



# Governor's Commission on Disabilities Legislation Committee Agenda Monday April 8, 2013 3 - 4:30 PM

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

**Guests:** 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**

Vice Chair calls the meeting to order at 3:05 PM  
Introductions of Commissioners and guests



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**MOTION:** To accept the minutes of the previous meeting as presented  
KH/AS passed unanimously

## Action Items:



Legislation graphic

**3:05 Consideration of New Bills, Bob Cooper, Executive Secretary**

**Purpose/Goal:** To review and determine the impact of recently introduced bills that might impact people with disabilities

### 13 H 5819 SUB A & S 775 ACTS RELATING TO MOTOR AND OTHER VEHICLES - PARKING FACILITIES AND PRIVILEGES

Rep. Malik & Sen. Goodwin, Requested by the Department of Revenue

This act would eliminate the renewal requirement for individuals who have disability placards for a permanent disability. Upon death of the placard holder, the family or estate would return the placard to the department of motor vehicles.

This act would take effect upon passage.

The Substitute would extend the renewal period from every 3 years to every 6 years.

H. Calendar 04/10 # 8

### 2013 -- H 5819 SUBSTITUTE A

### AN ACT RELATING TO MOTOR AND OTHER VEHICLES - PARKING FACILITIES AND PRIVILEGES

- 1 SECTION 1. Section 31-28-7 of the General Laws in Chapter 31-28 entitled "Parking  
1-2 Facilities and Privileges" is hereby amended to read as follows:  
1-3 **31-28-7. Motor vehicle plates for persons with disabilities -- Entitlement --**  
1-4 **Designated parking spaces -- Violations.** -- (a) Persons, as defined in subsection (h) of this  
1-5 section, upon application and proof of permanent or long-term disability to the division of motor  
1-6 vehicles, shall be issued one motor vehicle disability parking privilege placard or in the case of a  
1-7 motorcycle, one motor vehicle sticker, of blue which shall be imprinted with the white  
1-8 international symbol of access, certificate number, the words "Rhode Island Disability Parking

1-9 Permit" and shall bear the expiration date upon its face. A placard or motorcycle sticker issued to  
1-10 a person whose disability is temporary shall be substantially similar to that issued to a person with  
1-11 a permanent or long term disability. The temporary placard, however, shall be a red placard with  
1-12 a white international symbol of access, certificate number, the words "Rhode Island Disability  
1-13 Parking Permit" and shall bear the expiration dates upon its face. Persons issued a placard or  
1-14 motorcycle sticker pursuant to this section shall be entitled to the immunities of sections 31-28-4  
1-15 and 31-28-6. The placard shall conform to the Uniform Parking System for Disabled Drivers  
1-16 standard issued by the United States Department of Transportation. If an application for a placard  
1-17 or motorcycle sticker is denied, the division of motor vehicles shall promptly notify the applicant  
1-18 in writing, stating the specific reason(s) for the denial, and advising the applicant of the  
1-19 procedures for requesting a hearing to appeal the denial. Prior to the appeal hearing, the applicant  
2-1 shall be provided with any and all documents relied upon by the division in denying the  
2-2 application. If an application contains a physician certification that the applicant is sufficiently  
2-3 disabled to require a placard or motorcycle sticker, and the division has not provided specific  
2-4 reasons in its denial letter to the applicant, the hearing officer shall summarily order that a placard  
2-5 or motorcycle sticker be provided to the applicant. At all other hearings of application denials  
2-6 where a physician certification has been provided, the division shall bear the burden of proof that  
2-7 the individual is not entitled to a placard or motorcycle sticker pursuant to this chapter.

2-8 (b) A placard issued pursuant to this section shall be portable and used only when the  
2-9 person is being transported. The placard is to be hung from the rear view mirror so as to be seen  
2-10 through the front or rear windshield of the motor vehicle. A placard may be issued to a person  
2-11 with a disability who does not own a motor vehicle, to be used only when he or she is being  
2-12 transported. A motorcycle sticker issued pursuant to this section shall not be portable and shall be  
2-13 affixed to the rear plate of the motorcycle.

2-14 (c)(1) The certificate of entitlement to the placard or motorcycle sticker shall be renewed  
2-15 every <sup>{delete}</sup>three (3)<sup>{delete}</sup> <sup>{add}</sup>six (6)<sup>{add}</sup> years for individuals with a long-term disability, as  
defined in subsection

2-16 ~~(d)~~(h) of this section, and the renewal application shall require a physician's certification that the  
2-17 condition has not changed since the previous approval, and <sup>{delete}</sup>three (3)<sup>{delete}</sup> <sup>{add}</sup>six (6)<sup>{add}</sup>  
years for individuals

2-18 with a permanent disability as defined in subsection (h) of this section, in accordance with a  
2-19 schedule prepared by the division of motor vehicles that uses the last name of an individual to  
2-20 determine the month of renewal. If an application or subsequent renewal is accompanied by a  
2-21 physician's certification that the applicant's condition is a chronic, permanent impairment and that  
2-22 application is approved, then any subsequent renewal shall be authorized upon receipt of a  
2-23 notarized affidavit from the applicant or applicant's, guardian or legal representative or a  
2-24 certificate from the applicant's physician that his or her condition has not changed since the  
2-25 previous approval.

2-26 (2) The certificate of entitlement to the placard or motorcycle sticker shall be covered  
2-27 with plastic or similar material. The applicant shall, upon timely renewal, receive a sticker  
2-28 bearing the expiration date of the certificate of entitlement to be affixed across the expiration date  
2-29 of the disability parking privilege placard or in the case of a motorcycle the applicant shall  
2-30 receive a new motorcycle sticker. The division of motor vehicles shall establish rules and  
2-31 regulations allowing for the renewal of the certificates of entitlement by mail.

2-32 (3) Whenever the division of motor vehicles proposes to suspend, revoke or fail to renew  
2-33 the certificate of entitlement for noncompliance with the requirements of this section or for  
2-34 violation of subsection (h) of this section, the individual shall first be entitled to a hearing before  
3-1 the division of motor vehicles to contest the proposed action. At the hearing, the division of motor  
3-2 vehicles shall bear the burden of proof that the individual is not entitled to the placard or  
3-3 motorcycle sticker pursuant to this chapter. There shall be no renewal fee charged for the placards

3-4 or motorcycle sticker. The division of motor vehicles shall be authorized to issue a temporary  
3-5 disability parking privilege placard or motorcycle sticker immediately upon receipt of an  
3-6 application for individuals with a temporary impairment, as defined in subsection (h) of this  
3-7 section. A temporary placard or motorcycle sticker shall be valid for sixty (60) days from the date  
3-8 of issuance. Temporary placards or motorcycle stickers may be renewed for a period of one year  
3-9 or less, as determined by the medical advisory board upon application if the disability persists.  
3-10 The division of motor vehicles shall subsequently review the applications in accordance with the  
3-11 procedures currently in effect as to applications from persons whose disability is long term. Any  
3-12 issuance which, after subsequent review, shall be found to be inappropriate shall be revoked and  
3-13 notice of the revocation shall be sent to the applicant.

3-14 (d) A person, other than a person with a disability, who for his or her own purposes uses  
3-15 the parking privilege placard, shall be fined five hundred dollars (\$500) for each violation. A  
3-16 person issued a special placard who uses the placard after expiration, or who shall allow  
3-17 unauthorized use of the disability parking placard or sticker, may be subject to immediate  
3-18 revocation of the use of the placard by the division of motor vehicles, and subject to a fine of five  
3-19 hundred dollars (\$500).

3-20 (e) Disability parking spaces shall be designated and identified by the posting of signs  
3-21 above ground level incorporating the international symbol of access of white on blue, and the  
3-22 words "Handicapped Parking", "Disability Parking," "Disabled Parking," or "Reserved Parking"  
3-23 at each space, at both ends of a row or series of adjacent disability parking spaces, or at the  
3-24 entrance to a parking lot restricted to only disability parking.

3-25 (f) A person, other than a person issued a special placard or motorcycle sticker pursuant  
3-26 to this section, who parks a vehicle in a parking space designated for persons with disabilities,  
3-27 shall be fined: (1) one hundred dollars (\$100) for a first violation, (2) one hundred seventy-five  
3-28 dollars (\$175) for a second violation, and (3) three hundred twenty-five dollars (\$325) for a third  
3-29 or subsequent violation. The vehicle may be subject to towing at the owner's expense. Provided  
3-30 further, that it shall not be unlawful for a person to park a vehicle in a space designated for person  
3-31 with disabilities if that person is transporting a person who has been issued a special placard and  
3-32 is properly displaying the placard on the vehicle.

3-33 (g) Enforcement of the parking provisions of this section shall be enforced by the local  
3-34 or state authorities on public or private property when the location of the parking spaces is within  
4-1 the purview of the State Building Code, chapter 27.3 of title 23.

4-2 (h) Definitions. - For the purpose of this section:

4-3 (1) "Disabled" or "disability" means a permanent or long-term impairment which  
4-4 prevents or impedes walking, which shall include but not be limited to: (i) an impairment which  
4-5 prevents walking and requires use of a wheelchair; (ii) an impairment which involuntarily causes  
4-6 difficulty or insecurity in walking or climbing stairs with or without the need to use braces,  
4-7 crutches, canes or artificial support; (iii) an impairment caused by amputation, arthritis, blindness  
4-8 (including legally blind), or orthopedic condition; (iv) an impairment in respiratory, circulatory,  
4-9 or neurological health which limits the person's walking capability; or (v) disabled veteran,  
4-10 pursuant to section 31-6-8 after certification of eligibility from the Veterans' Administration or  
4-11 other satisfactory documentation of eligibility is presented. Persons with disabilities may be  
4-12 capable of working or may be presently working.

4-13 (2) "Long-term disability" means an impairment which is potentially reversible or may  
4-14 improve with appropriate medical treatment. At the time of application and or renewal, the  
4-15 impairment should not be expected to improve prior to the expiration of the certification, to a  
4-16 point where the individual does not meet the provisions of subdivision (1) of this subsection.

4-17 (3) "Permanent disability" means an impairment which is non-reversible.

4-18 (4) "Temporary impairment" means an impairment which is expected to improve to a  
4-19 point where the individual does not meet the provisions of subdivision (1) of this subsection,

4-20 within two (2) years of the application.

4-21 (i) The department of revenue shall inform each licensed driver of the certificate  
4-22 procedures and parking restrictions of this section and sections 31-28-4 and 31-28-6, and a  
4-23 facsimile of the portable placards and motorcycle stickers issued under this section shall be sent  
4-24 to the enforcing authority of each state, and each enforcing authority shall be informed of the  
4-25 parking restrictions of this section and sections 31-28-4 and 31-28-6. Recipients of disability  
4-26 parking privilege placards shall also receive instructions on their use and the penalties for misuse,  
4-27 when the placard is initially issued.

4-28 (j) Any person who makes, manufactures, offers for sale or knowingly uses a counterfeit  
4-29 parking privilege placard shall be fined up to five hundred dollars (\$500) and/or forty (40) hours  
4-30 of community restitution.

4-31 SECTION 2. This act shall take effect upon passage.



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## MOTION: To find beneficial 13 H 5819 Sub A An Act Relating To Motor and Other Vehicles - Parking Facilities and Privileges KH/AS

2013 -- S 775

### AN ACT RELATING TO MOTOR AND OTHER VEHICLES - PARKING FACILITIES AND PRIVILEGES

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

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

1-4 **Designated parking spaces -- Violations.** – <sup>{add}</sup>(a) Definitions. For the purpose of this section:

1-5 (1) "Disabled" or disability" means a permanent or long-term impairment which prevents  
1-6 or impedes walking, which shall include, but not be limited to: (1) An impairment which prevents  
1-7 walking and requires use of a wheelchair; (2) An impairment which involuntarily causes  
1-8 difficulty or insecurity in walking or climbing stairs with or without the need to use braces,  
1-9 crutches, canes or artificial support; (3) An impairment caused by amputation, arthritis, blindness  
1-10 (including legally blind), or orthopedic condition; (4) An impairment in respiratory, circulatory,  
1-11 or neurological health which limits the person's walking capability; or (5) Disabled veteran,  
1-12 pursuant to section 31-6-8 after certification of eligibility from the veterans' administration or  
1-13 other satisfactory documentation of eligibility is presented. Persons with disabilities may be  
1-14 capable of working or may be presently working.

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

2-19 (3) "Permanent disability" means an impairment which is non-reversible.

2-20 (4) Temporary impairment" means an impairment which is expected to improve to a  
2-21 point where the individual does not meet the provisions of subdivision (1) of this subsection,  
2-22 within two (2) years of the application. <sup>{add}</sup>

2-23 ~~{(a)}~~ <sup>{add}</sup>(b) Persons, as defined in subsection ~~{(b)}~~ <sup>{add}</sup>(a) <sup>{add}</sup> of this  
section, upon application and proof

2-24 of permanent <sup>{delete}</sup> ~~or long-term~~ <sup>{delete}</sup> disability to the division of motor vehicles, shall be issued  
one motor

2-25 vehicle disability parking privilege placard or in the case of a motorcycle, one motor vehicle

2-26 sticker, of blue which shall be imprinted with the white international symbol of access, certificate  
2-27 number, <sup>{add}</sup>and<sup>{add}</sup> the words "Rhode Island Disability Parking Permit" <sup>{delete}</sup>and shall bear the  
~~expiration~~

2-28 ~~date upon its face.~~ <sup>{delete}</sup> A placard or motorcycle sticker issued to a person whose disability is

<sup>{add}</sup>long-term or <sup>{add}</sup>temporary shall be substantially similar to that issued to a person with a permanent ~~or~~ <sup>{delete}</sup>long-term <sup>{delete}</sup>disability. The <sup>{add}</sup>long-term or <sup>{add}</sup>temporary placard, however, shall be a red placard with a white international symbol of access, certificate number, the words "Rhode Island Disability Parking Permit" and shall bear the expiration dates upon its face. Persons issued a placard or motorcycle sticker pursuant to this section shall be entitled to the immunities of sections 31-28-4 and 31-28-6. The placard shall conform to the Uniform Parking System for Disabled Drivers standard issued by the United States Department of Transportation. If an application for a placard or motorcycle sticker is denied, the division of motor vehicles shall promptly notify the applicant in writing, stating the specific reason(s) for the denial, and advising the applicant of the procedures for requesting a hearing to appeal the denial. Prior to the appeal hearing, the applicant shall be provided with any and all documents relied upon by the division in denying the application. If an application contains a physician certification that the applicant is sufficiently disabled to require a placard or motorcycle sticker, and the division has not provided specific reasons in its denial letter to the applicant, the hearing officer shall summarily order that a placard or motorcycle sticker be provided to the applicant. At all other hearings of application denials where a physician certification has been provided, the division shall bear the burden of proof that the individual is not entitled to a placard or motorcycle sticker pursuant to this chapter.

