



**Governor's Commission on Disabilities
Legislation Committee Minutes
Monday June 10, 2013 3 - 4:30 PM**

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Attendees: Angelina Stabile (Vice Chair.); Rosemary C. Carmody; Regina Connor; Linda Deschenes; Casey Gartland; Kathleen Heren; Bill Inlow; Arthur M. Plitt; Meredith Sheehan;
Absent: Linda Ward (Chair.); Sharon Brinkworth; Joseph Cirillo; Heather Daglieri; Julie DeRosa; Sarah Everhart Skeels; Timothy Flynn; Elaina Goldstein; 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
Vice Chair calls the meeting to order at 3:08 PM.
Introductions of Commissioners and guests



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

Action Items:



Package graphic

3:05 Commission's Legislative Package (action on amended versions), Bob Cooper, Executive Secretary
Purpose/Goal: To review the status of the Commission's Legislative Package and update the legislative impact statements for revised or amended bills.
Discussion: The status of the 54 items in the Legislative Package as of 6/5/2013

Commission Supports 5 bills

Recommend Passage 1 (20%)

Senate Desk

13 H 5099 Sub A 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: Testified on: Senate letter send: 3 /5 /2013 Testified on: Governor letter send:

This resolution would create a 23 member special joint commission whose purpose it would be to make a comprehensive study to improve the quality of life and create positive outcomes for individuals with autism spectrum disorders and their families.

This act would take effect upon passage.

The Substitute would authorize the Senate President to appoint one of the public members.

- 1-1 RESOLVED, That a special joint commission be and the same is hereby created
- 1-2 consisting of twenty-three (23) members: two (2) of whom shall be members of the House of
- 1-3 Representatives, not more than one of whom shall be from the same political party, to be
- 1-4 appointed by the Speaker of the House; two (2) of whom shall be members of the Senate, not
- 1-5 more than one of whom shall be from the same political party, to be appointed by the President of

1-6 the Senate; one of whom shall be the Commissioner of the Department of Elementary and
1-7 Secondary Education, or designee; one of whom shall be the Director of the Department of
1-8 Human Services, or designee; one of whom shall be the Director of the Department of Health, or
1-9 designee; one of whom shall be the Director of the Department of Children, Youth, and Families,
1-10 or designee; one of whom shall be the Director of the Department of Behavioral Healthcare,
1-11 Developmental Disabilities, and Hospitals, or designee; one of whom shall be the Executive
1-12 Director of The Autism Project of Rhode Island, or designee; one of whom shall be the President
1-13 of the National Autism Association, or designee; one of whom shall be the President of the Rhode
1-14 Island Chapter-Autism Society of America; one of whom shall be a diagnostician, to be appointed
1-15 by the Speaker; one of whom shall be a researcher, to be appointed by the ^{new wording} **Senate**
President^{new wording}; one

1-16 of whom shall be the Director of Clinical and Educational Services from Pathways Strategic
1-17 Teaching Center, or designee; one of whom shall be the Director of the Association of Rhode
1-18 Island Administrators of Special Education, or designee; one of whom shall be a Special
1-19 Education Director from Rhode Island College, to be appointed by the Speaker of the House; one
1-20 of whom shall be the Director of Development Pediatrics from Rhode Island Hospital, or
2-1 designee; one of whom shall be from the Department of Special Education at Salve Regina
2-2 University, to be appointed by the President of the Senate; one of whom shall be the Executive
2-3 Director of The Groden Center, or designee; one of whom shall a representative from the Paul V.
2-4 Sherlock Center on Disabilities; and two (2) of whom shall be parents of an individual with
2-5 Autism, one of whom shall be appointed by the Speaker, and one of whom shall be appointed by
2-6 the Senate President.

2-7 In lieu of any appointment of a member of the legislature to a permanent advisory
2-8 commission, a legislative study commission, or any commission created by a General Assembly
2-9 resolution, the appointing authority may appoint a member of the general public to serve in lieu
2-10 of a legislator, provided that the majority leader or the minority leader of the political party which
2-11 is entitled to the appointment consents to the appointment of the member of the general public.

2-12 The purpose of said commission shall be to make a comprehensive study to improve the
2-13 quality of life and create positive outcomes for individuals with autism spectrum disorders and
2-14 their families in the state of Rhode Island.

2-15 Upon passage of this resolution, the members of the commission shall meet at the call of
2-16 the Speaker of the House and President of the Senate and organize and shall select, from among
2-17 the legislators, a chairperson.

2-18 Vacancies in said commission shall be filled in like manner as the original appointment.

2-19 The membership of said commission shall receive no compensation for their services.

2-20 All departments and agencies of the state shall furnish such advice and information,
2-21 documentary and otherwise, to said commission and its agents as is deemed necessary or
2-22 desirable by the commission to facilitate the purposes of this resolution.

2-23 The Joint Committee on Legislative Services is hereby authorized and directed to provide
2-24 suitable quarters for said commission; and be it further

2-25 **RESOLVED**, That the commission shall report its findings and recommendations to the
2-26 General Assembly no later than January 28, 2014, and said commission shall expire on June 13,
2-27 2014.



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**MOTION: To continue to Support as amended 13 H 5099 Sub A 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
RCa/RCo passed LD Abstained**

Held for Further Study, Continued, or Heard 4 (80%)

House Finance Committee

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

House letter send: 3 /5 /2013 Testified on: 4 /30/2013 Senate letter send: Testified on: Governor letter send:

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

House letter send: 4 /1 /2013 Testified on: Senate letter send: Testified on: Governor letter send:
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: Testified on: 3 /12/2013 Senate letter send: Testified on: Governor letter send:
Senate Health and Human Services Committee

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

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

Commission Supports if amended 1 bill

Referred to Committee 1 (100%)

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

Commission Opposes unless amended 1 budget article

Held for Further Study, Continued, or Heard 1 (100%)

House Finance Committee

13 H 5127 Article 20 Governor's Amendment AN ARTICLE RELATING TO MEDICAID REFORM ACT OF 2008

Rep. Melo Requested by the Governor

House letter send: 5 /20/2013 Testified on: Senate letter send: 5 /20/2013 Testified on: Governor letter send:

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

- (a) The Medicaid agency proposes to eliminate the projected nursing facility rate increase and associated hospice rate increase that would otherwise become effective during state fiscal year 2014.
- (b) The Medicaid single state agency proposes to reduce hospital payments by eliminating the projected inpatient and outpatient hospital rate increase that would otherwise become effective during state fiscal year 2014.
- (c) The Medicaid single state agency proposes to continue implementation of the Medicaid Integrated Care Initiative for Adults authorized under the Rhode Island Medicaid Reform Act of 2008, as amended in 2011.
- (d) BHDDH System Reforms - Implementation of Employment First and Housing First Initiative. As part of ongoing reforms promoting rehabilitation services that enhance a person's dignity, self-worth and connection to the community, the Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals proposes to change Medicaid financing to support the Employment First and Housing First initiatives. Both initiatives use reductions in Medicaid payments to provide incentives for service alternatives that optimize health and independence.
- (e) Costs Not Otherwise Matchable (CNOM) Federal Funding. Implementation of the U.S. Patient Protection and Affordable Care Act of 2010 will render it unnecessary for the Medicaid agency to continue to pursue federal CNOM funding for services to certain newly Medicaid eligible populations served by the Executive Office of Health and Human Services, the Department of Human Services and the Department of Behavioral Healthcare, Developmental Disabilities and Hospitals.
- (f) Medicaid Requirements and Opportunities under the U.S. Patient Protection and Affordable Care Act of 2010. The Medicaid agency proposes to pursue any requirements and/or opportunities established under the U.S. Patient Protection and Affordable Care Act of 2010 that may warrant a Category II or III change under the terms and conditions of the Global Consumer Choice Compact Waiver. Any such actions the Medicaid agency takes shall not have an adverse impact on beneficiaries or cause there to be an increase in expenditures beyond the amount appropriated for state fiscal year 2014.

This article shall take effect upon passage.

The Governor's Amendment adds a new subparagraph (t), enabling the Executive Office of Health and Human Services (EOHHS) to implement the authorities requested in the Section 1115 waiver renewal request upon approval by its federal partners, as appropriate. These changes to the joint resolution complement the amendments proposed to the Section 1115 waiver demonstration statute (RIGL 40-8-17) in Article 19. The addition of the new subparagraph (f) ensures that the EOHHS has the necessary level of state authority to seek the waiver or state plan

changes to move forward with implementation subsequent to federal approval of the Section 1115 demonstration waiver extension request.

The joint resolution has also been amended in relabeled subparagraph (g) to authorize EOHHS to institute several eligibility and program changes required in conjunction with implementation of the federal Affordable Care Act (ACA). Specifically, the amendment addresses the extension of Medicaid eligibility up to age 26 for children covered by the Foster Care Independence Act of 1999. The amendment also grants EOHHS the discretion to pursue other opportunities under the ACA that will increase the availability of federal matching funds for services financed in whole or in part by the state, provided that such actions present no adverse impact to beneficiaries and will not require additional state appropriations.

