



# Governor's Commission on Disabilities Legislation Committee Agenda Monday May 13, 2013 3 - 4:30 PM

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

(voice) 401-462-0100 (fax) 462-0106 (tty) via RI Relay 711

(e-mail) [disabilities@gcd.ri.gov](mailto:disabilities@gcd.ri.gov)

(website) [www.disabilities.ri.gov](http://www.disabilities.ri.gov)



**Attendees:** Linda Ward (Chair.); Bill Inlow (Vice Chair.); Rosemary C. Carmody; Regina Connor; Linda Deschenes; Timothy Flynn; Casey Gartland; Arthur M. Plitt; Meredith Sheehan; & Angelina Stabile

**Absent:** Sharon Brinkworth; Joseph Cirillo; Heather Daglieri; Julie DeRosa; Sarah Everhart Skeels; Elaina Goldstein; Kathleen Heren; Paula Parker; Msgr. Gerard O. Sabourin; & Dawn Wardyga

**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**

Chair calls the meeting to order at 3:07 PM  
Introductions of Commissioners and guests



voting check off graphic

**MOTION:** To accept the minutes of the previous meeting as presented  
CG/AP Passed unanimously

## Action Items:



Legislation graphic

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

Purpose/Goal: To determine the impact of legislation on people with disabilities

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

Discussion: The Executive Committee voted to oppose H 5127 Article 20 AN ARTICLE RELATING TO MEDICAID REFORM ACT OF 2008, as the Legislation Committee recommended. The Executive Committee also voted to direct the Legislation Committee to draft the legislative impact statement and submit the draft to the Executive Committee for its approval.

- 1-4 <sup>{add}</sup> [SECTION 1. Rhode Island Medicaid Reform Act of 2008.](#)
- 1-5 [WHEREAS, the General Assembly enacted Chapter 12.4 of Title 42 entitled "The Rhode](#)
- 1-6 [Island Medicaid Reform Act of 2008"; and](#)
- 1-7 [WHEREAS, a Joint Resolution is required pursuant to Rhode Island General Laws § 42-](#)
- 1-8 [12.4-1, et seq.; and](#)
- 1-9 [WHEREAS, Rhode Island General Law § 42-12.4-7 provides that any change that](#)
- 1-10 [requires the implementation of a rule or regulation or modification of a rule or regulation in](#)
- 1-11 [existence prior to the implementation of the global consumer choice section 1115 demonstration](#)
- 1-12 [\("the demonstration"\) shall require prior approval of the general assembly; and further provides](#)
- 1-13 [that any category II change or category III change as defined in the demonstration shall also](#)
- 1-14 [require prior approval by the general assembly; and](#)
- 1-15 [WHEREAS, Rhode Island General Law § 42-7.2-5 provides that the Secretary of the](#)
- 1-16 [Office of Health and Human Services is responsible for the "review and coordination of any](#)
- 1-17 [Global Consumer Choice Compact Waiver requests and renewals as well as any initiatives and](#)

1-18 proposals requiring amendments to the Medicaid state plan or category II or III changes” as  
1-19 described in the demonstration, with “the potential to affect the scope, amount, or duration of  
1-20 publicly-funded health care services, provider payments or reimbursements, or access to or the  
1-21 availability of benefits and services as provided by Rhode Island general and public laws”; and  
1-22 WHEREAS, in pursuit of a more cost-effective consumer choice system of care that is  
1-23 fiscally sound and sustainable, the secretary requests general assembly approval of the following  
1-24 proposals to amend the demonstration:

1-25 (a) Nursing Facility Payment Rates – Eliminate Rate Increase. The Medicaid agency  
1-26 proposes to eliminate the projected nursing facility rate increase and associated hospice rate  
1-27 increase that would otherwise become effective during state fiscal year 2014. A Category II  
1-28 change is required to implement this proposal under the terms and conditions of the Global  
1-29 Consumer Choice Compact Waiver. Further, this change may also require the adoption of new or  
1-30 amended rules, regulations and procedures.

2-1 (b) Medicaid Hospital Payment Rates – Eliminate Adjustments. The Medicaid single state  
2-2 agency proposes to reduce hospital payments by eliminating the projected inpatient and outpatient  
2-3 hospital rate increase for state fiscal year 2014. A Category II change is required to implement  
2-4 this proposal under the terms and conditions of the Global Consumer Choice Compact Waiver.  
2-5 Further, this change may also require the adoption of new or amended rules, regulations and  
2-6 procedures.

2-7 (c) Integrated Care Initiative – Implementation Phase-in. The Medicaid single state  
2-8 agency proposes to continue implementation of the Medicaid Integrated Care Initiative for Adults  
2-9 authorized under the Rhode Island Medicaid Reform Act of 2008, as amended in 2011. Moving  
2-10 the initiative forward may require Category II changes under the terms and conditions of the  
2-11 Global Consumer Choice Compact Waiver and the adoption of new or amended rules, regulations  
2-12 and procedures.

2-13 (d) BHDDH System Reforms – Implementation of Employment First and Housing First  
2-14 Initiative. As part of ongoing reforms promoting rehabilitation services that enhance a person’s  
2-15 dignity, self-worth and connection to the community, the Department of Behavioral Healthcare,  
2-16 Developmental Disabilities, and Hospitals proposes to change Medicaid financing to support the  
2-17 Employment First and Housing First initiatives. Both initiatives use reductions in Medicaid  
2-18 payments to provide incentives for service alternatives that optimize health and independence.  
2-19 The resulting changes in payment rates may require Category II changes under the terms and  
2-20 conditions of the Global Consumer Choice Compact Waiver and the adoption of new or amended  
2-21 rules, regulations and procedures.

2-22 (e) Costs Not Otherwise Matchable (CNOM) Federal Funding. Implementation of the  
2-23 U.S. Patient Protection and Affordable Care Act of 2010 will render it unnecessary for the  
2-24 Medicaid agency to continue to pursue federal CNOM funding for services to certain newly  
2-25 Medicaid eligible populations served by the Executive Office of Health and Human Services, the  
2-26 Department of Human Services and the Department of Behavioral Healthcare, Developmental  
2-27 Disabilities and Hospitals. Category II changes may be necessary under the terms and conditions  
2-28 of the Global Consumer Choice Compact Waiver to facilitate the transition of the affected people  
2-29 and services to full Medicaid coverage.

2-30 (f) Medicaid Requirements and Opportunities under the U.S. Patient Protection and  
2-31 Affordable Care Act of 2010. The Medicaid agency proposes to pursue any requirements and/or  
2-32 opportunities established under the U.S. Patient Protection and Affordable Care Act of 2010 that  
2-33 may warrant a Category II or III change under the terms and conditions of the Global Consumer  
2-34 Choice Compact Waiver. Any such actions the Medicaid agency takes shall not have an adverse  
3-1 impact on beneficiaries or cause there to be an increase in expenditures beyond the amount  
3-2 appropriated for state fiscal year 2014.

3-3 Now, therefore, be it

- 3-4 [RESOLVED, that the general assembly hereby approves proposals \(a\) through \(f\) listed](#)
- 3-5 [above to amend the demonstration; and be it further](#)
- 3-6 [RESOLVED, that the secretary of the office of health and human services is authorized](#)
- 3-7 [to pursue and implement any waiver amendments, category II or category III changes, state plan](#)
- 3-8 [amendments and/or changes to the applicable department's rules, regulations and procedures](#)
- 3-9 [approved herein and as authorized by § 42-12.4-7.](#)
- 3-10 [SECTION 2. This article shall take effect upon passage.](#)<sup>{add}</sup>



**MOTIONS:**

To support *(a) Nursing Facility Payment Rates - Eliminate Rate Increase*, for the following reasons equal treatment, in the context of acuity based rates WI/AP YEA CG, AP, MS, WI, RC; NAY TF,AS, Abstain LD;  
 No position taken *(b) Medicaid Hospital Payment Rates - Eliminate Adjustments*;  
 No position taken *(c) Integrated Care Initiative - Implementation Phase-in*;  
 To oppose unless amended to increase funding during the transition period  
*(d) BHDDH System Reforms - Implementation of Employment First and Housing First Initiative* - for the following reasons some may still need in-patient psychiatric safety net AS/RCo passed Passed, abstain LD, RCa, CG, LW;  
 To oppose unless amended to cover funding until ACA takes effect and individuals over 138% are automatically transferred to the Sherlock Plan *(e) Costs Not Otherwise Matchable (CNOM) Federal Funding*, CG/WI passed Abstained LD  
 No position taken *(f) Medicaid Requirements and Opportunities under the U.S. Patient Protection and Affordable Care Act of 2010.*

**13 S 0902 AN ACT RELATING TO HUMAN SERVICES - PUBLIC ASSISTANCE**  
 Sen. DiPalma in the Senate Finance Committee  
 This act would increase the state's monthly share of supplementary assistance to the supplementary security income program from \$332.00 to \$538.00. This act would also provide guidelines to promote reimbursement rate reform for assisted living.  
 This act would take effect upon passage.