~~(b)~~ <sup>{add}</sup>(c) A placard issued pursuant to this section shall be portable and used only when the person is being transported. The placard is to be hung from the rear view mirror so as to be seen through the front or rear windshield of the motor vehicle. A placard may be issued to a person with a disability who does not own a motor vehicle, to be used only when he or she is being transported. A motorcycle sticker issued pursuant to this section shall not be portable and shall be affixed to the rear plate of the motorcycle.

~~(e)~~ <sup>{add}</sup>(d) (1) The certificate of entitlement to the placard or motorcycle sticker shall be renewed every three (3) years for individuals with a long-term disability, as defined in subsection ~~(d)~~ <sup>{add}</sup>(e) of this section, and the renewal application shall require a physician's certification that the condition has not changed since the previous approval <sup>{delete}</sup>, and three (3) years for individuals with a permanent disability as defined in subsection (h) of this section, <sup>{delete}</sup> in accordance with a schedule prepared by the division of motor vehicles that uses the last name of an individual to determine the month of renewal. <sup>{delete}</sup>If an application or subsequent renewal is accompanied by a physician's certification that the applicant's condition is a chronic, permanent impairment and that application is approved, then any subsequent renewal shall be authorized upon receipt of a notarized affidavit from the applicant or applicant's, guardian or legal representative or a certificate from the applicant's physician that his or her condition has not changed since the previous approval. <sup>{delete}</sup>

<sup>{add}</sup>There shall be no need to renew a disability placard issued to a person with a permanent disability as defined in subsection (a) of this section. Upon the death of the placard holder, the family or estate is required to return the placard to the division of motor vehicles within thirty (30) days of decedent's death. <sup>{add}</sup>

(2) The certificate of entitlement to the placard or motorcycle sticker shall be covered with plastic or similar material. The applicant shall, upon timely renewal, receive a sticker

3-16 bearing the expiration date of the certificate of entitlement to be affixed across the expiration date  
3-17 of the disability parking privilege placard or in the case of a motorcycle the applicant shall  
3-18 receive a new motorcycle sticker. The division of motor vehicles shall establish rules and  
3-19 regulations allowing for the renewal of the certificates of entitlement by mail.

3-20 (3) Whenever the division of motor vehicles proposes to suspend, revoke or fail to renew  
3-21 the certificate of entitlement for noncompliance with the requirements of this section or for  
3-22 violation of subsection (h) of this section, the individual shall first be entitled to a hearing before  
3-23 the division of motor vehicles to contest the proposed action. At the hearing, the division of motor  
3-24 vehicles shall bear the burden of proof that the individual is not entitled to the placard or  
3-25 motorcycle sticker pursuant to this chapter. There shall be no renewal fee charged for the placards  
3-26 or motorcycle sticker. The division of motor vehicles shall be authorized to issue a temporary  
3-27 disability parking privilege placard or motorcycle sticker immediately upon receipt of an  
3-28 application for individuals with a temporary impairment, as defined in subsection (h) of this  
3-29 section. A temporary placard or motorcycle sticker shall be valid for sixty (60) days from the date  
3-30 of issuance. Temporary placards or motorcycle stickers may be renewed for a period of one year  
3-31 or less, as determined by the medical advisory board upon application if the disability persists.  
3-32 The division of motor vehicles shall subsequently review the applications in accordance with the  
3-33 procedures currently in effect as to applications from persons whose disability is long term. Any  
3-34 issuance which, after subsequent review, shall be found to be inappropriate shall be revoked and  
4-1 notice of the revocation shall be sent to the applicant.

4-2 ~~{delete}~~ ~~(f)~~ ~~{delete}~~ ~~{add}~~ (e) ~~{add}~~ A person, other than a person with a disability, who for his or her own  
purposes

4-3 uses the parking privilege placard, shall be fined five hundred dollars (\$500) for each violation. A  
4-4 person issued a special placard who uses the placard after expiration, or who shall allow  
4-5 unauthorized use of the disability parking placard or sticker, may be subject to immediate  
4-6 revocation of the use of the placard by the division of motor vehicles, and subject to a fine of five  
4-7 hundred dollars (\$500).

4-8 ~~{delete}~~ ~~(e)~~ ~~{delete}~~ ~~{add}~~ (f) ~~{add}~~ Disability parking spaces shall be designated and identified by the  
posting of signs

4-9 above ground level incorporating the international symbol of access of white on blue, and the  
4-10 words "Handicapped Parking", "Disability Parking," "Disabled Parking," or "Reserved Parking"  
4-11 at each space, at both ends of a row or series of adjacent disability parking spaces, or at the  
4-12 entrance to a parking lot restricted to only disability parking.

4-13 ~~{delete}~~ ~~(f)~~ ~~{delete}~~ ~~{add}~~ (g) ~~{add}~~ A person, other than a person issued a special placard or motorcycle  
sticker

4-14 pursuant to this section, who parks a vehicle in a parking space designated for persons with  
4-15 disabilities, shall be fined: (1) one hundred dollars (\$100) for a first violation, (2) one hundred  
4-16 seventy-five dollars (\$175) for a second violation, and (3) three hundred twenty-five dollars  
4-17 (\$325) for a third or subsequent violation. The vehicle may be subject to towing at the owner's  
4-18 expense. Provided further, that it shall not be unlawful for a person to park a vehicle in a space  
4-19 designated for person with disabilities if that person is transporting a person who has been issued  
4-20 a special placard and is properly displaying the placard on the vehicle.

4-21 ~~{delete}~~ ~~(g)~~ ~~{delete}~~ ~~{add}~~ (h) ~~{add}~~ Enforcement of the parking provisions of this section shall be  
enforced by the

4-22 local or state authorities on public or private property when the location of the parking spaces is  
4-23 within the purview of the State Building Code, chapter 27.3 of title 23.

4-24 ~~{delete}~~ ~~(h)~~ ~~Definitions.~~ ~~For the purpose of this section:~~

4-25 ~~(1) "Disabled" or "disability" means a permanent or long-term impairment which~~  
4-26 ~~prevents or impedes walking, which shall include but not be limited to: (i) an impairment which~~  
4-27 ~~prevents walking and requires use of a wheelchair; (ii) an impairment which involuntarily causes~~

4-28 ~~difficulty or insecurity in walking or climbing stairs with or without the need to use braces,~~  
4-29 ~~crutches, canes or artificial support; (iii) an impairment caused by amputation, arthritis, blindness~~  
4-30 ~~(including legally blind), or orthopedic condition; (iv) an impairment in respiratory, circulatory,~~  
4-31 ~~or neurological health which limits the person's walking capability; or (v) disabled veteran,~~  
4-32 ~~pursuant to section 31-6-8 after certification of eligibility from the Veterans' Administration or~~  
4-33 ~~other satisfactory documentation of eligibility is presented. Persons with disabilities may be~~  
4-34 ~~capable of working or may be presently working.~~

5-1 ~~(2) "Long term disability" means an impairment which is potentially reversible or may~~  
5-2 ~~improve with appropriate medical treatment. At the time of application and or renewal, the~~  
5-3 ~~impairment should not be expected to improve prior to the expiration of the certification, to a~~  
5-4 ~~point where the individual does not meet the provisions of subdivision (1) of this subsection.~~

5-5 ~~(3) "Permanent disability" means an impairment which is non reversible.~~

5-6 ~~(4) "Temporary impairment" means an impairment which is expected to improve to a~~  
5-7 ~~point where the individual does not meet the provisions of subdivision (1) of this subsection,~~  
5-8 ~~within two (2) years of the application.~~ <sup>{delete}</sup>

5-9 (i) The department of revenue shall inform each licensed driver of the certificate  
5-10 procedures and parking restrictions of this section and sections 31-28-4 and 31-28-6, and a  
5-11 facsimile of the portable placards and motorcycle stickers issued under this section shall be sent  
5-12 to the enforcing authority of each state, and each enforcing authority shall be informed of the  
5-13 parking restrictions of this section and sections 31-28-4 and 31-28-6. Recipients of disability  
5-14 parking privilege placards shall also receive instructions on their use and the penalties for misuse,  
5-15 when the placard is initially issued.

5-16 (j) Any person who makes, manufactures, offers for sale or knowingly uses a counterfeit  
5-17 parking privilege placard shall be fined up to five hundred dollars (\$500) and/or forty (40) hours  
5-18 of community restitution.

5-19 SECTION 2. This act shall take effect upon passage.



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MOTION: To find beneficial if amended (to mirror H 5819 Sub A) 13 S 775  
An Act Relating To Motor and Other Vehicles - Parking Facilities and  
Privileges SB/KH passed unanimously

### 13 H 5941 & S 0801 ACTS RELATING TO EDUCATION -- HEALTH AND SAFETY OF PUPILS

Rep. McNamara & Sen. Gallo

This act would direct school districts to conduct a school safety assessment in conjunction with local municipal police and fire departments. The act would also direct the department of elementary and secondary education to develop a model school safety plan. The act would also amend and expand the requirements as to what must be in each school district's school safety plan.

1-1 SECTION 1. Sections 16-21-23, 16-21-24 and 16-21-25 of the General Laws in Chapter  
1-2 16-21 entitled "Health and Safety of Pupils" are hereby amended to read as follows:

1-3 ~~16-21-23.~~ <sup>{delete}</sup> ~~School safety plans -- School safety teams and school crisis response~~  
1-4 ~~teams~~ <sup>{delete}</sup>

1-4 <sup>{add}</sup> School safety plans -- School safety teams, school crisis response teams and school safety  
1-5 assessments. -- (a) Each school district of each town, city, and regional school department shall  
1-6 conduct a school safety assessment in conjunction with local police, fire, school safety team  
1-7 pursuant to general laws section 16-21-23 and any other expert it deems necessary. The  
1-8 assessment shall examine the current status of each school building safety and shall be performed  
1-9 within thirty (30) days of passage and every three (3) years thereafter. Assessments performed  
1-10 within a year of the date of passage satisfies this requirement. All meetings regarding the school

1-11 safety assessment are not subject to the open meetings law pursuant to chapter 46 of title 42 and  
1-12 further documents produced including, but not limited to, meeting minutes and the school safety  
1-13 assessment are not subject to the access to public records law pursuant to chapter 2 of title 38. <sup>{add}</sup>  
1-14 ~~{(a)}~~ <sup>{(b)}</sup> The school committee of each town, city, and regional school  
department shall  
1-15 adopt <sup>{add}</sup> in executive session <sup>{add}</sup> a comprehensive school safety plan regarding crisis  
intervention,  
1-16 emergency response, and management. The plan shall be developed by a school safety team  
1-17 comprised of representatives of the school committee, representatives of student, teacher, and  
1-18 parent organizations, school safety personnel, school administration, and members of local law  
1-19 enforcement, fire, and emergency personnel. Members of the school safety team shall be  
1-20 appointed by the school committee <sup>{add}</sup> and/or school superintendent <sup>{add}</sup> of the town, city, or  
regional  
2-1 school district. <sup>{add}</sup> In creating the school safety plan, the school safety team shall consult the  
model  
2-2 school safety plan developed by the department of elementary and secondary education pursuant  
2-3 to section 16-21-23.1. <sup>{add}</sup>  
2-4 ~~{(b)}~~ <sup>{(c)}</sup> The school crisis response team shall be comprised of those selected  
school  
2-5 personnel willing to serve as members of a psychological response team to address the  
2-6 psychological and emotional needs of the school community- <sup>{add}</sup> and may seek mental health  
2-7 resources from the department of elementary and secondary education. Members of the school  
2-8 crisis response team may coordinate mental health services for those students and school  
2-9 employees affected by acts of violence in the schools, using resources available through the  
2-10 department of elementary and secondary education. <sup>{add}</sup>  
2-11 **16-21-24. Requirements of school safety plans, school emergency response plans,**  
2-12 **and school crisis response plans. --** (a) School safety plans, as required by this chapter, shall  
2-13 ~~{include and}~~ <sup>{add}</sup> address, but not to be limited to, <sup>{add}</sup> prevention, mitigation, preparedness,  
response, and  
2-14 recovery. The school safety plans shall include, at a minimum, <sup>{add}</sup> the following policies and  
2-15 procedures:  
2-16 ~~{(1)}~~ (1) Policies and procedures for responding to violence by students, teachers, other school  
2-17 personnel as well as visitors to the school;  
2-18 ~~{(2)}~~ (2) Policies and procedures for responding to acts of violence by students, teachers, other  
2-19 school personnel and visitors to the school;  
2-20 ~~{(3)}~~ (3) Appropriate prevention and intervention strategies which are based on data to target  
2-21 priority needs and which make use of effective actions based on currently accepted best practice;  
2-22 ~~{(4)}~~ (4) Collaborative arrangements with state and local law enforcement officials, designed  
2-23 to ensure that school safety officers and other security personnel are adequately trained, including  
2-24 being trained to de-escalate potentially violent situations, and are effectively and fairly recruited;  
2-25 ~~{(5)}~~ (5) Policies and procedures for contacting appropriate law enforcement officials and  
2-26 EMS/Fire, in the event of a violent incident;  
2-27 ~~{(6)}~~ (6) Policies and procedures for notification and activation of the school crisis response  
2-28 team;  
2-29 ~~{(7)}~~ (7) Policies and procedures for contacting parents, guardians, or persons in parental  
2-30 relation to the students of the city, town, or region in the event of a violent incident;  
2-31 ~~{(8)}~~ (8) Policies and procedures relating to school building security, including where  
2-32 appropriate the use of school safety officers and/or security devices or procedures;  
2-33 ~~{(9)}~~ (9) Policies and procedures for the dissemination of informative materials regarding the  
2-34 early detection of potentially violent behaviors, including but not limited to, the identification of

3-1 family, community, and environmental factors, to teachers, administrators, school personnel,  
3-2 persons in parental relation to students of the city, town, or region students and other persons  
3-3 deemed appropriate to receive that information;