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2013 -- H5127

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ARTICLE 20

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RELATING TO MEDICAID REFORM ACT OF 2008

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SECTION 1. Rhode Island Medicaid Reform Act of 2008.

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WHEREAS, the General Assembly enacted Chapter 12.4 of Title 42 entitled “The Rhode Island Medicaid Reform Act of 2008”; and

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WHEREAS, a Joint Resolution is required pursuant to Rhode Island General Laws § 42-12.4-1, et seq.; and

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WHEREAS, Rhode Island General Law § 42-12.4-7 provides that any change that requires the implementation of a rule or regulation or modification of a rule or regulation in existence prior to the implementation of the global consumer choice section 1115 demonstration (“the demonstration”) shall require prior approval of the general assembly; and further provides that any category II change or category III change as defined in the demonstration shall also require prior approval by the general assembly; and

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WHEREAS, Rhode Island General Law § 42-7.2-5 provides that the Secretary of the Office of Health and Human Services is responsible for the “review and coordination of any Global Consumer Choice Compact Waiver requests and renewals as well as any initiatives and proposals requiring amendments to the Medicaid state plan or category II or III changes” as described in the demonstration, with “the potential to affect the scope, amount, or duration of publicly-funded health care services, provider payments or reimbursements, or access to or the availability of benefits and services as provided by Rhode Island general and public laws”; and

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WHEREAS, in pursuit of a more cost-effective consumer choice system of care that is fiscally sound and sustainable, the secretary requests general assembly approval of the following proposals to amend the demonstration:

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

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

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

(f) ^{new wording} **Approved Authorities: Section 1115 Waiver Demonstration Extension. The Medicaid agency proposes to implement authorities approved under the Section 1115 waiver demonstration extension request – formerly known as the Global Consumer Choice Waiver - that (1) continue efforts to re-balance the system of long term services and supports by assisting people in obtaining care in the most appropriate and least restrictive setting; (2) pursue further utilization of care management models that offer a health home, promote access to preventive care, and provide an integrated system of services; (3) use smart payments and purchasing to finance and support Medicaid initiatives that fill gaps in the integrated system of care; and (4) recognize and assure access to non-medical services and supports, such as navigation and employment and housing stabilization services, that are essential for optimizing a person's health, wellness and safety and that reduce or delay the need for long term services and supports.**

2-30 (g) ^{new wording} 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 ^{new wording} **Medicaid State Plan Amendment and/or a** ^{new wording} Category II or III change
2-34 under the terms and conditions of the Global Consumer ^{new wording} **Choice Compact Waiver or its successor or any extension thereof. Such opportunities and requirements include but are not limited to: (1) the continuation of coverage for youths who had been in substitute care who are at least eighteen (18) years old but are not yet twenty-six (26) years of age. and who are eligible for Medicaid coverage under the Foster Care Independence Act of 1999 (2) the maximizing of Medicaid federal matching for any services currently administered by the health and human service agencies that are authorized under Rhode Island general and public laws.** ^{new wording}

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.



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MOTION: take no position on the Governor's amendment to 13 H 5127 Article 20 AN ARTICLE RELATING TO MEDICAID REFORM ACT OF 2008 RC/CG passed unanimously

Legislation Committee finds these 29 bills Beneficial

Signed by the Governor 2 (6%)

Public Law 2013

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 Identical to S 0775 Sub A

House letter send: Testified on: Senate letter send: Testified on: Governor letter send: 5 /23/2013

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 Identical to H 5819 Sub A

House letter send: Testified on: Senate letter send: 4 /18/2013 Testified on: Governor letter send: 5 /23/2013

These acts 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 Substitutes would lengthen the renewal requirement for individuals who have disability placards for a permanent or long-term disability from every three (3) years to every six (6) years.

Passed and Referred to 2 (6%)

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: 4 /1 /2013 Testified on: Senate letter send: 5 /30/2013 Testified on: Governor letter send:

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 {new section} 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, {new wording} **information on caregiver support services, including respite care,** {new wording}

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 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.

4-34 SECTION 3. This act shall take effect upon passage.

 voting check off graphic	MOTION: To find beneficial as amended 13 H 5155 Sub A AN ACT RELATING TO HUMAN SERVICES - FAMILY CAREGIVERS SUPPORT ACT OF 2013 CG/ KH passed LD abstained
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Senate Judiciary Committee

13 H 5830 As Amended¹ AN ACT RELATING TO COURTS AND CIVIL PROCEDURE - COURTS Rep. Handy
Identical to S 0620 & S 0415

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

Passed 2 (6%)

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

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 **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 ^{new wording} **nine (9)** ^{new wording} member advisory council to be known as "The

¹ 13 H 5830 Floor Amendment would correct a grammatical error, replacing the word "are" with "is".

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. ^{new wording} **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.** ^{new wording} 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.

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

 voting check off 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 LD & KH abstained.
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13 H 5851 Sub A 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: 4 /18/2013 Testified on: Senate letter send: 5 /28/2013 Testified on: Governor letter send:
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 the court finds by clear and convincing evidence that the individual has 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.

The Substitute would require the court finds by a preponderance of the evidence that the person has sufficiently recovered his or her mental health.

1-1 SECTION 1. Sections 40.1-5.3-6, 40.1-5.3-7 and 40.1-5.3-9 of the General Laws in
1-2 Chapter 40.1-5.3 entitled "Incompetency to Stand Trial and Persons Adjudged Not Guilty by
1-3 Reason of Insanity" 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 ~~mental health, retardation~~ behavioral
1-6 healthcare, developmental disabilities, 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 judge~~ justice judge of the district court or justice of the superior court may order
1-11 the examination of the person as in his or her discretion he or she shall deem appropriate.

1-12 **40.1-5.3-7. Hearing on petition. --** (a) Upon receipt of the petition and appropriate
1-13 notice to ^{new wording} **the director,** ^{new wording} the attorney general and the person or his or her
1-14 counsel, the court having
1-15 jurisdiction over the case shall hold a hearing at which the parties may introduce evidence bearing
1-15 on the mental condition of the person. The person who is the subject of the petition may testify,

1-16 confront witnesses, and present evidence.

1-17 (b) If the court ^{new wording} **having jurisdiction over the case** ^{new wording} finds by clear and convincing evidence

1-18 that the person is mentally ill and requires specialized mental health care and psychiatric inpatient
1-19 services which cannot be provided in a correctional facility, the court may order the transfer of
2-1 the prisoner from the adult correctional institutions, to be detained in the facility provided for in
2-2 section 40.1-5.3-1.

2-3 **40.1-5.3-9. Return to confinement.** -- When any person transferred pursuant to section
2-4 40.1-5.3-7 has sufficiently recovered his or her mental health, he or she may, upon petition of the
2-5 director and by order of a ~~justice~~ **judge** of the ~~district court or justice of the~~ superior court in his or
2-6 her discretion, be transferred to the place of his or her original confinement, to serve out the
2-7 remainder of his or her term of sentence.

2-8 SECTION 2. Chapter 40.1-5.3 of the General Laws entitled "Incompetency to Stand Trial
2-9 and Persons Adjudged Not Guilty by Reason of Insanity" is hereby amended by adding thereto
2-10 the following section:

2-11 **40.1-5.3-9.1. Hearing on petition.** -- (a) Upon receipt of the petition and appropriate

2-12 notice to the attorney general and the person or his or her counsel, the court ^{new wording} **having**
jurisdiction

2-13 **over the case** ^{new wording} shall hold a hearing at which the parties may introduce evidence bearing on
the

2-14 mental condition of the person. The person who is the subject of the petition may testify, confront
2-15 witnesses, and present evidence.

2-16 (b) If the court **having jurisdiction over the case** finds ^{new wording} **by a preponderance of the**
evidence ^{new wording}

2-17 that the person has sufficiently recovered his or her mental health, he or she shall, by order of the

2-18 court ^{new wording} **having jurisdiction over the case** ^{new wording} in the court's discretion, be transferred
from the facility as

2-19 provided for in section 40.1-5.3-1 to the place of his or her original confinement, to serve out the
2-20 remainder of his or her term of sentence.

2-21 SECTION 3. This act shall take effect upon passage.



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MOTION: To find beneficial as amended 13 H 5851 Sub A AN ACT RELATING TO BEHAVIORAL HEALTHCARE, DEVELOPMENTAL DISABILITIES AND HOSPITALS - INCOMPETENCY TO STAND TRIAL AND PERSONS ADJUDGED NOT GUILTY BY REASON OF INSANITY RCa/KH passed LD abstained

Held for Further Study, Continued, or Heard 18 (62%)

House Corporations Committee

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

Rep. Amore Identical to S 0428

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

Senate letter send: Testified on: Governor letter send:

This act would require insurance coverage for prescribed, orally administered anticancer medication just as there is coverage for intravenously administered or injected.