- 1-1 SECTION 1. Section 40-6-27 of the General Laws in Chapter 40-6 entitled "Public
- 1-2 Assistance Act" is hereby amended to read as follows:
- 1-3 **40-6-27. Supplemental security income.** -- (a) (1) The director of the department is
- 1-4 hereby authorized to enter into agreements on behalf of the state with the secretary of the
- 1-5 Department of Health and Human Services or other appropriate federal officials, under the
- 1-6 supplementary and security income (SSI) program established by title XVI of the Social Security
- 1-7 Act, 42 U.S.C. section 1381 et seq., concerning the administration and determination of eligibility
- 1-8 for SSI benefits for residents of this state, except as otherwise provided in this section. The state's
- 1-9 monthly share of supplementary assistance to the supplementary security income program shall
- 1-10 be as follows:
- 1-11 (i) Individual living alone: \$39.92
- 1-12 (ii) Individual living with others: \$51.92
- 1-13 (iii) Couple living alone: \$79.38
- 1-14 (iv) Couple living with others: \$97.30
- 1-15 (v) Individual living in state licensed assisted living residence: ~~{delete}~~ ~~\$332.00~~ ~~{delete}~~

{add}\$538.00{add}

1-16 (vi) Individual living in state licensed supportive residential  
1-17 care settings that, depending on the population served, meet  
1-18 the standards set by the department of human services in  
1-19 conjunction with the department(s) of children, youth and  
2-1 families, elderly affairs and/or behavioral healthcare,  
2-2 developmental disabilities and hospitals: \$300.00.

2-3 Provided, however, that<sup>{delete}</sup> ~~the department of human services shall by regulation reduce,~~  
2-4 ~~effective January 1, 2009, the state's monthly share of supplementary assistance to the~~  
2-5 ~~supplementary security income program for each of the above listed payment levels, by the same~~  
2-6 ~~value as the annual federal cost of living adjustment to be published by the federal social security~~  
2-7 ~~administration in October 2008 and becoming effective on January 1, 2009, as determined under~~  
2-8 ~~the provisions of title XVI of the federal social security act [42 U.S.C. section 1381 et seq.] and~~  
2-9 ~~provided further, that it is the intent of the general assembly that the January 1, 2009 reduction in~~  
2-10 ~~the state's monthly share shall not cause a reduction in the combined federal and state payment~~  
~~level for each category of recipients in effect in the month of December 2008;~~<sup>{delete}</sup> <sup>{add}</sup>effective  
January

2-11 1, 2014, and each January 1 thereafter, the department of human services shall increase the  
2-12 payment for individuals living in state licensed assisted living, subject to appropriation, by a  
2-13 percentage amount equal to the percentage rise in the United States consumer price index (CPI)  
2-14 for January 1 of that year<sup>{add}</sup>; provided further, that the department of human services is authorized  
2-15 and directed to provide for payments to recipients in accordance with the above directives.

2-16 (2) As of July 1, 2010, state supplement payments shall not be federally administered and  
2-17 shall be paid directly by the department of human services to the recipient.

2-18 (3) Individuals living in institutions shall receive a twenty dollar (\$20.00) per month  
2-19 personal needs allowance from the state which shall be in addition to the personal needs  
2-20 allowance allowed by the Social Security Act, 42 U.S.C. section 301 et seq.

2-21 (4) Individuals living in state licensed supportive residential care settings and assisted  
2-22 living residences who are receiving SSI shall be allowed to retain a minimum personal needs  
2-23 allowance of fifty-five dollars (\$55.00) per month from their SSI monthly benefit prior to  
2-24 payment of any monthly fees.

2-25 (5) To ensure that supportive residential care or an assisted living residence is a safe and  
2-26 appropriate service setting, the department is authorized and directed to make a determination of  
2-27 the medical need and whether a setting provides the appropriate services for those persons who:

2-28 (i) Have applied for or are receiving SSI, and who apply for admission to supportive  
2-29 residential care setting and assisted living residences on or after October 1, 1998; or

2-30 (ii) Who are residing in supportive residential care settings and assisted living residences,  
2-31 and who apply for or begin to receive SSI on or after October 1, 1998.

2-32 (6) The process for determining medical need required by subsection (4) of this section  
2-33 shall be developed by the office of health and human services in collaboration with the  
3-1 departments of that office and shall be implemented in a manner that furthers the goals of  
3-2 establishing a statewide coordinated long-term care entry system as required pursuant to the  
3-3 Global Consumer Choice Compact Waiver.

3-4 (7) To assure access to high quality coordinated services, the department is further  
3-5 authorized and directed to establish rules specifying the payment certification standards that must  
3-6 be met by those state licensed supportive residential care settings and assisted living residences  
3-7 admitting or serving any persons eligible for state-funded supplementary assistance under this  
3-8 section. Such payment certification standards shall define:

3-9 (i) The scope and frequency of resident assessments, the development and  
3-10 implementation of individualized service plans, staffing levels and qualifications, resident

3-11 monitoring, service coordination, safety risk management and disclosure, and any other related  
3-12 areas;

3-13 (ii) The procedures for determining whether the payment certifications standards have  
3-14 been met; and

3-15 (iii) The criteria and process for granting a one time, short-term good cause exemption  
3-16 from the payment certification standards to a licensed supportive residential care setting or  
3-17 assisted living residence that provides documented evidence indicating that meeting or failing to  
3-18 meet said standards poses an undue hardship on any person eligible under this section who is a  
3-19 prospective or current resident.

3-20 (8) The payment certification standards required by this section shall be developed in  
3-21 collaboration by the departments, under the direction of the executive office of health and human  
3-22 services, so as to ensure that they comply with applicable licensure regulations either in effect or  
3-23 in development.

3-24 (b) The department is authorized and directed to provide additional assistance to  
3-25 individuals eligible for SSI benefits for:

3-26 (1) Moving costs or other expenses as a result of an emergency of a catastrophic nature  
3-27 which is defined as a fire or natural disaster; and

3-28 (2) Lost or stolen SSI benefit checks or proceeds of them; and

3-29 (3) Assistance payments to SSI eligible individuals in need because of the application of  
3-30 federal SSI regulations regarding estranged spouses; and the department shall provide such  
3-31 assistance in a form and amount, which the department shall by regulation determine.

3-32 SECTION 2. Section 40-8.9-9 of the General Laws in Chapter 40-8.9 entitled "Medical  
3-33 Assistance - Long-Term Care Service and Finance Reform" is hereby amended to read as  
3-34 follows:

4-1 **40-8.9-9. Long-term care re-balancing system reform goal.** -- (a) Notwithstanding any  
4-2 other provision of state law, the department of human services is authorized and directed to apply  
4-3 for and obtain any necessary waiver(s), waiver amendment(s) and/or state plan amendments from  
4-4 the secretary of the United States department of health and human services, and to promulgate  
4-5 rules necessary to adopt an affirmative plan of program design and implementation that addresses  
4-6 the goal of allocating a minimum of fifty percent (50%) of Medicaid long-term care funding for  
4-7 persons aged sixty-five (65) and over and adults with disabilities, in addition to services for  
4-8 persons with developmental disabilities and mental disabilities, to home and community-based  
4-9 care on or before December 31, 2013; provided, further, the executive office of health and human  
4-10 services shall report annually as part of its budget submission, the percentage distribution  
4-11 between institutional care and home and community-based care by population and shall report  
4-12 current and projected waiting lists for long-term care and home and community-based care  
4-13 services. The department is further authorized and directed to prioritize investments in home and  
4-14 community-based care and to maintain the integrity and financial viability of all current long-  
4-15 term care services while pursuing this goal.

