Meeting Notice for the Governor's Commission on Disabilities

Legislation Committee

Monday, February 3, 2014 3:00 PM - 4:30 PM
Continued on
Monday March 10, 2014 3:00 PM – 4:30 PM
and Monday March 24, 2014 3:00 PM – 4:30 PM

John O. Pastore Center, 41 Cherry Dale Court,
Cranston, RI 02920-3049
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(e-mail) GCD.Disabilities@gcd.ri.gov (website) www.disabilities.ri.gov

Revised Agenda

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Cleaner Air Sign Language Logo	Special notes: We ask that you use unscented personal care products - that you not wear perfumes or scents. Please realize that what may seem to you to be a mild scent can make other people sick. Anyone may come to meetings of the Commission or its committees. If you need assistance: reader, large print, Braille, interpreters or captioners for the deaf and hard of hearing, at our meetings, please call (401-462-0100, or tty/ttd via RI Replay 711 or email (GCD.Disabilities@gcd.ri.gov) the Commission at least 3 business days prior to the meeting so arrangements can be made to provide such assistance at no cost to the person requesting it.	Assistive listening logo Large Print Large print logo

Posted at 4/24/2014 1:21 PM

Governor's Commission on Disabilities

Legislation Committee

Monday, February 3, 2014 3:00 PM - 4:30 PM
Continued on
Monday March 10, 2014 3:00 PM - 4:30 PM

John O. Pastore Center, 41 Cherry Dale Court,
Cranston, RI 02920-3049
(voice) 401-462-0107 (fax) 462-0106 (tty) via RI Relay 711
(e-mail) GCD.Disabilities@gcd.ri.gov (website) www.disabilities.ri.gov

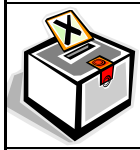
Attendees: Linda Ward (Chair.); Jack Ringland (Vice Chair.); Rosemary C. Carmody; Nicole Bucka; Mike Burk; Regina Connor; Heather Daglieri; Linda Deschenes; Casey Gartland; *Elaina Goldstein; Kathleen Heren;* William R. Inlow; *Paula Parker;* Arthur M. Plitt*;* & Meredith Sheehan
Absentees: Joseph Cirillo; Timothy Flynn; Msgr. Gerard O. Sabourin; & Angelina Stabile; & Dawn Wardyga

Guests: Colleen Polselli

Staff: Bob Cooper

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

Chair calls the meeting to order at 3:06 on Monday March 3, 2013
Introductions of Commissioners and guests



Potential MOTION: To accept the minutes of the previous meeting as presented
Motion moved by RCa, seconded by AP, passed unanimously

3:05 2014 Legislative Package, Bob Cooper, Executive Secretary

Purpose/Goal: To review the status of the Commission's legislative package

Bills introduced at the requested of the Commission

14 S 2358 & H 7534 Acts Relating to Insurance - Coverage for Prescription Drugs

Sen. Crowley In Senate Health and Human Services Committee
Rep. Cimini In House Corporations
This act would prevent health insurance policies, plans or contracts that provide coverage for prescription drugs from requiring a beneficiary to use an alternative brand name prescription drug or over-the-counter drug prior to using a brand name prescription drug prescribed by a licensed physician.
This act would take effect upon passage.

14 S 2525 An Act Relating to State Affairs and Government - Governor's Commission on Disabilities

Sen. Jabour In Senate Health and Human Services Committee
This act would reduce the size of the governor's commission on disabilities from twenty-four (24) members to eighteen (18) members. It would also require that individuals with disabilities be included in its membership when practicable.