This act would take effect upon passage.

The Substitute would cover individual or group health insurance contract, plan or policy delivered, issued for delivery or renewed on or after January 1, 2014, which includes both coverage for drugs dispensed and administered by a licensed health care provider other than a licensed pharmacist and coverage for drugs dispensed by a licensed pharmacist, shall provide coverage for a self-administered drug used to kill or slow the growth of cancerous cells. Any annual cost-sharing imposed under the plan shall not exceed the limitations provided for under section 1302(c)(1) of the Affordable Care Act . This shall not apply to insurance coverage providing benefits

for: (1) Hospital confinement indemnity; (2) Disability income; (3) Accident only; (4) Long-term care; (5) Medicare supplement; (6) Limited benefit health; (7) Specified disease indemnity; (8) Sickness or bodily injury or death by accident or both; (9) Other limited benefit policies; and (10) Any group health insurance contract that does not include prescription drug coverage.

1-1 SECTION 1. Chapter 27-18 of the General Laws entitled "Accident and Sickness
1-2 Insurance Policies" is hereby amended by adding thereto the following section:
1-3 **27-18-79. Orally administered anticancer medication – Coverage mandated.** -- Every
1-4 individual or group health insurance contract, plan or policy delivered, issued for delivery or
1-5 renewed in this state ^{new wording} **on or after January 1, 2014, which includes both coverage for**
drugs
1-6 **dispensed and administered by a licensed health care provider other than a licensed pharmacist**
1-7 **and coverage for drugs dispensed by a licensed pharmacist,** ^{new wording} shall provide coverage for
a drug
1-8 used to kill or slow the growth of cancerous cells in accordance with the following:
1-9 ^{new wording} **(a) If the carrier provides coverage for the drug in a form dispensed and**
administered by
1-10 **a licensed health care provider, then the carrier shall also provide coverage for the same drug in**
1-11 **the self-administered form dispensed by a licensed pharmacist.**
1-12 **(b) When a therapeutically equivalent self-administered agent is available, the carrier**
1-13 **shall not solely require failure of the form of the drug administered by a licensed health care**
1-14 **provider as a pre-requisite for coverage.**
1-15 **(c) Any annual cost-sharing imposed under the plan shall not exceed the limitations**
1-16 **provided for under section 1302(c)(1) of the Affordable Care Act and subsequent federal**
1-17 **regulations and related guidance.**
1-18 **(d) This section shall not apply to insurance coverage providing benefits for:**
1-19 **(1) Hospital confinement indemnity;**
2-20 **(2) Disability income;**
2-21 **(3) Accident only;**
2-22 **(4) Long-term care;**
2-23 **(5) Medicare supplement;**
2-24 **(6) Limited benefit health;**
2-25 **(7) Specified disease indemnity;**
2-26 **(8) Sickness or bodily injury or death by accident or both;**
2-27 **(9) Other limited benefit policies; and**
2-28 **(10) Any group health insurance contract that does not include prescription drug**
2-29 **coverage.** ^{new wording}



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MOTION: To find harmful if amended as proposed 13 H 5354 Sub A AN ACT RELATING TO INSURANCE - ORALLY ADMINISTERED ANTICANCER MEDICATION AP/KH passed LD abstained

13 H 5590 AN ACT RELATING TO HEALTH AND SAFETY -- UTILIZATION REVIEW Rep. Keable
House letter send: 4 /1 /2013 Testified on: Senate letter send: Testified on: Governor letter send:
13 H 5591 AN ACT RELATING TO INSURANCE - PRESCRIPTION DRUGS - BENEFITS Rep. Keable Identical to
S 0754
House letter send: 4 /1 /2013 Testified on: Senate letter send: Testified on: Governor letter send:
House Finance 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: 4 /18/2013 Testified on: Senate letter send: Testified on: Governor letter send:
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: 4 /1 /2013 Testified on: 4 /24/2013 Senate letter send: Testified on: Governor letter send:

House Health, Education, & Welfare Committee

13 H 5419 AN ACT RELATING TO INSURANCE - HEARING AIDS Rep. Jacquard

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

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

House Judiciary Committee

13 H 5769 AN ACT RELATING TO BUSINESSES AND PROFESSIONS - CONFIDENTIALITY OF HEALTH CARE COMMUNICATIONS AND INFORMATION Rep. Cimini Requested by the Lieutenant Governor Identical to S 0649

House letter send: 4 /18/2013 Testified on: Senate letter send: Testified on: Governor letter send:

13 H 5992 JOINT RESOLUTION 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 Identical to 0862

House letter send: 5 /16/2013 Testified on: Senate letter send: Testified on: Governor letter send:

Senate Finance Committee

13 S 0902 AN ACT RELATING TO HUMAN SERVICES - PUBLIC ASSISTANCE Sen. DiPalma
Identical to H 5931

House letter send: Testified on: Senate letter send: 5 /14/2013 Testified on: Governor letter send:

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: Testified on: Senate letter send: 4 /18/2013 Testified on: 3 /12/2013 Governor letter send:

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

13 S 0428 AN ACT RELATING TO INSURANCE - ORALLY ADMINISTERED ANTICANCER MEDICATION Sen. Goldin Identical to H 5354

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

13 S 0541 AN ACT RELATING TO BEHAVIORAL HEALTHCARE, DEVELOPMENTAL DISABILITIES AND HOSPITALS -- DEVELOPMENTAL DISABILITIES Sen. Lynch Identical to H 5481

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

13 S 0649 AN ACT RELATING TO BUSINESSES AND PROFESSIONS - CONFIDENTIALITY OF HEALTH CARE COMMUNICATIONS AND INFORMATION Sen. Satchell Requested by the Lieutenant Governor Identical to H 5769

House letter send: Testified on: Senate letter send: 4 /28/2013 Testified on: Governor letter send:

13 S 0754 AN ACT RELATING TO INSURANCE - PRESCRIPTION DRUG BENEFITS Sen. Nesselbush Identical to H 5591

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

Senate Judiciary Committee

13 S 0098 AN ACT RELATING TO PROPERTY -- RHODE ISLAND FAIR HOUSING PRACTICES ACT Sen. Metts

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

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

Postponed 1 (3%)

Senate Health and Human Services Committee

13 S 0277 AN ACT RELATING TO HUMAN SERVICES - RIGHTS OF BLIND AND DEAF PERSONS Sen. Cool Rumsey Identical to S 0317 & H 5818

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

Referred to Committee 4 (14%)

House Finance Committee

13 H 5931 AN ACT RELATING TO HUMAN SERVICES - PUBLIC ASSISTANCE ACT Rep. Malik
Identical to S 0902

House letter send: 4 /18/2013 Testified on: Senate letter send: Testified on: Governor letter send:

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

13 S 0620 AN ACT RELATING TO COURTS AND CIVIL PROCEDURE - COURTS Sen. Miller Identical to H 5830 & S 0415

House letter send: Testified on: Senate letter send: 3 /28/2013 Testified on: Governor letter send:
13 S 0862 JOINT RESOLUTION CREATING A BEHAVIORAL HEALTH AND FIREARMS SAFETY TASK FORCE TO REVIEW, AND MAKE RECOMMENDATIONS FOR, STATUTES RELATING TO FIREARMS AND BEHAVIORAL HEALTH ISSUES Sen. Cool Rumsey Requested by the Governor Identical to 5992
House letter send: Testified on: Senate letter send: 5 /16/2013 Testified on: Governor letter send:

Legislation Committee finds these 6 bills Beneficial if amended

Passed and Referred to 1 (17%)

House Municipal Government Committee

13 S 0838 AN ACT RELATING TO HEALTH AND SAFETY - STATE BUILDING CODE Sen. Walaska Identical to H 5347

House letter send: 5 /30/2013 Testified on: Senate letter send: 4 /18/2013 Testified on: Governor letter send:

Passed 3 (50%)

House Desk

13 H 5679 Sub A AN ACT RELATING TO STATUTES AND STATUTORY CONSTRUCTION

Rep. Mattiello Requested by the Law Revision Office

House letter send: 4 /19/2013 Testified on: 5 /7 /2013 Senate letter send: Testified on: Governor letter send:
This act is the annual statutory construction bill, prepared based upon recommendations of the Law Revision Office. The act would make technical changes and revisions to various general laws. These laws include:

SECTION 4. Section 23-4.11-3.1 "Rights of the Terminally Ill Act";

SECTION 5. Section 42-12-19. "Permanent advisory commission on traumatic brain injuries - Commission established";

This act shall take effect upon passage.