4-16 (b) The reformed long-term care system re-balancing goal is person-centered and  
4-17 encourages individual self-determination, family involvement, interagency collaboration, and  
4-18 individual choice through the provision of highly specialized and individually tailored home-  
4-19 based services. Additionally, individuals with severe behavioral, physical, or developmental  
4-20 disabilities must have the opportunity to live safe and healthful lives through access to a wide  
4-21 range of supportive services in an array of community-based settings, regardless of the  
4-22 complexity of their medical condition, the severity of their disability, or the challenges of their  
4-23 behavior. Delivery of services and supports in less costly and less restrictive community settings,  
4-24 will enable children, adolescents and adults to be able to curtail, delay or avoid lengthy stays in  
4-25 long-term care institutions, such as behavioral health residential treatment facilities, long-term  
4-26 care hospitals, intermediate care facilities and/or skilled nursing facilities.

4-27 (c) Pursuant to federal authority procured under section 42-7.2-16 of the general laws,  
4-28 the department of human services is directed and authorized to adopt a tiered set of criteria to be  
4-28 used to determine eligibility for services. Such criteria shall be developed in collaboration with  
4-30 the state's health and human services departments and, to the extent feasible, any consumer  
4-31 group, advisory board, or other entity designated for such purposes, and shall encompass  
4-32 eligibility determinations for long-term care services in nursing facilities, hospitals, and  
4-33 intermediate care facilities for the mentally retarded as well as home and community-based  
4-34 alternatives, and shall provide a common standard of income eligibility for both institutional and  
5-1 home and community-based care. The department is, subject to prior approval of the general  
5-2 assembly, authorized to adopt criteria for admission to a nursing facility, hospital, or  
5-3 intermediate care facility for the mentally retarded that are more stringent than those employed  
5-4 for access to home and community-based services. The department is also authorized to  
5-5 promulgate rules that define the frequency of re-assessments for services provided for under this  
5-6 section. Legislatively approved levels of care may be applied in accordance with the following:

5-7 (1) The department shall apply pre-waiver level of care criteria for any Medicaid  
5-8 recipient eligible for a nursing facility, hospital, or intermediate care facility for the mentally  
5-9 retarded as of June 30, 2009, unless the recipient transitions to home and community based  
5-10 services because he or she: (a) Improves to a level where he/she would no longer meet the pre-  
5-11 waiver level of care criteria; or (b) The individual chooses home and community based services  
5-12 over the nursing facility, hospital, or intermediate care facility for the mentally retarded. For the  
5-13 purposes of this section, a failed community placement, as defined in regulations promulgated by  
5-14 the department, shall be considered a condition of clinical eligibility for the highest level of care.  
5-15 The department shall confer with the long-term care ombudsperson with respect to the  
5-16 determination of a failed placement under the ombudsperson's jurisdiction. Should any Medicaid  
5-17 recipient eligible for a nursing facility, hospital, or intermediate care facility for the mentally  
5-18 retarded as of June 30, 2009 receive a determination of a failed community placement, the  
5-19 recipient shall have access to the highest level of care; furthermore, a recipient who has  
5-20 experienced a failed community placement shall be transitioned back into his or her former  
5-21 nursing home, hospital, or intermediate care facility for the mentally retarded whenever possible.  
5-22 Additionally, residents shall only be moved from a nursing home, hospital, or intermediate care  
5-23 facility for the mentally retarded in a manner consistent with applicable state and federal laws.

5-24 (2) Any Medicaid recipient eligible for the highest level of care who voluntarily leaves a  
5-25 nursing home, hospital, or intermediate care facility for the mentally retarded shall not be subject  
5-26 to any wait list for home and community based services.

5-27 (3) No nursing home, hospital, or intermediate care facility for the mentally retarded  
5-28 shall be denied payment for services rendered to a Medicaid recipient on the grounds that the  
5-29 recipient does not meet level of care criteria unless and until the department of human services  
5-30 has: (i) performed an individual assessment of the recipient at issue and provided written notice to  
5-31 the nursing home, hospital, or intermediate care facility for the mentally retarded that the  
5-32 recipient does not meet level of care criteria; and (ii) the recipient has either appealed that level of  
5-33 care determination and been unsuccessful, or any appeal period available to the recipient  
5-34 regarding that level of care determination has expired.

6-1 (d) The department of human services is further authorized and directed to consolidate  
6-2 all home and community-based services currently provided pursuant to section 1915(c) of title  
6-3 XIX of the United States Code into a single system of home and community-based services that  
6-4 include options for consumer direction and shared living. The resulting single home and  
6-5 community-based services system shall replace and supersede all section 1915(c) programs when  
6-6 fully implemented. Notwithstanding the foregoing, the resulting single program home and  
6-7 community-based services system shall include the continued funding of assisted living services  
6-8 at any assisted living facility financed by the Rhode Island housing and mortgage finance

6-9 corporation prior to January 1, 2006, and shall be in accordance with chapter 66.8 of title 42 of  
6-10 the general laws as long as assisted living services are a covered Medicaid benefit.

6-11 (e) The department of human services is authorized to promulgate rules that permit  
6-12 certain optional services including, but not limited to, homemaker services, home modifications,  
6-13 respite, and physical therapy evaluations to be offered subject to availability of state-appropriated  
6-14 funding for these purposes.

6-15 (f) To promote the expansion of home and community-based service capacity, the  
6-16 department of human services is authorized and directed to pursue rate reform for homemaker,  
6-17 personal care (home health aide) and adult day care services, as follows:

6-18 (1) A prospective base adjustment effective, not later than July 1, 2008, across all  
6-19 departments and programs, of ten percent (10%) of the existing standard or average rate,  
6-20 contingent upon a demonstrated increase in the state-funded or Medicaid caseload by June 30,  
6-21 2009;

6-22 (2) Development, not later than September 30, 2008, of certification standards  
6-23 supporting and defining targeted rate increments to encourage service specialization and  
6-24 scheduling accommodations including, but not limited to, medication and pain management,  
6-25 wound management, certified Alzheimer's Syndrome treatment and support programs, and shift  
6-26 differentials for night and week-end services; and

6-27 (3) Development and submission to the governor and the general assembly, not later than  
6-28 December 31, 2008, of a proposed rate-setting methodology for home and community-based  
6-29 services to assure coverage of the base cost of service delivery as well as reasonable coverage of  
6-30 changes in cost caused by wage inflation.

6-31 (g) The department, in collaboration with the executive office of human services, shall  
6-32 implement a long-term care options counseling program to provide individuals or their  
6-33 representatives, or both, with long-term care consultations that shall include, at a minimum,  
6-34 information about: long-term care options, sources and methods of both public and private  
7-1 payment for long-term care services and an assessment of an individual's functional capabilities  
7-2 and opportunities for maximizing independence. Each individual admitted to or seeking  
7-3 admission to a long-term care facility regardless of the payment source shall be informed by the  
7-4 facility of the availability of the long-term care options counseling program and shall be provided  
7-5 with long-term care options consultation if they so request. Each individual who applies for  
7-6 Medicaid long-term care services shall be provided with a long-term care consultation.

7-7 (h) The department of human services is also authorized, subject to availability of  
7-8 appropriation of funding, to pay for certain expenses necessary to transition residents back to the  
7-9 community; provided, however, payments shall not exceed an annual or per person amount.

7-10 (i) To assure the continued financial viability of nursing facilities, the department of  
7-11 human services is authorized and directed to develop a proposal for revisions to section 40-8-19  
7-12 that reflect the changes in cost and resident acuity that result from implementation of this re-  
7-13 balancing goal. Said proposal shall be submitted to the governor and the general assembly on or  
7-14 before January 1, 2010.

7-15 (j) To ensure persons with long-term care needs who remain living at home have  
7-16 adequate resources to deal with housing maintenance and unanticipated housing related costs, the  
7-17 department of human services is authorized to develop higher resource eligibility limits for  
7-18 persons on home and community waiver services who are living in their own homes or rental  
7-19 units.

