivision.
6-21 (4) All documentation regarding required consultations, including comments and/or
6-22 recommendations provided by the health care providers involved in the review of the screening
6-23 criteria, as well as the utilization review agent's action plan or comments on any
6-24 recommendations, shall be in writing and shall be furnished to the department on request. The
6-25 documentation shall also be provided on request to any licensed health care provider at a nominal

6-26 cost that is sufficient to cover the utilization review agent's reasonable costs of copying and
6-27 mailing.
6-28 (5) Utilization review agents may utilize non-Rhode Island licensed physicians or other
6-29 health care providers to provide the consultation as required under paragraph (1) of this
6-30 subdivision, when the utilization review agent can demonstrate to the satisfaction of the director
6-31 that the related services are not currently provided in Rhode Island or that another substantial
6-32 reason requires such approach.
6-33 (6) Utilization review agents whose annualized data reported to the department
6-34 demonstrate that the utilization review agent will review fewer than five hundred (500) such
7-1 requests for authorization may request a variance from the requirements of this section.
7-2 SECTION 2. This act shall take effect upon passage.

voting check off graphic

MOTION: To find 13 H 5590 AN ACT RELATING TO INSURANCE - PRESCRIPTION DRUGS - BENEFITS beneficial /Passed, Abstained PP, LD, KD

13 H 5591 AN ACT RELATING TO INSURANCE - PRESCRIPTION DRUGS - BENEFITS

Rep. Keable, in House Corporations Committee
This act would eliminate dollars limits on health plans pharmacy benefits and would provide that each health plan establish a separate out-of-pocket limit for prescription drugs that costs the following; $2, 250 dollars for self only coverage and 4,500 for family coverage.
This act would take effect upon passage.

13 H 5591
A N A C T
RELATING TO INSURANCE - PRESCRIPTION DRUGS - BENEFITS

Introduced By: Representatives Keable, Ajello, Tanzi, and Cimini
Date Introduced: February 27, 2013
Referred To: House Corporations

It is enacted by the General Assembly as follows:

1-1 SECTION 1. Section 27-20.8-2 of the General Laws in Chapter 27-20.8 entitled
1-2 "Prescription Drug Benefits" is hereby amended to read as follows:
1-3 **27-20.8-2. Pharmacy benefit, limits and co-payments. --** Any health plan that offers
1-4 pharmacy benefits shall comply with the following:
1-5 (a) {delete}~~When a~~{delete} {add}A{add} health plan's pharmacy benefit {delete}~~has~~{delete} {add}shall not have{add} a dollar limi{delete}~~t, the~~t
1-6 ~~insured's use of such benefit shall be determined based on the health plan's contracted rate to~~
1-7 ~~purchase the drug minus the enrollee's applicable co-payment for covered drugs. The balance will~~
1-8 ~~apply towards the enrollee's dollars limit~~{delete}.
1-9 {add} (b) Each health plan shall establish a separate out-of-pocket limit for prescription drugs,
1-10 including specialty drugs, equal to the maximum dollar amounts in effect under section 223(b)(2)
1-11 of the internal revenue code for self-only and family coverage, respectively. For the purposes of
1-12 this section, the use of the term "out-of-pocket limit" must be consistent with the definitions of
1-13 those terms as prescribed by the secretary of the United States department of health and human
1-14 services pursuant to section 2715 of the federal affordable care act. {add}
1-15 ~~(b)~~(c) When a health plan charges a co-payment for covered prescription drugs that is
1-16 based on a percent of the drug cost, the health plan shall disclose within the group policy or
1-17 individual policy benefits description statement whether the co-payment is based on the plan's
1-18 contracted rate to purchase the drug or some other cost basis such as retail price.
1-19 {add} (d) Nothing in this section shall apply to title XIX state plan pursuant to title XIX of the
1-20 social security act to provide Medicaid coverage or title XXI state plan pursuant to title XXI of
2-1 the social security act to provide medical assistance coverage. The services provided shall be in
2-2 accord with title XIX [42 U.S.C. et seq.] and title XXI [42 U.S.C. section 1397 et seq.] of the
2-3 social security act. {add}
2-4 SECTION 2. This act shall take effect upon passage.

☑ voting check off graphic

MOTION: To find H 5591 AN ACT RELATING TO HEALTH AND SAFETY -- UTILIZATION REVIEW beneficial TF/CG passed, Abstained KD, LD, PP

13 H 5419 AN ACT RELATING TO INSURANCE - HEARING AIDS

Rep. Jacquard, in House Health, Education, & Welfare Committee
This act would increase hearing aid insurance coverage for those under the age of 19 from $1,500 to covering the full cost of the hearing aids. For people who are nineteen 19 and older from $700 to as much as $1,500 dollars.
This act would take effect upon passage.

13 H 5419
A N A C T
RELATING TO INSURANCE - HEARING AIDS

Introduced By: Representatives Jacquard, Naughton, and Handy
Date Introduced: February 13, 2013
Referred To: House Health, Education & Welfare

It is enacted by the General Assembly as follows:

1-1 SECTION 1. Section 27-18-60 of the General Laws in Chapter 27-18 entitled "Accident
1-2 and Sickness Insurance Policies" is hereby amended to read as follows:
1-3 **27-18-60. Hearing aids. --** (a) (1) Every individual or group health insurance contract, or
1-4 every individual or group hospital or medical expense insurance policy, plan, or group policy
1-5 delivered, issued for delivery, or renewed in this state on or after {delete}~~January 1, 2006~~{delete} {add}July 1, 2013{add},
1-6 shall provide coverage for {delete}~~one thousand five hundred dollars ($1,500) per~~{delete} {add}one{add} individual hearing
1-7 aid, per ear, every three (3) years for anyone under the age of nineteen (19) years, and shall
1-8 provide coverage for{delete} ~~seven hundred dollars ($700)~~ {delete} {add}one thousand five hundred dollars ($1,500)
1-9 {add}per individual hearing aid, per ear, every three (3) years for anyone of the age of nineteen (19)
1-10 years and older.
1-11 (2) Every group health insurance contract or group hospital or medical expense
1-12 insurance policy, plan, or group policy delivered, issued for delivery, or renewed in this state on
1-13 or after{delete} ~~January 1, 2006~~{delete}{add} July 1, 2013{add}, shall provide, as an optional rider, additional hearing aid
1-14 coverage. Provided, the provisions of this paragraph shall not apply to contracts, plans, or group
1-15 policies subject to the small employer health insurance availability act, chapter 50 of this title.
1-16 (b) For the purposes of this section:
1-17 (1) "Hearing aid" means any nonexperimental, wearable instrument or device designed
1-18 for the ear and offered for the purpose of aiding or compensating for impaired human hearing, but
1-19 excluding batteries, cords, and other assistive listening devices, including, but not limited to FM
1-20 systems.
2-1 (c) It shall remain within the sole discretion of the accident and sickness insurer as to the
2-2 provider of hearing aids with which they choose to contract. Reimbursement shall be provided
2-3 according to the respective principles and policies of the accident and sickness insurer. Nothing
2-4 contained in this section precludes the accident and sickness insurer from conducting managed
2-5 care, medical necessity, or utilization review.
2-6 (d) This section does not apply to insurance coverage providing benefits for: (1) hospital
2-7 confinement indemnity; (2) disability income; (3) accident only; (4) long term care; (5) Medicare
2-8 supplement; (6) limited benefit health; (7) specified diseased indemnity; (8) sickness of bodily
2-9 injury or death by accident or both; (9) and other limited benefit policies.
2-10 SECTION 2. Section 27-19-51 of the General Laws in Chapter 27-19 entitled "Nonprofit
2-11 Hospital Service Corporations" is hereby amended to read as follows:
2-12 **27-19-51. Hearing aids. --** (a) (1) Every individual or group health insurance contract, or
2-13 every individual or group hospital or medical expense insurance policy, plan, or group policy
2-14 delivered, issued for delivery, or renewed in this state on or after{delete} ~~January 1, 2006~~{delete} {add}July 1,

2013{add},
2-15 shall provide coverage for {delete}~~one thousand five hundred dollars ($1,500) per~~{delete} {add}one{add} individual hearing
2-16 aid, per ear, every three (3) years for anyone under {add}the age of nineteen (19) years, and shall
2-17 provide coverage for {delete}~~seven hundred dollars ($700)~~{delete} one thousand five hundred dollars ($1,500)
2-18 {add}per individual hearing aid per ear, every three (3) years for anyone of the age of nineteen (19)
2-19 years and older.
2-20 (2) Every group health insurance contract or group hospital or medical expense
2-21 insurance policy, plan, or group policy delivered, issued for delivery, or renewed in this state on
2-22 or after {delete}~~January 1, 2006~~{delete}{add} July 1, 2013{add}, shall provide, as an optional rider, additional hearing aid
2-23 coverage. Provided, the provisions of this paragraph shall not apply to contracts, plans, or group
2-24 policies subject to the small employer health insurance availability act, chapter 50 of this title.
2-25 (b) For the purposes of this section, "hearing aid" means any nonexperimental, wearable
2-26 instrument or device designed for the ear and offered for the purpose of aiding or compensating
2-27 for impaired human hearing, but excluding batteries, cords, and other assistive listening devices,
2-28 including, but not limited to, FM systems.
2-29 (c) It shall remain within the sole discretion of the nonprofit hospital service corporation
2-30 as to the provider of hearing aids with which they choose to contract. Reimbursement shall be
2-31 provided according to the respective principles and policies of the nonprofit hospital service
2-32 corporation. Nothing contained in this section precludes the nonprofit hospital service corporation
2-33 from conducting managed care, medical necessity, or utilization review.
3-34 SECTION 3. Section 27-20-46 of the General Laws in Chapter 27-20 entitled "Nonprofit
3-35 Medical Service Corporations" is hereby amended to read as follows:
3-36 **27-20-46. Hearing aids. --** (a) (1) Every individual or group health insurance contract, or
3-37 every individual or group hospital or medical expense insurance policy, plan, or group policy
3-38 delivered, issued for delivery, or renewed in this state on or after{delete} ~~January 1, 2006~~{delete} {add}July 1, 2013{add},
3-39 shall provide coverage for {delete}~~one thousand five hundred dollars ($1,500) per~~{delete} {add}one{add} individual hearing
3-40 aid, per ear, every three (3) years for anyone under the age of nineteen (19) years, and shall
3-41 provide coverage for {delete}~~seven hundred dollars ($700)~~{delete} {add} one thousand five hundred dollars ($1,500)
3-42 {add}per individual hearing aid per ear, every three (3) years for anyone of the age of nineteen (19)
3-43 years and older.
3-44 (2) Every group health insurance contract or group hospital or medical expense
3-45 insurance policy, plan, or group policy delivered, issued for delivery, or renewed in this state on
3-46 or after {delete}~~January 1, 2006~~{delete} {add}July 1, 2013{add}, shall provide, as an optional rider, additional hearing aid
3-47 coverage. Provided, the provisions of this paragraph shall not apply to contracts, plans, or group
3-48 policies subject to the small employer health insurance availability act, chapter 50 of this title.
3-49 (b) For the purposes of this section, "hearing aid" means any nonexperimental, wearable
3-50 instrument or device designed for the ear and offered for the purpose of aiding or compensating
3-51 for impaired human hearing, but excluding batteries, cords, and other assistive listening devices,
3-52 including, but not limited to, FM systems.
3-53 (c) It shall remain within the sole discretion of the nonprofit medical service corporation
3-54 as to the provider of hearing aids with which they choose to contract. Reimbursement shall be
3-55 provided according to the respective principles and policies of the nonprofit medical service
3-56 corporation. Nothing contained in this section precludes the nonprofit medical service corporation
3-57 from conducting managed care, medical necessity, or utilization review.
3-58 SECTION 4. Section 27-41-63 of the General Laws in Chapter 27-41 entitled "Health
3-59 Maintenance Organizations" is hereby amended to read as follows:
3-60 **27-41-63. Hearing aids. --** (a) (1) Every individual or group health insurance contract, or
3-61 every individual or group hospital or medical expense insurance policy, plan, or group policy
3-62 delivered, issued for delivery, or renewed in this state on or after{delete} ~~January 1, 2006~~{delete} {add}July 1, 2013{add},
3-63 shall provide coverage for {delete}~~one thousand five hundred dollars ($1,500) per~~{delete} {add}one{add} individual hearing
3-64 aid, per ear, every three (3) years for anyone under the age of nineteen (19) years, and shall
3-65 provide coverage for {delete}~~seven hundred dollars ($700)~~{delete} {add}one thousand five hundred dollars ($1,500)
3-66 {add}per individual hearing aid per ear, every three (3) years for anyone of the age of nineteen (19)
3-67 years and older.