3-4 ~~(10) Policies and procedures for annual school safety training and a review of the school~~  
3-5 ~~crisis response plan for staff and students;~~  
3-6 ~~(11) Protocols for responding to bomb threats, hostage takings, intrusions, and~~  
3-7 ~~kidnappings;~~  
3-8 ~~(12) Strategies for improving communication among students and between students and~~  
3-9 ~~staff and reporting of potentially violent incidents, such as the establishment of youth-run~~  
3-10 ~~programs, peer mediation, conflict resolution, creating a forum or designating a mentor for~~  
3-11 ~~students concerned with bullying or violence, and establishing anonymous reporting mechanisms~~  
3-12 ~~for school violence;~~  
3-13 ~~(13) A description of the duties of hall monitors and any other school safety personnel,~~  
3-14 ~~including the school crisis response team, and the training requirements of all personnel acting in~~  
3-15 ~~a school security capacity;~~  
3-16 ~~(14) Policies and procedures for providing notice of threats of violence or harm to the~~  
3-17 ~~student or school employee who is the subject of the threat. The policy shall define "threats of~~  
3-18 ~~violence or harm" to include violent actions and threats of violent actions either individually or by~~  
3-19 ~~groups, but shall not include conduct or comments that a reasonable person would not seriously~~  
3-20 ~~consider to be a legitimate threat;~~  
3-21 ~~(15) Policies and procedures for disclosing information that is provided to the school~~  
3-22 ~~administrators about a student's conduct, including, but not limited to, the student's prior~~  
3-23 ~~disciplinary records, and history of violence, to classroom teachers, school staff, and school~~  
3-24 ~~security, if they have been determined by the principal to have a legitimate need for the~~  
3-25 ~~information in order to fulfill their professional responsibilities and for protecting such~~  
3-26 ~~information from any further disclosure; and~~  
3-27 ~~(16) Procedures for determining whether or not any threats or conduct established in the~~  
3-28 ~~policy may be grounds for discipline of the student. School districts, school committees, school~~  
3-29 ~~officials, and school employees providing notice in good faith as required and consistent with the~~  
3-30 ~~committee's policies adopted under this section are immune from any liability arising out of such~~  
3-31 ~~notification.~~<sup>{delete}</sup>  
3-32 <sup>{add}</sup>(1) Appropriate prevention, mitigation, preparedness and intervention strategies which  
3-33 are based on data to target priority needs and which make use of effective actions based on  
3-34 currently accepted best practice and one developed, the appropriate parts of the state model plan  
4-1 pursuant to section 16-21-23.1 that include consistent, plain language and terminology  
4-2 (2) Formalized collaborative arrangements with state and local law enforcement fire  
4-3 fighter officials, designed to ensure that school safety officers and other security personnel are  
4-4 adequately trained, including being trained to de-escalate potentially violent situations, and are  
4-5 effectively and fairly recruited;  
4-6 (3) Policies and procedures relating to school building security, including where  
4-7 appropriate the use of school safety officers and/or security devices or procedures;  
4-8 (4) Policies and procedures for annual school safety training and a review of the school  
4-9 crisis response plan for staff and students;  
4-10 (5) Protocols for school personnel and students responding to bomb threats, hostage-  
4-11 takings, intrusions, and kidnappings that include consistent, plain language and terminology that  
4-12 is recommended by the model plan pursuant to section 16-21-23.1;  
4-13 (6) Policies and procedures for responding to violence by students, teachers, other school  
4-14 personnel as well as visitors to the school that include consistent, plain language and terminology  
4-15 that is recommended by the model plan pursuant to section 16-21-23.1;  
4-16 (7) Policies and procedures for responding to acts of violence by students, teachers, other

4-17 school personnel and visitors to the school that include consistent, plain language and  
4-18 terminology that is recommended by the model plan pursuant to section 16-21-23.1;  
4-19 (8) Policies and procedures for contacting appropriate law enforcement officials and  
4-20 EMS/Fire, in the event of a violent incident and that include consistent, plain language and  
4-21 terminology that is recommended by the model plan pursuant to section 16-21-23.1;  
4-22 (9) Policies and procedures for notification and activation of the school crisis response  
4-23 team that include consistent, plain language and terminology that is recommended by the model  
4-24 plan pursuant to section 16-21-23.1;  
4-25 (10) Policies and procedures for contacting parents, guardians, or persons in parental  
4-26 relation to the students of the city, town, or region in the event of a violent incident;  
4-27 (11) Policies and procedures for the dissemination of informative materials regarding the  
4-28 early detection of potentially violent behaviors, including, but not limited to, the identification of  
4-29 family, community, and environmental factors, to teachers, administrators, school personnel,  
4-30 persons in parental relation to students of the city, town, or region students and other persons  
4-31 deemed appropriate to receive that information;  
4-32 (12) Strategies for improving communication, including use of common, consistent plain  
4-33 language by school district officials, school officials and emergency responders, among students  
4-34 and between students and staff and reporting of potentially violent incidents, such as the  
5-1 establishment of youth-run programs, peer mediation, conflict resolution, creating a forum or  
5-2 designating a mentor for students concerned with bullying or violence, and establishing  
5-3 anonymous reporting mechanisms for school violence;  
5-4 (13) A description of the duties of hail monitors and any other school safety personnel,  
5-5 including the school crisis response team, and the training requirements of all personnel acting in  
5-6 a school security capacity and policies and procedures for students, personnel who are in the  
5-7 hallway during a lockdown situation that include consistent language and terminology that is  
5-8 recommended by the department of elementary and secondary education;  
5-9 (14) Policies and procedures for providing notice of threats of violence or harm to the  
5-10 student or school employee who is the subject of the threat. The policy shall define "threats of  
5-11 violence or harm" to include violent actions and threats of violent actions either individually or by  
5-12 groups, but shall not include conduct or comments that a reasonable person would not seriously  
5-13 consider to be a legitimate threat;  
5-14 (15) Policies and procedures for disclosing information that is provided to the school  
5-15 administrators about a student's conduct, including, but not limited to, the student's prior  
5-16 disciplinary records, and history of violence, to classroom teachers, school staff, and school  
5-17 security, if they have been determined by the principal to have a legitimate need for the  
5-18 information in order to fulfill their professional responsibilities and for protecting such  
5-19 information from any further disclosure; and  
5-20 (16) Procedures for determining whether or not any threats or conduct established in the  
5-21 policy may be grounds for discipline of the student. School districts, school committees, school  
5-22 officials, and school employees providing notice in good faith as required and consistent with the  
5-23 committee's policies adopted under this section are immune from any liability arising out of such  
5-24 notification.<sup>{add}</sup>  
5-25 (b) School safety plans, as required by this chapter, shall further include school  
5-26 emergency response plans specific to each school building contained within each city, town, or  
5-27 regional school district-<sup>{add}</sup>, and shall be developed and approved in consultation with local police  
5-28 and fire. The state police shall provide consultation for those school districts that for whatever  
5-29 reason may not have access to local police.<sup>{add}</sup> School emergency response plans shall include,  
and  
5-30 address, but not be limited to, the following elements:  
5-31 (1) Policies and procedures for the safe evacuation of students, teachers, and other school

5-32 personnel as well as visitors to the school in the event of a serious violent incident or other  
5-33 emergency, which shall include evacuation routes and shelter sites and procedures for addressing  
5-34 medical needs, transportation, and emergency notification to persons in parental relation to a  
6-1 student. For purposes of this subdivision, "serious violent incident" means an incident of violent  
6-2 criminal conduct that is, or appears to be, life threatening and warrants the evacuation of students  
6-3 and/or staff;

6-4 (2) Designation of an emergency response team comprised of school personnel, local law  
6-5 enforcement officials, and representatives from local regional and/or state emergency response  
6-6 agencies, other appropriate incident response teams including a school crisis response team, and a  
6-7 post-incident response team that includes appropriate school personnel, medical personnel,  
6-8 mental health counselors, and others who can assist the school community in coping with the  
6-9 aftermath of a violent incident;

6-10 (3) Procedures for assuring that crisis response and law enforcement officials have  
6-11 access to floor plans, blueprints, schematics, or other maps of the school interior and school  
6-12 grounds, and road maps of the immediate surrounding area;

6-13 (4) Establishment of internal and external communication systems in emergencies <sup>{add}</sup>that  
6-14 include consistent, plain language and terminology that is recommended by the model plan  
6-15 pursuant to section 16-21-23.1;<sup>{add}</sup>

6-16 (5) Definition <sup>{add}</sup>and the formalization<sup>{add}</sup> of the chain of command in a manner consistent  
6-17 with the national interagency incident management system/incident command system;

6-18 (6) Procedures for review and the conduct of drills and other exercises to test  
6-19 components of the emergency response plan<sup>{add}</sup>, including use of checklists as described in section  
6-20 16-21-23.1<sup>{add}</sup>; and

6-21 (7) Policies and procedures <sup>{add}</sup>created in conjunction with local or state police<sup>{add}</sup> for  
securing

6-22 and restricting access to the crime scene in order to preserve evidence in cases of violent crimes  
6-23 on school property.

6-24 <sup>{add}</sup> (8) Policies and procedures for ensuring timely access to mental health services for those  
6-25 students and school employees affected by a violent incident.<sup>{add}</sup>

6-26 **16-21-25. Review of school safety plans -- Waiver. --** (a) Each city, town, or regional  
6-27 department school safety plan and school emergency response plans shall be reviewed on an  
6-28 annual basis by the school committee <sup>{add}</sup>chairperson (or allowed to be reviewed in executive  
6-29 session)<sup>{add}</sup> and updated as appropriate.

6-30 (b) ~~The commissioner of elementary and secondary education and school committee~~  
6-31 ~~shall make each city, town, or regional department school safety plan and school emergency~~  
6-32 ~~response plan available for public comment at least thirty (30) days prior to its adoption.~~<sup>{delete}</sup> All  
6-33 meetings of school safety teams shall comply with the open meetings law pursuant to chapter 46  
6-34 of title 42 <sup>{add}</sup>and further documents produced by school safety teams are not subject to access to  
7-1 public records law pursuant to chapter 38-2.<sup>{add}</sup>

7-2 ~~(c) The commissioner of elementary and secondary education may grant a waiver of the~~  
7-3 ~~requirements of sections 16-21-23 and 16-21-24 to any city, town, or regional school department~~  
7-4 ~~for period of up to two (2) years upon a finding by the commissioner that the town, city, or~~  
7-5 ~~regional district had adopted a comprehensive school safety plan or school emergency response~~  
7-6 ~~plans which are in substantial compliance with the requirements of sections 16-21-23 and 16-21-~~  
7-7 ~~24. Provided, however, no waiver shall extend beyond June 30, 2003.~~<sup>{delete}</sup>

7-8 SECTION 2. Chapter 16-21 of the General Laws entitled "Health and Safety of Pupils" is  
7-9 hereby amended by adding thereto the following section:

7-10 <sup>{add}</sup>**16-21-23.1. Model school safety plans and checklists--Development and**  
7-11 **dissemination. -- (a) It shall be the duty of the department of elementary and secondary**  
7-12 **education to collaborate with the Rhode Island emergency management agency, state police, state**

7-13 [fire marshal, the department of behavioral healthcare, developmental disabilities, and hospitals,](#)  
 7-14 [and other safety officials to develop a model school safety plan to be consulted by school safety](#)  
 7-15 [teams in accordance with section 16-21-23. This model plan shall be based on best practices in](#)  
 7-16 [school safety planning and the department of elementary and secondary education shall](#)  
 7-17 [communicate the plan electronically to all school committees and school safety teams in the state.](#)  
 7-18 [\(b\) It shall be the duty of the department of elementary and secondary education to](#)  
 7-19 [develop and disseminate school safety checklists that school districts can use on a regular basis](#)  
 7-20 [and at least annually to assess the strengths and weaknesses of school safety in accordance with](#)  
 7-21 [section 16-21-24. The checklists shall incorporate best practices in school safety planning and the](#)  
 7-22 [department of elementary and secondary education shall communicate the checklists](#)  
 7-23 [electronically to all school committees and school safety teams in the state.](#)<sup>{add}</sup>  
 7-24 SECTION 3. This act shall take effect upon passage.

*The Committee took no position*

**13 S 0691 & H 5658 ACTS RELATING TO HEALTH AND SAFETY -- ASSISTED LIVING RESIDENCE LICENSING ACT**

Sen. Miller & Rep. Cimini

This act would direct the department of health to complete a comprehensive review of its rules and regulations for licensing assisted living residences. On or before December 31, 2013, the licensing agency shall initiate a comprehensive review of its rules and regulations for licensing assisted living residences. The purpose of this comprehensive review shall be to ensure that said rules and regulations optimally reflect the purposes of this chapter and do not erect unnecessary barriers to aging in place.

This act would take effect upon passage. **Scheduled for hearing 4/10 @ Rise H.H.E.W. in 135 Scheduled for hearing 4/25@ Rise Sen. Health & Human Services S. Lounge**

1-1 SECTION 1. Sections 23-17.4-2, 27-17.4-3 and 23-17.4-10 of the General Laws in  
 1-2 Chapter 23-17.4 entitled "Assisted Living Residence Licensing Act" are hereby amended to read  
 1-3 as follows:

1-4 **23-17.4-2. Definitions.** -- As used in this chapter:

1-5 (1) "Activities of daily living (ADLs)" means bathing, dressing, eating, toileting,  
 1-6 mobility and transfer.

1-7 (2) "Administrator" means any person who has responsibility for day to day  
 1-8 administration or operation of an assisted living residence.

1-9 (3) "Alzheimer's dementia special care unit or program" means a distinct living  
 1-10 environment within an assisted living residence that has been physically adapted to accommodate  
 1-11 the particular needs and behaviors of those with dementia. The unit provides increased staffing,  
 1-12 therapeutic activities designed specifically for those with dementia and trains its staff on an  
 1-13 ongoing basis on the effective management of the physical and behavioral problems of those with  
 1-14 dementia. The residents of the unit or program have had a standard medical diagnostic evaluation  
 1-15 and have been determined to have a diagnosis of Alzheimer's dementia or another dementia.

1-16 (4) "Assisted living residence" means a publicly or privately operated residence that  
 1-17 provides directly or indirectly by means of contracts or arrangements personal assistance to meet  
 1-18 the resident's changing needs and preferences, lodging, and meals to six (6) or more adults who  
 1-19 are unrelated to the licensee or administrator, excluding however, any privately operated  
 2-1 establishment or facility licensed pursuant to chapter 17 of this title, and those facilities licensed  
 2-2 by or under the jurisdiction of the department of mental health, retardation, and hospitals, the  
 2-3 department of children, youth, and families, or any other state agency. The department shall  
 2-4 develop levels of licensure for assisted living residences within this definition as provided in  
 2-5 section 23-17.4-6. Assisted living residences include sheltered care homes, and board and care

2-6 residences or any other entity by any other name providing the services listed in this subdivision  
2-7 which meet the definition of assisted living residences.