7-20 <sup>{add}</sup> (k) To promote increased access to assisted living services for Medicaid beneficiaries and  
7-21 to accelerate the rebalancing of the long-term care system, the executive office of health and  
7-22 human services ("executive office") shall pursue reimbursement rate reform for assisted living. In  
7-23 pursuing assisted living reimbursement rate reform, the executive office shall:

7-24 (1) Solicit input and consult regularly with representatives from relevant stakeholder

7-25 groups, including, but not limited to, the Rhode assisted living association and leading age RI;  
 7-26 (2) Include in the assisted living reimbursement rate reform plan, at a minimum, the  
 7-27 following elements:  
 7-28 (i) A tiered, acuity based reimbursement system for Medicaid assisted living services to  
 7-29 replace the existing per diem flat rate. In pursuing a tiered reimbursement system, the office shall  
 7-30 ensure that the lowest payment tier is no lower than the flat rate in existence on January 1, 2013;  
 7-31 (ii) Annual adjustments to the Medicaid assisted living services reimbursement rates by a  
 7-32 percentage amount equal to the percentage rise in the United States consumer price index (CPI)  
 7-33 for January 1 of that year.  
 7-34 (3) Explore options for an enhanced Medicaid services reimbursement rate for assisted  
 8-1 living residences that are required by regulation to offer single-occupant apartments.  
 8-2 (4) Provide the speaker of the house of representatives, president of the senate,  
 8-3 chairperson of the house committee on health education and welfare and chairperson of the senate  
 8-4 committee on health and human services with an assisted living rate reform progress report no  
 8-5 later than October 1, 2013;  
 8-6 (5) The executive office is hereby authorized and directed to file a state plan amendment  
 8-7 with the U.S. department of health and human services in order to implement assisted living  
 8-8 reimbursement rate reform no later than January 1, 2014.<sup>{add}</sup>  
 8-9 SECTION 3. This act shall take effect upon passage.

<input checked="" type="checkbox"/> <small>voting check off graphic</small>	<b>MOTION: To find beneficial 13 S 0902 AN ACT RELATING TO HUMAN SERVICES - PUBLIC ASSISTANCE AS/RCa passed, Abstained LD</b>
	<p align="center"><b>13 S 0907 AN ACT RELATING TO STATE AFFAIRS AND GOVERNMENT - DEPARTMENT OF ADMINISTRATION</b></p> <p>Sen. Pearson Requested by the Department of Administration in the Senate Housing and Municipal Government</p> <p>This act would add three (3) members to the State Planning Council, the commissioner of the Rhode Island office of energy resources; the chief executive officer of the Rhode Island public transit authority; and the executive director of Rhode Island housing.</p> <p>This act would take effect upon passage.</p>

1-1 SECTION 1. Section 42-11-10 of the General Laws in Chapter 42-11 entitled  
 1-2 "Department of Administration" is hereby amended to read as follows:  
 1-3 **42-11-10. Statewide planning program. --** (a) Findings. - The general assembly finds  
 1-4 that the people of this state have a fundamental interest in the orderly development of the state;  
 1-5 the state has a positive interest and demonstrated need for establishment of a comprehensive  
 1-6 strategic state planning process and the preparation, maintenance, and implementation of plans  
 1-7 for the physical, economic, and social development of the state; the continued growth and  
 1-8 development of the state presents problems that cannot be met by the cities and towns  
 1-9 individually and that require effective planning by the state; and state and local plans and  
 1-10 programs must be properly coordinated with the planning requirements and programs of the  
 1-11 federal government.  
 1-12 (b) Establishment of statewide planning program.  
 1-13 (1) A statewide planning program is hereby established to prepare, adopt, and amend  
 1-14 strategic plans for the physical, economic, and social development of the state and to recommend  
 1-15 these to the governor, the general assembly, and all others concerned.  
 1-16 (2) All strategic planning, as defined in subsection (c) of this section, undertaken by all  
 1-17 departments and agencies of the executive branch unless specifically exempted, shall be  
 1-18 conducted by or under the supervision of the statewide planning program. The statewide planning  
 1-19 program shall consist of a state planning council, and the division of planning, which shall be a

- 2-1 division within the department of administration.
- 2-2 (c) Strategic planning. - Strategic planning includes the following activities:
- 2-3 (1) Establishing or identifying general goals.
- 2-4 (2) Refining or detailing these goals and identifying relationships between them.
- 2-5 (3) Formulating, testing, and selecting policies and standards that will achieve desired
- 2-6 objectives.
- 2-7 (4) Preparing long-range or system plans or comprehensive programs that carry out the
- 2-8 policies and set time schedules, performance measures, and targets.
- 2-9 (5) Preparing functional short-range plans or programs that are consistent with
- 2-10 established or desired goals, objectives, and policies, and with long-range or system plans or
- 2-11 comprehensive programs where applicable, and that establish measurable intermediate steps
- 2-12 toward their accomplishment of the goals, objectives, policies, and/or long-range system plans.
- 2-13 (6) Monitoring the planning of specific projects and designing of specific programs of
- 2-14 short duration by the operating departments, other agencies of the executive branch, and political
- 2-15 subdivisions of the state to insure that these are consistent with and carry out the intent of
- 2-16 applicable strategic plans.
- 2-17 (7) Reviewing the execution of strategic plans and the results obtained and making
- 2-18 revisions necessary to achieve established goals.
- 2-19 (d) State guide plan. - Components of strategic plans prepared and adopted in accordance
- 2-20 with this section may be designated as elements of the state guide plan. The state guide plan shall
- 2-21 be comprised of functional elements or plans dealing with land use; physical development and
- 2-22 environmental concerns; economic development; housing production; energy supply, including
- 2-23 the development of renewable energy resources in Rhode Island, and energy access, use, and
- 2-24 conservation; human services; and other factors necessary to accomplish the objective of this
- 2-25 section. The state guide plan shall be a means for centralizing, integrating, and monitoring long-
- 2-26 range goals, policies, plans, and implementation activities related thereto. State agencies
- 2-27 concerned with specific subject areas, local governments, and the public shall participate in the
- 2-28 state guide planning process, which shall be closely coordinated with the budgeting process.
- 2-29 (e) Membership of state planning council. - The state planning council shall consist of:
- 2-30 (1) The director of the department of administration as chairperson;
- 2-31 (2) The director, policy office, in the office of the governor, as vice-chairperson;
- 2-32 (3) The governor, or his or her designee;
- 2-33 (4) The budget officer;
- 3-1 (5) The chairperson of the housing resources commission;
- 3-2 (6) The highest-ranking administrative officer of the division of planning, as secretary;
- 3-3 (7) The president of the League of Cities and Towns or his or her designee and one
- 3-4 official of local government, who shall be appointed by the governor from a list of not less than
- 3-5 three (3) submitted by the Rhode Island League Cities and Towns;
- 3-6 (8) The executive director of the League of Cities and Towns;
- 3-7 (9) One representative of a nonprofit community development or housing organization
- 3-8 appointed by the governor;
- 3-9 (10) Four (4) public members, appointed by the governor;
- 3-10 (11) Two (2) representatives of a private, nonprofit environmental advocacy
- 3-11 organization, both to be appointed by the governor;
- 3-12 (12) The director of planning and development for the city of Providence;
- 3-13 (13) The director of the department of transportation;
- 3-14 (14) The director of the department of environmental management;
- 3-15 (15) The director of the department of health; ~~and~~
- 3-16 (16) The executive director of the economic development corporation <sup>{add}</sup> <sub>1</sub> ~~;~~ <sup>{add}</sup> <sub>2</sub> ~~;~~ <sup>{delete}</sup> <sub>3</sub> ~~;~~ <sup>{delete}</sup> <sub>4</sub>
- 3-17 <sup>{add}</sup> (17) The commissioner of the Rhode Island office of energy resources;

3-18 [\(18\) The chief executive officer of the Rhode Island public transit authority; and](#)

3-19 [\(19\) The executive director of Rhode Island housing.](#)<sup>{add}</sup>

3-20 (f) Powers and duties of state planning council. - The state planning council shall have  
3-21 the following powers and duties:

3-22 (1) To adopt strategic plans as defined in this section and the long-range state guide plan,  
3-23 and to modify and amend any of these, following the procedures for notification and public  
3-24 hearing set forth in section 42-35-3, and to recommend and encourage implementation of these  
3-25 goals to the general assembly, state and federal agencies, and other public and private bodies;  
3-26 approval of strategic plans by the governor; and to ensure that strategic plans and the long-range  
3-27 state guide plan are consistent with the findings, intent, and goals set forth in section 45-22.2-3,  
3-28 the "Rhode Island Comprehensive Planning and Land Use Regulation Act";

3-29 (2) To coordinate the planning and development activities of all state agencies, in  
3-30 accordance with strategic plans prepared and adopted as provided for by this section;

3-31 (3) To review and comment on the proposed annual work program of the statewide  
3-32 planning program;

3-33 (4) To adopt rules and standards and issue orders concerning any matters within its  
3-34 jurisdiction as established by this section and amendments to it;

4-1 (5) To establish advisory committees and appoint members thereto representing diverse  
4-2 interests and viewpoints as required in the state planning process and in the preparation or  
4-3 implementation of strategic plans. The state planning council shall appoint a permanent  
4-4 committee comprised of:

4-5 (i) Public members from different geographic areas of the state representing diverse  
4-6 interests, and

4-7 (ii) Officials of state, local and federal government, which shall review all proposed  
4-8 elements of the state guide plan, or amendment or repeal of any element of the plan, and shall  
4-9 advise the state planning council thereon before the council acts on any such proposal. This  
4-10 committee shall also advise the state planning council on any other matter referred to it by the  
4-11 council; and

4-12 (6) To establish and appoint members to an executive committee consisting of major  
4-13 participants of a Rhode Island geographic information system with oversight responsibility for its  
4-14 activities.