4-68 (2) Every group health insurance contract or group hospital or medical expense
4-69 insurance policy, plan, or group policy delivered, issued for delivery, or renewed in this state on
4-70 or after {delete}~~January 1, 2006~~{delete} {add}July 1, 2013{add}, shall provide, as an optional rider, additional hearing aid
4-71 coverage. Provided, the provisions of this paragraph shall not apply to contracts, plans, or group
4-72 policies subject to the small employer health insurance availability act, chapter 50 of this title.
4-73 (b) For the purposes of this section, "hearing aid" means any nonexperimental, wearable
4-74 instrument or device designed for the ear and offered for the purpose of aiding or compensating
4-75 for impaired human hearing, but excluding batteries, cords, and other assistive listening devices,
4-76 including, but not limited to FM systems.
4-77 (c) It shall remain within the sole discretion of the health maintenance organizations as
4-78 to the provider of hearing aids with which they choose to contract. Reimbursement shall be
4-79 provided according to the respective principles and policies of the health maintenance
4-80 organizations. Nothing contained in this section precludes the health maintenance organizations
4-81 from conducting managed care, medical necessity, or utilization review.
4-82 SECTION 5. This act shall take effect upon passage.

☑ voting check off graphic

MOTION: To find 13 H 5419 AN ACT RELATING TO INSURANCE - HEARING AIDS beneficial AP/AS passed, Abstained PP, LD, KD

13 H 5316 AN ACT RELATING TO INSURANCE - MANDATED BENEFITS

Rep. Morgan, in House Health, Education, & Welfare Committee

This act would create a commission authorized to review and eliminate unneeded healthcare coverage, unless reenacted by the general assembly. In order to reduce the cost to businesses located in the state and to the state and local governments, it is necessary to create a commission with authority to reduce the number of health insurance mandated coverage. It is also important to determine the essential health insurance medical coverage required to be included in health insurance coverage sold in this state. Notwithstanding any provision of the general or public laws or regulation to the contrary, a commission shall be established to conduct a review of the impact of each existing or proposed state benefit mandate, either statutory or regulatory. The commission shall determine which essential insurance mandated coverage shall be required to be included in all health insurance policies sold in the state. The commission shall also create a list of health insurance mandated coverage required by statute or regulation, which shall be eliminated because such coverage is not essential. Such determination shall be included in a plan of essential health insurance mandated coverage to be submitted to the speaker of the house of representatives and the president of the senate within one year from the formation of the commission.

13 H 5316
A N A C T
RELATING TO INSURANCE - MANDATED BENEFITS

Introduced By: Representatives Morgan, Giarrusso, Chippendale, and Newberry
Date Introduced: February 07, 2013
Referred To: House Health, Education & Welfare

It is enacted by the General Assembly as follows:

1-1 SECTION 1. Chapter 27-69 of the General Laws entitled "Mandated Benefits" is hereby
1-2 amended by adding thereto the following section:
1-3 {add}**27-69-4.1. Mandated benefit review. --** (a) The general assembly finds that this state has
1-4 in excess of sixty-five (65) health insurance coverages which are mandated to be included in
1-5 health insurance policies sold in the state. The average number of health insurance coverages
1-6 required to be included in health insurance policies sold in the United States is forty-three (43).
1-7 This state has the highest number of health insurance mandated coverages in the United States.
1-8 Reducing the number of health insurance mandated coverages would reduce the cost of health
1-9 insurance being paid by businesses located in the state and by state and local government.

1-10 (b) Legislative purpose. In order to reduce the cost to businesses located in the state and
1-11 to the state and local governments it is necessary to create a commission with authority to reduce
1-12 the number of health insurance mandated coverages and to determine the essential health
1-13 insurance medical coverages required to be included in health insurance coverages sold in this
1-14 state.
1-15 (c) Notwithstanding any provision of the general or public laws or regulation to the
1-16 contrary, a commission shall be established to conduct a review of the impact of each existing or
1-17 proposed state benefit mandate, either statutory or regulatory. Said commission shall be
1-18 comprised of six (6) members, three (3) members appointed by the speaker of the house of
1-19 representatives with no more than two (2) members from the same political party, and three (3)
1-20 members appointed by the president of the senate with no more than two (2) members from the
2-1 same political party.
2-2 (d) The commission shall determine which essential insurance mandated coverages shall
2-3 be required to be included in all health insurance policies sold in the state. The commission shall
2-4 also create a list of health insurance mandated coverages required by statute or regulation which
2-5 shall be eliminated due to the fact that such coverages are not essential. Such determination shall
2-6 be included in a plan of essential health insurance mandated coverages to be submitted to the
2-7 speaker of the house of representatives and the president of the senate within one year from the
2-8 formation of the commission.
2-9 (e) The plan submitted to the speaker of the house of representatives and the president of
2-10 the senate shall be enforced by the department of business regulation unless any health insurance
2-11 mandated coverage eliminated by the plan shall be reenacted by the general assembly within one
2-12 year of the submission of the plan to the speaker of the house of representatives and the president
2-13 of the senate. {add}
2-14 SECTION 2. This act shall take effect upon passage.

voting check off graphic

MOTION: To find 13 H 5316 AN ACT RELATING TO INSURANCE - MANDATED BENEFITS harmful TF/AP passed, Nay RCa, Abstained PP, LD, KD

Housing

13 H 5481 & 13 S 0541 ACTS RELATING TO BEHAVIORAL HEALTHCARE, DEVELOPMENTAL DISABILITIES AND HOSPITALS -- DEVELOPMENTAL DISABILITIES

Rep. Bennett, in House Health, Education, & Welfare Committee
Sen. Lynch, in Senate Health and Human Services Committee
These acts would allow adult siblings of persons with developmental disabilities to serve as shared living providers in accordance with the department of behavioral healthcare, developmental disabilities and hospitals rules and regulations.
This act would take effect upon passage.

2013 -- S 0541
A N A C T
RELATING TO BEHAVIORAL HEALTHCARE, DEVELOPMENTAL DISABILITIES AND HOSPITALS -- DEVELOPMENTAL DISABILITIES

Introduced By: Senators Lynch, Nesselbush, Miller, and Goldin
Date Introduced: February 28, 2013
Referred To: Senate Health & Human Services

It is enacted by the General Assembly as follows:

1-1 SECTION 1. Section 40.1-22-3 of the General Laws in Chapter 40.1-22 entitled
1-2 "Developmental Disabilities" is hereby amended to read as follows:
1-3 40.1-22-3. Definitions. -- Whenever used in this chapter, or in any order, rule, or
1-4 regulation made or promulgated pursuant to this chapter, or in the printed forms prepared by the
1-5 director, unless otherwise expressly stated, or unless the context or subject matter otherwise
1-6 requires:
1-7 (1) "A qualified mental retardation professional (QMRP)" means a person as defined in
1-8 42 CFR 483.430, as amended.

1-9 (2) "Client" means any developmentally disabled adult who is in potential need, or is
1-10 receiving services aimed at alleviating his or her condition of functional dependence.
1-11 (3) "Department" means the department of mental health, retardation {add}behavioral health,
1-12 developmental disabilities{add}, and hospitals.
1-13 (4) "Development, education, rehabilitation, and care" means physical development,
1-14 application of these abilities to meaningful occupations, development of personal and social
1-15 skills, all of which are directed to the objective of independent living and self-maintenance. Care
1-16 also includes medical care, surgical attendance, medication, as well as food, clothing, supervision,
1-17 and maintenance furnished to a resident.
1-18 (5) "Director" means the director of the department of mental health, retardation
1-19 {add}behavioral health, developmental disabilities{add}, and hospitals or his or her designees.
2-1 (6) "Facility" means any public or private facility, inpatient rehabilitation center,
2-2 hospital, institution, or other domiciliary facility, the office of developmental disabilities or any
2-3 part thereof, equipped to habilitate, on a residential basis, persons who are developmentally
2-4 disabled and in need of residential care. This shall include any facility maintaining adequate staff
2-5 and facilities within the state providing in-residence supervision and habilitation and approved by
2-6 the director upon application of the facility. Included within this definition shall be all institutions
2-7 and facilities under the control and direction of the director. Nothing contained herein shall be
2-8 construed to amend or repeal any of the provisions of chapters 17 or 17.4 of title 23, or of chapter
2-9 15 of title 40, or of chapter 21 of this title or of chapter 72.1 of title 42. Whenever it shall be
2-10 brought to the attention of the director that any private facility may not have adequate staff, or
2-11 facilities as determined by regulations of the director, then the facility shall not be approved for
2-12 the placement of developmentally disabled adults under the provisions of this chapter.
2-13 (7) "Notice" means written notice in as simple and non-technical language as practicable
2-14 as required by the department, or the court of competent jurisdiction. The notice shall be in
2-15 writing to the director of the department by registered or certified mail, return receipt required.
2-16 Notice sent to a client shall also include verbal reading of the written notice by duly authorized
2-17 agents of the department, and/or court. The agents shall make verified return of the oral
2-18 notification as well as the written. This requirement of oral notice to anyone alleged to be
2-19 developmentally disabled shall be required because of the recognized limitation that many
2-20 retarded and developmentally disabled persons are unable to comprehend written notices.
2-21 (8) "Objection." If an objection is raised it shall be in writing, of a timely nature, and
2-22 filed with the clerk of the family or district court, a copy of which is to be sent to the director of
2-23 the department via registered or certified mail, return receipt requested.
2-24 (9) "Parent" means the natural, adoptive, foster parent or caretaker of the child.
2-25 {add} (10) "Shared living program" means a privately owned residence in which the family
2-26 provides for or arranges for the needs of the person who is developmentally disabled so that the
2-27 person can remain in the community, a program that is designed to respect the unique character of
2-28 each individual, promotes self-reliance and the freedom to make choices, and fosters dignity,
2-29 autonomy and personal safety. Service may be provided in-home or a host home residence in
2-30 which the family provides for or arranges for the needs of the person who is developmentally
2-31 disabled so that the person can remain in the community, including, but not limited to, lodging
2-32 and meals. This program is designed to provide the opportunity for the provision of an inter-
2-33 generational multidisciplinary support to preserve and strengthen families. Notwithstanding any
2-34 state regulations to the contrary, including, but not limited to, section 42.0 ("Shared Living
3-1 Arrangements") of the rules and regulations licensing procedure and process for facilities and
3-2 programs licensed by the department of behavioral healthcare, developmental disabilities and
3-3 hospitals, an adult sibling of a person who is developmentally disabled may serve as a shared
3-4 living provider for that person, provided that the adult sibling meets all other eligibility
3-5 requirements of the department of behavioral healthcare, developmental disabilities and hospitals.{add}
3-6 {delete} ~~(10)~~ {delete} {add} (11) {add} "Team" means an interdisciplinary team which includes such professional
3-7 personnel designed by the director and which shall consist of no less than three (3) persons
3-8 selected by order of the director, no less than one of whom shall be a licensed physician, no less
3-9 than one of whom shall be a member of the social work profession, and no less than one of whom
3-10 shall be a qualified mental retardation professional (QMRP).
3-11 SECTION 2. This act shall take effect upon passage.