2-8 (5) "Capable of self-preservation" means the physical mobility and judgmental ability of  
2-9 the individual to take appropriate action in emergency situations. Residents not capable of self-  
2-10 preservation are limited to facilities that meet more stringent life safety code requirements as  
2-11 provided under section 23-17.4-6(b)(3).

2-12 (6) "Director" means the director of the Rhode Island department of health.

2-13 (7) "Licensing agency" means the Rhode Island department of health.

2-14 (8) "Personal assistance" means the provision of one or more of the following services,  
2-15 as required by the resident or as reasonably requested by the resident, on a scheduled or  
2-16 unscheduled basis, including:

2-17 (i) Assisting the resident with personal needs including activities of daily living;

2-18 (ii) Assisting the resident with self-administration of medication or administration of  
2-19 medications by appropriately licensed staff;

2-20 (iii) Providing or assisting the resident in arranging for health and supportive services as  
2-21 may be reasonably required;

2-22 (iv) Monitoring the activities of the resident while on the premises of the residence to  
2-23 ensure his or her health, safety, and well-being; and

2-24 (v) Reasonable recreational, social and personal services.

2-25 (9) "Resident" means an individual not requiring medical or nursing care as provided in  
2-26 a health care facility but who as a result of choice and/or physical or mental limitation requires  
2-27 personal assistance, lodging and meals and may require the administration of medication. A  
2-28 resident must be capable of self-preservation in emergency situations, unless the facility meets a  
2-29 more stringent life safety code as required under section 23-17.4-6(b)(3). Persons needing  
2-30 medical or skilled nursing care, including daily professional observation and evaluation, as  
2-31 provided in a health care facility, and/or persons who are bedbound or in need of the assistance of  
2-32 more than one person for ambulation, are not appropriate to reside in assisted living residences.  
2-33 However, an established resident may receive daily skilled nursing care or therapy from a  
2-34 licensed health care provider for a condition that results from a temporary illness or injury for up  
3-1 to forty-five (45) days subject to an extension of additional days as approved by the department,  
3-2 or if the resident is under the care of a licensed hospice agency provided the assisted living  
3-3 residence assumes responsibility for ensuring that the care is received. Furthermore, a new  
3-4 resident may receive daily therapy services and/or limited skilled nursing care services, as defined  
3-5 through rules and regulations promulgated by the department of health, from a licensed health  
3-6 care provider for a condition that results from a temporary illness or injury for up to forty-five  
3-7 (45) days subject to an extension of additional days as approved by the department, or if the  
3-8 resident is under the care of a licensed hospice agency provided that assisted living residence  
3-9 assumes responsibility for ensuring that the care is received. For the purposes of this chapter,  
3-10 "resident" shall also mean the resident's agent as designated in writing or legal guardian.

3-11 <sup>{add}</sup>(10) "Department" means Rhode Island department of health. <sup>{add}</sup>

3-12 **23-17.4-3. Purpose of provisions.** -- <sup>{add}</sup>Assisted living residences offer residential, personal  
3-13 care and routine health services to encourage residents' independence, dignity quality of life and  
3-14 resident choice in the least restrictive environment that offers appropriate social and safety  
3-15 supports. <sup>{add}</sup> The purpose of this chapter is to provide for the development, establishment, and  
3-16 enforcement of standards:

3-17 (1) For the care of residents in an assisted living residence;

3-18 (2) For the maintenance and operation of assisted living residences which will:

3-19 (i) Promote the dignity, individuality, independence, privacy, and autonomy of residents;

3-20 (ii) Provide a safe and home-like environment;

3-21 (iii) Protect the safety, health and welfare of residents;

3-22 (3) For the encouragement of quality of life for all residents; ~~and~~  
 3-23 (4) For the encouragement of quality in all aspects of the operations of assisted living  
 3-24 residences- <sup>{add}</sup>; and  
 3-25 (5) To optimize assisted living residents' ability to live in the residence safely,  
 3-26 independently, and comfortably despite physical or mental decline that might occur with aging or  
 3-27 disability, otherwise known as "aging in place." <sup>{add}</sup>

3-28 **23-17.4-10. Regulations, inspections, and investigations.** -- (a) The licensing agency  
 3-29 shall after public hearing pursuant to reasonable notice, adopt, amend, promulgate, and enforce  
 3-30 any rules, regulations, and standards with respect to assisted living residences for adults licensed  
 3-31 under this chapter as may be designed to further the accomplishment of the purposes of this  
 3-32 chapter, as outlined in section 23-17.4-3, in promoting safe and adequate living environments for  
 3-33 individuals in assisted living residences in the interest of public safety and welfare. These  
 3-34 regulations may provide for the establishment of levels of service provided by the residence.

4-1 (b) In addition to the annual inspection required by section 23-17.4-7, the licensing  
 4-2 agency shall make or cause to be made any inspections and investigations that it deems necessary  
 4-3 by duly authorized agents of the director at any time and frequency determined by the licensing  
 4-4 agency. The licensing agency shall establish regulations to determine the frequency of inspections  
 4-5 that shall include, but not limited to, the residence's past compliance with regulations, complaint  
 4-6 investigations, quality of care issues and license type.

4-7 (c) Upon request of the licensing agency, health agencies and professionals may share  
 4-8 resident health status information with the department of health for the purpose of determining  
 4-9 each resident's capability of self preservation.

4-10 (d) Each assisted living residence licensed under this chapter shall have a plan for  
 4-11 preventing the hazards of resident wandering from the facility. This plan shall be submitted to the  
 4-12 licensing agency in a format determined by the director.

4-13 <sup>{add}</sup> (e) On or before December 31, 2013, the licensing agency shall initiate a comprehensive  
 4-14 review of its rules and regulations for licensing assisted living residences. The purpose of this  
 4-15 comprehensive review shall be to ensure that said rules and regulations optimally reflect the  
 4-16 purposes of this chapter and do not erect unnecessary barriers to aging in place. Further, the  
 4-17 department shall ensure that its rules and regulations not prevent qualified, appropriately licensed  
 4-18 ALR staff members from performing routine, non-skilled nursing tasks. <sup>{add}</sup>

4-19 SECTION 2. This act shall take effect upon passage.



voting check off graphic

Tabled until the draft sub A is available 13 S 0691 & H 5658 Acts Relating To Health and Safety -- Assisted Living Residence Licensing Act

**13 H 5931 AN ACT RELATING TO HUMAN SERVICES - PUBLIC ASSISTANCE ACT**

Rep. Malik

This act would increase supplemental security income for individuals living in state licensed assisted living residences and would tie future increases to the percentage rise in the Consumer Price Index. This act would also require the Executive Office of Health and Human Services to pursue and implement assisted living reimbursement rate reform by January 1, 2014.

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: \$332.00 <sup>{add}</sup>\$538.00<sup>{add}</sup>

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 Provided, however, that <sup>{delete}</sup>the department of human services shall by regulation reduce,  
effective

2-21 ~~January 1, 2009, the state's monthly share of supplementary assistance to the supplementary~~  
2-22 ~~security income program for each of the above listed payment levels, by the same value as the~~  
2-23 ~~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;~~ <sup>{delete}</sup><sup>{add}</sup> effective  
January

2-29 1, 2014, and each January 1st thereafter, the department of human services shall increase the  
2-30 payment for individuals living in state licensed assisted living, subject to appropriation, by a  
2-31 percentage amount equal to the percentage rise in the United States consumer price index (CPI)  
2-32 for January 1st of that year; <sup>{add}</sup> provided further, that the department of human services is  
authorized

2-33 and directed to provide for payments to recipients in accordance with the above directives.

2-34 (2) As of July 1, 2010, state supplement payments shall not be federally administered and  
2-35 shall be paid directly by the department of human services to the recipient.

2-36 (3) Individuals living in institutions shall receive a twenty dollar (\$20.00) per month  
2-37 personal needs allowance from the state which shall be in addition to the personal needs  
2-38 allowance allowed by the Social Security Act, 42 U.S.C. section 301 et seq.

2-39 (4) Individuals living in state licensed supportive residential care settings and assisted  
2-40 living residences who are receiving SSI shall be allowed to retain a minimum personal needs  
2-41 allowance of fifty-five dollars (\$55.00) per month from their SSI monthly benefit prior to  
2-42 payment of any monthly fees.

2-43 (5) To ensure that supportive residential care or an assisted living residence is a safe and  
2-44 appropriate service setting, the department is authorized and directed to make a determination of  
2-45 the medical need and whether a setting provides the appropriate services for those persons who:

2-46 (i) Have applied for or are receiving SSI, and who apply for admission to supportive  
2-47 residential care setting and assisted living residences on or after October 1, 1998; or

2-48 (ii) Who are residing in supportive residential care settings and assisted living residences,  
2-49 and who apply for or begin to receive SSI on or after October 1, 1998.

2-50 (6) The process for determining medical need required by subsection (4) of this section  
2-51 shall be developed by the office of health and human services in collaboration with the  
2-52 departments of that office and shall be implemented in a manner that furthers the goals of  
2-53 establishing a statewide coordinated long-term care entry system as required pursuant to the

2-54 Global Consumer Choice Compact Waiver.

3-1 (7) To assure access to high quality coordinated services, the department is further  
3-2 authorized and directed to establish rules specifying the payment certification standards that must  
3-3 be met by those state licensed supportive residential care settings and assisted living residences  
3-4 admitting or serving any persons eligible for state-funded supplementary assistance under this  
3-5 section. Such payment certification standards shall define:

3-6 (i) The scope and frequency of resident assessments, the development and  
3-7 implementation of individualized service plans, staffing levels and qualifications, resident  
3-8 monitoring, service coordination, safety risk management and disclosure, and any other related  
3-9 areas;

3-10 (ii) The procedures for determining whether the payment certifications standards have  
3-11 been met; and

3-12 (iii) The criteria and process for granting a one time, short-term good cause exemption  
3-13 from the payment certification standards to a licensed supportive residential care setting or  
3-14 assisted living residence that provides documented evidence indicating that meeting or failing to  
3-15 meet said standards poses an undue hardship on any person eligible under this section who is a  
3-16 prospective or current resident.

3-17 (8) The payment certification standards required by this section shall be developed in  
3-18 collaboration by the departments, under the direction of the executive office of health and human  
3-19 services, so as to ensure that they comply with applicable licensure regulations either in effect or  
3-20 in development.

3-21 (b) The department is authorized and directed to provide additional assistance to  
3-22 individuals eligible for SSI benefits for:

3-23 (1) Moving costs or other expenses as a result of an emergency of a catastrophic nature  
3-24 which is defined as a fire or natural disaster; and

3-25 (2) Lost or stolen SSI benefit checks or proceeds of them; and

3-26 (3) Assistance payments to SSI eligible individuals in need because of the application of  
3-27 federal SSI regulations regarding estranged spouses; and the department shall provide such  
3-28 assistance in a form and amount, which the department shall by regulation determine.

3-29 SECTION 2. Section 40-8.9-9 of the General Laws in Chapter 40-8.9 entitled "Medical  
3-30 Assistance - Long-Term Care Service and Finance Reform" is hereby amended to read as  
3-31 follows:

3-32 **40-8.9-9. Long-term care re-balancing system reform goal.** -- (a) Notwithstanding any  
3-33 other provision of state law, the department of human services is authorized and directed to apply  
3-34 for and obtain any necessary waiver(s), waiver amendment(s) and/or state plan amendments from  
4-1 the secretary of the United States department of health and human services, and to promulgate  
4-2 rules necessary to adopt an affirmative plan of program design and implementation that addresses  
4-3 the goal of allocating a minimum of fifty percent (50%) of Medicaid long-term care funding for  
4-4 persons aged sixty-five (65) and over and adults with disabilities, in addition to services for  
4-5 persons with developmental disabilities and mental disabilities, to home and community-based  
4-6 care on or before December 31, 2013; provided, further, the executive office of health and human  
4-7 services shall report annually as part of its budget submission, the percentage distribution  
4-8 between institutional care and home and community-based care by population and shall report  
4-9 current and projected waiting lists for long-term care and home and community-based care  
4-10 services. The department is further authorized and directed to prioritize investments in home and  
4-11 community-based care and to maintain the integrity and financial viability of all current long-  
4-12 term care services while pursuing this goal.

4-13 (b) The reformed long-term care system re-balancing goal is person-centered and  
4-14 encourages individual self-determination, family involvement, interagency collaboration, and  
4-15 individual choice through the provision of highly specialized and individually tailored home-

4-16 based services. Additionally, individuals with severe behavioral, physical, or developmental  
4-17 disabilities must have the opportunity to live safe and healthful lives through access to a wide  
4-18 range of supportive services in an array of community-based settings, regardless of the  
4-19 complexity of their medical condition, the severity of their disability, or the challenges of their  
4-20 behavior. Delivery of services and supports in less costly and less restrictive community settings,  
4-21 will enable children, adolescents and adults to be able to curtail, delay or avoid lengthy stays in  
4-22 long-term care institutions, such as behavioral health residential treatment facilities, long-term  
4-23 care hospitals, intermediate care facilities and/or skilled nursing facilities.