The Substitute A/1 would add revisions to:

SECTION 16. Sections 16-3.1-8. "Regional center collaborative - Northern Rhode Island" and 16-3.1-10. "Regional center collaborative - East Bay Educational Collaborative";

SECTION 21. Section 16-7-20.1. "Annual report of number of children with disabilities receiving support";

SECTION 31. Section 16-21-14.1. "Vision screening";

SECTION 33. Chapter 16-21.2 "The Rhode Island Substance Abuse Prevention Act";

SECTIONS 35 & 36. Chapter 16-21.3 "The Rhode Island Student Assistance Junior High/Middle School Act";

SECTIONS 37 & 38. Chapter 16-24 "Children with Disabilities";

SECTION 39. Chapter 16-25.1 "Braille Instruction for Blind Students"

SECTION 40. Chapter 16-25.2 "Instruction for Deaf or Hard of Hearing Students";

SECTIONS 41 & 42 Chapter 16-25.3 "School Speech and Language Pathologists";

SECTION 43 Chapter 16-25.4 "American Sign Language";

SECTION 44. Chapter 16-26 "School for the Deaf";

SECTION 45. Chapter 16-26.1 "Rhode Island Vision Education and Services Program";

SECTION 52 Chapter 16-39 "Controversies in School Matters";

SECTION 67. Chapter 16-63 "Adult Education";

SECTION 68. Section 16-64-1.1 "Residence of Children for School Purposes";

SECTIONS 69 & 70 Chapter 16-67 "Rhode Island Literacy and Dropout Prevention Act";

SECTION 73. Section 16-71-3 "Educational records access and review rights -- Confidentiality of records";

SECTION 86. Section 16-86-1 "Rhode Island Community Supports Academy";

SECTION 91. Chapter 16-95 "The Recovery High Schools Act";

SECTION 94. Section 17-9.1-31 "Voter registration advisory board"; and

SECTION 102. Section 37-2.2-2 "Disability Business Enterprises".

The Substitute A/2 deletes SECTION 101 Section 34-42-4 "Self - Service Storage Facilities - Enforcement of owner's lien" and SECTION 102 Section 37-2.2-2 "Disability Business Enterprises" is renumbers SECTION 101. 50-54 ^{new section}SECTION 101. Section 37-2.2-2 of the General Laws in Chapter 37-2.2 entitled

50-55 "Disability Business Enterprises" is hereby amended to read as follows:

50-56 **37-2.2-2. Definitions.** -- As used in this chapter, the following words and phrases shall

50-57 have the following meanings unless the context shall indicate another or different meaning or

50-58 intent:

50-59 (1) "Persons with disabilities" or "person with a disability" shall mean any individual

50-60 who has a physical or mental impairment which constitutes a substantial barrier to employment as
 50-61 certified by the ^{new wording} **department of human services or the** ^{new wording} department of
 behavioral healthcare,
 50-62 developmental disabilities and hospitals.
 50-63 (2) "Small disadvantaged businesses owned and controlled by persons with disabilities "
 50-64 shall mean small business concern, which is at least fifty-one percent (51%) owned by one or
 50-65 more person(s) with disabilities or, in the case of a publicly owned business, at least fifty-one
 50-66 percent (51%) of the stock of which is owned by one or more disabled person, whose
 50-67 management and daily business operations are controlled by one or more person(s) with
 50-68 disabilities, and have fifty or fewer employees.
 51-1 (3) "A physical or mental impairment" shall mean any physiological disorder or
 51-2 condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body
 51-3 systems: neurological; musculoskeletal; special sense organs; respiratory, including speech
 51-4 organs; cardiovascular; reproductive; digestive; genito-urinary; hemic and lymphatic; skin; and
 51-5 endocrine; or any mental psychological disorder, such as mental retardation, organic brain
 51-6 syndrome, emotional or mental illness, and specific learning disabilities.

 <small>voting check off graphic</small>	MOTION: To find Beneficial as amended 13 H 5679 Sub A AN ACT RELATING TO STATUTES AND STATUTORY CONSTRUCTION RCo/CG passed LD abstained
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13 H 5848 Sub A AN ACT RELATING TO BEHAVIORAL HEALTHCARE, DEVELOPMENTAL DISABILITIES AND HOSPITALS - DEPARTMENT OF BEHAVIORAL HEALTHCARE, DEVELOPMENTAL DISABILITIES AND HOSPITALS

Rep. Bennett

House letter send: 4/18/2013 Testified on: Senate letter send: Testified on: Governor letter send:
 This act would change any reference in the general laws to "mental retardation" or "retardation" to "developmental disabilities."
 This act would take effect upon passage.

The Substitute does not change the words "mental illness", or "mental disability" to "developmental disabilities.

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 (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 developmental disabilities, said
 1-10 reference shall be deemed to mean and shall mean "developmental disabilities," and shall upon
 1-11 enactment of this section be referred to as "developmental disabilities."
 1-12 SECTION 2. This act shall take effect upon passage.

 <small>voting check off graphic</small>	MOTION: To find Beneficial as amended 13 H 5848 Sub A AN ACT RELATING TO BEHAVIORAL HEALTHCARE, DEVELOPMENTAL DISABILITIES AND HOSPITALS - DEPARTMENT OF BEHAVIORAL HEALTHCARE, DEVELOPMENTAL DISABILITIES AND HOSPITALS RCa/KH Passed LD abstained
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House Judiciary Committee

13 S 0907 Sub A AN ACT RELATING TO STATE AFFAIRS AND GOVERNMENT - DEPARTMENT OF ADMINISTRATION

Sen. Pearson Requested by the Department of Administration Identical to H 5549

House letter send:

Testified on: Senate letter send: 5/16/2013 Testified on: Governor letter send:

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. The State Planning Council adopts goals and policies related to planning, most of which are contained within individual plans, which are elements of the State Guide Plan. The Council has been designated as a Metropolitan Planning Organization (MPO) for transportation planning purposes and, as such, the Council adopts the Transportation Improvement Program, a four-year program of transportation investments. As the Comprehensive Economic Development Strategy (CEDS) Committee for the state, the Council maintains the state's Comprehensive Economic Development Strategy and reviews and ranks projects for funding consideration by the U.S. Economic Development Administration. The body also advises the Governor on strategic planning matters and is required to ensure that major project and program proposals are consistent with the State Guide Plan.

This act would take effect upon passage.

The Substitute would also require the state planning council to act as the single statewide metropolitan planning organization for transportation planning, and for the council to promulgate all rules and regulations that are necessary thereto.

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;
3-34 (5) The chairperson of the housing resources commission;
3-35 (6) The highest-ranking administrative officer of the division of planning, as secretary;
3-36 (7) The president of the League of Cities and Towns or his or her designee and one
3-37 official of local government, who shall be appointed by the governor from a list of not less than
3-38 three (3) submitted by the Rhode Island League Cities and Towns;
3-39 (8) The executive director of the League of Cities and Towns;
3-40 (9) One representative of a nonprofit community development or housing organization
3-41 appointed by the governor;
3-42 (10) Four (4) public members, appointed by the governor;
3-43 (11) Two (2) representatives of a private, nonprofit environmental advocacy
3-44 organization, both to be appointed by the governor;
3-45 (12) The director of planning and development for the city of Providence;
3-46 (13) The director of the department of transportation;
3-47 (14) The director of the department of environmental management;
3-48 (15) The director of the department of health; ~~and~~
3-49 (16) The executive director of the economic development corporation; ~~;~~
3-50 (17) The commissioner of the Rhode Island office of energy resources;
3-51 (18) The chief executive officer of the Rhode Island public transit authority; and
3-52 (19) The executive director of Rhode Island housing.

3-53 (f) Powers and duties of state planning council. - The state planning council shall have
3-54 the following powers and duties:
3-55 (1) To adopt strategic plans as defined in this section and the long-range state guide plan,
3-56 and to modify and amend any of these, following the procedures for notification and public
3-57 hearing set forth in section 42-35-3, and to recommend and encourage implementation of these
3-58 goals to the general assembly, state and federal agencies, and other public and private bodies;
3-59 approval of strategic plans by the governor; and to ensure that strategic plans and the long-range
3-60 state guide plan are consistent with the findings, intent, and goals set forth in section 45-22.2-3,
3-61 the "Rhode Island Comprehensive Planning and Land Use Regulation Act";
3-62 (2) To coordinate the planning and development activities of all state agencies, in
3-63 accordance with strategic plans prepared and adopted as provided for by this section;
3-64 (3) To review and comment on the proposed annual work program of the statewide

3-65 planning program;

3-66 (4) To adopt rules and standards and issue orders concerning any matters within its
3-67 jurisdiction as established by this section and amendments to it;

4-68 (5) To establish advisory committees and appoint members thereto representing diverse
4-69 interests and viewpoints as required in the state planning process and in the preparation or
4-70 implementation of strategic plans. The state planning council shall appoint a permanent
4-71 committee comprised of:

4-72 (i) Public members from different geographic areas of the state representing diverse
4-73 interests, and

4-74 (ii) Officials of state, local and federal government, which shall review all proposed
4-75 elements of the state guide plan, or amendment or repeal of any element of the plan, and shall
4-76 advise the state planning council thereon before the council acts on any such proposal. This
4-77 committee shall also advise the state planning council on any other matter referred to it by the
4-78 council; and

4-79 (6) To establish and appoint members to an executive committee consisting of major
4-80 participants of a Rhode Island geographic information system with oversight responsibility for its
4-81 activities.