4-15 (7) To adopt, amend and maintain as an element of the state guide plan or as an  
4-16 amendment to an existing element of the state guide plan, standards and guidelines for the  
4-17 location of eligible renewable energy resources and renewable energy facilities in Rhode Island  
4-18 with due consideration for the location of such resources and facilities in commercial and  
4-19 industrial areas, agricultural areas, areas occupied by public and private institutions, and property  
4-20 of the state and its agencies and corporations, provided such areas are of sufficient size, and in  
4-21 other areas of the state as appropriate.

4-22 (g) Division of planning.

4-23 (1) The division of planning shall be the principal staff agency of the state planning  
4-24 council for preparing and/or coordinating strategic plans for the comprehensive management of  
4-25 the state's human, economic, and physical resources. The division of planning shall recommend  
4-26 to the state planning council specific guidelines, standards, and programs to be adopted to  
4-27 implement strategic planning and the state guide plan and shall undertake any other duties  
4-28 established by this section and amendments thereto.

4-29 (2) The division of planning shall maintain records (which shall consist of files of  
4-30 complete copies) of all plans, recommendations, rules, and modifications or amendments thereto  
4-31 adopted or issued by the state planning council under this section. The records shall be open to  
4-32 the public.

4-33 (3) The division of planning shall manage and administer the Rhode Island geographic

4-34 information system of land-related resources, and shall coordinate these efforts with other state  
5-1 departments and agencies, including the University of Rhode Island, which shall provide  
5-2 technical support and assistance in the development and maintenance of the system and its  
5-3 associated data base.

5-4 (4) The division of planning shall coordinate and oversee the provision of technical  
5-5 assistance to political subdivisions of the state in preparing and implementing plans to accomplish  
5-6 the purposes, goals, objectives, policies, and/or standards of applicable elements of the state guide  
5-7 plan and shall make available to cities and towns data and guidelines that may be used in  
5-8 preparing comprehensive plans and elements thereof and in evaluating comprehensive plans and  
5-9 elements thereby.

5-10 (h) [Deleted by P.L. 2011, ch. 215, section 4, and by P.L. 2011, ch. 313, section 4\_.

5-11 (i) The division of planning shall be the principal staff agency of the water resources  
5-12 board established pursuant to chapter 46-15 ("Water Resources Board") and the water resources  
5-13 board corporate established pursuant to chapter 46-15.1 ("Water Supply Facilities").

5-14 SECTION 2. This act shall take effect upon passage.



voting check  
off graphic

**MOTION: To find beneficial if amended to add the Secretary of EOHHS and representative disability advocacy organization 13 S 0907/H 5549 AN ACT RELATING TO STATE AFFAIRS AND GOVERNMENT - DEPARTMENT OF ADMINISTRATION RCo/CG passed Abstained LD**

**13 H 5992 & 13 S 0862 JOINT RESOLUTIONS CREATING A BEHAVIORAL HEALTH AND FIREARMS SAFETY TASK FORCE TO REVIEW, AND MAKE RECOMMENDATIONS FOR, STATUTES RELATING TO FIREARMS AND BEHAVIORAL HEALTH ISSUES**

Rep. Ruggiero Requested by the Governor in the House Judiciary Committee  
Sen. Cool Rumsey Requested by the Governor in the Senate Judiciary Committee  
The resolution creates the Behavioral Health And Firearms Safety Task Force (here in after) referred to as the "Task Force") for the purpose of conducting a review of different states' approaches for compliance with the NICS Index which includes information contributed by federal and state agencies identifying persons prohibited from possessing firearms because of mental health or substance abuse history to ensure that the state conforms to best practices nationally.

1-1 <sup>{add}</sup> WHEREAS, Recent and well-publicized events, including the tragic shootings at Sandy  
1-2 Hook Elementary School in neighboring Connecticut, have called into question how we as a  
1-3 society deal with firearm violence and public safety; and  
1-4 WHEREAS, The Rhode Island General Assembly seeks to ensure that the laws of our  
1-5 State strike an appropriate balance between preserving the individual freedoms and liberties of  
1-6 responsible firearm ownership, on one hand, and acknowledging that matters of public safety are  
1-7 recognized, on the other hand; and  
1-8 WHEREAS, Many of the current laws enacted in our State relating to firearms have not  
1-9 been reviewed for decades, and though various governmental stakeholders have come together  
1-10 during the 2013 legislative session to propose ways to strengthen these laws, the General  
1-11 Assembly believes that it is appropriate to conduct a comprehensive review of these laws; and  
1-12 WHEREAS, It is of particular concern how the Rhode Island statutory framework deals  
1-13 with the intersection of behavioral health and firearms safety; and  
1-14 WHEREAS, It is in the best interest of the citizens of Rhode Island to convene a task  
1-15 force composed of representatives from the legislative, executive, judicial branches of  
1-16 government and behavioral health community to conduct a review of current law and make  
1-17 recommendations on legislation to improve public safety by developing a more comprehensive

1-18 approach addressing the nexus between behavioral health and firearms safety; now, therefore be it  
1-19 RESOLVED, That the Behavioral Health And Firearms Safety Task Force (hereinafter  
2-1 referred to as the "Task Force") shall consist of the following members (it being understood that  
2-2 any member of the Task Force may appoint a designee to attend Task Force meetings in his/her  
2-3 absence, and a quorum of the Task Force shall consist of a majority of its current membership):  
2-4 (1) Three (3) members of the House of Representatives to be appointed by the Speaker of  
2-5 the House, not more than two (2) from the same political party;  
2-6 (2) Three (3) members of the Senate to be appointed by the President of the Senate, not  
2-7 more than two (2) from the same political party;  
2-8 (3) Two (2) members selected by the Governor;  
2-9 (4) Attorney General;  
2-10 (5) State Court Administrator;  
2-11 (6) Director of the Department of Public Safety;  
2-12 (7) Director of the Department of Environmental Management;  
2-13 (8) Director of the Department of Behavioral Healthcare, Developmental Disabilities and  
2-14 Hospitals;  
2-15 (9) President of the Police Chiefs' Association;  
2-16 (10) Mental Health Advocate;  
2-17 (11) A public member representing mental health service providers, to be appointed by  
2-18 the President of the Senate; and  
2-19 (12) A public member representing substance abuse service providers, to be appointed by  
2-20 the Speaker of House and be it further;  
2-21 RESOLVED, That the Representative appointed from the political party of the Speaker  
2-22 of House and the Senator appointed from the political party of the President of the Senate shall  
2-23 call the first meeting of the Task Force, and the members of the Task Force shall, at their first  
2-24 meeting, elect a Chairperson, a Secretary, and any other officers they may find necessary; and be  
2-25 it further  
2-26 RESOLVED, That the Task Force shall assemble no less than two (2) times per month,  
2-27 or more often at the call of the Chairperson or upon petition of a majority of its members; and be  
2-28 it further  
2-29 RESOLVED, That the Task Force shall perform the following functions with respect to  
2-30 the National Instant Criminal Background Check System ("NICS"):  
2-31 (1) Conduct a review of different states' approaches for compliance with the NICS Index  
2-32 (which includes information contributed by federal and state agencies identifying persons  
2-33 prohibited from possessing firearms because of mental health or substance abuse history) to  
2-34 ensure that the state conforms to best practices nationally;  
3-1 (2) Propose legislation and recommendations to support the state's full participation in the  
3-2 NICS Index; and  
3-3 (3) Act in an advisory capacity to the relief board, under chapter 40.1-30 of the Rhode  
3-4 Island General Laws, until it is fully operational; and be it further  
3-5 RESOLVED, That the Task Force shall review chapter 11-47 of the Rhode Island  
3-6 General Laws entitled "Weapons" and chapter 40.1-5 of the Rhode Island General Laws entitled  
3-7 "Mental Health Law" and make recommendations to revise such chapters consistent with this  
3-8 Joint Resolution, which recommendations shall include, but not be limited to, ensuring (i) The  
3-9 privacy of information identifying persons with disqualifying behavioral health adjudications or  
3-10 commitments; and (ii) That the definitions used in such chapters related to mental health and  
3-11 substance abuse (or in contemporaneous legislation proposed by the Task Force or the Task Force  
3-12 on Firearms Statutes) are consistent; and be it further  
3-13 RESOLVED, That the Task Force shall transmit such recommendations to the Governor,  
3-14 the Speaker of the House and the President of the Senate on or before January 1, 2014; and be it