☑ voting check off graphic	MOTION: To find 13 H 5481 & 13 S 0541 ACTS RELATING TO BEHAVIORAL HEALTHCARE, DEVELOPMENTAL DISABILITIES AND HOSPITALS -- DEVELOPMENTAL DISABILITIES beneficial DW/BI,

	passed, Abstained KD, PP, LD

13 S 0278 AN ACT RELATING TO BEHAVIORAL HEALTHCARE, DEVELOPMENTAL DISABILITIES AND HOSPITALS

Sen. Lynch, in Senate Health and Human Services Committee

This act would expand the parent deinstitutionalization grant of money to include appropriate relatives and would allow the relative to care for a child or adult if the parent was unable to and receive the grant for doing so.

This act would take effect upon passage.

2013 -- S 0278

A N A C T

RELATING TO BEHAVIORAL HEALTHCARE, DEVELOPMENTAL DISABILITIES AND HOSPITALS

Introduced By: Senators Lynch, Miller, Gallo, Goldin, and Sosnowski
Date Introduced: February 12, 2013
Referred To: Senate Health & Human Services

It is enacted by the General Assembly as follows:

SECTION 1. Sections 40.1-1-10 and 40.1-1-10.1 of the General Laws in Chapter 40.1-1 entitled "Department of Behavioral Healthcare, Developmental Disabilities and Hospitals" is hereby amended to read as follows:

40.1-1-10. {delete}~~Parent deinstitutionalization subsidy aid program~~{delete} {add}**Deinstitutionalization subsidy aid program**{add}**. --** (a) There is hereby established with the department of {delete}~~mental health, retardation, and hospitals~~{delete} {add}behavioral healthcare, developmental disabilities and hospitals{add} a {delete}~~parent~~{delete} deinstitutionalization subsidy aid program. The program is founded for the express purpose of providing financial assistance or subsidy aid to the qualified parent applicant {add}or if the parent is not able to care for the person then an appropriate relative{add} as defined in this chapter, who is found and certified to be qualified by the director of {delete}~~mental health, retardation, and hospitals~~{delete} {add}behavioral healthcare, developmental disabilities and hospitals{add} to receive and take into his or her care, custody, and control a person under the legal authority and control of the director of{delete} ~~mental health, retardation, and hospitals~~{delete} {add}behavioral healthcare, developmental disabilities and hospitals{add} who is and has been a resident or patient of the {delete}~~Dr. Joseph H. Ladd Center~~{delete} {add}Eleanor Slater Hospital Cranston Campus {add}, the {delete}~~Dr. U.E. Zambarano Memorial Hospital~~{delete} {add}Eleanor Slater Hospital Zambarano Unit{add}, {delete}~~at the institute of mental health~~{delete} or the general hospital, or a resident in an out-of-state institution, who would have been eligible for placement in the {delete}~~Dr. Joseph H. Ladd Center~~{delete} Eleanor Slater Hospital Cranston Campus{add}, {delete}~~Dr. U.E. Zambarano Memorial Hospita~~{delete}~~l~~ the {add}Eleanor Slater Hospital Zambarano Unit{add}{delete} ~~or the institute of mental health~~{delete} or the general hospital for a period of time not less than ninety (90) days, or would be a resident or patient of one of the facilities listed in this section for a period of ninety (90) days or more if a specialized community program were not developed to meet the person's particular and/or unique needs.

(b) The general assembly hereby finds that such a {delete}~~parent~~{delete} deinstitutionalization program would promote the general welfare of the citizens of the state and further the purpose of providing deinstitutionalization care, treatment, and training for the institutionalized person and subsidy aid to the qualified parent applicant {add}or appropriate relative{add} of the institutionalized person. It is further found that the program is established for the purpose of providing subsidy aid to assist and make available non-institutional care, support, and training when it is found to be in the best interests of the health and welfare of the institutionalized person and where that placement may be made and certified by the director of{delete} ~~mental health, retardation, and hospitals~~{delete} {add}behavioral healthcare, developmental disabilities and hospitals{add} to the qualified parent applicant or appropriate relative.

(c) The director of {delete}~~mental health, retardation, and hospitals~~{delete} {add}behavioral healthcare, developmental disabilities and hospitals{add} is hereby vested with the authority to promulgate such rules and regulations as are deemed necessary and in the public interest to establish and place into operation the {delete}~~parent~~{delete} deinstitutionalization program and authorize the payment of subsidy aid to

2-17 the qualified parent applicant {add}or appropriate relative{add} who receives into his or her care, custody,
2-18 and control a person under the legal authority and control of the director of {delete}mental health,
2-19 retardation and hospitals{delete} {add}behavioral healthcare, developmental disabilities and hospitals{add} who is or
2-20 has been a resident or patient of the {delete}Dr. Joseph H. Ladd Center{delete} {add}Eleanor Slater Hospital Cranston
2-21 Campus{add}, the{delete} Dr. U.E. Zambarano Memorial Hospital{delete} {add}Eleanor Slater Hospital Zambarano Unit{add}{delete}, at
2-22 the institute of mental health{delete} or the general hospital or a resident or patient in an out-of-state
2-23 institution who would have been eligible for placement in the{delete} Dr. Joseph H. Ladd Center{delete} {add}Eleanor
2-24 Slater Hospital Cranston Campus{add}, {delete}Dr. U.E. Zambarano Memorial Hospital{delete}, {add}Eleanor Slater
2-25 Hospital Zambarano Unit{add} {delete}or the institute of mental health,{delete} or the general hospital.
2-26 (d) Rules and regulations promulgated pursuant to subsection (c) shall include, but not
2-27 be limited to, the following areas of concern:
2-28 (1) The establishment of eligibility and other requirements for the qualification and
2-29 certification of the parent applicant {add}or appropriate relative{add} applying for subsidy aid under this
2-30 chapter;
2-31 (2) The establishment of eligibility and other requirements for the qualification and
2-32 certification of a person to be removed and placed from the {delete}Dr. Joseph H. Ladd Center{delete} {add}Eleanor
2-33 Slater Hospital Cranston Campus{add} or {delete}Dr. U.E. Zambarano Memorial Hospital{delete} {add}the Eleanor Slater
2-34 Hospital Zambarano Unit{add}, {delete}or the institute of mental health{delete} or the general hospital, under this
3-1 program as set forth in this chapter or a resident or patient in an out-of-state institution under this
3-2 program as set forth in this chapter;
3-3 (3) The establishment of such other eligibility, certification, and qualification standards
3-4 and guidelines for the person, or the parent applicant {add}or an appropriate relative{add} to which the
3-5 program applies as may be deemed reasonable and in the public interest;
3-6 (4) The establishment of such licensing, regulating, inspection, monitoring,
3-7 investigation, and evaluation standards and requirements for the placement, care, support,
3-8 custody, and training of the person as are deemed reasonable and in the public interest under this
3-9 chapter;
3-10 (5) The periodic inspection, review, and evaluation of the care, support, and treatment
3-11 afforded the person placed in the home of the qualified parent applicant {add}or appropriate relative{add}
3-12 under this program and the making and implementation of such recommendations as are deemed
3-13 necessary for the continued health, safety, and welfare of the person in accordance with the
3-14 provisions of this chapter;
3-15 (6) The establishment and implementation of such other standards, safeguards, and
3-16 protections as are deemed necessary and in the public interest to protect the health, safety, and
3-17 welfare of the person placed under the program or in determining and certifying initial and/or
3-18 continuing eligibility requirements as the director of the {add}department of{add} {delete}mental health, retardation,
3-19 and hospitals{delete} {add}behavioral healthcare, developmental disabilities and hospitals{add} shall in his or her
3-20 discretion deem to be necessary and appropriate including specifically the authority to recall and
3-21 return the child or adult to the custody and control of the state and the director of {delete}mental health,
3-22 retardation, and hospitals{delete} {add}behavioral healthcare, developmental disabilities and hospitals{add} into any
3-23 such care or placement program as the director may in his or her discretion order and direct,
3-24 including therein summary removal from the custody of the qualified parent applicant {add}or
3-25 appropriate relative{add} and return to the state institution or out-of-state institution.
3-26 (e) For the purpose of this chapter the words "qualified parent applicant" shall mean any
3-27 natural parent, adoptive parent, or foster parent or both natural parents jointly, both adoptive
3-28 parents jointly, or a court appointed guardian or both foster parents jointly, or as defined by rules
3-29 or regulations established by the department of {delete}mental health, retardation, and hospitals{delete}
3-30 {add}behavioral healthcare, developmental disabilities and hospitals{add} who may apply for inclusion in
3-31 the {delete}mental health, retardation, and hospitals{delete} {add}behavioral healthcare, developmental disabilities and
3-32 hospitals{add} deinstitutionalization subsidy aid program as set forth in this chapter. For the situation
3-33 where the natural or adoptive parents are divorced or separated, or where one of the parents is
3-34 deceased, the words "parent" or "parent applicant" shall mean the parent legally having or giving
4-1 custody to the person who may apply for inclusion in {delete}mental health, retardation, and hospitals{delete}
4-2 {add}behavioral healthcare, developmental disabilities and hospitals deinstitutionalization subsidy aid

program as set forth in this chapter.

{add} (f) For the purpose of this chapter, the words "appropriate relative" means an interested and approved relative of the child or adult. {add}

(g)(f) For the purpose of this chapter the words "subsidy aid" shall mean payment or continued payment to a parent applicant pursuant to the rules and regulations established by the director of{delete} mental health, retardation, and hospitals{delete}{add} behavioral healthcare, developmental disabilities and hospitals{add} for deinstitutionalization subsidy aid program as set forth in this chapter.