4-82 (7) To adopt, amend and maintain as an element of the state guide plan or as an
4-83 amendment to an existing element of the state guide plan, standards and guidelines for the
4-84 location of eligible renewable energy resources and renewable energy facilities in Rhode Island
4-85 with due consideration for the location of such resources and facilities in commercial and
4-86 industrial areas, agricultural areas, areas occupied by public and private institutions, and property
4-87 of the state and its agencies and corporations, provided such areas are of sufficient size, and in
4-88 other areas of the state as appropriate.

4-89 ^{new wording} ***(8) To act as the single statewide metropolitan planning organization for transportation***
4-90 ***planning, and to promulgate all rules and regulations that are necessary thereto.*** ^{new wording}

4-91 (g) Division of planning.

4-92 (1) The division of planning shall be the principal staff agency of the state planning
4-93 council for preparing and/or coordinating strategic plans for the comprehensive management of
4-94 the state's human, economic, and physical resources. The division of planning shall recommend
4-95 to the state planning council specific guidelines, standards, and programs to be adopted to
4-96 implement strategic planning and the state guide plan and shall undertake any other duties
4-97 established by this section and amendments thereto.

4-98 (2) The division of planning shall maintain records (which shall consist of files of
4-99 complete copies) of all plans, recommendations, rules, and modifications or amendments thereto
4-100 adopted or issued by the state planning council under this section. The records shall be open to
4-101 the public.

5-102 (3) The division of planning shall manage and administer the Rhode Island geographic
5-103 information system of land-related resources, and shall coordinate these efforts with other state
5-104 departments and agencies, including the University of Rhode Island, which shall provide
5-105 technical support and assistance in the development and maintenance of the system and its
5-106 associated data base.

5-107 (4) The division of planning shall coordinate and oversee the provision of technical
5-108 assistance to political subdivisions of the state in preparing and implementing plans to accomplish
5-109 the purposes, goals, objectives, policies, and/or standards of applicable elements of the state guide
5-110 plan and shall make available to cities and towns data and guidelines that may be used in
5-111 preparing comprehensive plans and elements thereof and in evaluating comprehensive plans and
5-112 elements thereby.

5-113 (h) [Deleted by P.L. 2011, ch. 215, section 4, and by P.L. 2011, ch. 313, section 4_.

5-114 (i) The division of planning shall be the principal staff agency of the water resources

- 5-115 board established pursuant to chapter 46-15 ("Water Resources Board") and the water resources
- 5-116 board corporate established pursuant to chapter 46-15.1 ("Water Supply Facilities").
- 5-117 SECTION 2. This act shall take effect upon passage.

 <small>voting check off graphic</small>	MOTION: To continue to find Beneficial if amended (HHS)13 S 0907 Sub A AN ACT RELATING TO STATE AFFAIRS AND GOVERNMENT - DEPARTMENT OF ADMINISTRATION BI/RCo passed LD abstained
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Recommend Passage in concurrence 1 (17%)

Senate Desk

13 H 5347 AN ACT RELATING TO HEALTH AND SAFETY - STATE BUILDING CODE Rep. Shekarchi Identical to S 0838

House letter send: 4 /1 /2013 Testified on: Senate letter send: 5 /30/2013 Testified on: Governor letter send:

Referred to Committee 1 (17%)

House Finance Committee

13 H 5549 AN ACT RELATING TO STATE AFFAIRS AND GOVERNMENT - DEPARTMENT OF ADMINISTRATION Rep. Abney Requested by the Department of Administration Identical to S 0907

House letter send: 5 /16/2013 Testified on: Senate letter send: Testified on: Governor letter send:

Legislation Committee finds these 10 bills Harmful

Passed and Referred to 1 (10%)

House Judiciary Committee

13 S 0682 As Amended AN ACT RELATING TO GENERAL ASSEMBLY - JOINT COMMITTEE OF THE REPEALER

Sen.Lynch Identical to H 5207

House letter send: 5 /30/2013 Testified on: Senate letter send: Testified on: Governor letter send:

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.

Floor Amendment deletes the authorization for the committee to "[i]ssue subpoenas, subpoenas duces tecum and orders for the production of books, accounts, papers, records and documents".

- 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 style="padding-left: 40px;">CHAPTER 11.1
- 1-4 style="padding-left: 80px;">JOINT COMMITTEE OF THE REPEALER
- 1-5 style="padding-left: 40px;">**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 style="padding-left: 40px;">(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 style="padding-left: 40px;">**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 style="padding-left: 80px;">(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 style="padding-left: 80px;">(2) Following review of suggestions, make recommendations to the general assembly
- 1-19 and propose repeal of statutes and regulations through legislation; and
- 2-20 style="padding-left: 80px;">(3) Following review of suggestions may make recommendations for repeal of executive
- 2-21 orders to the governor.
- 2-22 style="padding-left: 40px;">**22-11.1-3 Duration of joint committee of the repealer.** – The committee shall be in

2-23 existence until December 31, 2018, unless further extended by the general assembly.

2-24 SECTION 2. This act shall take effect upon passage.



voting check off graphic

MOTION: To continue to find harmful 13 S 0682 As Amended AN ACT RELATING TO GENERAL ASSEMBLY - JOINT COMMITTEE OF THE REPEALER AP/KH passed LD abstained

Held for Further Study, Continued, or Heard 7 (70%)

House Corporations Committee

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

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

House Finance Committee

13 H 5029 AN ACT RELATING TO HUMAN SERVICES -- PUBLIC ASSISTANCE Rep. Messier Identical to H 5646

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

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

13 H 5646 AN ACT RELATING TO HUMAN SERVICES -- PUBLIC ASSISTANCE ACT Rep. Morgan Identical to H 5029

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

House Health, Education, & Welfare Committee

13 H 5316 AN ACT RELATING TO INSURANCE - MANDATED BENEFITS Rep. Morgan

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

House Judiciary Committee

13 H 5207 AN ACT RELATING TO GENERAL ASSEMBLY - JOINT COMMITTEE OF THE REPEALER Rep. Edwards Identical to S 0682

House letter send: 4 /18/2013 Testified on: Senate letter send: Testified on: Governor letter send:

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

Referred to Committee 2 (20%)

House Finance Committee

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

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

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

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

Legislation Committee finds these 2 bills Harmful unless amended

Held for Further Study, Continued, or Heard 2 (100%)

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

Senate Judiciary Committee

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

3:15 Consideration of New Bills/Budget Articles, Bob Cooper, Executive Secretary

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



Legislation graphic

**13 H 6181 AN ACT RELATING TO STATE AFFAIRS AND GOVERNMENT --
COMMISSION ON STANDARDS AND TRAINING**

Rep. Lombardi in House Judiciary Committee

This act would require mandatory training standards to provide instruction for police officers and trainees, in identifying, responding to, handling, investigating and reporting all incidents involving any person with a developmental disability.

This act would take effect upon passage.

- 1-1 SECTION 1. Chapter 42-28.2 of the General Laws entitled "Police Officers -
- 1-2 Commission on Standards and Training" is hereby amended by adding thereto the following
- 1-3 section:
- 1-4 ^{add} **42-28.2-8.3. Educational requirements -- Development disability recognition**
- 1-5 **training. -- The commission on standards and training shall prepare and publish mandatory**
- 1-6 **training standards to provide instruction for police officers in identifying, responding to,**
- 1-7 **handling, investigating and reporting all incidents involving any person with a "developmental**
- 1-8 **disability" as defined in section 40.1-1-8.1. The commission shall include this training in all**
- 1-9 **curricula for recruits and in-service trainees, in all police academies operated or certified by the**
- 1-10 **commission.** ^{add}
- 1-11 SECTION 2. This act shall take effect upon passage.



voting check off graphic

Potential MOTION: To find *beneficial if amended to include all disabilities* on 13 H 6181 AN ACT RELATING TO STATE AFFAIRS AND GOVERNMENT -- COMMISSION ON STANDARDS AND TRAINING RCa/KH passed LD abstained

**13 H 6088 AN ACT RELATING TO STATE AFFAIRS AND GOVERNMENT -- RIGHT
TO FREEDOM FROM RESTRAINT ACT**

Rep. Naughton in House Judiciary Committee

This act would protect and promote the right of each person who is served by a covered facility to be free from physical or mental abuse, corporal punishment, involuntary seclusion, and any physical or chemical restraints.

This act would take effect upon passage.