	This act would take effect on July 1, 2014.
	Hearings on Bills Reviewed by the Legislation Committee
	Commission Supports if amended **14 H 7133 Art. 26 An Article Relating to Children, Youth, and Families** Rep. Melo Requested by the Governor in House Finance Committee House Testified: 2 /12/2014 **Commission Opposes unless amended** **14 H 7133 Art. 25 An Article Relating to Medical Assistance** Rep. Melo Requested by the Governor in House Finance Committee House Testified: 2/12/2014 Testifier: Bob Cooper Senate Testified on for 2/25/14 Testifier: Bob Cooper **Legislation Committee finds this bill Beneficial** **14 H 7068 An Act Relating To Public Utilities Commission - Information Accessibility Service For Persons With Disabilities** Rep. Naughton in House Health, Education and Welfare House Letter sent 2/6/14 House Testified: 2/226/14 Testifier: Bob Cooper Letter sent to Commission on the Deaf & Hard of Hearing, 2/7/14. **Legislation Committee finds this bill Beneficial if amended** **14 H 7168 An Act Relating to State Affairs and Government -- Elderly Affairs Department** Rep. Ucci in House Health, Education, & Welfare Committee House letter sent 2 /6/14 **14 H 7155 An Act Relating to Military Affairs and Defense - Burial Of Veterans** Rep. Gallison in House Veterans Affairs Committee House letter sent 2 /6/14 Response from Daniel Evangelist, Associate Director of Veterans' Affairs, We tried the pooper scooper approach, it didn't work. **Legislation Committee finds this bill Harmful** **14 H 7040 An Act Relating to Towns and Cities -- State Aid** Rep. Edwards in House Finance Committee House letter sent 2/6/14 **14 S 2109 An Act Relating to Motor and Other Vehicles - Parking Facilities and Privileges** Sen. Fogarty in Senate Special Legislation and Veterans' Affairs Committee Senate letter sent 2/6/14 **14 S 2117 An Act Relating to Motor and Other Vehicles -- Parking Facilities and Privileges** Sen. Doyle in Senate Finance Committee Senate letter sent 2/6/14 **14 S 2027 An Act Relating to Motor and Other Vehicles -- Motor Fuel Tax** Sen. Felag in Senate Finance Committee Identical to S 2277 Senate letter sent 2/6/14
	Reconsideration of 2014- H 7155 An Act Relating to Military Affairs And Defense - Burial of Veterans Response to Legislation Committee's Legislative Impact Statement from Daniel Evangelist, Associate Director of Veterans' Affairs, We tried the pooper-scooper approach, it did not work.

1 SECTION 1. Section 30-25-14 of the General Laws in Chapter 30-25 entitled "Burial of

Veterans" is hereby amended to read as follows:

30-25-14. Rhode Island veterans' memorial cemetery. – (a) The Rhode Island veterans' memorial cemetery located on the grounds of the Joseph H. Ladd school in the town of Exeter shall be under the management and control of the director of the department of human services. The director of the department of human services shall appoint an administrator for the Rhode Island veterans' memorial cemetery who shall be an honorably discharged veteran of the United States Armed Forces and shall have the general supervision over and shall prescribe rules for the government and management of the cemetery. He or she shall make all needful rules and regulations governing the operation of the cemetery and generally may do all things necessary to insure the successful operation thereof. The director shall promulgate rules and regulations, not inconsistant with the provisions of 38 USCS section 2402, to govern the eligibility for burial in the Rhode Island veterans' memorial cemetery. In addition to all persons eligible for burial pursuant to rules and regulations established by the director, any person who served in the army, navy, air force, or marine corps of the United States for a period of not less than two (2) years and whose service was terminated honorably, shall be eligible for burial in the Rhode Island veterans' memorial cemetery. The director shall appoint and employ all subordinate officials and persons needed for the proper management of the cemetery. National Guard members who are killed in the line of duty or who are honorably discharged after completion of at least twenty (20) years' of

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service in the Rhode Island National Guard and their spouse shall be eligible for internment in the Rhode Island Veterans' Memorial Cemetery. For the purpose of computing service under this section, honorable service in the active forces or reserves shall be considered toward the twenty (20) years of National Guard service. The general assembly shall make an annual appropriation to the department of human services to provide for the operation and maintenance for the cemetery. The director shall charge and collect a grave liner fee per interment of the eligible spouse and/or eligible dependents of the qualified veteran equal to the Department's cost for the grave liner.

{add}(b) No domestic animal shall be allowed on the grounds of the Rhode Island Veterans' memorial cemetery whether at large or under restraint, except for seeing eye guide dogs, hearing ear signal dogs, or any other certified service dog permitted by the cemetery administrator. Any person who violates the provisions of this section shall be subject to a fine in an amount not less than five hundred dollars ($500.00). {add}

SECTION 2. This act shall take effect upon passage.