40.1-1-10.1. {delete}Subsidy aid for parent deinstitutionalization program. {delete} {add} **Subsidy aid for deinstitutionalization program.** {add} -- (a) Every qualified parent applicant {add}or appropriate relative{add} of a person at the {delete}Dr. Joseph H. Ladd Center{delete} - {add}Eleanor Slater Hospital Cranston Campus, {delete}Dr. U.E. Zambarano Memorial Hospital{delete} {add}Eleanor Slater Hospital Zambarano Unit{add}, {delete}the institute of mental health, {delete} or the general hospital {delete} (RIMC) {delete} or at an out-of-state institution who would have been eligible for placement in the {delete}Dr. Joseph H. Ladd Center{delete} {add}Eleanor Slater Hospital Cranston Campus{add} {delete}Dr. U.E. Zambarano Memorial Hospital{delete}{add}Eleanor Slater Hospital Zambarano Unit{add{delete}}, the institute of mental health{delete}, or the general hospital {delete} (RIMC) {delete}, found eligible and certified as such by the director of{delete} mental health, retardation, and hospitals{delete} {add}behavioral healthcare, developmental disabilities and hospitals{add} pursuant to this chapter and the rules and regulations established thereunder, shall be eligible to receive subsidy aid within the bounds set forth in this chapter and pursuant to such rules and regulations as are promulgated by the director of{delete} mental health, retardation, and hospitals{delete} {add}behavioral healthcare, developmental disabilities and hospitals{add} and under such eligibility, income, health, safety, and other program requirements as may be deemed appropriate and necessary to protect the health, safety, and welfare of the child or adult and the interest of the state in the maintenance and operation of the deinstitutionalization program.

(b) A qualified parent applicant {add}or appropriate relative{add} who is{delete} the natural or adoptive parent and{delete} certified as eligible for subsidy aid under the deinstitutionalization program shall receive an amount of not less than twenty-five dollars ($25.00) and not more than sixty dollars ($60.00) for the basic care of each child or adult for a seven (7) day or weekly period, and an amount of not less than five dollars ($5.00) and not more than fifteen dollars ($15.00) for the training of each child or adult for the same period.

(c) A qualified parent applicant {add}or appropriate relative{add} who is a foster parent {add}to the child{add} and certified as eligible for subsidy aid under the deinstitutionalization program shall receive an amount of not less than five dollars ($5.00) and not more than fifteen dollars ($15.00) for training of each child or adult and an amount of not less than twenty-five dollars ($25.00) and not more than sixty dollars ($60.00) for basic care and treatment for a seven (7) day or weekly period. These amounts designated for foster parents shall be in addition to the basic payments to foster parents from the department of social and rehabilitative services for foster home placement.

(d) The subsidy payments as provided by this section shall be paid from such institutional or special accounts as may be under the control and direction of the director of {delete}mental health, retardation, and hospitals{delete} {add}behavioral healthcare, developmental disabilities and hospitals {add}and earmarked for the placement and continuing support of an institutionalized person with a qualified parent {add}or appropriate relative{add} application as set forth in this chapter.

SECTION 2. This act shall take effect upon passage.

voting_check off graphic

Took no position

Human Services

13 H 5155 AN ACT RELATING TO HUMAN SERVICES - FAMILY CAREGIVERS SUPPORT ACT OF 2013

Rep. Naughton, in House Health, Education, & Welfare Committee

This act would create a family caregiver support that would facilitate the needs of the caregiver and the recipient by conducting a caregiver assessment. The purpose of this assessment is to identify any problems specific problems that the caregiver or recipient has, carefully evaluated how the situation is handled and come up with a solution.

This act would take effect upon passage.

13 H 5155
A N A C T
RELATING TO HUMAN SERVICES - FAMILY CAREGIVERS SUPPORT ACT OF 2013

Introduced By: Representatives Naughton, and E Coderre
Date Introduced: January 24, 2013
Referred To: House Health, Education & Welfare

It is enacted by the General Assembly as follows:

1-1 SECTION 1. Title 40 of the General Laws entitled "HUMAN SERVICES" is hereby
1-2 amended by adding thereto the following chapter:
1-3 {add}CHAPTER 8.11
1-4 FAMILY CAREGIVERS SUPPORT ACT OF 2013
1-5 **40-8.11-1. Findings. --** (a) Family members, partners and close friends provide the vast
1-6 majority of long-term services and supports.
1-7 (b) An estimated one hundred and forty-eight thousand (148,000) persons in Rhode
1-8 Island are providing care at any one time to persons living in the community. The estimated value
1-9 of their unpaid contributions in 2009 was one billion eight hundred eight million dollars ($1.88).
1-10 (c) Family or other caregivers who provide the majority of care in the home are
1-11 frequently under substantial physical, psychological, and financial stress. The stress, if unrelieved
1-12 by support for the caregiver, may lead to premature or unnecessary nursing home and institutional
1-13 placement and health and financial burdens for the caregiver.
1-14 (d) Respite care and other community-based supportive services for the family caregiver
1-15 can relive some of the stresses faced by caregivers, maintain and strengthen the family structure,
1-16 postpone or prevent institutionalization and lead to better outcomes for both the caregiver and
1-17 care recipient.
1-18 (e) The percent of Rhode Islanders age sixty-five (65) years of age and older is projected
1-19 to grow from fourteen percent (14%) of the state population in 2010 to twenty-one percent (21%)
1-20 by 2030. As persons age, they have greater dependency needs and an increased need for long-
2-1 term care services and supports. Younger people with disabilities also require continued
2-2 supportive long-term care services as they age.
2-3 (f) As informal caregivers and families are a vital part of the long-term care services and
2-4 support system, it is an important public purpose to recognize and respect their contributions and
2-5 to assess and support their needs.
2-6 **40-8.11-2. Definitions. --** (a) "Caregiver assessment" is defined and refers to a systematic
2-7 process of gathering information about a caregiving situation to identify the specific problems,
2-8 needs, strengths, and resources of the family caregiver, as well as the caregiver's ability to
2-9 contribute to the needs of the care recipient.
2-10 (b) The term "family caregiver" is defined and refers to any relative, partner, friend, or
2-11 neighbor who has a significant relationship with, and who provides a broad range of assistance
2-12 for, an older adult or an adult or child with chronic or disabling conditions.
2-13 **40-8.11-3. Caregiver assessment requirement. --** The comprehensive assessment
2-14 required in subsection 40-8.10-4 (b) as part of Medicaid long-term service reform shall also
2-15 include a caregiver assessment whenever the plan of care depends on a family caregiver for
2-16 providing assistance with activities of daily living needs. The assessment shall be used to develop
2-17 a plan of care that recognizes both needs of the care recipient and the caregiver. The assessment
2-18 shall also serve as the basis for development and provision of an appropriate plan for caregiver
2-19 information, referral and support services. Information about available respite programs,
2-20 caregiver training and education programs, support groups and community support services shall
2-21 be included as part of the caregiver support plan. To implement the caregiver assessment, the
2-22 executive office of health and human services shall develop evidenced-based caregiver
2-23 assessments and referral tools appropriate to the departments within the office that provide long-
2-24 term care services and supports.{add}
2-25 SECTION 2. This act shall take effect upon passage.

voting check off graphic

MOTION: To find 13 H 5155 AN ACT RELATING TO HUMAN SERVICES - FAMILY CAREGIVERS SUPPORT ACT OF 2013

beneficial DW/RCa passed, Abstain TF, BI, LD, PP, KD

13 S 0269 AN ACT RELATING TO HUMAN SERVICES - HEALTH CARE FOR FAMILIES

Sen. Lynch, in Senate Finance Committee
This act would expand the income disregards or other methodology for parents or relative caretakers eligible for medical assistance under this chapter to income levels that are below 185% of the federal poverty level.
This act would take effect upon passage.

13 S 0269
A N A C T
RELATING TO HUMAN SERVICES - HEALTH CARE FOR FAMILIES

Introduced By: Senators Lynch, Miller, Gallo, Sosnowski, and Pearson
Date Introduced: February 12, 2013
Referred To: Senate Finance

It is enacted by the General Assembly as follows:

1-1 SECTION 1. Chapter 40-8.4 of the General Laws entitled "Health Care For Families" is
1-2 hereby amended by adding thereto the following section:
1-3 {add}**40-8.4-4.1. Eligibility for Medicare Savings Programs. –** Notwithstanding the
1-4 provisions of any general or public law to the contrary, the secretary of the executive office of
1-5 health and human services shall increase income disregards used to determine eligibility by the
1-6 department of human services for the federal qualified medicare beneficiary, the specified low-
1-7 income medicare beneficiary and the qualifying individual programs, administered in accordance
1-8 with the provisions of 42 USC 1396d(p), by an amount that equalizes the income levels used to
1-9 determine eligibility for said programs to income levels at or below one hundred eighty-five
1-10 percent (185%) of the federal poverty level. Provided, further, the secretary of the executive
1-11 office of health and human services shall not apply an asset test for eligibility under the medicare
1-12 savings program and shall submit any Medicaid state plan amendment necessary to implement
1-13 the provisions of this section. {add}
1-14 SECTION 2. This act shall take effect upon passage.

☑ voting check off graphic

13 S 0269 AN ACT RELATING TO HUMAN SERVICES - HEALTH CARE FOR FAMILIES *Tabled for more information from EOHHS*

13 H 5414 AN ACT RELATING TO HUMAN SERVICES -- PUBLIC ASSISTANCE

Rep. Gallison, in House Finance Committee
This act would increase the state social security income enhanced reimbursement for low-income individuals in assisted living to $538 dollars every month.
This act would take effect upon passage.

13 H 5414
A N A C T
RELATING TO HUMAN SERVICES -- PUBLIC ASSISTANCE

Introduced By: Representatives Gallison, Ruggiero, Giarrusso, Marshall, and Finn
Date Introduced: February 13, 2013
Referred To: House Finance

It is enacted by the General Assembly as follows:

1-1 SECTION 1. Section 40-6-27 of the General Laws in Chapter 40-6 entitled "Public
1-2 Assistance Act" is hereby amended to read as follows:
1-3 40-6-27. Supplemental security income. -- (a) (1) The director of the department is
1-4 hereby authorized to enter into agreements on behalf of the state with the secretary of the
1-5 Department of Health and Human Services or other appropriate federal officials, under the