4-24 (c) Pursuant to federal authority procured under section 42-7.2-16 of the general laws,  
4-25 the department of human services is directed and authorized to adopt a tiered set of criteria to be  
4-26 used to determine eligibility for services. Such criteria shall be developed in collaboration with  
4-27 the state's health and human services departments and, to the extent feasible, any consumer  
4-28 group, advisory board, or other entity designated for such purposes, and shall encompass  
4-29 eligibility determinations for long-term care services in nursing facilities, hospitals, and  
4-30 intermediate care facilities for the mentally retarded as well as home and community-based  
4-31 alternatives, and shall provide a common standard of income eligibility for both institutional and  
4-32 home and community-based care. The department is, subject to prior approval of the general  
4-33 assembly, authorized to adopt criteria for admission to a nursing facility, hospital, or  
4-34 intermediate care facility for the mentally retarded that are more stringent than those employed  
5-1 for access to home and community-based services. The department is also authorized to  
5-2 promulgate rules that define the frequency of re-assessments for services provided for under this  
5-3 section. Legislatively approved levels of care may be applied in accordance with the following:

5-4 (1) The department shall apply pre-waiver level of care criteria for any Medicaid  
5-5 recipient eligible for a nursing facility, hospital, or intermediate care facility for the mentally  
5-6 retarded as of June 30, 2009, unless the recipient transitions to home and community based  
5-7 services because he or she: (a) Improves to a level where he/she would no longer meet the pre-  
5-8 waiver level of care criteria; or (b) The individual chooses home and community based services  
5-9 over the nursing facility, hospital, or intermediate care facility for the mentally retarded. For the  
5-10 purposes of this section, a failed community placement, as defined in regulations promulgated by  
5-11 the department, shall be considered a condition of clinical eligibility for the highest level of care.  
5-12 The department shall confer with the long-term care ombudsperson with respect to the  
5-13 determination of a failed placement under the ombudsperson's jurisdiction. Should any Medicaid  
5-14 recipient eligible for a nursing facility, hospital, or intermediate care facility for the mentally  
5-15 retarded as of June 30, 2009 receive a determination of a failed community placement, the  
5-16 recipient shall have access to the highest level of care; furthermore, a recipient who has  
5-17 experienced a failed community placement shall be transitioned back into his or her former  
5-18 nursing home, hospital, or intermediate care facility for the mentally retarded whenever possible.  
5-19 Additionally, residents shall only be moved from a nursing home, hospital, or intermediate care  
5-20 facility for the mentally retarded in a manner consistent with applicable state and federal laws.

5-21 (2) Any Medicaid recipient eligible for the highest level of care who voluntarily leaves a  
5-22 nursing home, hospital, or intermediate care facility for the mentally retarded shall not be subject  
5-23 to any wait list for home and community based services.

5-24 (3) No nursing home, hospital, or intermediate care facility for the mentally retarded  
5-25 shall be denied payment for services rendered to a Medicaid recipient on the grounds that the  
5-26 recipient does not meet level of care criteria unless and until the department of human services  
5-27 has: (i) performed an individual assessment of the recipient at issue and provided written notice to  
5-28 the nursing home, hospital, or intermediate care facility for the mentally retarded that the  
5-29 recipient does not meet level of care criteria; and (ii) the recipient has either appealed that level of  
5-30 care determination and been unsuccessful, or any appeal period available to the recipient  
5-31 regarding that level of care determination has expired.

5-32 (d) The department of human services is further authorized and directed to consolidate  
5-33 all home and community-based services currently provided pursuant to section 1915(c) of title  
5-34 XIX of the United States Code into a single system of home and community-based services that  
6-1 include options for consumer direction and shared living. The resulting single home and  
6-2 community-based services system shall replace and supersede all section 1915(c) programs when  
6-3 fully implemented. Notwithstanding the foregoing, the resulting single program home and  
6-4 community-based services system shall include the continued funding of assisted living services  
6-5 at any assisted living facility financed by the Rhode Island housing and mortgage finance  
6-6 corporation prior to January 1, 2006, and shall be in accordance with chapter 66.8 of title 42 of  
6-7 the general laws as long as assisted living services are a covered Medicaid benefit.

6-8 (e) The department of human services is authorized to promulgate rules that permit  
6-9 certain optional services including, but not limited to, homemaker services, home modifications,  
6-10 respite, and physical therapy evaluations to be offered subject to availability of state-appropriated  
6-11 funding for these purposes.

6-12 (f) To promote the expansion of home and community-based service capacity, the  
6-13 department of human services is authorized and directed to pursue rate reform for homemaker,  
6-14 personal care (home health aide) and adult day care services, as follows:

6-15 (1) A prospective base adjustment effective, not later than July 1, 2008, across all  
6-16 departments and programs, of ten percent (10%) of the existing standard or average rate,  
6-17 contingent upon a demonstrated increase in the state-funded or Medicaid caseload by June 30,  
6-18 2009;

6-19 (2) Development, not later than September 30, 2008, of certification standards  
6-20 supporting and defining targeted rate increments to encourage service specialization and  
6-21 scheduling accommodations including, but not limited to, medication and pain management,  
6-22 wound management, certified Alzheimer's Syndrome treatment and support programs, and shift  
6-23 differentials for night and week-end services; and

6-24 (3) Development and submission to the governor and the general assembly, not later than  
6-25 December 31, 2008, of a proposed rate-setting methodology for home and community-based  
6-26 services to assure coverage of the base cost of service delivery as well as reasonable coverage of  
6-27 changes in cost caused by wage inflation.

6-28 (g) The department, in collaboration with the executive office of human services, shall  
6-29 implement a long-term care options counseling program to provide individuals or their  
6-30 representatives, or both, with long-term care consultations that shall include, at a minimum,  
6-31 information about: long-term care options, sources and methods of both public and private  
6-32 payment for long-term care services and an assessment of an individual's functional capabilities  
6-33 and opportunities for maximizing independence. Each individual admitted to or seeking  
6-34 admission to a long-term care facility regardless of the payment source shall be informed by the  
7-1 facility of the availability of the long-term care options counseling program and shall be provided  
7-2 with long-term care options consultation if they so request. Each individual who applies for  
7-3 Medicaid long-term care services shall be provided with a long-term care consultation.

7-4 (h) The department of human services is also authorized, subject to availability of  
7-5 appropriation of funding, to pay for certain expenses necessary to transition residents back to the  
7-6 community; provided, however, payments shall not exceed an annual or per person amount.

7-7 (i) To assure the continued financial viability of nursing facilities, the department of  
7-8 human services is authorized and directed to develop a proposal for revisions to section 40-8-19  
7-9 that reflect the changes in cost and resident acuity that result from implementation of this re-  
7-10 balancing goal. Said proposal shall be submitted to the governor and the general assembly on or  
7-11 before January 1, 2010.

7-12 (j) To ensure persons with long-term care needs who remain living at home have  
7-13 adequate resources to deal with housing maintenance and unanticipated housing related costs, the

7-14 department of human services is authorized to develop higher resource eligibility limits for  
 7-15 persons on home and community waiver services who are living in their own homes or rental  
 7-16 units.  
 7-17 <sup>{add}</sup> (k) To promote increased access to assisted living services for Medicaid beneficiaries and  
 7-18 to accelerate the rebalancing of the long-term care system, the executive office of health and  
 7-19 human services (“executive office”) shall pursue reimbursement rate reform for assisted living. In  
 7-20 pursuing assisted living reimbursement rate reform, the executive office shall:  
 7-21 (1) Solicit input and consult regularly with representatives from relevant stakeholder  
 7-22 groups, including, but not limited to, the Rhode Island assisted living association and leading age  
 7-23 RI;  
 7-24 (2) Include in the assisted living reimbursement rate reform plan, at a minimum, the  
 7-25 following elements:  
 7-26 (i) A tiered, acuity based reimbursement system for Medicaid assisted living services to  
 7-27 replace the existing per-diem flat rate. In pursuing a tiered reimbursement system, the office shall  
 7-28 ensure that the lowest payment tier is no lower than the flat rate in existence on January 1, 2013;  
 7-29 (ii) Annual adjustments to the medicaid assisted living services reimbursement rates by a  
 7-30 percentage amount equal to the percentage rise in the United States consumer price index (CPI)  
 7-31 for January 1st of that year.  
 7-32 (3) Explore options for an enhanced medicaid services reimbursement rate for assisted  
 7-33 living residences that are required by regulation to offer single-occupant apartments;  
 8-34 (4) Provide the speaker of the house, senate president, chairperson of the house  
 8-35 committee on health, education and welfare and chairperson of the senate committee on health  
 8-36 and human services with an assisted living rate reform progress report no later than October 1,  
 8-37 2013;  
 8-38 (5) The executive office is hereby authorized and directed to file a state plan amendment  
 8-39 with the United States department of health and human services in order to implement assisted  
 8-40 living reimbursement rate reform no later than January 1, 2014.<sup>{add}</sup>  
 8-41 SECTION 3. This act shall take effect upon passage.

 voting check off graphic	<b>MOTION: To find beneficial 13 H 5931 An Act Relating To Human Services - Public Assistance Act LW/KH passed, Abstained HD</b>
	<p align="center"><b>13 H 5889 &amp; S 0231 ACTS RELATING TO LABOR AND LABOR RELATIONS --          TEMPORARY DISABILITY INSURANCE</b></p> <p>Rep. E Coderre &amp; Sen. Goldin          This act shall allow workers to take time off to care for somebody who is terminally ill for duration of eight weeks. During this time, the employee will continue to receive money to support their family. <b>Scheduled for hearing 4/11 @ Rise H. Finance in 35 Scheduled for hearing 04/24 @ Rise Senate Labor rm 211</b></p>

1-1 SECTION 1. Chapter 28-41 of the General Laws entitled "Temporary Disability  
 1-2 Insurance - Benefits" are hereby amended by adding thereto the following sections:  
 1-3 <sup>{add}</sup> **28-41-34. Temporary caregiver insurance.** – The purpose of this chapter is to establish,  
 1-4 within the state temporary disability insurance program, a temporary caregiver insurance program  
 1-5 to provide up to eight (8) weeks of wage replacement benefits to workers who take time off work  
 1-6 to care for a seriously ill child, spouse, parent, domestic partner, or to bond with a new child.  
 1-7 Definitions as used in this chapter:  
 1-8 (1) “Child” means a biological, adopted, or foster son or daughter, a stepson or  
 1-9 stepdaughter, a legal ward, a son or daughter of a domestic partner, or a son or daughter of an  
 1-10 employee who stands in loco parentis to that child.  
 1-11 (2) “Newborn child” means a child under one year of age.

1-12 (3) “Adopted child” means a child adopted by, or placed for adoption with, the employee.  
1-13 (4) “Parent” means a biological, foster, or adoptive parent, a stepparent, a legal guardian,  
1-14 or other person who stood in loco parentis to the employee or the employee’s spouse or domestic  
1-15 partner when he/she was a child.

1-16 (5) “Domestic partner” means a party to a civil union as defined by chapter 15-3.1.

1-17 (6) “Spouse” means a party in a common law marriage, a party in a marriage conducted  
1-18 and recognized by another state or country, or in a marriage as defined by chapter 15-3.

2-19 (7) “Grandparent” means a parent of the employee’s parent.

2-20 (8) “Parent-in-law” means the parent of the employee’s spouse or domestic partner.

2-21 (9) “Employee” means any person who is or has been employed by an employer subject  
2-22 to chapters 39 through 41 of this title and in employment subject to those chapters.

2-23 (10) “Serious health condition” means any illness, injury, impairment, or physical or  
2-24 mental condition that involves inpatient care in a hospital, hospice, residential health care facility,  
2-25 or continued treatment or continuing supervision by a licensed health care provider.

2-26 (11) “Department” means the department of labor and training.

2-27 **28-41-35. Benefits.** – (a) Subject to the conditions set forth in this chapter, an employee  
2-28 shall be eligible for temporary caregiver benefits for any week in which he or she is unable to  
2-29 perform his or her regular and customary work because he or she is:

2-30 (1) Caring for a newborn child or a child newly placed for adoption or foster care with  
2-31 the employee or domestic partner; or

2-32 (2) Caring for a child, a parent, parent-in-law, grandparent, spouse, or domestic partner,  
2-33 who has a serious health condition, subject to a waiting period in accordance with the provisions  
2-34 of section 28-41-12. Employees may use accrued sick time during eligibility waiting period in  
2-35 accordance with the policy of the individual’s employer.

2-36 (b) Temporary caregiver benefits shall be available only to the caregiver. An employee  
2-37 cannot file for both temporary caregiver benefits and temporary disability benefits for the same  
2-38 purpose. Temporary caregiver benefits shall be limited to a maximum of eight (8) weeks per  
2-39 employee per benefit year. In addition, no individual shall be paid temporary caregiver benefits  
2-40 and temporary disability benefits which together exceed thirty (30) times his or her weekly  
2-41 benefit rate in any benefit year.

2-42 (c) Any employee who exercises his or her right to leave covered by temporary caregiver  
2-43 insurance under this chapter shall, upon the expiration of that leave, be entitled to be restored by  
2-44 the employer to the position held by the employee when the leave commenced, or to a position  
2-45 with equivalent seniority, status, employment benefits, pay, and other terms and conditions of  
2-46 employment including fringe benefits and service credits that the employee had been entitled to at  
2-47 the commencement of leave.

2-48 (d) During any caregiver leave taken pursuant to this chapter, the employer shall maintain  
2-49 any existing health benefits of the employee in force for the duration of the leave as if the  
2-50 employee had continued in employment continuously from the date he or she commenced the  
2-51 leave until the date the caregiver benefits terminate; provided, however, that the employee shall  
2-52 continue to pay any employee shares of the cost of health benefits as required prior to the  
2-53 commencement of the caregiver benefits

3-1 (e) No individual shall be entitled to waiting period credit or temporary caregiver benefits  
3-2 under this section for any week beginning prior to January 1, 2014.