- 1-1 SECTION 1. Title 42 of the General Laws entitled "STATE AFFAIRS AND
- 1-2 GOVERNMENT" is hereby amended by adding thereto the following chapter:
- 1-3 ^{add} **CHAPTER 72.11**
- 1-4 **RIGHT TO FREEDOM FROM RESTRAINT ACT**
- 1-5 **42-72.11-1. Short title. -- This chapter shall be known and may be cited as the "Right to**
- 1-6 **Freedom from Restraint Act."**
- 1-7 **42-72.11-2. Fundamental purpose. -- This chapter is enacted to protect and promote the**
- 1-8 **right of each person who is served by a covered facility to be free from physical or mental abuse,**
- 1-9 **corporal punishment, involuntary seclusion, and any physical or chemical restraints (as defined in**
- 1-10 **this chapter).**
- 1-11 **42-72.11-3. Definitions. -- For the purposes of this chapter:**
- 1-12 **(1) "Service provider" means any person employed or contracted by a covered facility to**
- 1-13 **provide support or care, residential support, education, or direct supervision.**
- 1-14 **(2) "Covered facility" means any agency, organization, or public or private entity,**
- 1-15 **regardless of the state agency under whose authority its license or certification is established, that**

1-16 provides support or care, residential support, education, or direct supervision.

1-17 (3) "Physical restraint" means the use of a staff member's body to immobilize or reduce

1-18 the free movement of a person's arms, legs, torso, or head, in order to ensure the physical safety

1-19 of that person or other individual in the facility. The term does not include:

2-1 (i) Briefly holding a person in order to calm or comfort the person; or

2-2 (ii) A physical escort, such as the temporary touching or holding of the hand, wrist, arm,

2-3 shoulder, or back for the purpose of inducing a person to walk to a safe location.

2-4 (4) "Mechanical restraint" means any mechanical restriction that immobilizes or reduces

2-5 the free movement of a person's arms, legs, torso, or head. This term does not include:

2-6 (i) Medical devices, including, but not limited to, supports prescribed by a health care

2-7 provider to achieve proper body position or balance;

2-8 (ii) Helmets or other protective gear used to protect a person from injuries due to a fall; or

2-9 (iii) Helmets, mitts and similar devices used to prevent self-injury when the device is part

2-10 of a documented treatment plan and is the least restrictive means available to prevent the self-

2-11 injury.

2-12 (5) "Life threatening physical restraint" means any physical restraint or hold on a person

2-13 that may cause death, including prone restraint or any restraint that is contraindicated by a

2-14 person's physical or mental health.

2-15 (6) "Chemical restraint" means a medication used to control behavior or restrict the

2-16 patient's freedom of movement that is not a standard treatment for the person's medical or

2-17 psychiatric condition.

2-18 (7) "Seclusion" means the involuntary confinement in a room in a covered facility,

2-19 whether alone or with staff supervision, in a manner that prevents the person from leaving. This

2-20 definition does not pertain to the use of "time out" as an acceptable form of short-term behavioral

2-21 management.

2-22 (8) "Time out" means the brief voluntary separation designed to help the person de-

2-23 escalate. During the "time out," a person's freedom of movement is not restricted and the person

2-24 need not be directly supervised, but must be visually monitored.

2-25 **42-72.11-4. Use of restraints. --** (a) No service provider may use a life-threatening

2-26 physical restraint, any mechanical restraint, or any chemical restraint at any time.

2-27 (b) After January 1, 2014, no service provider shall administer a restraint on a person

2-28 unless trained in accordance with the provisions of this chapter.

2-29 (c) No service provider shall administer a physical restraint on a person except to prevent

2-30 imminent risk of serious physical danger to the individual or other person.

2-31 (d) All de-escalation techniques and less restrictive interventions available must be

2-32 utilized prior to any physical restraint.

2-33 (e) Any use of restraint on a person must be in accordance with safe and appropriate

2-34 restraining techniques and be administered only by service providers that have both initial and

3-1 ongoing education and training in the proper and safe use of restraints as established in this

3-2 chapter.

3-3 (f) The condition of the person in a restraint must be continually assessed, monitored, and

3-4 reevaluated and the restriction of movement or activity by restraint must be ended at the earliest

3-5 possible time, considering the physical safety of the person being restrained and other individuals.

3-6 For the purposes of this section, "monitor" means:

3-7 (1) Direct observation; or

3-8 (2) Observation by way of video monitoring within physical proximity sufficient to

3-9 provide aid as may be needed;

3-10 (g) Restraints may not be written as a standing order or on "as needed" (PRN) basis, in a

3-11 Behavioral Intervention Plan (BIP), or as part of any health care, treatment, or educational plan;

3-12 and

3-13 (h) All restraints must be recorded by the individuals administering the restraints and
3-14 reviewed by supervisory and medical personnel immediately. A debriefing must occur with all
3-15 staff involved in the restraint, supervisory personnel, medical staff, and the individual restrained,
3-16 as well as family members, guardians, advocates, and any other appropriate individuals within
3-17 seventy-two (72) hours after the restraint was administered.

3-18 **42-72.11-5. Seclusion. --** No service provider may cause the involuntary placement of a
3-19 person in seclusion.

3-20 **42-72.11-6. Recording and data collection. --** (a) Any use of restraint or seclusion on a
3-21 person must be documented. This documentation must be maintained by the covered facility and
3-22 shall be submitted electronically to the licensing agency within four (4) days. The following
3-23 information must be included:

3-24 (1) The name of the person restrained;

3-25 (2) The name of the covered facility;

3-26 (3) The names of the staff participating in the restraint;

3-27 (4) The names of other staff present (including medical professionals);

3-28 (5) The date and time of the restraint;

3-29 (6) The length of time of the restraint;

3-30 (7) The location of the restraint;

3-31 (8) The nature of the emergency and what steps were taken to prevent the emergency
3-32 from arising if there were indications that such an emergency was likely to arise;

3-33 (9) The attempts of de-escalation and positive behavioral supports utilized;

4-34 (10) When and how the family or advocate was contacted;

4-35 (11) Who attended the debriefing and when the debriefing occurred; and

4-36 (12) The outcome of the debriefing.

4-37 (b) If the use of restraint or seclusion results in serious physical injury or death to the
4-38 person, the covered facility shall report the incident immediately to the director of the state
4-39 agency that has jurisdiction or supervisory control over the covered facility. The director shall
4-40 report any incidence of serious injury or death to the attorney general, and if a child, to the child
4-41 advocate.

4-42 **42-72.11-7. Training and policies. --** (a) Each covered facility shall:

4-43 (1) Develop policies and procedures that establish monitoring, documentation, reporting,
4-44 and internal review of the use of restraint and seclusion in accordance with this chapter;

4-45 (2) Require training of all service providers in the reduction/elimination of restraint and
4-46 seclusion. The training shall include, but not be limited to:

4-47 (i) Leadership towards organizational change;

4-48 (ii) Use of data to inform practice;

4-49 (iii) Workforce development;

4-50 (iv) Use of prevention tools;

4-51 (v) Inclusion of individuals, families, and advocates; and

4-52 (vi) Debriefing techniques and outcomes.

4-53 (3) Make the policies and procedures required under subdivision (a)(1) available to the
4-54 director of the state agency that has jurisdiction or supervisory control over the covered facility.

4-55 **42-72.11-8. Penalties. --** (a) Any covered facility that does not comply with the
4-56 provisions of this chapter is subject to licensing action, including, but not limited to, license or
4-57 certification revocation, by the agency or department of state government that has jurisdiction or
4-58 supervisory control over the covered facility.

4-59 (b) Any service provider who willfully and intentionally violates the provisions of this
4-60 chapter, and by reason of that violation inflicts physical injury upon a person, shall, upon
4-61 conviction of the violation be fined a sum not exceeding five hundred dollars (\$500) and/or
4-62 imprisoned for a term not exceeding six (6) months. However, if the service provider is

4-63 exonerated, all costs incurred in defense of these charges shall be paid by the covered facility.

4-64 (c) Nothing contained in this chapter shall be construed to limit or restrict any criminal or
4-65 civil action available to an appropriate party under applicable state law.