1-6 supplementary and security income (SSI) program established by title XVI of the Social Security
1-7 Act, 42 U.S.C. section 1381 et seq., concerning the administration and determination of eligibility
1-8 for SSI benefits for residents of this state, except as otherwise provided in this section. The state's
1-9 monthly share of supplementary assistance to the supplementary security income program shall
1-10 be as follows:
1-11 (i) Individual living alone: $39.92
1-12 (ii) Individual living with others: $51.92
1-13 (iii) Couple living alone: $79.38
1-14 (iv) Couple living with others: $97.30
1-15 (v) Individual living in state licensed assisted living residence: {delete}~~$332.00~~{delete}{add} $538.00{add}
1-16 (vi) Individual living in state licensed supportive residential care settings that, depending
1-17 on the population served, meet the standards set by the department of human services in
1-18 conjunction with the department(s) of children, youth and families, elderly affairs and/or
1-19 behavioral healthcare, developmental disabilities and hospitals: $300.00
2-20 {delete}~~Provided, however, that the department of human services shall by regulation reduce,~~
2-21 ~~effective January 1, 2009, the state's monthly share of supplementary assistance to the~~
2-22 ~~supplementary security income program for each of the above listed payment levels, by the same~~
2-23 ~~value as the annual federal cost of living adjustment to be published by the federal social security~~
2-24 ~~administration in October 2008 and becoming effective on January 1, 2009, as determined under~~
2-25 ~~the provisions of title XVI of the federal social security act [42 U.S.C. section 1381 et seq.] and~~
2-26 ~~provided further, that it is the intent of the general assembly that the January 1, 2009 reduction in~~
2-27 ~~the state's monthly share shall not cause a reduction in the combined federal and state payment~~
2-28 ~~level for each category of recipients in effect in the month of December 2008; provided further,~~
2-29 ~~that the department of human services is authorized and directed to provide for payments to~~
2-30 ~~recipients in accordance with the above directives.~~{delete}
2-31 (2) As of July 1, 2010, state supplement payments shall not be federally administered and
2-32 shall be paid directly by the department of human services to the recipient.
2-33 (3) Individuals living in institutions shall receive a twenty dollar ($20.00) per month
2-34 personal needs allowance from the state which shall be in addition to the personal needs
2-35 allowance allowed by the Social Security Act, 42 U.S.C. section 301 et seq.
2-36 (4) Individuals living in state licensed supportive residential care settings and assisted
2-37 living residences who are receiving SSI shall be allowed to retain a minimum personal needs
2-38 allowance of fifty-five dollars ($55.00) per month from their SSI monthly benefit prior to
2-39 payment of any monthly fees.
2-40 (5) To ensure that supportive residential care or an assisted living residence is a safe and
2-41 appropriate service setting, the department is authorized and directed to make a determination of
2-42 the medical need and whether a setting provides the appropriate services for those persons who:
2-43 (i) Have applied for or are receiving SSI, and who apply for admission to supportive
2-44 residential care setting and assisted living residences on or after October 1, 1998; or
2-45 (ii) Who are residing in supportive residential care settings and assisted living residences,
2-46 and who apply for or begin to receive SSI on or after October 1, 1998.
2-47 (6) The process for determining medical need required by subsection (4) of this section
2-48 shall be developed by the office of health and human services in collaboration with the
2-49 departments of that office and shall be implemented in a manner that furthers the goals of
2-50 establishing a statewide coordinated long-term care entry system as required pursuant to the
2-51 Global Consumer Choice Compact Waiver.
2-52 (7) To assure access to high quality coordinated services, the department is further
2-53 authorized and directed to establish rules specifying the payment certification standards that must
2-54 be met by those state licensed supportive residential care settings and assisted living residences
3-1 admitting or serving any persons eligible for state-funded supplementary assistance under this
3-2 section. Such payment certification standards shall define:
3-3 (i) The scope and frequency of resident assessments, the development and
3-4 implementation of individualized service plans, staffing levels and qualifications, resident
3-5 monitoring, service coordination, safety risk management and disclosure, and any other related
3-6 areas;
3-7 (ii) The procedures for determining whether the payment certifications standards have
3-8 been met; and
3-9 (iii) The criteria and process for granting a one time, short-term good cause exemption
3-10 from the payment certification standards to a licensed supportive residential care setting or
3-11 assisted living residence that provides documented evidence indicating that meeting or failing to
3-12 meet said standards poses an undue hardship on any person eligible under this section who is a

3-13 prospective or current resident.
3-14 (8) The payment certification standards required by this section shall be developed in
3-15 collaboration by the departments, under the direction of the executive office of health and human
3-16 services, so as to ensure that they comply with applicable licensure regulations either in effect or
3-17 in development.
3-18 (b) The department is authorized and directed to provide additional assistance to
3-19 individuals eligible for SSI benefits for:
3-20 (1) Moving costs or other expenses as a result of an emergency of a catastrophic nature
3-21 which is defined as a fire or natural disaster; and
3-22 (2) Lost or stolen SSI benefit checks or proceeds of them; and
3-23 (3) Assistance payments to SSI eligible individuals in need because of the application of
3-24 federal SSI regulations regarding estranged spouses; and the department shall provide such
3-25 assistance in a form and amount, which the department shall by regulation determine.
3-26 SECTION 2. Section 40-6-27.2 of the General Laws in Chapter 40-6 entitled "Public
3-27 Assistance Act" is hereby repealed.
3-28 {delete} ~~40-6-27.2. Supplementary cash assistance payment for certain supplemental security~~
3-29 ~~income recipients. -- There is hereby established a $206 monthly payment for disabled and~~
3-30 ~~elderly individuals who, on or after July 1, 2012, receive the state supplementary assistance~~
3-31 ~~payment for an individual in state licensed assisted living residence under section 40-6-27 and~~
3-32 ~~further reside in an assisted living facility that is not eligible to receive funding under Title XIX~~
3-33 ~~of the Social Security Act, 42 U.S.C. section 1381 et seq.~~ {delete}
4-34 SECTION 3. This act shall take effect upon passage.

voting_check off graphic

Took no position

13 H 5546 AN ACT RELATING TO BEHAVIORAL HEALTHCARE, DEVELOPMENTAL DISABILITIES AND HOSPITALS - DEVELOPMENTAL DISABILITIES OMBUDSPERSON ACT OF 2013

Rep. Blazejewski, in House Finance Committee
This act would establish a program of the developmental disabilities ombudsperson to be administratively attached to the department of behavioral health, developmental disabilities, and hospitals. One person will be selected called an ombudsperson to help advocate, investigate and research organizations for people with disabilities. They will also file any complaints against another organization and seek a solution. For example, an organization does not have a wheelchair accessible ramp, this is where the ombudsperson will come in and help to seek a solution to this problem.

This act would take effect upon passage.

2013 -- H 5546

A N A C T
RELATING TO BEHAVIORAL HEALTHCARE, DEVELOPMENTAL DISABILITIES AND HOSPITALS - DEVELOPMENTAL DISABILITIES OMBUDSPERSON ACT OF 2013

Introduced By: Representatives Blazejewski, Gallison, Kazarian, Bennett, and Hull
Date Introduced: February 14, 2013
Referred To: House Finance

It is enacted by the General Assembly as follows:

1-1 SECTION 1. Title 40.1 of the General Laws entitled "BEHAVIORAL HEALTHCARE,
1-2 DEVELOPMENTAL DISABILITIES AND HOSPITALS" is hereby amended by adding thereto
1-3 the following chapter:
1-4 {add} CHAPTER 22.2
1-5 DEVELOPMENTAL DISABILITIES OMBUDSPERSON ACT OF 2013
1-6 **40.1-22.2-1. Short title. -** This chapter shall be known and may be cited as the
1-7 "Developmental Disabilities Ombudsperson Act of 2013".

1-8 **40.1-22.2-2. Program established. –** There is established a program of the
1-9 Developmental Disabilities Ombudsperson to be administratively attached to the department of
1-10 behavioral healthcare, developmental disabilities, and hospitals.
1-11 **40.1-22.2-3. Definitions. –** As used in this chapter:
1-12 (1) An "act" of any facility or government agency includes any failure or refusal to act by
1-13 any facility or government agency.
1-14 (2) "Administrator" means any person who is charged with the general administration or
1-15 supervision of a facility whether or not that person has an ownership interest and whether or not
1-16 that person's functions and duties are shared with one or more other persons.
1-17 (3) "Community residence" means any home or other living arrangement which is
1-18 established, offered, maintained, conducted, managed, or operated by any person for a period of
1-19 at least twenty-four (24) hours, where, on a twenty-four (24) hour basis, direct supervision is
2-1 provided for the purpose of providing rehabilitative treatment, habilitation, psychological support,
2-2 and/or social guidance for three (3) or more persons with developmental disabilities or cognitive
2-3 disabilities such as brain injury. The facilities shall include, but not be limited to, group homes,
2-4 and fully supervised apartment programs. Semi-independent living programs and shared living
2-5 arrangements shall not be considered community residences for the purposes of this chapter and
2-6 the rules and regulations herein.
2-7 (4) "Developmentally disabled adult" means a person, eighteen (18) years old or older
2-8 and not under the jurisdiction of the department of children, youth, and families who is either a
2-9 developmentally disabled adult or is a person with a severe, chronic disability which:
2-10 (i) Is attributable to a mental or physical impairment or combination of mental and
2-11 physical impairments;
2-12 (ii) Is manifested before the person attains age twenty-two (22);
2-13 (iii) Is likely to continue indefinitely;
2-14 (iv) Results in substantial functional limitations in three (3) or more of the following
2-15 areas of major life activity:
2-16 (A) Self care;
2-17 (B) Receptive and expressive language;
2-18 (C) Learning;
2-19 (D) Mobility;
2-20 (E) Self-direction;
2-21 (F) Capacity for independent living;
2-22 (G) Economic self-sufficiency; and
2-23 (v) Reflects the person's need for a combination and sequence of special,
2-24 interdisciplinary, or generic care, treatment, or other services, which are of lifelong or extended
2-25 duration and are individually planned and coordinated. For the purposes of funding, it is
2-26 understood that students enrolled in school will continue to receive education from their local
2-27 education authority in accordance with section 16-24-1 et seq.
2-28 (5) "Developmentally disability organizations (DDOs)" means an organization licensed
2-29 by BHDDH to provide services to adults with disabilities, as provided herein. As used herein,
2-30 DDOs shall have the same meaning as "providers" or "agencies."
2-31 (6) "Government agency" means any department, division, office, bureau, board,
2-32 commission, authority, nonprofit community organization, or any other agency or instrumentality
2-33 created by any municipality or by the state, or to which the state is a party, which is responsible
2-34 for the regulation, inspection, visitation, or supervision of facilities or which provides services to
3-1 residents of facilities.
3-2 (7) "Health oversight agency" means, for the purposes of this chapter, the department of
3-3 behavioral healthcare, developmental disabilities, and hospitals or the person or entity designated
3-4 as the state's developmental disabilities ombudsperson by the governor, including the employees
3-5 or agents of such person or entity, when they are acting to fulfill the duties and responsibilities of
3-6 the state's developmental disabilities ombudsperson program in which information is necessary to
3-7 oversee the care system and in accordance with the U.S. Health Insurance Portability and
3-8 Accountability Act (HIPAA) of 1996.
3-9 (8) "Interfere" means willing and continuous conduct which prevents the ombudsperson
3-10 from performing his or her official duties.
3-11 (9) "Director" means the director of the department of behavioral healthcare,
3-12 developmental disabilities, and hospitals.
3-13 (10) "Ombudsperson" means the person or persons designated by the governor to carry
3-14 out the powers and duties of the office.
3-15 (11) "Person" means any individual, trust, estate, partnership, limited liability