3-3 **28-41-36. Certification of eligibility for leave.** – (a) An individual may file a certificate  
3-4 to establish medical eligibility of the serious health condition of the employee’s family member  
3-5 that warrants the care of the employee. Said certificate shall contain:

3-6 (1) A diagnosis and diagnostic code prescribed in the international classification of  
3-7 diseases, or where no diagnosis has yet been obtained, a detailed statement of symptoms;

3-8 (2) The date if known, on which the condition commenced;

3-9 (3) The probable duration of the condition;  
3-10 (4) An estimate of the amount of time that the licensed qualified health care provider  
3-11 believes the employee is needed to care for the family member;  
3-12 (5) A statement that the serious health condition warrants the participation of the  
3-13 employee to provide care for his or her family member. “Warrants the participation of the  
3-14 employee” includes, but is not limited to, providing psychological comfort, arranging third-party  
3-15 care for the family member as well as directly providing, or participating in the medical and  
3-16 physical care of the patient; and  
3-17 (6) A certificate filed to establish medical eligibility of the serious health condition of the  
3-18 employee’s family member shall be made by the family member’s treating licensed qualified  
3-19 health care provider. If the family member resides or is in care outside of Rhode Island, the  
3-20 treating licensed qualified health care provider must be duly licensed or certified by the state or  
3-21 foreign country in which the family member is receiving the care and treatment.  
3-22 (b) Certification for eligibility for leave in the case of placement of a child for adoption  
3-23 shall contain a certification form developed by the department for an employee taking leave for  
3-24 reason of the birth of a child, or the placement of a child with the employee in connection with  
3-25 the adoption or foster care of the child by the employee.  
3-26 (c) Contributions: The temporary caregiver insurance program will be funded solely  
3-27 through an employee contribution. The taxable rate will be in accordance with the employee  
3-28 contribution rate to the temporary disability insurance fund as determined under the provisions of  
3-29 section 28-40-1.  
3-30 (d) The director of the department of labor and training shall have the following powers  
3-31 and duties:  
3-32 (1) To promulgate regulations relative to the operation of the temporary caregiver  
3-33 insurance program;  
4-34 (2) To create all necessary applications and certificates to fulfill the purposes of this  
4-35 section; and  
4-36 (3) To disseminate information regarding the program to Rhode Island employers.  
4-37 (e) The temporary caregiver insurance program shall be part of the temporary disability  
4-38 insurance fund. Unless otherwise specified to the contrary, all of the provisions of chapters 39  
4-39 through 41 of this title shall apply to the temporary caregiver insurance program.  
4-40 (f) Misrepresentation with respect to benefits:  
4-41 (1) An individual who has been convicted by a court of competent jurisdiction of  
4-42 knowingly or fraudulently making a false statement, or knowingly or fraudulently  
4-43 misrepresenting a material fact, with intent to defraud the temporary disability insurance fund of  
4-44 any benefit or wrongfully to obtain or increase any benefit, either for himself or herself or for any  
4-45 other person, shall be disqualified from receiving benefits for a period of one year following that  
4-46 conviction;  
4-47 (2) If a physician or other qualified health care provider licensed by a foreign country is  
4-48 under investigation by the department for assisting in the filing of false claims and the department  
4-49 does not have the legal remedies to conduct a criminal investigation or prosecution in that  
4-50 country, the department may suspend the processing of all further certifications until the licensed  
4-51 qualified health care provider fully cooperates and continues to cooperate with the investigation.  
4-52 A qualified health care provider licensed by and practicing in a foreign country who has been  
4-53 convicted of filing false claims with the department shall be barred indefinitely from filing a  
4-54 certificate in support of a temporary disability insurance or temporary caregiver insurance claim  
4-55 in the state of Rhode Island.<sup>{add}</sup>  
4-56 SECTION 2. This act shall take effect upon passage.

*The Committee took no position*

**13 S 0649 & H 5769 AN ACT RELATING TO BUSINESSES AND PROFESSIONS - CONFIDENTIALITY OF HEALTH CARE COMMUNICATIONS AND INFORMATION**

Sen. Satchell & Rep. Cimini Requested by the Lieutenant Governor  
This act would enumerate additional patient's rights concerning their confidential healthcare information.

This act would take effect upon passage.

1-1 SECTION 1. Chapter 5-37.3 of the General Laws entitled "Confidentiality of Health Care  
1-2 Communications and Information Act" is hereby amended by adding thereto the following  
1-3 section:

1-4 <sup>{add}</sup> 5-37.3-12. Patient's rights. -- Pursuant to this chapter, a patient or authorized  
1-5 representative shall have the following rights:

1-6 (1) To obtain a copy of the patient's confidential healthcare information and  
1-7 communications relating thereto and such copy shall be provided to the patient within ten (10)  
1-8 business days of the request and shall be provided, without cost to the patient, in either hard copy  
1-9 or in electronic form as requested by the patient;

1-10 (2) To obtain a copy of the disclosure report pertaining to the patient's confidential  
1-11 healthcare information;

1-12 (3) To be notified as required by chapter 49-2 of title 11, the Rhode Island identity theft  
1-13 protection act, of a breach of the security system safeguarding the confidentiality of the patients  
1-14 healthcare information and communications related thereto; and

1-15 (4) To request to amend the patient's information through the provider. <sup>{add}</sup>

1-16 SECTION 2. This act shall take effect upon passage.



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**MOTION: To find beneficial 13 S 0649 & 5769 Acts Relating To  
Businesses and Professions - Confidentiality of Health Care  
Communications and Information DW/KH passed Abstained DH**

**13 S 0682 & H 5207 ACTS RELATING TO GENERAL ASSEMBLY - JOINT  
COMMITTEE OF THE REPEALER**

Sen. Lynch & Rep. Edwards

This act would create the joint committee who cancels or compiles suggestions for  
repeal of statutes, regulations, and executive orders received from citizens,  
businesses, and government agencies, including, but not limited to, those that are not  
considered "business friendly" and those that are archaic and out of date.

This act shall take effect upon passage. **Scheduled for hearing 4/11 @ Rise Sen. Jud. 313**

1-1 SECTION 1. Title 22 of the General Laws entitled "GENERAL ASSEMBLY" is hereby  
1-2 amended by adding thereto the following chapter:

1-3 <sup>{add}</sup> CHAPTER 11.1

1-4 JOINT COMMITTEE OF THE REPEALER

1-5 22-11.1-1 Joint committee of the repealer – Composition. – (a) There is hereby created  
1-6 a joint committee of the repealer. The joint committee of the repealer shall consist of six (6)  
1-7 members: three (3) of whom shall be members of the senate, not more than two (2) from the same  
1-8 political party, to be appointed by the senate president; and three (3) of whom shall be members  
1-9 of the house of representatives, not more than two (2) from the same political party to be  
1-10 appointed by the speaker of the house.

1-11 (b) The senate president and the speaker of the house shall consult with the house and  
1-12 senate minority leaders on the appointment of the minority members.

1-13 22-11.1-2 Powers and duties of joint committee of the repealer. – The joint committee  
1-14 of the repealer shall have the authority to:

1-15 (1) Compile suggestions for repeal of statutes, regulations, and executive orders received

- 1-16 [from citizens, businesses, and government agencies, including, but not limited to, those that are](#)  
 1-17 [not considered "business-friendly" and those that are archaic and out of date;](#)  
 1-18 [\(2\) Issue subpoenas, subpoenas duces tecum and orders for the production of books,](#)  
 1-19 [accounts, papers, records and documents;](#)  
 2-20 [\(3\) Following review of suggestions, make recommendations to the general assembly and](#)  
 2-21 [propose repeal of statutes and regulations through legislation; and](#)  
 2-22 [\(4\) Following review of suggestions may make recommendations for repeal of executive](#)  
 2-23 [orders to the governor.](#)  
 2-24 [22-11.1-3 Duration of joint committee of the repealer. – The committee shall be in](#)  
 2-25 [existence until December 31, 2018, unless further extended by the general assembly.](#)<sup>{add}</sup>  
 2-26 SECTION 2. This act shall take effect upon passage.



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MOTION: To find harmful 13 S 0682 & H 5207 Acts Relating To General Assembly - Joint Committee of the Repealer AS/DW passed, Abstained HD

**13 H 5848 AN ACT RELATING TO BEHAVIORAL HEALTHCARE, DEVELOPMENTAL DISABILITIES AND HOSPITALS - DEPARTMENT OF BEHAVIORAL HEALTHCARE, DEVELOPMENTAL DISABILITIES AND HOSPITALS**  
 Rep. Bennett  
 This act would mean that any reference in the general laws to "mental retardation" or "retardation" shall mean "developmental disabilities."  
 This act would take effect upon passage.

- 1-1 SECTION 1. Section 40.1-1-3.1 of the General Laws in Chapter 40.1-1 entitled  
 1-2 "Department of Behavioral Healthcare, Developmental Disabilities and Hospitals" is hereby  
 1-3 amended to read as follows:  
 1-4 **40.1-1-3.1. New title for department.** – (a) Wherever in the general or public laws, or  
 1-5 any rule or regulation, any reference to the "department of mental health, retardation and  
 1-6 hospitals" or to "department" shall appear, it shall be deemed to mean and shall mean "the  
 1-7 department of behavioral healthcare, developmental disabilities and hospitals."  
 1-8 <sup>{add}</sup>(b) [Wherever in the general or public laws, or any rule or regulation, there appears any](#)  
 1-9 [reference to "mental retardation" or "retardation" as it relates to development disabilities, mental](#)  
 1-10 [illness, or mental disability, said reference shall be deemed to mean and shall mean](#)  
 1-11 ["developmental disabilities" and shall upon enactment of this section be referred to as](#)  
 1-12 ["developmental disabilities."](#)<sup>{add}</sup>  
 1-13 SECTION 2. This act shall take effect upon passage.



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MOTION: To find beneficial if amended to mental retardation, or retardation (not mental illness, or mental disability) 13 H 5848 An Act Relating To Behavioral Healthcare, Developmental Disabilities and Hospitals - Department of Behavioral Healthcare, Developmental Disabilities and Hospitals DW/KH passed Abstained HD

13 H 5851 AN ACT RELATING TO BEHAVIORAL HEALTHCARE,  
DEVELOPMENTAL DISABILITIES AND HOSPITALS - INCOMPETENCY TO  
STAND TRIAL AND PERSONS ADJUDGED NOT GUILTY BY REASON OF  
INSANITY

Rep. Keable

This act would grant jurisdiction to the district court to order an examination of a person who requires specialized mental healthcare services and would allow for additional procedural due process rights for those individuals who have sufficiently recovered their mental health and who are to be returned to their original place of confinement. It would furthermore grant authority to the district court to conduct such hearings.

This act would take effect upon passage.

1-1 SECTION 1. Sections 40.1-5.3-6 and 40.1-5.3-9 of the General Laws in Chapter 40.1-5.3  
1-2 entitled "Incompetency to Stand Trial and Persons Adjudged Not Guilty by Reason of Insanity"  
1-3 are hereby amended to read as follows:

1-4 **40.1-5.3-6. Examination of persons awaiting trial or convicted and imprisoned for**  
1-5 **crime.** -- On a petition of the director of the department of <sup>(delete)</sup> ~~mental health, retardation~~ <sup>(delete)</sup>  
<sup>{add}</sup> behavioral

1-6 healthcare, developmental disabilities <sup>{add}</sup>, and hospitals, or on the petition of the director of the  
1-7 department of corrections, setting forth that any person awaiting trial or convicted of a crime and  
1-8 imprisoned for the crime in the adult correctional institutions is mentally ill and requires  
1-9 specialized mental health care and psychiatric in-patient services which cannot be provided in a  
1-10 correctional facility, a justice of the <sup>{add}</sup> district court or <sup>{add}</sup> superior court may order the  
examination of

1-11 the person as in his or her discretion he or she shall deem appropriate.

1-12 **40.1-5.3-9. Return to confinement.** -- When any person transferred pursuant to section  
1-13 40.1-5.3-7 has sufficiently recovered his or her mental health, he or she may, upon petition of the  
1-14 director and by order of a justice of the <sup>{add}</sup> district court or <sup>{add}</sup> superior court in his or her  
discretion, be

1-15 transferred to the place of his or her original confinement, to serve out the remainder of his or her  
1-16 term of sentence.

1-17 SECTION 2. Chapter 40.1-5.3 of the General Laws entitled "Incompetency to Stand Trial  
1-18 and Persons Adjudged Not Guilty by Reason of Insanity" is hereby amended by adding thereto  
1-19 the following section:

2-1 <sup>{add}</sup> **40.1-5.3-9.1. Hearing on petition.** -- (a) Upon receipt of the petition and appropriate  
2-2 notice to the attorney general and the person or his or her counsel, the court shall hold a hearing at  
2-3 which the parties may introduce evidence bearing on the mental condition of the person. The  
2-4 person who is the subject of the petition may testify, confront witnesses, and present evidence.

2-5 (b) If the court finds by clear and convincing evidence that the person has sufficiently  
2-6 recovered his or her mental health, he or she shall, by order of a justice of the district or the  
2-7 superior court in his or her discretion, be transferred from the facility as provided for in section  
2-8 40.1-5.3-1 to the place of his or her original confinement, to serve out the remainder of his or her  
2-9 term of sentence. <sup>{add}</sup>

2-10 SECTION 3. This act shall take effect upon passage.



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graphic

MOTION: To find beneficial if amended (to use the "preponderance of the evidence" standard) 13 H 5851 An Act Relating To Behavioral Healthcare, Developmental Disabilities and Hospitals - Incompetency to Stand Trial and Persons Adjudged Not Guilty By Reason of Insanity

AP/KH, passed unanimously

**13 S 0694 & H 5618 ACTS RELATING TO HEALTH AND SAFETY - RHODE ISLAND PUBLIC EDUCATION ADVISORY COUNCIL FOR ORGAN AND TISSUE DONATION REGISTRATION**

Sen. Algieri By Request & Rep. Keable

This act would create the RI public education advisory council for organ and tissue donation registration consisting of 10 members with the sole focus on public education to increase organ and tissue donation registrations. Funding would come from a two dollar (\$2.00) or more optional donation from persons applying for or renewing motor vehicle driver licenses and from public and private sources.

This act would take effect upon passage and would apply to all license renewals and applications issued one year from the date of passage. **Scheduled for hearing @ Rise Sen. Health & Human Services in S. Lounge**

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

1-3 <sup>{add}</sup> CHAPTER 18.6.2

1-4 RHODE ISLAND PUBLIC EDUCATION ADVISORY COUNCIL FOR ORGAN AND  
1-5 TISSUE DONATION REGISTRATION

1-6 **23-18.6.2-1. Advisory council.** -- (a) There shall be a public education advisory council  
1-7 for organ and tissue donations consisting of the administrator of the division of motor vehicles or  
1-8 his/her representative, the director of the department of revenue or his/her representative, the  
1-9 director of public health or his/her representative, the president of the hospital association of  
1-10 Rhode Island or his/her representative, a representative of the federally designated organ  
1-11 procurement organization serving Rhode Island, a representative from the Rhode Island organ  
1-12 donor awareness coalition, and four (4) persons experienced in the field of organ and tissue  
1-13 donations to be appointed by the governor, at least one of whom shall be a recipient of a donated  
1-14 organ or tissue, at least one of whom shall be a family member of a donor, and at least one of  
1-15 whom shall be a PhD or MD experienced in the field of organ and tissue donation.

1-16 The term of all appointive members shall be three (3) years and no such member shall be  
1-17 appointed to serve more than two (2) consecutive terms. Upon the expiration of the term of any  
1-18 appointive member, a successor shall be appointed in like manner for a term of three (3) years.

2-19 (b) The council will annually designate the chairman from among its members. The  
2-20 council shall meet at least four (4) times each year, and shall convene special meetings at the call  
2-21 of the chairman. The council shall make an annual report to the governor, that shall include an  
2-22 account of all actions taken to further organ and tissue donation, and shall file a copy of the report  
2-23 with the secretary of state, the clerk of the senate and the clerk of the house of representatives.

2-24 Members of the council shall serve without compensation.