	No motion was made to reconsider.
	3:30 Tabled and Recently filed legislation that may impact people with disabilities, Bob Cooper
	Purpose/Goal: To review recently filed legislation, determine the potential impact on people with disabilities, and adopt legislative impact statements
	Tabled Bills
	14 H 7216 & S 2494 Acts Relating to Behavioral Healthcare, Developmental Disabilities and Hospitals Rep. Bennett in House Finance Committee Sen. McCaffrey in Senate Finance Committee This act would expand the parent deinstitutionalization subsidy to include appropriate relatives and would allow a relative to care for a child or adult if the parent was unable to and receive a subsidy for doing so. This act would take effect upon passage. Emailed comments from Craig Stenning, BHDDH Director on 2/7/2014: "This is a modification of a bill they passed last year. The problem is the Parent Subsidy Program was an old program that we were trying to phase out. I have been trying to get together with the sponsor to determine what he is really trying to achieve. We do not really

	want to just open Shared Living to any parent because then every family will want to get paid."

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

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

Slater Hospital Zambarano Unit{add} {delete}~~or the institute of mental health~~{delete} or the general hospital for a period of time not less than ninety (90) days, or would be a resident or patient of one of the facilities listed in this section for a period of ninety (90) days or more if a specialized community program were not developed to meet the person's particular and/or unique needs.

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

(c) The director of {delete}~~mental health, retardation, and hospitals~~{delete} {add}behavioral healthcare, developmental disabilities and hospitals{add} is hereby vested with the authority to promulgate such rules and regulations as are deemed necessary and in the public interest to establish and place into operation the {delete}~~parent~~{delete} deinstitutionalization program and authorize the payment of subsidy aid to the qualified parent applicant {add}or appropriate relative{add} who receives into his or her care, custody, and control a person under the legal authority and control of the director of {delete}~~mental health, retardation and hospitals~~{delete} {add}behavioral healthcare, developmental disabilities and hospitals{add} who is or has been a resident or patient of the {delete}~~Dr. Joseph H. Ladd Center~~{delete} {add}Eleanor Slater Hospital Cranston Campus{add}, the {delete}~~Dr. U.E. Zambarano Memorial Hospital~~{delete} {add}Eleanor Slater Hospital Zambarano Unit{add}{delete}~~, at the institute of mental health~~{delete} or the general hospital or a resident or patient in an out-of-state

institution who would have been eligible for placement in the {delete}~~Dr. Joseph H. Ladd Center~~{delete} {add}Eleanor Slater Hospital Cranston Campus{add}, {delete}~~Dr. U.E. Zambarano Memorial Hospital~~{delete}, {add} Eleanor Slater Hospital Zambarano Unit{add}{delete} ~~or the institute of mental health~~, {delete} or the general hospital.

(d) Rules and regulations promulgated pursuant to subsection (c) shall include, but not be limited to, the following areas of concern:

(1) The establishment of eligibility and other requirements for the qualification and certification of the parent applicant {add}or appropriate relative{add} applying for subsidy aid under this chapter;

(2) The establishment of eligibility and other requirements for the qualification and certification of a person to be removed and placed from the {delete}~~Dr. Joseph H. Ladd Center~~{delete} Eleanor Slater Hospital Cranston Campus or {delete}~~Dr. U.E. Zambarano Memorial Hospital~~{delete} {add}the Eleanor Slater

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Hospital Zambarano Unit{add}, {delete}~~or the institute of mental health~~{delete} or the general hospital, under this program as set forth in this chapter or a resident or patient in an out-of-state institution under this program as set forth in this chapter;

(3) The establishment of such other eligibility, certification, and qualification standards and guidelines for the person, ~~or~~ the parent applicant {add}or an appropriate relative{add} to which the program applies as may be deemed reasonable and in the public interest;

(4) The establishment of such licensing, regulating, inspection, monitoring, investigation, and evaluation standards and requirements for the placement, care, support, custody, and training of the person as are deemed reasonable and in the public interest under this chapter;

(5) The periodic inspection, review, and evaluation of the care, support, and treatment afforded the person placed in the home of the qualified parent applicant or appropriate relative under this program and the making and implementation of such recommendations as are deemed necessary for the continued health, safety, and welfare of the person in accordance with the provisions of this chapter;

(6) The establishment and implementation of such other standards, safeguards, and protections as are deemed necessary and in the public interest to protect the health, safety, and welfare of the person placed under the program or in determining and certifying initial and/or continuing eligibility requirements as the director of the {add}department of{add} {delete}~~mental health, retardation, and hospitals~~{delete} {add}behavioral healthcare, developmental disabilities and hospitals{add} shall in his or her discretion deem to be necessary and appropriate including specifically the authority to recall and return the child or adult to the custody and control of the state and the director of {delete}~~mental health, retardation, and hospitals~~{delete} {add}behavioral healthcare, developmental disabilities and hospitals{add} into any such care or placement program as the director may in his or her discretion order and direct, including therein summary removal from the custody of the qualified parent applicant {add}or appropriate relative{add} and return to the state institution or out-of-state institution.