3-16 corporation, corporation (including associations, joint stock companies, and insurance companies)
3-17 state, or political subdivision or instrumentality of the state.
3-18 (12) "Provider" means any organization that has been established for the purpose of
3-19 providing either residential and/or day support services for adults with developmental disabilities
3-20 and which is licensed by the department of behavioral healthcare, developmental disabilities and
3-21 hospitals pursuant to section 40.1-24-1 et seq., of the Rhode Island general laws, as amended. For
3-22 the purposes of this section, "provider" shall also include any residential and/or day program
3-23 services operated by the department of behavioral healthcare, developmental disabilities and
3-24 hospitals and the state of Rhode Island.
3-25 (13) "Services" means those services provided, and shall include, but not be limited to,
3-26 developmental services, supportive services, and ancillary services.
3-27 (14) "Shared Living Residence" means the residence and physical premises in which the
3-28 support is provided by the shared living arrangement provider. The home shall be inspected and
3-29 approved by the shared living placement agency.
3-30 **40.1-22.2-4. Developmental Disabilities Ombudsperson. –** The governor shall establish
3-31 the position of developmental disabilities ombudsperson that shall be administratively attached to
3-32 the department of behavioral healthcare, developmental disabilities, and hospitals for the purpose
3-33 of advocating on behalf of developmentally disabled adults, providers, any person associated with
3-34 a provider, advocates, individuals acting on their behalf, or any individual organization or
4-1 government agency that has reason to believe that a facility, organization or government agency
4-2 has engaged in activities, practices or omissions that constitute a violation of applicable statutes
4-3 or regulations that may have an adverse effect upon the health, safety, welfare, rights or quality of
4-4 life of developmentally disabled adults. The developmental disabilities ombudsperson shall
4-5 receive, investigate, and resolve through mediation, negotiation, and administrative action
4-6 complaints filed by any of the aforementioned parties. The developmental disabilities
4-7 ombudsperson may dismiss a complaint at any stage of an investigation. The governor shall
4-8 appoint the developmental disabilities ombudsperson to a term of five (5) years with the advice
4-9 and consent of the senate. The developmental disabilities ombudsperson shall hire additional staff
4-10 as necessary to carry out the powers and duties of the office.
4-11 **40.1-22.2-5. Powers and duties. –** The developmental disabilities ombudsperson shall:
4-12 (1) Investigate, and resolve complaints that: (i) Are made by, or on behalf of,
4-13 developmentally disabled adults, any person associated with a provider, providers, advocates; and
4-14 (ii) Relate to action, inaction, or decisions, that may adversely affect the health, safety, welfare or
4-15 rights of the developmentally disabled adults (including the welfare and rights of developmentally
4-16 disabled adults with respect to the appointment and activities of guardians and representative
4-17 payees) and health care and financial powers of attorney;
4-18 (2) Formulate policies and procedures to investigate and resolve complaints;
4-19 (3) Seek administrative, legal, and other remedies to protect the health, safety, welfare,
4-20 and rights of the developmentally disabled adults;
4-21 (4) Receive all reports from the department of behavioral healthcare, developmental
4-22 disabilities and hospitals of incidents reported to the office of quality assurance within twenty-
4-23 four (24) hours, or by the next business day of the occurrence, in cases of resident abuse, neglect,
4-24 exploitation, theft, sexual abuse, accidents involving fires, elopement and person to person
4-25 abuses;
4-26 (5) Review and, if necessary, comment on any existing and proposed laws, regulations,
4-27 and other government policies and actions, that affect the parties subject to this statute;
4-28 (6) Make appropriate referrals of investigations to the department of behavioral
4-29 healthcare, developmental disabilities and hospitals and other state agencies;
4-30 (7) Receive from the department of behavioral healthcare, developmental disabilities and
4-31 hospitals all reports of thirty (30) day notices of developmentally disabled adults discharged from
4-32 community residences or shared living residences;
4-33 **40.1-22.2-6. Confidentiality. –** The files maintained by the developmental disabilities
4-34 ombudsperson program are confidential and shall be disclosed only with the written consent of
5-1 the developmentally disabled adults affected or his or her legal representative/guardian, or if any
5-2 disclosure is required by court order. Nothing in this paragraph shall be construed to prohibit the
5-3 disclosure of information gathered in an investigation to any interested party as may be necessary
5-4 to resolve the complaint or to refer to other appropriate state agencies investigating civil, criminal
5-5 or licensing violations.
5-6 **40.1-22.2-7. Access to records, provider, developmentally disabled adults. –** (a) In the
5-7 course of an investigation, the developmental disabilities ombudsperson shall:
5-8 (1) Make the necessary inquiries and obtain information as is deemed necessary;

5-9 (2) Have access to providers and any persons related to an investigation;
5-10 (3) Enter provider locations and, after notifying the person in charge, inspect any books,
5-11 files, medical records, or other records that pertain to the investigation;
5-12 (4) Make personal, social, and other appropriate services available;
5-13 (5) Inform them of their rights and entitlements and corresponding obligations under
5-14 federal and state law by distribution of educational materials, discussion in groups, or discussion
5-15 with individuals and their families; and
5-16 (6) Engage in other methods of assisting, advising, and representing developmentally
5-17 disabled adults to extend to them the full enjoyment of their rights.
5-18 (b) The office of the developmental disabilities ombudsperson is considered a health
5-19 oversight agency.
5-20 (c) Notwithstanding any other provision of law, a health oversight agency, and its
5-21 employees and agents, shall comply with all state and federal confidentiality laws, including, but
5-22 not limited to, chapter 37.3 of title 5 (Confidentiality of Health Care Communications and
5-23 Information Act) and specifically subsection 5-37.3-4(c), which requires limitation on the
5-24 distribution of information which is the subject of this chapter on a "need to know" basis, and
5-25 section 40.1-5-26.
5-26 **40.1-22.2-8. Retaliation prohibited. -** No discriminatory, disciplinary, or retaliatory
5-27 action shall be taken against any officer or employee of a provider by the provider; nor against
5-28 any guardian or family member of any developmentally disabled adults; nor against any
5-29 developmentally disabled adults of the provider; nor against any volunteer for any
5-30 communication by him or her with the developmental disabilities ombudsperson or for any
5-31 information given or disclosed by him or her in good faith to aid the developmental disabilities
5-32 ombudsperson in carrying out his or her duties and responsibilities.
5-33 **40.1-22.2-9. Cooperation required. -** (a) The developmental disabilities ombudsperson
5-34 may request from any government agency, and the agency is authorized and directed to provide,
6-1 any cooperation and assistance, services, and data that will enable the developmental disabilities
6-2 ombudsperson to properly perform or exercise any of his or her functions, duties and powers
6-3 under this chapter.
6-4 (b) The developmental disabilities ombudsperson shall cooperate and assist other
6-5 government agencies in their investigations, such as the department of health, the office of
6-6 attorney general, the department of human services and any other pertinent departments or
6-7 agencies.
6-8 **40.1-22.2-10. Annual reports. -** The developmental disabilities ombudsperson shall
6-9 submit an annual report of the activities of the developmental disabilities ombudsperson program
6-10 and the developmental disabilities ombudsperson's activities concerning facilities and the
6-11 protection of the rights of developmentally disabled adults to the governor, speaker of the house,
6-12 senate president, director of behavioral healthcare, developmental disabilities and hospitals,
6-13 chairs of the senate and house committee on finance, chair of the senate committee on health and
6-14 human services, chair of the house committee on health, education and welfare, general assembly,
6-15 secretary of the Rhode Island department of health and human services, state librarian, and other
6-16 appropriate governmental entities. The report shall be available to the public.
6-17 **40.1-22.2-11. Immunity from liability. -** Any person, institution, or official who in
6-18 good faith participates in the registering of a complaint, or who in good faith investigates that
6-19 complaint or provides access to those persons carrying out the investigation, or who participates
6-20 in a judicial proceeding resulting from that complaint, is immune from any civil or criminal
6-21 liability that might otherwise be a result of these actions. For the purpose of any civil or criminal
6-22 proceedings, there is a rebuttable presumption that any person acting pursuant to this chapter did
6-23 so in good faith.
6-24 **40.1-22.2-12. Rules and regulations. -** The office of the developmental disabilities
6-25 ombudsperson shall promulgate and, from time to time, revise rules and regulations for the
6-26 implementation and enforcement of the developmental disabilities ombudsperson program
6-27 including, but not limited to, the procedures for the receipt, investigation and resolution, through
6-28 administrative action, of complaints.
6-29 **40.1-22.2-13. Interagency cooperation. -** Nothing in this chapter shall be construed to
6-30 be a limitation of the powers and responsibilities assigned by law to other state agencies or
6-31 departments. The ombudsperson shall establish an interagency agreement between the department
6-32 of behavioral healthcare, developmental disabilities and hospitals, the department of health, the
6-33 department of human services, and the office of attorney general to ensure a cooperative effort in
6-34 meeting the needs of developmentally disabled adults.
7-1 **40.1-22.2-14. Non-interference. -** No person shall willfully interfere with the

7-2 developmental disabilities ombudsperson in the performance of the ombudsperson's official
7-3 duties.
7-4 **40.1-22.2-15. Enforcement. -** The attorney general shall have the power to enforce the
7-5 provisions of this chapter.
7-6 **40.1-22.2-16. Penalty for violations of sections 40.1-22.2-8 and 40.1-22.2-14.-** Every
7-7 person who willfully violates the provisions of sections 40.1-22.2-8 or 40.1-22.2-14 shall be
7-8 subject to a fine up to one thousand dollars ($1,000) for each violation of these sections and any
7-9 other remedy provided for in Rhode Island law.
7-10 **40.1-22.2-17. Severability. -** If any provision of this chapter or any rule or regulation
7-11 made under this chapter, or the application of any provision of this chapter to any person or
7-12 circumstance shall be held invalid by any court of competent jurisdiction, the remainder of the
7-13 chapter, rule or regulation and the application of such provision to other persons or circumstances
7-14 shall not be affected thereby. The invalidity of any section or sections or parts of any section of
7-15 this chapter shall not affect the validity of the remainder of this chapter and to this end the
7-16 provisions of the chapter are declared to be severable. {add}
7-17 SECTION 2. This act shall take effect upon passage.

voting check off graphic

MOTION: To find 13 H 5546 AN ACT RELATING TO BEHAVIORAL HEALTHCARE, DEVELOPMENTAL DISABILITIES AND HOSPITALS - DEVELOPMENTAL DISABILITIES OMBUDSPERSON ACT OF 2013 harmful BI/KH passed, Abstain PP, LD, LW

Special Education

13 H 5050 AN ACT RELATING TO TOWNS AND CITIES -- STATE AID

Rep. Edwards, in House Finance Committee

This act would provide that if during any fiscal year the state reimbursement to cities and towns and school districts is insufficient to cover the costs of state mandates as reported by the department of revenue, those affected cities, towns and school districts may cease implementation of state mandates at their discretion up to 50% of the value of the reimbursement shortfall.

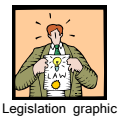
13 H 5050
A N A C T
RELATING TO TOWNS AND CITIES -- STATE AID

Introduced By: Representatives Edwards, Marshall, Newberry, Guthrie, and Keable
Date Introduced: January 10, 2013
Referred To: House Finance

It is enacted by the General Assembly as follows:

1-1 SECTION 1. Section 45-13-9 of the General Laws in Chapter 45-13 entitled "State Aid"
1-2 is hereby amended to read as follows:
1-3 **45-13-9. Reimbursement to cities and towns and school districts for the costs of state**
1-4 **mandates. --** (a) (1) The department of revenue shall submit to the budget office by October 1 of
1-5 each year, a report by each city and town, of the cost of state mandates established after January
1-6 1, 1979, to be reimbursed for the next preceding July 1 -- June 30 period.
1-7 (2) The budget office shall annually include the statewide total of the statement of costs
1-8 of state mandates eligible to be reimbursed in the state budget for the next fiscal year for
1-9 consideration by the governor in preparing a final budget proposal for submission to the general
1-10 assembly in accordance with section 35-3-7 of the General Laws; provided, that any costs
1-11 resulting from the rules and regulations of state departments or agencies shall be allocated to the
1-12 budgets of those departments or agencies.
1-13 (b) The state treasurer shall in July of each year distribute to cities and towns the
1-14 reimbursements for state mandated costs as may be appropriated by the general assembly.
1-15 {add} (c) If during any fiscal year the state reimbursement to cities and towns and school
1-16 districts is insufficient to cover the costs of state mandates as reported by the department of
1-17 revenue, the affected cities, towns and school districts may cease implementation of the state
1-18 mandates at their discretion up to fifty percent (50%) of the value of the reimbursement shortfall,

1-19 provided that:
2-20 (1) Existing personnel contracts are honored in their entirety or renegotiated to the
2-21 satisfaction of both parties; and
2-22 (2) Implementation of state mandates is restored upon the full restoration of state
2-23 reimbursements. {add}
2-24 SECTION 2. This act shall take effect upon passage.