2-25 (c) The advisory council shall: (1) Assist in coordinating the efforts of all public and  
2-26 private agencies within the state concerned with organ and tissue donation public education; (2)  
2-27 Advise the state on comprehensive public education programs and efforts to increase organ and  
2-28 tissue donation registrations; (3) Develop strategies to increase organ and tissue donation  
2-29 registrations by any means which the council may find effective, the funding for which shall  
2-30 come from the organ and tissue donation public education fund established by section 23-18.6.2-  
2-31 2; and (4) Establish numerical goals for increasing organ and tissue registration rates in the state,  
2-32 which shall include a baseline account of current organ and tissue registration rates, as well as  
2-33 periodic benchmarks for success. The division of motor vehicles shall provide monthly donor  
2-34 designation rates for each motor vehicle branch to assist in identifying goals. The council's sole  
2-35 focus will be on public education to increase organ and tissue donation registrations.

2-36 **23-18.6.2-2. Funding.** -- (a) There shall be established and set up a separate fund to be

2-37 known as the organ and tissue donation public education fund, to facilitate the registration of  
 2-38 organ and tissue donors. The fund shall consist of all revenues received by the state: (1) Pursuant  
 2-39 to subsection (c) of this section; and (2) From public and private sources as gifts, grants, and  
 2-40 donations to further organ and tissue donor registration.  
 2-41 All revenues received under this section shall remain in the organ and tissue donation  
 2-42 public education fund, not subject to appropriation, for the registration of organ and tissue donors.  
 2-43 The state treasurer shall not deposit these revenues in or transfer these revenues to the general  
 2-44 fund or any other fund other than the organ and tissue donation public education fund.  
 2-45 (b) The state treasurer shall deposit the fund in accordance with subsection (a) in such  
 2-46 manner as will secure the highest interest available consistent with the safety of the fund and with  
 2-47 the requirement that all amounts on deposit be available for immediate withdrawal at any time.  
 2-48 The fund shall be expended only for the purposes stated in section 23-18.6.2-1 at the direction of  
 2-49 a majority vote by the council and any unexpended balances shall be redeposited, as herein  
 2-50 provided, for future use consistent with this section.  
 2-51 (c) The division of motor vehicles shall include in any license application or renewal  
 2-52 process an option for the applying or renewing person to voluntarily donate, in addition to the  
 2-53 fees for license application or renewal, two dollars (\$2.00) or more to the organ and tissue  
 3-1 donation public education fund. The registrar shall annually report the total amount designated  
 3-2 under this subsection to the state treasurer who shall credit that amount to the organ and tissue  
 3-3 donation public education fund. The division of motor vehicles shall be given up to one year upon  
 3-4 the passage of this legislation to include the option to donate to the organ and tissue donation  
 3-5 public education fund on the appropriate state documents.<sup>(add)</sup>  
 3-6 SECTION 2. This act shall take effect upon passage and shall apply to all license  
 3-7 renewals and applications issued one year from the date of passage.

*The Committee took no position*



**4:15 Public Forums, Linda Ward, Chairperson**

Purpose/Goal: To select Public Forum Locations, find hosts and solicit sponsorships  
 Discussion: We need volunteers to solicit sponsorships, select locations and recruit hosts for each forum.



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The locations following: Providence, Warwick, East Providence (Senior Center), Woonsocket, Middletown, Wakefield 4 - 6 or 5 - 7.



Package graphic

**4:20 Commission's Legislative Package, Bob Cooper, Executive Secretary**

Purpose/Goal: To decide if additional steps are needed and review amendments to the bills.

**Bills Revised Since the Committee Voted**

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

Rep. Naughton

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 evaluate how the situation is handled and come up with a solution.

This act would take effect upon passage.

The Substitute would amend RIGL 40-8.10-4. Long-Term Care Service Reform for Medicaid Eligible Individuals - Assessment and Coordination Unit (ACU) to require the unit to provide

information on caregiver support services, including respite care.

1-1 SECTION 1. Section 40-8.10-4 of the General Laws in Chapter 40-8.10 entitled "Long-  
1-2 Term Care Service Reform for Medicaid Eligible Individuals" is hereby amended to read as  
1-3 follows:

1-4 **40-8.10-4. Assessment and Coordination Unit (ACU).** -- (a) The department of human  
1-5 services, in collaboration with the executive office of health and human services, shall implement  
1-6 a long-term care options counseling program to provide individuals or their representative, or  
1-7 both, with long-term care consultations that shall include, at a minimum, information about long-  
1-8 term care options, sources and methods of both public and private payment for long term care  
1-9 services, <sup>(added amendment)</sup>information on caregiver support services, including respite care, <sup>(added</sup>  
amendment) and an assessment of  
1-10 an individual's functional capabilities and opportunities for maximizing independence. Each  
1-11 individual admitted to or seeking admission to a long-term care facility, regardless of the payment  
1-12 source, shall be informed by the facility of the availability of the long-term care options  
1-13 counseling program and shall be provided with a long-term care options consultation, if he or she  
1-14 so requests. Each individual who applies for Medicaid long-term care services shall be provided  
1-15 with a long-term care consultation.

1-16 (b) Core and preventative home and community based services defined and delineated in  
1-17 section 40-8.10-2 shall be provided only to those individuals who meet one of the levels of care  
1-18 provided for in this chapter. Other long term care services authorized by the federal government,  
1-19 such as medication management, may also be provided to Medicaid eligible recipients who have  
1-20 established the requisite need as determined by the Assessment and Coordination Unit (ACU).  
2-1 Access to institutional and community based supports and services shall be through the  
2-2 Assessment and Coordination Unit (ACU). The provision of Medicaid-funded long-term care  
2-3 services and supports shall be based upon a comprehensive assessment that shall include, but not  
2-4 be limited to, an evaluation of the medical, social and environmental needs of each applicant for  
2-5 these services or programs. The assessment shall serve as the basis for the development and  
2-6 provision of an appropriate plan of care for the applicant.

2-7 (c) The ACU shall assess the financial eligibility of beneficiaries to receive long-term  
2-8 care services and supports in accordance with the applicable provisions of section 40-8.9-9.

2-9 (d) The ACU shall be responsible for conducting assessments; determining a level of  
2-10 care for applicants for medical assistance; developing service plans; pricing a service budget and  
2-11 developing a voucher when appropriate; making referrals to appropriate settings; maintaining a  
2-12 component of the unit that will provide training to and will educate consumers, discharge  
2-13 planners and providers; tracking utilization; monitoring outcomes; and reviewing service/care  
2-14 plan changes. The ACU shall provide interdisciplinary high cost case reviews and choice  
2-15 counseling for eligible recipients.

2-16 (e) The assessments for individuals conducted in accordance with this section shall serve  
2-17 as the basis for individual budgets for those medical assistance recipients eligible to receive  
2-18 services utilizing a self-directed delivery system.

2-19 (f) Nothing in this section shall prohibit the secretary of the executive office of health  
2-20 and human services, or the directors of that office's departments from utilizing community  
2-21 agencies or contractors when appropriate to perform assessment functions outlined in this  
2-22 chapter.

2-23 SECTION 2. Title 40 of the General Laws entitled "HUMAN SERVICES" is hereby  
2-24 amended by adding thereto the following chapter:

2-25 <sup>(add)</sup>CHAPTER 8.11

2-26 FAMILY CAREGIVERS SUPPORT ACT OF 2013

2-27 40-8.11-1. Findings. -- (a) Family members, partners and close friends provide the vast

2-28 majority of long-term services and supports.  
2-29 (b) An estimated one hundred and forty-eight thousand (148,000) persons in Rhode  
2-30 Island are providing care at any one time to persons living in the community. The estimated value  
2-31 of their unpaid contributions in 2009 was one billion eight hundred eighty million dollars  
2-32 (\$1,880,000,000).  
2-33 (c) Family or other caregivers who provide the majority of care in the home are  
2-34 frequently under substantial physical, psychological, and financial stress. The stress, if unrelieved  
3-1 by support for the caregiver, may lead to premature or unnecessary nursing home and institutional  
3-2 placement and health and financial burdens for the caregiver.  
3-3 (d) Respite care and other community-based supportive services for the family caregiver  
3-4 can relieve some of the stresses faced by caregivers, maintain and strengthen the family structure,  
3-5 postpone or prevent institutionalization and lead to better outcomes for both the caregiver and  
3-6 care recipient.  
3-7 (e) The percent of Rhode Islanders age sixty-five (65) years of age and older is projected  
3-8 to grow from fourteen percent (14%) of the state population in 2010 to twenty-one percent (21%)  
3-9 by 2030. As persons age, they have greater dependency needs and an increased need for long-  
3-10 term care services and support. Younger people with disabilities also require continued  
3-11 supportive long-term care services as they age.  
3-12 (f) As informal caregivers and families are a vital part of the long-term care services and  
3-13 support system, it is an important public purpose to recognize and respect their contributions and  
3-14 to assess and support their needs.  
3-15 **40-8.11-2. Definitions.** -- (a) "Caregiver assessment" is defined and refers to a systematic  
3-16 process of gathering information about a caregiving situation to identify the specific problems,  
3-17 needs, strengths, and resources of the family caregiver, as well as the caregiver's ability to  
3-18 contribute to the needs of the care recipient.  
3-19 (b) The term "family caregiver" is defined and refers to any relative, partner, friend, or  
3-20 neighbor who has a significant relationship with, and who provides a broad range of assistance  
3-21 for, an older adult or an adult or child with chronic or disabling conditions.  
3-22 **40-8.11-3. Caregiver assessment requirement.** -- The comprehensive assessment  
3-23 required in subsection 40-8.10-4(b) as part of Medicaid long-term service reform shall also  
3-24 include a caregiver assessment whenever the plan of care depends on a family caregiver for  
3-25 providing assistance with activities of daily living needs. The assessment shall be used to develop  
3-26 a plan of care that recognizes both needs of the care recipient and the caregiver. The assessment  
3-27 shall also serve as the basis for development and provision of an appropriate plan for caregiver  
3-28 information, referral and support services. Information about available respite programs,  
3-29 caregiver training and education programs, support groups and community support services shall  
3-30 be included as part of the caregiver support plan. To implement the caregiver assessment, the  
3-31 executive office of health and human services shall adopt evidenced-based caregiver assessments  
3-32 and referral tools appropriate to the departments within the office that provide long-term care  
3-33 services and support.<sup>{add}</sup>  
4-34 SECTION 3. This act shall take effect upon passage.



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MOTION: To find beneficial as amended 13 H 5155 Sub A An Act  
Relating To Human Services - Family Caregivers Support Act of 2013  
DW/AP passed, Abstained KH

13 H 5204 AS AMENDED AN ACT RELATING TO HEALTH AND SAFETY - STATE  
PALLIATIVE CARE AND QUALITY OF LIFE ACT

Rep. McNamara Identical to S 0279

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.

The Amendment would expand the council from 7 to 9 members (a designee of the Rhode Island American Cancer Society and a chief executive of a licensed homecare agency).

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

1-3 <sup>{add}</sup>CHAPTER 88

1-4 THE RHODE ISLAND PALLIATIVE CARE AND QUALITY OF LIFE ACT

1-5 **23-88-1. Establishment of advisory council - Purposes.** -- (a) There is hereby  
1-6 authorized, created and established a nine (9) member advisory council to be known as "The  
1-7 Rhode Island Palliative Care and Quality of Life Interdisciplinary Advisory Council" within the  
1-8 department of health with the powers and duties set forth in this chapter.

1-9 (b) The director of the department of health shall appoint nine (9) members to the council  
1-10 who shall have expertise in various aspects of palliative care including, but not limited to,  
1-11 medical, nursing, social work, pharmacy and spiritual; and patient and family caregivers.  
1-12 Membership shall specifically include experience in palliative care in a variety of inpatient,  
1-13 outpatient and community settings such as acute care, long-term care and hospice and with a  
1-14 variety of populations including pediatric, youth and adult care. <sup>{amendment}</sup>One (1) council member  
shall be

1-15 a designee of the Rhode Island American Cancer Society and one (1) member shall be a chief  
1-16 executive of a licensed homecare agency. <sup>{amendment}</sup>At least two (2) council members shall be board-  
1-17 certified hospice and palliative medicine physicians and/or nurses. Members shall serve for a term  
1-18 of three (3) years. Members shall receive no compensation for their services.

2-19 (c) The Rhode Island palliative care and quality of life interdisciplinary advisory council  
2-20 shall consult with and advise the department of health on matters related to the establishment,  
2-21 maintenance, operation, and outcomes evaluation of palliative care initiatives in the state.

2-22 **23-88-2. Establishment of palliative care consumer and professional information**  
2-23 **and education program.** -- (a) There is hereby created and established a statewide "Palliative  
2-24 Care Consumer and Professional Information and Education Program" within the department of  
2-25 health.

2-26 (b) The purpose of the palliative care consumer and professional information and  
2-27 education program shall be to maximize the effectiveness of palliative care initiatives in the state  
2-28 by ensuring that comprehensive and accurate information and education about palliative care is  
2-29 available to the public, healthcare providers, and healthcare facilities.

2-30 (c) The department of health shall publish on its website information and resources,  
2-31 including links to external resources, about palliative care delivery for the public, healthcare  
2-32 providers, and healthcare facilities. This shall include, but not limited to, continuing educational  
2-33 opportunities for healthcare providers; information about palliative care delivery in the home,  
2-34 primary, secondary, and tertiary environments; best practices for palliative care delivery; and  
2-35 consumer educational materials and referral information for palliative care, including hospice.

2-36 (d) The department of health may develop and implement any other initiatives regarding  
2-37 palliative care services and education that the director determines would further the purposes of  
2-38 this chapter.

2-39 (e) The department shall consult with the palliative care and quality of life  
2-40 interdisciplinary advisory council in implementing this section.

2-41 **23-88-3. Access to palliative care. --** (a) As used in this section, the following terms  
2-42 shall have the following meanings:

2-43 (1) "Appropriate" means consistent with applicable legal, health and professional  
2-44 standards, the patient's clinical and other circumstances, and the patient's reasonably known  
2-45 wishes and beliefs.

2-46 (2) "Medical care" means services provided, requested, or supervised by a physician or  
2-47 advanced practice nurse.

2-48 (3) "Palliative care" means patient and family centered medical care that optimizes  
2-49 quality of life by anticipating, preventing, and treating suffering caused by serious illness.  
2-50 Palliative care throughout the continuum of illness involves addressing physical, emotional,  
2-51 social, and spiritual needs and facilitating patient autonomy, access to information, and choice.  
2-52 Palliative care includes, but is not limited to, discussions of the patient's goals for treatment;  
2-53 discussion of treatment options appropriate to the patient, including, where appropriate, hospice  
3-1 care; and comprehensive pain and symptom management.