- 3-15 [further](#)
- 3-16 [RESOLVED, That before transmitting such recommendations to the Governor, the](#)
- 3-17 [Speaker of the House and the President of the Senate, the Task Force shall have conferred with](#)
- 3-18 [the Task Force on Firearms Statutes to ensure that their proposed recommendations for revising](#)
- 3-19 [the Rhode Island General Laws do not conflict; and be it further](#)
- 3-20 [RESOLVED, That the Secretary of State be, and hereby is, authorized and directed to](#)
- 3-21 [transmit duly certified copies of this resolution to the Governor, the President of the Senate, and](#)
- 3-22 [the Speaker of the House.](#)<sup>{add}</sup>

 <small>voting check off graphic</small>	<p>MOTION: To find beneficial 13 H 5992 &amp; 13 S 0862 JOINT RESOLUTIONS CREATING A BEHAVIORAL HEALTH AND FIREARMS SAFETY TASK FORCE TO REVIEW, AND MAKE RECOMMENDATIONS FOR, STATUTES RELATING TO FIREARMS AND BEHAVIORAL HEALTH ISSUES RCa/TF passed, Abstained LD</p>
	<p style="text-align: center;"><b>13 H 5996 &amp; 13 S 0861 AN ACT RELATING TO BEHAVIORAL HEALTHCARE, DEVELOPMENTAL DISABILITIES AND HOSPITALS -- RELIEF FROM DISQUALIFIERS BOARD</b></p> <p>Rep. Coderre Requested by the Governor in the House Judiciary Committee          Sen. Nesselbush Requested by the Governor in the Senate Judiciary Committee          These acts would create the relief from disqualifier board which would hear petitions from person seeking relief from a federal firearms disability. The NICS Index consists of individuals who are determined to be prohibited from possessing a firearm when disqualifying information is not available through the NCIC or III systems. The NICS Improvement Act of 2007 (NIAA) amends the Brady Act and was enacted in the wake of the April 2007 shooting tragedy at Virginia Tech to address the gap in information available to the NICS about prohibiting mental health adjudications and commitments and other prohibiting backgrounds, which will better enable the system to operate as intended, to keep guns out of the hands of persons prohibited by state or federal law from receiving or possessing firearms.          This act would take effect upon passage.</p>

- 1-1 SECTION 1. Title 40.1 of the General Laws entitled "BEHAVIORAL HEALTHCARE,
- 1-2 DEVELOPMENTAL DISABILITIES AND HOSPITALS" is hereby amended by adding thereto
- 1-3 the following chapter:
- 1-4 style="text-align: center;">{add} [CHAPTER 30](#)
- 1-5 style="text-align: center;">[RELIEF FROM DISQUALIFIERS BOARD](#)
- 1-6 [40.1-30-1. Legislative findings. -- It is found and declared as follows:](#)
- 1-7 [\(1\) Recent and well-publicized events, including the tragic shootings at Sandy Hook](#)
- 1-8 [Elementary School in neighboring Connecticut, have called into question how we as a society](#)
- 1-9 [deal with firearm violence, behavioral health, and public safety;](#)
- 1-10 [\(2\) Of particular concern is how the state of Rhode Island deals with the intersection of](#)
- 1-11 [behavioral health and firearms safety;](#)
- 1-12 [\(3\) The Brady Handgun Violence Prevention Act of 1993 \(Brady Act\) requires Federal](#)
- 1-13 [Firearms Licensees \(FFLS\) to use the National Instant Criminal Background Check System](#)
- 1-14 [\(NICS\) to determine if a person is disqualified from receiving or possessing firearms to conduct a](#)
- 1-15 [search of available records;](#)
- 1-16 [\(4\) The National Instant Criminal Background Check System \(NICS\) conducts records](#)
- 1-17 [searches in three \(3\) databases: the National Crime Information Center \(NCIC\), which contains](#)
- 1-18 [information on wanted persons and protection orders; the Interstate Identification Index \(III\),](#)
- 2-1 [which contains criminal history records; and the NICS Index, which contains the names of](#)

2-2 prohibited persons as defined in the Brady Act;  
2-3 (5) The NICS Index consists of individuals who are determined to be prohibited from  
2-4 possessing a firearm when disqualifying information is not available through the NCIC or III  
2-5 systems;  
2-6 (6) The NICS Improvement Act of 2007 (NIAA) amends the Brady Act and was enacted  
2-7 in the wake of the April 2007 shooting tragedy at Virginia Tech to address the gap in information  
2-8 available to the NICS about prohibiting mental health adjudications and commitments and other  
2-9 prohibiting backgrounds, which will better enable the system to operate as intended, to keep guns  
2-10 out of the hands of persons prohibited by state or federal law from receiving or possessing  
2-11 firearms.  
2-12 (7) Pursuant to federal and state law the state of Rhode Island will contribute  
2-13 disqualifying information on individuals to the NICS Index, including information on persons  
2-14 with mental health adjudications or commitments or controlled substance abusers;  
2-15 (8) The state of Rhode Island will review the records in the state records repositories and  
2-16 make improvements where needed to ensure that information is accurate so that individuals with  
2-17 disqualifying backgrounds are prohibited from receiving or possessing firearms.  
2-18 (9) A condition for participation in federal grant programs to support records  
2-19 improvement is the creation and certification of a relief program under state law that permits a  
2-20 person adjudicated as prohibited from receiving or possessing a firearm imposed by 18 U.S.C.  
2-21 section 922 (d) (4) or g (4) to apply for relief.  
2-22 **40.1-30-2. Relief board -- Appointment and terms of members. --** Within the  
2-23 department of behavioral healthcare, developmental disabilities and hospitals there shall be a  
2-24 relief board consisting of five (5) qualified electors of the state appointed by the governor, subject  
2-25 to the advice and consent of the senate, who shall serve for a term of three (3) years.  
2-26 **40.1-30-3. Qualification of board members. --** The five (5) electors to be named by the  
2-27 governor shall have the following qualifications:  
2-28 (1) Two (2) of the qualified electors one of whom shall be a psychiatrist and one of  
2-29 whom shall be a psychologist, both licensed to practice medicine in the state of Rhode Island, and  
2-30 one of which shall be either a forensic psychiatrist or forensic psychologist;  
2-31 (2) One shall be an active member of law enforcement in the state of Rhode Island;  
2-32 (3) One member shall be the director of the department of behavioral healthcare,  
2-33 developmental disabilities and hospitals, or his/her designee.  
2-34 (4) One member shall be the mental health advocate or his or designee.  
3-1 **40.1-30-4. Facilities and supplies for board. --** The director of the behavioral  
3-2 healthcare, developmental disabilities and hospitals shall provide adequate quarters for the board  
3-3 for the purpose of holding meetings and hearings and shall provide space and facilities for the  
3-4 keeping of records for the board, together with the necessary equipment and supplies incident to  
3-5 the maintenance of the board.  
3-6 **40.1-30-5. Petition for relief from disqualifiers. --** (a) Any person having a state  
3-7 firearms disqualifier or a federal firearms disqualifier under 18 USC 922 (d) (4) or (g)(4), as a  
3-8 result of an adjudication or commitment rendered in this state may petition the relief board for  
3-9 relief from the firearms disqualifier that resulted from such adjudication or commitment.  
3-10 (b) The petitioner shall submit to the relief board, together with the petition and the  
3-11 release required by subsection (c) of this section, information in support of the petition, including,  
3-12 but not limited to:  
3-13 (1) Certified copies of medical records detailing the petitioner's psychiatric history where  
3-14 applicable, including records pertaining to the specific adjudication or commitment that is the  
3-15 subject of the petition;  
3-16 (2) Certified copies of medical records from all of the petitioner's current treatment  
3-17 providers , if the petitioner is receiving treatment;

3-18 (3) A certified copy of all criminal history information maintained on file by the state  
3-19 bureau of criminal identification and the Federal Bureau of Investigation pertaining to the  
3-20 petitioner or a copy of the response from said bureaus indicating there is no criminal history  
3-21 information on file;

3-22 (4) Evidence of the petitioner's reputation, which may include notarized letters of  
3-23 reference from current and past employers, letters and other forms of personal attestation from  
3-24 family members or personal friends, affidavits from the petitioner or other character evidence;  
3-25 and

3-26 (5) Any further information or documents specifically requested by the board which  
3-27 documents shall be certified copies of original documents.