☑ voting check off graphic	MOTION: To find 13 H 5050 AN ACT RELATING TO TOWNS AND CITIES -- STATE AID harmful DW/TF passed, Abstain SB, KD, LD, PP
	MOTION: To request EOHHS notify the consumers when the Centers for Medicare & Medicaid Services posts the RI Global Waiver for comments DW/BI passed, Abstained LD
 Legislation graphic	**4:00 Consideration of Budget Articles, Linda Ward Chair** Purpose/Goal: 1)To make recommendations to the Commission regarding the impact of disability related Budget Articles Discussion: The Commission's Executive Committee requests the Legislation Committee review and comment on the impact of the following Budget Articles on people with disabilities. The options are to recommend the Commission: ✓ Support; ✓ Oppose; ✓ Propose Amendments; or Take no position.
Healthcare graphic	ARTICLE 19 RELATING TO MEDICAL ASSISTANCE This article suspends scheduled cost-of-living adjustments in FY 2014 for both nursing facilities and hospital services under the Medical Assistance program. This article also authorizes the expansion of Medicaid eligibility to childless adults up to 138 percent of the federal poverty level in conformance with provisions of the Affordable Care Act; and empowers the Executive Office of Health and Human Serves to pursue the renewal or extension of the Section 1115 Research and Demonstration Waiver or other waivers as deemed appropriate.

Starting on Page 133 of the Budget Act

14 **ARTICLE 19**
15 **RELATING TO MEDICAL ASSISTANCE**
16 SECTION 1. Sections 40-8-13.4 and 40-8-19 of the General Laws in Chapter 40-8 entitled
17 "Medical Assistance" are hereby amended to read as follows:
18 **§ 40-8-13.4. Rate methodology for payment for in state and out of state hospital services.-**(a) The {delete} ~~department~~ {delete}{add}executive office of health and{add} human services shall implement a new
19 methodology for
20 payment for in state and out of state hospital services in order to ensure access to and the provision of
21 high quality and cost-effective hospital care to its eligible recipients.
(b) In order to improve efficiency and cost effectiveness, the {delete}~~department~~{delete} {add}executive
22 office
23 health and{add} human services shall:
24 (1) With respect to inpatient services for persons in fee for service Medicaid, which is non-
25 managed care, implement a new payment methodology for inpatient services utilizing the Diagnosis
26 Related Groups (DRG) method of payment, which is, a patient classification method which provides a
27 means of relating payment to the hospitals to the type of patients cared for by the hospitals. It is
28 understood that a payment method based on Diagnosis Related Groups may include cost outlier payments and other specific exceptions. The {delete}~~departmen~~{delete}~~t~~ {add}executive office{add} will review the DRG
29 payment method and

the DRG base price annually, making adjustments as appropriate in consideration of such elements as trends in hospital input costs, patterns in hospital coding, beneficiary access to care, and the Center for Medicare and Medicaid Services national CMS Prospective Payment System (IPPS) Hospital Input Price index.

(B) With respect to inpatient services, (i) it is required as of January 1, 2011 until December 31, 2011, that the Medicaid managed care payment rates between each hospital and health plan shall not exceed ninety and one tenth percent (90.1%) of the rate in effect as of June 30, 2010. Negotiated increases in inpatient hospital payments for each annual twelve (12) month period beginning January 1, 2012 may not exceed the Centers for Medicare and Medicaid Services national CMS Prospective Payment System (IPPS) Hospital Input Price index for the applicable period; (ii) {add}provided, however, for the twelve (12) month period beginning July 1, 2013 the Medicaid managed care payment rates between each hospital and health plan shall not exceed the payment rates in effect as of January 1, 2013; (iii) negotiated increases in inpatient hospital payments for each annual twelve (12) month period beginning July 1, 2014 may not exceed the Centers for Medicare and Medicaid Services national CMS Prospective Payment System (IPPS) Hospital Input Price Index, less Productivity Adjustment, for the applicable period; (iv) {add} The Rhode Island {delete}department{delete} executive office of health and human services will develop an audit methodology and process to assure that savings associated with the payment reductions will accrue directly to the Rhode Island Medicaid program through reduced managed care plan payments and shall not be retained by the managed care plans; {delete} (iii) {delete}{add} (v) {add} All hospitals licensed in Rhode Island shall accept such payment rates as payment in full; and {delete} (iv) {delete} {add} (vi) {add} for all such hospitals, compliance with the provisions of this section shall be a condition of participation in the Rhode Island Medicaid program.

(2) With respect to outpatient services and notwithstanding any provisions of the law to the contrary, for persons enrolled in fee for service Medicaid, the {delete}department{delete} {add}executive office{add} will reimburse hospitals for outpatient services using a rate methodology determined by the{delete} department{delete} {add}executive office{add} and in accordance with federal regulations. Fee-for-service outpatient rates shall align with Medicare payments for similar services. (delete) Changes (delete) {add}Notwithstanding the above, there shall be no increase in the Medicaid fee-for-service outpatient rates effective July 1, 2013. Thereafter, changes{add} to outpatient rates will be implemented on July 1 each year {add}and shall align with Medicare payments for similar services from the prior federal fiscal year{add}. With respect to the outpatient rate, (i) it is required as of January 1, 2011 until December 31, 2011, that the Medicaid managed care payment rates between each hospital and health plan shall not exceed one hundred percent (100%) of the rate in effect as of June 30, 2010. Negotiated increases in hospital outpatient payments for each annual twelve (12) month period beginning January 1, 2012 may not exceed the Centers for Medicare and Medicaid Services national CMS Outpatient Prospective Payment System (OPPS) hospital price index for the applicable period.{add} ;(ii) provided, however, for the twelve (12) month period beginning July 1, 2013 the Medicaid managed care outpatient payment rates between each hospital and health plan shall not exceed the payment rates in effect as of January 1, 2013; (iii) negotiated increases in outpatient hospital payments for each annual twelve (12) month period beginning July 1, 2014 may not exceed the Centers for Medicare and Medicaid Services national CMS Outpatient Prospective Payment System (OPPS) Hospital Input Price Index, less {add} Productivity Adjustment, for the applicable period.

© It is intended that payment utilizing the Diagnosis Related Groups method shall reward hospitals for providing the most efficient care, and provide the {delete}department {delete}{add} executive office{add} the opportunity to conduct value based purchasing of inpatient care.

(d) The director secretary of the {delete}department{delete} {add} executive office{add} of {add} health and{add} human services and/or {delete}the secretary of executive office of health and human services{delete} is hereby authorized to promulgate such rules and regulations consistent with this chapter, and to establish fiscal procedures he or she deems necessary for the proper implementation and administration of this chapter in order to provide payment to

hospitals using the Diagnosis Related Group payment methodology. Furthermore, amendment of the Rhode Island state plan for medical assistance (Medicaid) pursuant to Title XIX of the federal Social Security Act is hereby authorized to provide for payment to hospitals for services provided to eligible recipients in accordance with this chapter.

(e) The {delete}department{delete} {add} executive office{add} shall comply with all public notice requirements necessary to implement these rate changes.

(f) As a condition of participation in the DRG methodology for payment of hospital services, every hospital shall submit year-end settlement reports to the {delete}departmen{delete}t{add}executive office{add} within one year from the close of a hospital's fiscal year. Should a participating hospital fail to timely submit a year-end settlement report as required by this section, the {delete}department{delete}{add}executive office{add} shall withhold financial cycle payments due by any state agency with respect to this hospital by not more than ten percent (10%) until said report is submitted. For hospital fiscal year 2010 and all subsequent fiscal years, hospitals will not be required to submit year-end settlement reports on payments for outpatient services. For hospital fiscal year 2011 and all subsequent fiscal years, hospitals will not be required to submit year-end settlement reports on claims for hospital inpatient services. Further, for hospital fiscal year 2010, hospital inpatient claims subject to settlement shall include only those claims received between October 1, 2009 and June 30, 2010.

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

{delete} ~~(h) The director of the Department of Human Services shall establish an independent study commission comprised of representatives of the hospital network, representatives from the communities the hospitals serve, state and local policy makers and any other stakeholders or consumers interested in improving the access and affordability of hospital care.~~

~~The study commission shall assist the director in identifying: issues of concern and priorities in the community hospital system, the delivery of services and rate structures, including graduate medical education and training programs; and opportunities for building sustainable and effective pubic-private partnerships that support the missions of the department and the state's community hospitals.~~

~~The director of the Department of Human Services shall report to the chairpersons of the House and Senate Finance Committees the findings and recommendations of the study commission by December 31, 2010.~~ {delete}

§ 40-8-19. Rates of payment to nursing facilities. - (a) Rate reform. (1) The rates to be paid by the state to nursing facilities licensed pursuant to chapter 17 of title 23, and certified to participate in the Title XIX Medicaid program for services rendered to Medicaid-eligible residents, shall be reasonable and adequate to meet the costs which must be incurred by efficiently and economically operated facilities in accordance with 42 U.S.C. § 1396a(a)(13). The executive office of health and human services shall promulgate or modify the principles of reimbursement for nursing facilities in effect as of July 1, 2011 to be consistent with the provisions of this section and Title XIX, 42 U.S.C. § 1396 et seq., of the Social Security Act.

(2) The executive office of health and human services ("Executive Office") shall review the current methodology for providing Medicaid payments to nursing facilities, including other long-term care services providers, and is authorized to modify the principles of reimbursement to replace the current cost based methodology rates with rates based on a price based methodology to be paid to all facilities with recognition of the acuity of patients and the relative Medicaid occupancy, and to include the following elements to be developed by the executive office:

(i) A direct care rate adjusted for resident acuity;

(ii) An indirect care rate comprised of a base per diem for all facilities;

(iii) A rearray of costs for all facilities every three (3) years beginning October, 2015, which may or may not result in automatic per diem revisions;

(iv) Application of a fair rental value system;

(v) Application of a pass-through system; and

(vi) Adjustment of rates by the change in a recognized national nursing home inflation index to be applied on October 1st of each year, beginning October 1, 2012. {add}This adjustment will not occur on October 1, 2013, but will resume on October 1, 2014. {add} Said inflation index shall be applied without regard for the transition factor in subsection (b)(2) below.