(e) For the purpose of this chapter the words "qualified parent applicant" shall mean any natural parent, adoptive parent, or foster parent or both natural parents jointly, both adoptive parents jointly, or a court appointed guardian or both foster parents jointly, or as defined by rules or regulations established by the department of {delete}~~mental health, retardation, and hospitals~~{delete} {add}behavioral healthcare, developmental disabilities and hospitals{add} who may apply for inclusion in the {delete}~~mental health, retardation, and hospitals~~{delete} {add}behavioral healthcare, developmental disabilities and hospitals{add} deinstitutionalization subsidy aid program as set forth in this chapter. For the situation where the natural or adoptive parents are divorced or separated, or where one of the parents is

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deceased, the words "parent" or "parent applicant" shall mean the parent legally having or giving custody to the person who may apply for inclusion in {delete}~~mental health, retardation, and hospitals~~{delete} {add}behavioral healthcare, developmental disabilities and hospitals{add} deinstitutionalization subsidy aid program as set forth in this chapter.

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

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

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

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

(c) A qualified parent applicant {add}or appropriate relative{add} who is a foster parent {add}to the child{add} and certified as eligible for subsidy aid under the deinstitutionalization program shall receive an

amount of not less than five dollars ($5.00) and not more than fifteen dollars ($15.00) for training of each child or adult and an amount of not less than twenty-five dollars ($25.00) and not more than sixty dollars ($60.00) for basic care and treatment for a seven (7) day or weekly period. These amounts designated for foster parents shall be in addition to the basic payments to foster parents from the department of social and rehabilitative services for foster home placement.

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

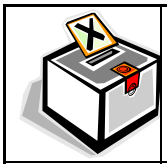
SECTION 2. This act shall take effect upon passage.

	MOTION: To take no position 2014 H 7216 & S 2494 Acts Relating to Behavioral Healthcare, Developmental Disabilities and Hospitals Motion moved by RCa, seconded by NC, passed, opposed by AP, abstained LD
	2014 H 7144 An Act Relating To Education - Children With Disabilities This act would require that a child with a disability attend a minimum of one hundred fifty-five (155) days in school within a school year in order for the student to be documented as having a disability, for any state or federal benefits that require such documentation. This act would take effect upon passage. Emailed comments from Andy Andrade, Department of Education Legislative Liaison 2/7/14: "David [Sienko, Sp. Ed. Coordinator] and I had a brief conversation about this. This legislation would seem to be in conflict with Federal law. Do you agree? Have not had a chance to speak with the sponsor on this. Don't know what he is trying to accomplish. I am going to track him down tomorrow." House testimony: planned for 2/26/14 Testifier: Bob Cooper Sent email to RI Dept. of Ed on impact, 2/7/14 - RIDE believes it is a violation of IDEA.

SECTION 1. Chapter 16-24 of the General Laws entitled "Children with Disabilities" is hereby amended by adding thereto the following section:

{add}**16-24-19. Minimum attendance required. --** There is hereby established a minimum attendance requirement of one hundred fifty-five (155) school days within a school year in order for a student to be certified, recertified, identified, or otherwise documented as a child with a disability by a public school or public school district in Rhode Island. This attendance requirement shall apply to documentation prepared by the school or school district in order for a student to qualify for any state and/or federal benefits that require such documentation. This attendance requirement shall not apply in instances where a student's failure to meet this one hundred fifty-five (155) day minimum attendance requirement is medically excused by a treating physician of the student. {add}

SECTION 2. This act shall take effect upon passage.

	MOTION: To find harmful 2014 H 7144 An Act Relating To Education - Children With Disabilities Motion moved by RCa, seconded by NC, passed abstained LD
	Civil Rights Legislation
	2014 S 2383 An Act Relating to Elections - Conduct of Election/Voting Equipment and Supplies Sen. Metts Requested by the Secretary of State in Senate Judiciary Committee This act would add additional photo-identification documents as acceptable proof of identity for voters as well as additional identification documents with or without a photograph as acceptable proof of identity for voters at all state and local elections. This act would take effect upon passage.