3-28 (6) Any other person determined by the board to have an interest in the matter may  
3-29 present any and all relevant information at the board hearing and in any appeal to the superior  
3-30 court.

3-31 (c) The petitioner shall provide for the release of all of the petitioner's records that may  
3-32 relate to the petition, including, but not limited to, health, mental health, military, immigration,  
3-33 juvenile court, mental health court, civil court and criminal records, on a form prescribed by the  
3-34 relief board. The releases shall authorize the director of behavioral healthcare, developmental  
4-1 disabilities and hospitals, or his/her designee, to obtain any of such records for use at the relief  
4-2 board hearing or any appeal from the decision of the board. Releases of information for the  
4-3 purposes of this section are limited to the relief board, the director, or his/her designee, and any  
4-4 parties involved in the relief hearing as determined by the board. Except as expressly provided in  
4-5 this section, no such release shall constitute a waiver of the confidentiality protections of the  
4-6 petitioner under state and federal law and all parties to a relief hearing are bound by said  
4-7 confidentiality laws.

4-8 (d) The petitioner shall ensure that all required information accompanies the petition at  
4-9 the time it is submitted to the board. At the discretion of the board, information provided after  
4-10 receipt of the petition by the board may be considered. Information specifically requested by the  
4-11 board must be received by the board no later than fifteen (15) calendar days after the date of the  
4-12 request in order for the information to be considered. The board may extend such time period for  
4-13 good cause shown. Failure to provide the requested information within such time period may  
4-14 result in a denial of the petition.

4-15 (e) Upon the filing of the petition, the relief board shall set a date, time and place for a  
4-16 hearing within sixty (60) calendar days of receipt of the petition, and shall give notice of such  
4-17 hearing to:

4-18 (1) The petitioner;  
4-19 (2) the court that rendered the adjudication or commitment;  
4-20 (3) the conservator appointed for the petitioner, if any; and  
4-21 (4) any other person determined by the board to have an interest in the matter.

4-22 (f) The board shall cause a recording of the testimony given at such hearing to be made.  
4-23 Such recording shall be transcribed only in the event of an appeal from the decision rendered by  
4-24 the board under this section. A copy of such transcript shall be furnished without charge to any  
4-25 appellant whom the board finds is unable to pay for such copy.

4-26 (g) The petitioner shall have the burden of establishing by clear and convincing evidence  
4-27 that:

4-28 (1) The petitioner is not likely to act in a manner that is dangerous to public safety; and  
4-29 (2) Granting relief from the federal and state firearms disqualifier is not contrary to the  
4-30 public interest.

4-31 (h) In determining whether to grant relief under this section, the board shall consider the  
4-32 following:

4-33 (1) The circumstances regarding the firearms disqualifier imposed by state law, 18 USC

4-34 922(d)(4) or 18 USC 922(g)(4);  
5-1 (2) The petitioner's record, which shall include, at a minimum, the petitioner's mental  
5-2 health records and criminal history records, if any;  
5-3 (3) The petitioner's reputation, which the petitioner must demonstrate through character  
5-4 witness statements, testimony or other character evidence; and  
5-5 (4) Any other relevant information provided by the petitioner or any other person  
5-6 determined by the board to have an interest in the matter.  
5-7 (i) The board shall grant relief under this section if it finds by clear and convincing  
5-8 evidence that:  
5-9 (1) The petitioner will not be likely to act in a manner dangerous to public safety, and  
5-10 (2) Granting the relief will not be contrary to the public interest.  
5-11 (j) The board shall include in its decision the specific findings of fact on which it bases its  
5-12 decision.  
5-13 (k) The petitioner may appeal the final decision of the relief board for the denial of relief  
5-14 to the superior court for review:  
5-15 (1) Review must include the record of the relief board pertaining to the petitioner;  
5-16 (2) Review may include additional evidence necessary to conduct an adequate review;  
5-17 (3) Notwithstanding any provision of the general statutes, any review of the decision of  
5-18 the relief board by the superior court shall be de novo.  
5-19 (l) As soon as practicable after receiving notice of the decision of the board granting  
5-20 relief, the director of behavioral healthcare, developmental disabilities and hospitals, or his/her  
5-21 designee, shall:  
5-22 (1) Coordinate the removal or cancellation of the record in the National Instant Criminal  
5-23 Background Check System (NICS), and  
5-24 (2) Notify the attorney general of the United States that the basis of the record no longer  
5-25 applies.  
5-26 (m) All proceedings of the relief board under the provisions of this section shall be closed  
5-27 to the public and all records of the proceedings shall be confidential and not subject to disclosure  
5-28 except to the petitioner and/or his or her counsel, unless the relief board, after notice to the parties  
5-29 and a hearing, determines that such records should be disclosed for good cause shown.  
5-30 **40.1-30-6. Rules and regulations.** -- The director of behavioral healthcare,  
5-31 developmental disabilities and hospitals shall promulgate rules and regulations governing the  
5-32 application and granting and denial of relief imposed under state law, 18 U.S.C. 922 (d)(4) or  
5-33 (g)(4).<sup>{add}</sup>  
6-1 SECTION 2. This act shall take effect upon passage.

 <p>voting check off graphic</p>	<p>The Committee took no position on 13 H 5996 &amp; 13 S 0861 AN ACT RELATING TO BEHAVIORAL HEALTHCARE, DEVELOPMENTAL DISABILITIES AND HOSPITALS -- RELIEF FROM DISQUALIFIERS BOARD</p>
 <p>meeting graphic</p>	<p><b>4:10 Public Forums Status, Bob Cooper, Executive Secretary</b>  Purpose/Goal: To review the status of forum preparations and determine what additional steps are needed.  Discussion: The locations have not been confirmed yet.</p>
 <p>Package</p>	<p><b>4:15 Commission's Legislative Package, Bob Cooper, Executive Secretary</b>  Purpose/Goal: review the status of the Commission's Legislative Package and determine what additional steps are needed.</p>

**Discussion:****Commission Supports 5 bills****Held for Further Study, Continued, or Heard**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: 4 /30/2013

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

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 testified on: 3/12/2013

Senate Health and Human Services Committee

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

Senate letter send on: 3/6/2013

**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 Senate letter send on: 3/5/2013

**Commission Supports if amended 1 budget article****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

**Commission Opposes 1 budget article****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

**Legislation Committee finds these 23 bills Beneficial****Referred to Committee**House Finance Committee

13 H 5931 AN ACT RELATING TO HUMAN SERVICES - PUBLIC ASSISTANCE ACT Rep. Malik House letter send on: 4 /18/2013

Senate Judiciary Committee

13 S 0415 AN ACT RELATING TO COURTS AND CIVIL PROCEDURE - COURTS Sen. Walaska Senate letter send on: 3 /28/2013

13 S 0620 AN ACT RELATING TO COURTS AND CIVIL PROCEDURE - COURTS Sen. Miller Senate letter send on: 3/28/2013

**Scheduled for hearing and/or consideration**House Finance Committee

13 H 5481 AN ACT RELATING TO BEHAVIORAL HEALTHCARE, DEVELOPMENTAL DISABILITIES AND HOSPITALS -- DEVELOPMENTAL DISABILITIES Rep. Bennett House letter send on: 4/18/2013

**Held for Further Study**House Judiciary Committee

Next Action on: 5 /7 /2013@ Rise in House Lounge **Held for Further Study**

13 H 5769 AN ACT RELATING TO BUSINESSES AND PROFESSIONS - CONFIDENTIALITY OF HEALTH CARE COMMUNICATIONS AND INFORMATION Rep. Cimini Requested by the Lieutenant Governor House letter send on: 4 /18/2013

Next Action on: 5 /9 /2013@ Rise in House Lounge **Held for Further Study**

13 H 5830 AN ACT RELATING TO COURTS AND CIVIL PROCEDURE - COURTS Rep. Handy House letter send on: 4/1/2013

**Held for Further Study, Continued, or Heard**House Corporations Committee

13 H 5354 AN ACT RELATING TO INSURANCE - ORALLY ADMINISTERED ANTICANCER MEDICATION Rep. Amore House letter send on: 4 /1 /2013