4-66 **42-72.11-9. Rules and regulations.** -- The office of health and human services, the
4-67 department of education, the department of children, youth, and families, the department of
4-68 human services, the department of health, and the department of behavioral healthcare,
5-1 developmental disabilities and hospitals shall promulgate rules and regulations pursuant to the
5-2 Administrative Procedures Act, title 42, chapter 35, on or before January 1, 2014, to implement
5-3 the intent of this chapter. ^{add}

5-4 SECTION 2. Section 40.1-26-3 of the General Laws in Chapter 40.1-26 entitled "Rights
5-5 for Persons with Developmental Disabilities" is hereby amended to read as follows:

5-6 **40.1-26-3. Participants' rights.** -- In addition to any other rights provided by state or
5-7 federal laws, a participant as defined in this chapter shall be entitled to the following rights:

5-8 (1) To be treated with dignity, respect for privacy and have the right to a safe and
5-9 supportive environment;

5-10 (2) To be free from verbal and physical abuse;

5-11 (3) (i) To engage in any activity including employment, appropriate to his or her age, and
5-12 interests in the most integrated community setting;

5-13 (ii) No participant shall be required to perform labor, which involves the essential
5-14 operation and maintenance of the agency or the regular supervision or care of other participants.
5-15 Participants may however, be requested to perform labor involving normal housekeeping and
5-16 home maintenance functions if such responsibilities are documented in the participant's
5-17 individualized plan;

5-18 (4) To participate in the development of his or her individualized plan and to provide
5-19 informed consent to its implementation or to have an advocate provide informed consent if the
5-20 participant is not competent to do so;

5-21 (5) To have access to his or her individualized plan and other medical, social, financial,
5-22 vocational, psychiatric, or other information included in the file maintained by the agency;

5-23 (6) To give written informed consent prior to the imposition of any plan designed to
5-24 modify behavior, including those which utilizes aversive techniques or impairs the participant's
5-25 liberty or to have an advocate provide written informed consent if the participant is not competent
5-26 to do so. Provided, however, that if the participant is competent to provide consent but cannot
5-27 provide written consent, the agency shall accept an alternate form of consent and document in the
5-28 participant's record how such consent was obtained;

5-29 (7) To register a complaint regarding an alleged violation of rights through the grievance
5-30 procedure delineated in section 40.1-26-5;

5-31 (8) ^{delete} ~~To be free from unnecessary restraint. Restraints shall not be employed as~~
5-32 ~~punishment, for the convenience of the staff, or as a substitute for an individualized plan.~~
5-33 ~~Restraints shall impose the least possible restrictions consistent with their purpose and shall be~~
5-34 ~~removed when the emergency ends. Restraints shall not cause physical injury to the participant~~
6-1 ~~and shall be designed to allow the greatest possible comfort. Restraints shall be subject to the~~
6-2 ~~following conditions:~~

6-3 ~~(i) Physical restraint shall be employed only in emergencies to protect the participant or~~
6-4 ~~others from imminent injury or when prescribed by a physician, when necessary, during the~~
6-5 ~~conduct of a specific medical or surgical procedure or if necessary for participant protection~~
6-6 ~~during the time that a medical condition exists;~~

6-7 ~~(ii) Chemical restraint shall only be used when prescribed by a physician in extreme~~
6-8 ~~emergencies in which physical restraint is not possible and the harmful effects of the emergency~~
6-9 ~~clearly outweigh the potential harmful effects of the chemical restraints;~~

6-10 ~~(iii) No participant shall be placed in seclusion;~~

- 6-11 ~~(iv) The agency shall have a written policy that defines the use of restraints, the staff~~
6-12 ~~members who may authorize their use, and a mechanism for monitoring and controlling their use;~~
6-13 ~~(v) All orders for restraint as well as the required frequency of staff observation of the~~
6-14 ~~participant shall be written;~~ ^{{delete}{add}} To be free from restraint in accordance with chapter 42-72.11. ^{add}
- 6-15 (9) To have reasonable access to telephone communication;
- 6-16 (10) To receive visitors of a participant's choosing at all reasonable hours;
- 6-17 (11) To keep and be allowed to spend a reasonable amount of one's own money;
- 6-18 (12) To be provided advance written notice explaining the reason(s) why the participant
6-19 is no longer eligible for service from the agency;
- 6-20 (13) To religious freedom and practice;
- 6-21 (14) To communicate by sealed mail or otherwise with persons of one's choosing;
- 6-22 (15) To select and wear one's own clothing and to keep and use one's own personal
6-23 possessions;
- 6-24 (16) To have reasonable, prompt access to current newspapers, magazines and radio and
6-25 television programming;
- 6-26 (17) To have opportunities for physical exercise and outdoor recreation;
- 6-27 (18) (i) To provide informed consent prior to the imposition of any invasive medical
6-28 treatment including any surgical procedure or to have a legal guardian, or in the absence of a legal
6-29 guardian, a relative as defined in this chapter, provide informed consent if the participant is not
6-30 competent to do so. Information upon which a participant shall make necessary treatment and/or
6-31 surgery decisions shall be presented to the participant in a manner consistent with his or her
6-32 learning style and shall include, but not be limited to:
- 6-33 (A) The nature and consequences of the procedure(s);
- 7-34 (B) The risks, benefits and purpose of the procedure(s); and
- 7-35 (C) Alternate procedures available;
- 7-36 (ii) The informed consent of a participant or his or her legal guardian or, in the absence
7-37 of a legal guardian, a relative as defined in this chapter, may be withdrawn at any time, with or
7-38 without cause, prior to treatment. The absence of informed consent notwithstanding, a licensed
7-39 and qualified physician may render emergency medical care or treatment to any participant who
7-40 has been injured or who is suffering from an acute illness, disease, or condition if, within a
7-41 reasonable degree of medical certainty, delay in initiation of emergency medical care or treatment
7-42 would endanger the health of the participant;
- 7-43 (19) Each participant shall have a central record. The record shall include data pertaining
7-44 to admissions and such other information as may be required under regulations by the
7-45 department;
- 7-46 (20) Admissions -- As part of the procedure for the admission of a participant to an
7-47 agency, each participant or applicant, or advocate if the participant or applicant is not competent,
7-48 shall be fully informed, orally and in writing, of all rules, regulations, and policies governing
7-49 participant conduct and responsibilities, including grounds for dismissal, procedures for
7-50 discharge, and all anticipated financial charges, including all costs not covered under federal
7-51 and/or state programs, by other third party payors or by the agency's basic per diem rate. The
7-52 written notice shall include information regarding the participant's or applicant's right to appeal
7-53 the admission or dismissal decisions of the agency;
- 7-54 (21) Upon termination of services to or death of a participant, a final accounting shall be
7-55 made of all personal effects and/or money belonging to the participant held by the agency. All
7-56 personal effects and/or money including interest shall be promptly released to the participant or
7-57 his or her heirs;
- 7-58 (22) Nothing in this chapter shall preclude intervention in the form of appropriate and
7-59 reasonable restraint should it be necessary to protect individuals from physical injury to

7-60 themselves or others.

7-61 SECTION 3. Section 42-72-15 of the General Laws in Chapter 42-72 entitled
7-62 "Department of Children, Youth, and Families" is hereby amended to read as follows:

7-63 **42-72-15. Children's bill of rights.** -- (a) No child placed or treated under the
7-64 supervision of the department in any public or private facility shall be deprived of any personal
7-65 property or civil rights, except in accordance with due process.

7-66 (b) Each child placed or treated under the supervision of the department in any public or
7-67 private facility shall receive humane and dignified treatment at all times, with full respect for the
7-68 child's personal dignity and right to privacy, consistent with the child's treatment plan.

8-1 (c) Each child placed in a secure facility under the supervision of the department shall be
8-2 permitted to communicate with any individual, group, or agency consistent with the child's
8-3 treatment objectives; shall be provided writing materials and postage; and shall be permitted to
8-4 make or receive telephone calls to or from his or her attorneys, guardians ad litem, special
8-5 advocates, or child advocate at any reasonable time.

8-6 (d) The department shall adopt rules and regulations pursuant to the Administrative
8-7 Procedures Act, title 42, chapter 35, regarding children placed in secure facilities to specify the
8-8 following:

8-9 (1) ~~(1) When a child may be placed in restraint or seclusion or when force may be used upon~~
8-10 ~~a child~~ ^{delete} Restraint regulations in accordance with chapter 42-72.11 ^{add};

8-11 (2) When the head of a facility may limit the use or receipt of mail by any child and a
8-12 procedure for return of unopened mail; and

8-13 (3) When the head of a facility may restrict the use of a telephone by any child.

8-14 (e) A copy of any order placing a child at a secure facility under the supervision of the
8-15 department in restraint or seclusion shall be made a part of the child's permanent clinical record.
8-16 In addition, any special restriction on the use or receipt of mail or telephone calls shall be noted in
8-17 writing, signed by the head of the facility or the facility head's designee, and made a part of the
8-18 child's permanent clinical record.

8-19 (f) Each child placed or treated in a secure facility under the supervision of the
8-20 department shall be permitted to receive visitors subject to reasonable restriction consistent with
8-21 the child's treatment plan. The head of each facility shall establish visiting hours and inform all
8-22 children and their families and other visitors of these hours. Any special restrictions shall be
8-23 noted in writing, signed by the head of the facility or his or her designee, and made a part of the
8-24 child's permanent clinical record.

8-25 (g) Each child may receive his or her clergyman, attorney, guardian ad litem, special
8-26 advocate, or child advocate at any reasonable time.

8-27 (h) No person shall be denied employment, housing, civil service rank, any license or
8-28 permit, including a professional license, or any other civil or legal right, solely because of a
8-29 present or past placement with the department except as otherwise provided by statute.

8-30 (i) Each child under the supervision of the department shall have the right to counsel,
8-31 and the right to receive visits from physicians and mental health professionals.