3-2 (4) "Serious illness" means and medical illness or physical injury or condition that  
3-3 substantially impacts quality of life for more than a short period of time. Serious illness includes,  
3-4 but is not limited to, cancer; heart, renal or liver failure; lung disease; and Alzheimer's disease  
3-5 and related dementias.

3-6 (b) On or before January 1, 2015, all healthcare organizations which required a license to  
3-7 operate shall:

3-8 (1) Establish a system for identifying patients or residents who could benefit from  
3-9 palliative care.

3-10 (2) Provide information about and facilitate access to appropriate palliative care services  
3-11 for those patients or residents with serious illness.

3-12 (c) The department shall carry out this section with the consultation of the palliative care  
3-13 and quality of life interdisciplinary advisory council.

3-14 (d) In carrying out this section, the department shall take into account factors that may  
3-15 impact the development of such a system and its ability to facilitate access to palliative care,  
3-16 including the size of the healthcare organization; access and proximity to palliative care services,  
3-17 including the availability of hospice and palliative care board-certified practitioners and related  
3-18 workforce staff; and geographic factors.<sup>{add}</sup>

3-19 SECTION 2. This act shall take effect upon passage.



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graphic

**MOTION: To find beneficial as amended 13 H 5204 As Amended An Act Relating To Health and Safety - State Palliative Care and Quality of Life Act AP/BI passed, NAY KH, Abstain SB, DW.**

The status of the Legislation As of April 4, 2013 was:  
**Commission Supports**

**Referred to Committee**

House Finance Committee

13 H 5073 AN ACT RELATING TO PUBLIC UTILITIES AND CARRIERS -- PUBLIC TRANSIT INVESTMENT  
Rep. O'Grady

House letter send on: 3 /5 /2013 Testified on: Senate letter send on: Testified on:

**Held for Further Study, Continued, or Heard**

House Finance Committee

13 H 5127 Article 17 AN ARTICLE RELATING TO EMERGENCY AND PUBLIC COMMUNICATION ACCESS  
FUND Rep. Melo Requested by the Governor

House letter send on: 4 /1 /2013 Testified on: Senate letter send on: Testified on:

House Labor Committee

13 H 5697 AN ACT RELATING TO LABOR AND LABOR RELATIONS -- RE-EMPLOYMENT OF WORKERS  
WHO BECOME DISABLED Rep. Winfield Requested by the Governor's Commission on Disabilities

House letter send on: Testified on: 3 /12/2013 Senate letter send on: Testified on:

Senate Health and Human Services Committee

13 S 0092 AN ACT RELATING TO INSURANCE - COVERAGE FOR PRESCRIPTION DRUGS

Sen. Crowley

House letter send on: Testified on: Senate letter send on: 3 /6 /2013 Testified on:

**Passed and Referred to**

Senate Special Legislation and Veterans' Affairs Committee

13 H 5099 JOINT RESOLUTION 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

Rep. Palumbo Identical to S 0239

House letter send on: Testified on: Senate letter send on: 3 /5 /2013 Testified on:

**Commission Supports if amended**

**Referred to Committee**

House Finance Committee

13 H 5127 Article 21 AN ARTICLE RELATING TO RHODE ISLAND PUBLIC TRANSIT AUTHORITY

Rep. Melo Requested by the Governor

House letter send on: 4 /1 /2013 Testified on: Senate letter send on: Testified on:

**Legislation Committee finds this bill Beneficial**

**Referred to Committee**

House Health, Education, & Welfare Committee

13 H 5818 AN ACT RELATING TO HUMAN SERVICES - RIGHTS OF BLIND AND DEAF PERSONS

Rep. Handy Identical to S 0317 & S 0277

House letter send on: 4 /1 /2013 Testified on: Senate letter send on: Testified on:

Senate Judiciary Committee

13 S 0415 AN ACT RELATING TO COURTS AND CIVIL PROCEDURE - COURTS

Sen. Walaska Identical to S 0620 & H 5830

House letter send on: Testified on: Senate letter send on: 3 /28/2013 Testified on:

13 S 0620 AN ACT RELATING TO COURTS AND CIVIL PROCEDURE - COURTS

Sen. Miller Identical to H 5830 & S 0415

House letter send on: Testified on: Senate letter send on: 3 /28/2013 Testified on:

**Scheduled for hearing and/or consideration**

House Finance Committee

Next Action on: 4 /24/2013 @ 1 PM in rm 35

13 H 5539 AN ACT RELATING TO CRIMINAL PROCEDURE - NATIONAL CRIMINAL RECORDS CHECK  
SYSTEM

Rep. Naughton Requested by the Attorney General Identical to S 0458

House letter send on: 4 /1 /2013 Testified on: Senate letter send on: Testified on:

House Health, Education, & Welfare Committee

Next Action on: 4 /10/2013 Rise @ rm. 135

13 H 5419 AN ACT RELATING TO INSURANCE - HEARING AIDS

Rep. Jacquard  
House letter send on: 4 /1 /2013 Testified on: Senate letter send on: Testified on:  
House Judiciary Committee  
Next Action on: 4 /9 /2013 @ Rise in House Lounge  
13 H 5830 AN ACT RELATING TO COURTS AND CIVIL PROCEDURE - COURTS  
Rep. Handy Identical to S 0620 & S 0415  
House letter send on: 4 /1 /2013 Testified on: Senate letter send on: Testified on:  
Senate Health and Human Services Committee  
Next Action on: 4 /4 /2013 @ Rise in rm 310  
13 S 0428 AN ACT RELATING TO INSURANCE - ORALLY ADMINISTERED ANTICANCER MEDICATION  
Sen. Goldin Identical to H 5354  
House letter send on: Testified on: Senate letter send on: 3 /28/2013 Testified on:  
Next Action on: 4 /23/2013 Rise @ Senate Lounge  
13 S 0277 AN ACT RELATING TO HUMAN SERVICES - RIGHTS OF BLIND AND DEAF PERSONS  
Sen. Rumsey Identical to S 0317 & H 5818  
House letter send on: Testified on: Senate letter send on: 3 /28/2013 Testified on:  
13 S 0317 AN ACT RELATING TO HUMAN SERVICES - RIGHTS OF BLIND AND DEAF PERSONS  
Sen. Walaska Identical to S 0277 & H 5818  
House letter send on: Testified on: Senate letter send on: 3 /28/2013 Testified on:  
**Held for Further Study, Continued, or Heard**  
House Corporations Committee  
13 H 5354 AN ACT RELATING TO INSURANCE - ORALLY ADMINISTERED ANTICANCER MEDICATION  
Rep. Amore Identical to S 0428  
House letter send on: 4 /1 /2013 Testified on: Senate letter send on: Testified on:  
13 H 5590 AN ACT RELATING TO HEALTH AND SAFETY -- UTILIZATION REVIEW  
Rep. Keable  
House letter send on: 4 /1 /2013 Testified on: Senate letter send on: Testified on:  
13 H 5591 AN ACT RELATING TO INSURANCE - PRESCRIPTION DRUGS - BENEFITS  
Rep. Keable Identical to S 0754  
House letter send on: 4 /1 /2013 Testified on: Senate letter send on: Testified on:  
House Health, Education, & Welfare Committee  
13 H 5481 AN ACT RELATING TO BEHAVIORAL HEALTHCARE, DEVELOPMENTAL DISABILITIES AND HOSPITALS -- DEVELOPMENTAL DISABILITIES  
Rep. Bennett Identical to S 0541  
House letter send on: 4 /1 /2013 Testified on: Senate letter send on: Testified on:  
Senate Health and Human Services Committee  
13 S 0279 AN ACT RELATING TO STATE AFFAIRS AND GOVERNMENT - PALLIATIVE CARE AND QUALITY OF LIFE - SERVICES AND EDUCATION  
Sen. Lynch Identical to H 5204  
House letter send on: Testified on: Senate letter send on: Testified on: 3 /12/2013  
13 S 0541 AN ACT RELATING TO BEHAVIORAL HEALTHCARE, DEVELOPMENTAL DISABILITIES AND HOSPITALS -- DEVELOPMENTAL DISABILITIES  
Sen. Lynch Identical to H 5481  
House letter send on: Testified on: Senate letter send on: 3 /28/2013 Testified on:  
13 S 0754 AN ACT RELATING TO INSURANCE - PRESCRIPTION DRUG BENEFITS  
Sen. Nesselbush Identical to H 5591  
House letter send on: Testified on: Senate letter send on: 3 /28/2013 Testified on:  
Senate Judiciary Committee  
13 S 0098 AN ACT RELATING TO PROPERTY -- RHODE ISLAND FAIR HOUSING PRACTICES ACT  
Sen. Metts  
House letter send on: Testified on: Senate letter send on: 3 /5 /2013 Testified on:  
13 S 0458 AN ACT RELATING TO CRIMINAL PROCEDURE - NATIONAL CRIMINAL RECORDS CHECK SYSTEM  
Sen. McCaffrey Requested by the Attorney General Identical to H 5539  
House letter send on: Testified on: Senate letter send on: 3 /28/2013 Testified on:  
**Recommend Passage**  
House Calendar

Next Action on: 4 /10/2013 # 006  
13 H 5155 Sub A AN ACT RELATING TO HUMAN SERVICES - FAMILY CAREGIVERS SUPPORT ACT OF 2013

Rep. Naughton

House letter send on: 4 /1 /2013 Testified on: Senate letter send on: Testified on:

**Passed**

House Desk

13 H 5204 As Amended AN ACT RELATING TO HEALTH AND SAFETY - STATE PALLIATIVE CARE AND QUALITY OF LIFE ACT

Rep. McNamara Identical to S 0279

House letter send on: 3 /5 /2013 Testified on: 3 /6 /2013 Senate letter send on: Testified on:

**Legislation Committee finds this bill Beneficial if amended**

**Scheduled for consideration**

House Municipal Government Committee

Next Action on: 4 /4 /2013 @ Rise in rm 203

13 H 5347 AN ACT RELATING TO HEALTH AND SAFETY - STATE BUILDING CODE

Rep. Shekarchi

House letter send on: 4 /1 /2013 Testified on: Senate letter send on: Testified on:

**Legislation Committee finds this bill Harmful**

**Referred to Committee**

House Finance Committee

13 H 5029 AN ACT RELATING TO HUMAN SERVICES -- PUBLIC ASSISTANCE

Rep. Messier Identical to H 5646

House letter send on: 3 /5 /2013 Testified on: Senate letter send on: Testified on:

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

Rep. Edwards

House letter send on: 4 /1 /2013 Testified on: Senate letter send on: Testified on:

13 H 5203 AN ACT RELATING TO EDUCATION - THE EDUCATION EQUITY AND PROPERTY TAX RELIEF

Rep. Canario

House letter send on: 3 /5 /2013 Testified on: Senate letter send on: Testified on:

**Scheduled for hearing and/or consideration**

House Finance Committee

Next Action on: 4 /10/2013 @ Rise in rm 35

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

Rep. Blazejewski Identical to S 0692

House letter send on: 4 /1 /2013 Testified on: Senate letter send on: Testified on:

13 H 5646 AN ACT RELATING TO HUMAN SERVICES -- PUBLIC ASSISTANCE ACT

Rep. Morgan Identical to H 5029

House letter send on: 3 /12/2013 Testified on: Senate letter send on: Testified on:

**Held for Further Study, Continued, or Heard**

House Corporations Committee

13 H 5593 AN ACT RELATING TO HEALTH AND SAFETY -- STATE BUILDING CODE

Rep. Trillo

House letter send on: 4 /1 /2013 Testified on: Senate letter send on: Testified on:

Senate Health and Human Services Committee

13 S 0692 AN ACT RELATING TO BEHAVIORAL HEALTHCARE, DEVELOPMENTAL DISABILITIES AND HOSPITALS - DEVELOPMENTAL DISABILITIES OMBUDSPERSON ACT OF 2013

Sen. DiPalma Identical to H 5546

House letter send on: Testified on: Senate letter send on: 3 /28/2013 Testified on:

**Postponed by sponsor**

House Health, Education, & Welfare Committee

13 H 5316 AN ACT RELATING TO INSURANCE - MANDATED BENEFITS

Rep. Morgan

House letter send on: 4 /1 /2013 Testified on: Senate letter send on: Testified on:

**Legislation Committee finds this bill Harmful unless amended**

**Scheduled for hearing and/or consideration**

Senate Judiciary Committee

Next Action on: 4 /11/2013 @ Rise in rm 313

13 S 0461 AN ACT RELATING TO HUMAN SERVICES - PERSONAL CARE ATTENDANTS

Sen. McCaffrey

Requested by the Attorney General Identical to H 5538

House letter send on:

Testified on:

Senate letter send on: 3 /28/2013 Testified on:

**Held for Further Study, Continued, or Heard**

House Health, Education, & Welfare Committee

13 H 5538

AN ACT RELATING TO HUMAN SERVICES - PERSONAL CARE ATTENDANTS

Rep. Naughton

Requested by the Attorney General Identical to S 0461

House letter send on: 4 /1 /2013

Testified on:

Senate letter send on:

Testified on:

**Legislation Committee recommends Commission Oppose**

**Held for Further Study, Continued, or Heard**

House Finance Committee

13 H 5127 Article 20 AN ARTICLE RELATING TO MEDICAID REFORM ACT OF 2008

Rep. Melo

Requested by the Governor

House letter send on:

Testified on:

Senate letter send on:

Testified on:

**Tabled for more information**

**Referred to Committee**

Senate Finance Committee

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

Sen. Lynch

House letter send on:

Testified on:

Senate letter send on:

Testified on:

**Held for Further Study, Continued, or Heard**

House Finance Committee

13 H 5127 Article 15 AN ARTICLE RELATING TO HUMAN RESOURCE INVESTMENT COUNCIL

Rep. Melo

Requested by the Governor

House letter send on:

Testified on: 2 /27/2013

Senate letter send on:

Testified on:



calendar graphic

**4:25 Agenda and Scheduling the Next Meeting, Linda Ward, Chair**

Items to be placed on the next meeting's agenda:

1. Review New Bills, Amended Bills
2. Planning for the Public Forums
3. Status of Legislative Package

Next meeting will be on: Monday May 13, 2013 3 - 4:30 PM



alarm clock graphic

**4:30 Adjournment, Linda Ward, Chair**



voting check off graphic

**MOTION: To adjourn at 4:33 PM.**