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

House letter send on: 4/1/2013  
 13 H 5591 AN ACT RELATING TO INSURANCE - PRESCRIPTION DRUGS - BENEFITS Rep. Keable  
 House letter send on: 4/1/2013:  
House Finance Committee  
 13 H 5539 AN ACT RELATING TO CRIMINAL PROCEDURE - NATIONAL CRIMINAL RECORDS  
 CHECK SYSTEM Rep. Naughton Requested by the Attorney General House letter send on: 4/1/2013  
 Testified on: 4/24/2013  
House Health, Education, & Welfare Committee  
 13 H 5419 AN ACT RELATING TO INSURANCE - HEARING AIDS Rep. Jacquard House letter send on:  
 4/1/2013  
 13 H 5818 AN ACT RELATING TO HUMAN SERVICES - RIGHTS OF BLIND AND DEAF PERSONS  
 Rep. Handy House letter send on: 4/1/2013  
Senate Health and Human Services Committee  
 13 S 0277 AN ACT RELATING TO HUMAN SERVICES - RIGHTS OF BLIND AND DEAF PERSONS  
 Sen. Cool-Rumsey  
 Senate letter send on: 3/28/2013  
 13 S 0279 AN ACT RELATING TO STATE AFFAIRS AND GOVERNMENT - PALLIATIVE CARE AND  
 QUALITY OF LIFE - SERVICES AND EDUCATION Sen. Lynch Senate letter send on: 4/18/2013  
 Testified on: 3/12/2013  
 13 S 0317 AN ACT RELATING TO HUMAN SERVICES - RIGHTS OF BLIND AND DEAF PERSONS  
 Sen. Walaska Senate letter send on: 3/28/2013  
 13 S 0428 AN ACT RELATING TO INSURANCE - ORALLY ADMINISTERED ANTICANCER  
 MEDICATION Sen. Goldin  
 Senate letter send on: 3/28/2013  
 13 S 0541 AN ACT RELATING TO BEHAVIORAL HEALTHCARE, DEVELOPMENTAL DISABILITIES  
 AND HOSPITALS -- DEVELOPMENTAL DISABILITIES Sen. Lynch Senate letter send on: 3/28/2013  
 13 S 0649 AN ACT RELATING TO BUSINESSES AND PROFESSIONS - CONFIDENTIALITY OF  
 HEALTH CARE COMMUNICATIONS AND INFORMATION Sen. Satchell Requested by the Lieutenant  
 Governor Senate letter send on: 4/28/2013  
 13 S 0754 AN ACT RELATING TO INSURANCE - PRESCRIPTION DRUG BENEFITS Sen. Nesselbush  
 Senate letter send on: 3/28/2013  
Senate Judiciary Committee  
 13 S 0098 AN ACT RELATING TO PROPERTY -- RHODE ISLAND FAIR HOUSING PRACTICES ACT  
 Sen. Metts Senate letter send on: 3/5/2013  
 13 S 0458 AN ACT RELATING TO CRIMINAL PROCEDURE - NATIONAL CRIMINAL RECORDS  
 CHECK SYSTEM Sen. McCaffrey Requested by the Attorney General Senate letter send on: 3/28/2013  
**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 House letter send on: 3/5/2013 Testified on:  
 3/6/2013  
**Passed and Referred to**  
Senate Special Legislation and Veterans' Affairs Committee  
 13 H 5819 Sub A AN ACT RELATING TO MOTOR AND OTHER VEHICLES - PARKING FACILITIES  
 AND PRIVILEGES Rep. Malik Requested by the Department of Revenue **Hearing 5/15 @ Rise rm 310**  
Senate Health and Human Services Committee  
 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  
**Legislation Committee finds these 6 bills Beneficial if amended**  
**Scheduled for hearing and/or consideration**  
House Judiciary Committee  
 Next Action on: **5/14/2013 @ Rise in House Lounge**  
 13 H 5679 AN ACT RELATING TO STATUTES AND STATUTORY CONSTRUCTION Rep. Mattiello  
 Requested by the Law Revision Office House letter send on: 4/19/2013 **Testified on 5/7/1013**  
**Held for Further Study, Continued, or Heard**  
House Health, Education, & Welfare Committee  
 13 H 5848 AN ACT RELATING TO BEHAVIORAL HEALTHCARE, DEVELOPMENTAL DISABILITIES  
 AND HOSPITALS - DEPARTMENT OF BEHAVIORAL HEALTHCARE, DEVELOPMENTAL  
 DISABILITIES AND HOSPITALS Rep. Bennett House letter send on: 4/18/2013 **Recommend Passage**  
**5/21/2013 # 003**

House Judiciary Committee

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 House letter send on: 4/18/2013

Senate Housing and Municipal Government Committee

13 S 0838 AN ACT RELATING TO HEALTH AND SAFETY - STATE BUILDING CODE Sen. Walaska Senate letter send on: 4/18/2013

**Recommend Passage**

Senate Calendar

Next Action on: 5/1/2013 # 005

13 S 0775 Sub A AN ACT RELATING TO MOTOR AND OTHER VEHICLES - PARKING FACILITIES AND PRIVILEGES Sen. Goodwin Requested by the Department of Revenue Senate letter send on: 4/18/2013 **Passed and Referred to House Health, Education, & Welfare Committee**

**Passed and Referred to**

Senate Housing and Municipal Government Committee

13 H 5347 AN ACT RELATING TO HEALTH AND SAFETY - STATE BUILDING CODE Rep. Shekarchi House letter send on: 4/1/2013

**Legislation Committee finds these 10 bills Harmful**

**Referred to Committee**

House Finance Committee

13 H 5029 AN ACT RELATING TO HUMAN SERVICES -- PUBLIC ASSISTANCE Rep. Messier House letter send on: 3/5/2013 **Scheduled for hearing and/or consideration 5/14/2013 @ 1 PM in rm 35**

13 H 5050 AN ACT RELATING TO TOWNS AND CITIES -- STATE AID Rep. Edwards House letter send on: 4/1/2013

13 H 5203 AN ACT RELATING TO EDUCATION - THE EDUCATION EQUITY AND PROPERTY TAX RELIEF Rep. Canario House letter send on: 3/5/2013

**Scheduled for hearing and/or consideration**

House Judiciary Committee

Next Action on: 5/9/2013@ Rise in House Lounge

13 H 5207 AN ACT RELATING TO GENERAL ASSEMBLY - JOINT COMMITTEE OF THE REPEALER Rep. Edwards House letter send on: 4/18/2013 **Held for Further Study, Continued, or Heard**

**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

House Finance Committee

13 H 5546 AN ACT RELATING TO BEHAVIORAL HEALTHCARE, DEVELOPMENTAL DISABILITIES AND HOSPITALS - DEVELOPMENTAL DISABILITIES OMBUDSPERSON ACT OF 2013 Rep. Blazejewski House letter send on: 4/1/2013:

13 H 5646 AN ACT RELATING TO HUMAN SERVICES -- PUBLIC ASSISTANCE ACT Rep. Morgan House letter send on: 3/12/2013

House Health, Education, & Welfare Committee

13 H 5316 AN ACT RELATING TO INSURANCE - MANDATED BENEFITS Rep. Morgan House letter send on: 4/1/2013

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 Senate letter send on: 3/28/2013

**Recommend Passage**

Senate Desk

13 S 0682 AN ACT RELATING TO GENERAL ASSEMBLY - JOINT COMMITTEE OF THE REPEALER Sen. Lynch **Passed and Referred to House Judiciary Committee**

**Legislation Committee finds these 2 bills Harmful unless amended**

**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

Senate Judiciary Committee

13 S 0461 AN ACT RELATING TO HUMAN SERVICES - PERSONAL CARE ATTENDANTS Sen. McCaffrey Requested by the Attorney General Senate letter send on: 3/28/2013

	William Inlow
<input checked="" type="checkbox"/> <small>voting check off graphic</small>	<b>MOTION: To Elect Angie Stabile Vice Chair of the Legislation Committee W/LD Passed, Abstain AS.</b>
 <small>calendar graphic</small>	<b>4:25 Agenda and Scheduling the Next Meeting, Linda Ward, Chair</b> Items to be placed on the next meeting's agenda: 1. Review of new or amended Budget Articles and Bills 2. Status of Commission's Legislative Package 3. Public Forums
	Next meeting will be on: Monday June 10, 2013 3 - 4:30 PM
 <small>alarm clock graphic</small>	<b>4:30 Adjournment, Linda Ward, Chair</b>
<input checked="" type="checkbox"/> <small>voting check off graphic</small>	Chair adjourned the meeting at 4:45 PM.