8-32 (j) Each child shall have a right to a hearing pursuant to rules and regulations
8-33 promulgated by the department if the child is involuntarily transferred by the department to any
8-34 facility outside of the state in accordance with the procedure set forth in section 42-72-14.

9-1 (k) The children's bill of rights shall be posted in a conspicuous place within any secure
9-2 facility for the residential housing of children.

9-3 (l) Every deliverer of services with whom the department enters into a purchased
9-4 services agreement shall agree, in writing, to observe and post in a conspicuous place, the
9-5 children's bill of rights.

9-6 (m) Any child aggrieved by a violation of the children's bill of rights may petition the
9-7 family court for appropriate equitable relief. The family court shall have exclusive original

9-8 jurisdiction, notwithstanding any remedy contained in chapter 35 of this title.

9-9 (n) A child victim or witness shall be afforded the protections of section 12-28-9 under
9-10 the direction of the department of children, youth, and families, and the department shall advise
9-11 the court and the police and the prosecutor on the capacity of the child victim to understand and
9-12 participate in the investigation and in the court proceedings and of the potential effect of the
9-13 proceedings on the child.

9-14 (o) Every child placed in the care of the department of children, youth, and families shall
9-15 be entitled to a free appropriate education, in accordance with state and federal law. Immediately
9-16 upon the assumption of that care, the department shall provide for the enrollment of each child in
9-17 a school program. During the time that the child shall remain in that care, the department and
9-18 appropriate state and local education agencies shall coordinate their efforts in order to provide for
9-19 the timely initiation and continuation of educational services.

9-20 (p) No person shall be denied access to available treatment for an alcohol or drug related
9-21 condition, solely because of a present or past placement with the department.

9-22 SECTION 4. This act shall take effect upon passage.



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MOTION: To find *beneficial if amended* to address transition from restrain and appropriate for adults with severe and persistent disabilities on 13 H 6088 AN ACT RELATING TO STATE AFFAIRS AND GOVERNMENT -- RIGHT TO FREEDOM FROM RESTRAINT ACT KH/AP passed, LD abstained

13 H 6159 AN ACT RELATING TO STATE AFFAIRS AND GOVERNMENT - THE RHODE ISLAND TRAINING SCHOOL FOR YOUTH COMPREHENSIVE EDUCATIONAL PROGRAMMING ACT

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

This act would require that students who are sentenced to the Rhode Island Training School for Youth (RITSY) remain enrolled in their last educational district. This act would also provide that such students are also deemed enrolled in the RITSY, thus setting up a dual enrollment program. The act would further direct the RITSY and the sending district to work on the transition of students from the RITSY back to their sending district, upon the student's release from the RITSY.

This act would take effect upon passage.

1-1 SECTION 1. Chapter 42-72.6 of the General Laws entitled "The Rhode Island Training
1-2 School for Youth Comprehensive Educational Programming Act" is hereby amended by adding
1-3 thereto the following section:

1-4 ^{add} **42-72.6-4. Dual enrollment status and education of students in Rhode Island**
1-5 **training school for youth.** – (a) No school district shall un-enroll or remove a student from its
1-6 roster when that student is ordered or directed to the Rhode Island Training School for Youth
1-7 (RITSY). Such student shall remain enrolled in his or her municipal system of origin or
1-8 “sending district” for purposes of this section. Said student shall also be deemed to be a student
1-9 of the RITSY for purposes of the educational programming services provided there, so that the
1-10 student shall be in a dual enrollment status in both their sending district and the educational
1-11 programming at the RITSY.

1-12 (b) Students who do not hold high school diplomas and who are of high school age at the
1-13 time of their incarceration, and who are not enrolled in a municipal or private education system,
1-14 shall be deemed to be enrolled in the municipal school system of their last known residence. This
1-15 provision shall also apply to students enrolled in alternative school systems, parochial school
1-16 systems, or in home schooling.

1-17 (c) While in the education programs at the RITSY, the students shall take the same

1-18 standardized tests and assessments administered in the student's sending district. Provided, that
 1-19 this shall not prohibit or limit the ability of the teaching staff at the RITSY from administering
 2-1 additional testing and making modifications as said staff deems academically appropriate as part
 2-2 of the curriculum at the RITSY. The teaching staff at the RITSY shall retain academic freedom
 2-3 to modify the student's program in the best interests of the child, to the same extent as the
 2-4 teaching staff in the student's sending district.

2-5 (d) To the best extent possible through technological, on-line, video-conferencing, and
 2-6 other methods, the student at the RITSY shall participate in educational programs in his or
 2-7 sending district. This shall not prohibit the RITSY from modifying curriculum based upon the
 2-8 educational status or progress of the student in the RITSY curriculum. School districts are
 2-9 directed to work with the RITSY in establishing lines of communication and in facilitating such
 2-10 participation by the student.

2-11 (e) A student who completes all requirements for a high school diploma while enrolled in
 2-12 the education programs at the RITSY shall receive a diploma from the sending district.

2-13 (f) As to any student who is to be released from the RITSY prior to completing their
 2-14 educational requirements for a diploma, the principal or chief educational officer at the RITSY
 2-15 shall notify the principal of the appropriate school of the sending district of the impending release
 2-16 of the student and coordinate a plan for the student to transition from the RITSY back into the
 2-17 sending district school, at an academically appropriate grade level. Provided, if due to the
 2-18 movement of parents or guardians, or other circumstances, a student shall no longer be considered
 2-19 a resident of his or her original sending district, the principal or chief educational officer at the
 2-20 RITSY shall coordinate with the new appropriate district. School districts are directed to work
 2-21 with the RITSY in establishing such transition plans for students being released from the RITSY.

2-22 (g) The general assembly recognizes that the amount of notice available may vary
 2-23 depending upon the circumstances of the student's release from the RITSY. To that end, the
 2-24 RITSY is directed to use its best efforts to provide as much notice as reasonably possible to the
 2-25 receiving district. The general assembly re-emphasizes that the goal is the return of the student to
 2-26 an academically appropriate educational setting upon release from the RITSY for those students
 2-27 who have not graduated as of their release.

2-28 (h) A sentencing authority shall consider school continuity when sentencing children to
 2-29 the RITSY and address school continuity as part of the authority's deliberations. A sentencing
 2-30 authority or other court of competent jurisdiction may include within their adjudications specific
 2-31 orders or requirements regarding the student's education and return to the sending district.

2-32 (i) A court of competent jurisdiction may order a variation from the provisions of this
 2-33 section, including, but not limited to, an order restraining and enjoining the student from
 2-34 returning to his or her sending district, provided that the court does so for good cause and states
 3-1 specific findings and reasons for making such order. ^{add}

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



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The Committee took no position on 13 H 6159 AN ACT RELATING TO STATE AFFAIRS AND GOVERNMENT - THE RHODE ISLAND TRAINING SCHOOL FOR YOUTH COMPREHENSIVE EDUCATIONAL PROGRAMMING ACT.

Insert graphic	4:20 Public Forums, Bob Cooper, Executive Secretary	
	Purpose/Goal: To plan the public forums	
	Discussion:	
Public Forums on the Concerns of People with Disabilities and their Families		Staff
Monday, July 22, 2013, 4 - 6 PM		CRB

<p align="center">Woonsocket Harris Public Library, 303 Clinton Street, Woonsocket Hosted by RI Department of Health</p>		
Panelists:	<p align="center">Tuesday, July 23, 2013, 4 - 6 PM South Kingstown Public Library, 1057 Kingstown Road, Peace Dale Hosted by Perspectives Corporation</p>	AKS
Panelists:	<p align="center">Tuesday July 23, 2013 4 - 6 PM Middletown Public Library's Community Room, 700 West Main Road, Middletown Hosted by Opportunities Unlimited</p>	CDG
Panelists:	<p align="center">Wednesday July 24, 2013, 2 - 4 PM East Providence Senior Center, 610 Waterman Avenue, East Providence, RI Hosted by National Multiple Sclerosis Society Rhode Island Chapter</p>	CDG
Panelists:	<p align="center">Wednesday, July 24, 2013, 4 - 6 PM Warwick Public Library's Community Room, 600 Sandy Lane, Warwick Hosted by the Ocean State Center for Independent Living</p>	AKS
Panelists:	<p align="center">Thursday, July 25, 2013, 5 - 7 PM South Providence Library, 441 Prairie Avenue, Providence Hosted by TBA</p>	CRB & JL
	<p>4:25 Agenda and Scheduling the Next Meeting, Linda Ward, Chair</p>	
	<p>Items to be placed on the next meeting's agenda:</p> <ol style="list-style-type: none"> 1. Final Status Report on Legislative Package 2. Public Forum Planning 	
	<p>Next meeting will be on: Monday July 8, 2013</p>	
	<p>4:30 Adjournment, Linda Ward, Chair</p>	
	<p>MOTION: To adjourn at 4:32 PM KH/RCo passed unanimously.</p>	