(b) Transition to full implementation of rate reform. For no less than four (4) years after the initial application of the price-based methodology described in subdivision (a)(2) to payment rates, the ~~department~~ {add} executive office of health and human services{add} shall implement a transition plan to moderate the impact of the rate reform on individual nursing facilities. Said transition shall include the following components:

(1) No nursing facility shall receive reimbursement for direct care costs that is less than the rate of reimbursement for direct care costs received under the methodology in effect at the time of passage of this act; and

(2) No facility shall lose or gain more than five dollars ($5.00) in its total per diem rate the first year of the transition. The adjustment to the per diem loss or gain may be phased out by twenty-five percent (25%) each year; and

(3) The transition plan and/or period may be modified upon full implementation of facility per diem rate increases for quality of care related measures. Said modifications shall be submitted in a report to the general assembly at least six (6) months prior to implementation.

SECTION 2. Title 40 of the General Laws entitled "Human Services" is hereby amended by adding thereto the following chapter:

{add} CHAPTER 40-8.11

HEALTH CARE FOR ADULTS

§ 40-8.11-1 Purpose. -. Pursuant to § 42-12.3-2, it is the intent of the general assembly to create access to comprehensive health care for uninsured Rhode Islanders. The Rhode Island Medicaid program has become an important source of insurance coverage for low income pregnant women, families with children, elders, and persons with disabilities who might not be able otherwise to obtain or afford health care. Under the U.S. Patient Protection and Affordable Care Act (ACA) of 2010, all Americans will be required to have health insurance, with some exceptions, beginning in 2014. Federal funding is available with ACA implementation to help pay for health insurance for low income adults, age 19 to 64, who do not qualify for Medicaid eligibility under RI general and public laws. It is the intent of the general assembly, therefore, to implement the Medicaid expansion for childless adults authorized by the ACA, to extend health insurance coverage to these Rhode Islanders and further the goal established in § 42-12.3-2 in1993.

§ 40-8.11-2 Eligibility- *(a) Medicaid coverage for non-pregnant adults without children.* There is hereby established, effective January 1, 2014, a category of Medicaid eligibility pursuant to Title XIX of the Social Security Act, as amended by the *U.S. Patient Protection and Affordable Care Act (ACA) of 2010*, 42 U.S.C. § 1396u-1, for adults ages 19 to 64 who do not have children and do not qualify for Medicaid under RI general laws applying to families with children and adults who are blind, aged or living with a disability. The executive office of health and human services is directed to make any amendments to the Medicaid state plan and waiver authorities established under Title XIX necessary to implement this expansion in eligibility and assure the maximum federal contribution for health insurance coverage provided pursuant to this chapter. *(b) Income.* The secretary of the executive office of health and human services is authorized and directed to amend the Medicaid Title XIX state plan and, as deemed necessary, any waiver authority to effectuate this expansion of coverage to any Rhode Islander who qualifies for Medicaid eligibility under this chapter with income at or below one hundred and thirty eight percent (138%) the federal poverty level, based on modified adjusted gross income. *© Delivery system.* The executive office of health and human services is authorized and directed to apply for and obtain any waiver authorities necessary to provide persons eligible under this chapter with managed, coordinated health care coverage consistent with the principles set forth in § 42-12.4, pertaining to a health care home. {add}

SECTION 3. Section 42-12.4-8 of the General Laws in Chapter 42-12.4 entitled "The Rhode Island Medicaid Reform Act of 2008" is hereby amended to read as follows:

§ 42-12.4-8 {delete}~~Demonstration termination~~{delete}. {add} Demonstration expiration or termination. {add} -
11 In the
12 event the demonstration is suspended or terminated for any reason, or in the event that the demonstration expires, {delete}~~the department of human services, in conjunction with~~{delete} the executive office of health and
13 human
services, is directed and authorized to apply for and {delete}~~obtain all waivers~~{delete} {add} an extension or renewal
14 of the
15 Section 1115 Research and Demonstration Waiver or any new waiver(s) that, at a minimum, ensure continuation of the waiver authorities {add} in existence prior to the acceptance of the demonstration. The
16 office
17 {add} shall ensure that any such actions are conducted in accordance with applicable federal guidelines
18 pertaining to Section 1115 demonstration waiver renewals, extensions, suspensions or terminations{add}. The
19 department of human services and the executive office of health and human services to the extent possible shall ensure that said ~~waivers~~ {add} waiver authorities{add} are reinstated prior to any suspension, termination,
20 or
21 expiration of the demonstration.
22 SECTION 4. This article shall take effect upon passage.

☑ voting check off graphic	Took no position

ARTICLE 20 RELATING TO MEDICAID REFORM ACT OF 2008

The article establishes the legal authority for the Executive Office of Health and Human Services to undertake a series of programmatic reforms within the Medicaid program in FY 2014:

(a) *Nursing Facility Payment Rates - Eliminate Rate Increase.*
(b) *Medicaid Hospital Payment Rates - Eliminate Adjustments*
(c) *Integrated Care Initiative - Implementation Phase-in*
(d) *BHDDH System Reforms - Implementation of Employment First and Housing First Initiative*
(e) *Costs Not Otherwise Matchable (CNOM) Federal Funding*
(f) Medicaid Requirements and Opportunities under the U.S. Patient Protection and Affordable Care Act of 2010

This article consists of a resolution that is in conformance with RIGL 42-12.4-7.

Starting on Page 138 of the Budget Act

24 ARTICLE 20
25 RELATING TO MEDICAID REFORM ACT OF 2008
26 {add} SECTION 1. *Rhode Island Medicaid Reform Act of 2008.*
27 WHEREAS, the General Assembly enacted Chapter 12.4 of Title 42 entitled "The Rhode Island
28 Medicaid Reform Act of 2008"; and
29 WHEREAS, a Joint Resolution is required pursuant to Rhode Island General Laws § 42-12.4-1,
30 et seq.; and
31 WHEREAS, Rhode Island General Law § 42-12.4-7 provides that any change that requires the
32 implementation of a rule or regulation or modification of a rule or regulation in existence prior to the
33 implementation of the global consumer choice section 1115 demonstration ("the demonstration") shall
34 require prior approval of the general assembly; and further provides that any category II change or
1 category III change as defined in the demonstration shall also require prior approval by the general
2 assembly; and
3 WHEREAS, Rhode Island General Law § 42-7.2-5 provides that the Secretary of the Office of
4 Health and Human Services is responsible for the "review and coordination of any Global Consumer
5 Choice Compact Waiver requests and renewals as well as any initiatives and proposals requiring
6 amendments to the Medicaid state plan or category II or III changes" as described in the demonstration,
7 with "the potential to affect the scope, amount, or duration of publicly-funded health care services,
8 provider payments or reimbursements, or access to or the availability of benefits and services as provided
9 by Rhode Island general and public laws"; and
10 WHEREAS, in pursuit of a more cost-effective consumer choice system of care that is fiscally
11 sound and sustainable, the secretary requests general assembly approval of the following proposals to

12 amend the demonstration:
13 (a) Nursing Facility Payment Rates – Eliminate Rate Increase. The Medicaid agency proposes to
14 eliminate the projected nursing facility rate increase and associated hospice rate increase that would
15 otherwise become effective during state fiscal year 2014. A Category II change is required to implement
16 this proposal under the terms and conditions of the Global Consumer Choice Compact Waiver. Further,
17 this change may also require the adoption of new or amended rules, regulations and procedures.
18 (b) Medicaid Hospital Payment Rates – Eliminate Adjustments. The Medicaid single state agency
19 proposes to reduce hospital payments by eliminating the projected inpatient and outpatient hospital rate
20 increase for state fiscal year 2014. A Category II change is required to implement this proposal under the
21 terms and conditions of the Global Consumer Choice Compact Waiver. Further, this change may also
22 require the adoption of new or amended rules, regulations and procedures.
23 © Integrated Care Initiative – Implementation Phase-in. The Medicaid single state agency
24 proposes to continue implementation of the Medicaid Integrated Care Initiative for Adults authorized
25 under the Rhode Island Medicaid Reform Act of 2008, as amended in 2011. Moving the initiative
26 forward may require Category II changes under the terms and conditions of the Global Consumer Choice
27 Compact Waiver and the adoption of new or amended rules, regulations and procedures.
28 (d) BHDDH System Reforms – Implementation of Employment First and Housing First Initiative.
29 As part of ongoing reforms promoting rehabilitation services that enhance a person's dignity, self-worth
30 and connection to the community, the Department of Behavioral Healthcare, Developmental Disabilities,
31 and Hospitals proposes to change Medicaid financing to support the Employment First and Housing First
32 initiatives. Both initiatives use reductions in Medicaid payments to provide incentives for service
33 alternatives that optimize health and independence. The resulting changes in payment rates may require
1 Category II changes under the terms and conditions of the Global Consumer Choice Compact Waiver and
2 the adoption of new or amended rules, regulations and procedures.
3 (e) Costs Not Otherwise Matchable (CNOM) Federal Funding.
4 Patient Protection and Affordable Care Act of 2010 will render it unnecessary for the Medicaid agency to
5 continue to pursue federal CNOM funding for services to certain newly Medicaid eligible populations
6 served by the Executive Office of Health and Human Services, the Department of Human Services and
7 the Department of Behavioral Healthcare, Developmental Disabilities and Hospitals. Category II changes
8 may be necessary under the terms and conditions of the Global Consumer Choice Compact Waiver to
9 facilitate the transition of the affected people and services to full Medicaid coverage.
10 (f) Medicaid Requirements and Opportunities under the U.S. Patient Protection and Affordable
11 Care Act of 2010. The Medicaid agency proposes to pursue any requirements and/or opportunities
12 established under the U.S. Patient Protection and Affordable Care Act of 2010 that may warrant a
13 Category II or III change under the terms and conditions of the Global Consumer Choice Compact
14 Waiver. Any such actions the Medicaid agency takes shall not have an adverse impact on beneficiaries or
15 cause there to be an increase in expenditures beyond the amount appropriated for state fiscal year 2014.
16 Now, therefore, be it
17 RESOLVED, that the general assembly hereby approves proposals (a) through (f) listed above to
18 amend the demonstration; and be it further
19 RESOLVED, that the secretary of the office of health and human services is authorized to pursue
20 and implement any waiver amendments, category II or category III changes, state plan amendments
21 and/or changes to the applicable department's rules, regulations and procedures approved herein and as
22 authorized by § 42-12.4-7. {add}
23 SECTION 2. This article shall take effect upon passage.

☑ voting check off graphic	MOTION: To recommend the Commission oppose ARTICLE 20 RELATING TO MEDICAID REFORM ACT OF 2008 CG/KH passed, Abstained LD

Insert graphic	**4:15 Public Forums, Linda Ward, Chair**
	Purpose/Goal: To begin identifying locations and host organizations for the July 22nd - 26th Public Forums
	Discussion: Need volunteers to secure locations for the public forums, by the January meeting.
☑ voting check off graphic	Tabled until the April Meeting
calendar graphic	**4:25 Agenda and Scheduling the Next Meeting, Linda Ward, Chair**
	Items to be placed on the next meeting's agenda: Insert standard items
	Next meeting will be on: April 8, 2013 at 3 PM
alarm clock graphic	**4:30 Adjournment, Linda Ward, Chair**
☑ voting check off graphic	MOTION: To adjourn at 4:45 PM DW/CG passed unanimously