SECTION 1. Section 17-19-24.2 of the General Laws in Chapter 17-19 entitled "Conduct of Election and Voting Equipment, and Supplies" is hereby amended to read as follows:

17-19-24.2. Voter identification. -- (a) {delete}~~Beginning on January 1, 2012, any~~{delete} {add} Any{add} person claiming to be a registered and eligible voter who desires to vote at a primary election, special election or general election shall provide proof of identity. For purposes of this section, proof of identity shall include:

(1) {delete}~~A~~{delete}{add} The following{add} valid and current {delete}~~document~~{delete}{add} documents{add}

showing a photograph of the
8 person to whom the document was issued{delete}~~, including without limitation~~{delete}:
9 (i) Rhode Island driver's license;
10 (ii) Rhode Island voter identification card;
11 (iii) United States passport;
12 (iv) Identification card issued by a United States educational institution;
13 (v) United States military identification card;
14 (vi) Identification card issued by the United States or the State of Rhode Island;
15 (vii) Government issued medical card{delete}~~.~~{delete}{add};{add}
16 {add} (viii) Credit or debit card;
17 (ix) Public housing identification card; or{add}
18 (2) {delete}~~A~~{delete} {add} The following{add} valid and current {delete}~~document~~{delete} {add} documents with or{add} without a photograph

1 of the person to whom the document was issued{delete}~~, including without limitation~~{delete}:
2 (i) Birth certificate;
3 (ii) Social security card;
4 (iii) Government issued medical card.
5 {add} (iv) Document issued by a government agency;
6 (v) United States citizenship naturalization papers;
7 (vi) Senior citizen identification card. {add}
8 {delete}~~(b) From and after January 1, 2014, any person claiming to be a registered and eligible~~
9 ~~voter who desires to vote at a primary election, special election or general election shall provide~~
10 ~~proof of identity listed in subdivisions (a)(1).~~
11 ~~(c) No later than January 1, 2012,~~ {delete} {add}(b){add} Rhode Island voter identification cards will be
12 issued upon request, and at no expense to the voters, at locations and in accordance with
13 procedures established by rules and regulations promulgated by the secretary of state. The
14 purpose of this section is to provide voter identification cards to those voters who do not possess
15 the identification listed in subdivision (a)(1).
16 {delete}~~(d)~~{delete} (c) If the person claiming to be a registered and eligible voter is unable to provide
17 proof of identity as required in subdivisions (1) {delete}~~and~~{delete}{add}or{add} (2) above, the person claiming to be a
18 registered voter shall be allowed to vote a provisional ballot pursuant to section 17-19-24.2 upon
19 completing a provisional ballot voter's certificate and affirmation. The local board shall determine
20 the validity of the provisional ballot pursuant to section 17-19-24.3.
21 SECTION 2. This act shall take effect upon passage.

	MOTION: To take no position 2014 S 2383 An Act Relating to Elections - Conduct of Election/Voting Equipment and Supplies Motion moved by RCa, seconded by AP, passed, abstained, HD,LD, & CG
	2014 S 2385 An Act Relating to State Affairs and Government - Department of Children, Youth, and Families Sen. Goldin in Senate Judiciary Committee This act would create a nondiscriminatory clause under the children's bill of rights for all children who are under the supervision of the department of children, youth, and families. The clause would prohibit discrimination on the basis of race, color, religion, ancestry, national origin, gender, sexual orientation, gender identity, or expression, socioeconomic status or mental, physical, developmental, or sensory disability, or by association with an individual or group who has or is perceived to have one or more such characteristics. This act would take effect upon passage.

1 SECTION 1. Section 42-72-15 of the General Laws in Chapter 42-72 entitled

"Department of Children, Youth, and Families" is hereby amended to read as follows:

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

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

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

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

(1) When a child may be placed in restraint or seclusion or when force may be used upon a child;

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

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

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

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

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

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

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

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

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

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

(m) Any child aggrieved by a violation of the children's bill of rights may petition the family court for appropriate equitable relief. The family court shall have exclusive original jurisdiction, notwithstanding any remedy contained in chapter 35 of this title.

(n) A child victim or witness shall be afforded the protections of section 12-28-9 under the direction of the department of children, youth, and families, and the department shall advise

the court and the police and the prosecutor on the capacity of the child victim to understand and

participate in the investigation and in the court proceedings and of the potential effect of the proceedings on the child.

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

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

{add}(q) No child shall be discriminated against on the basis of race, color, religion, ancestry, national origin, gender, sexual orientation, gender identity, or expression, socioeconomic status or mental, physical, developmental, or sensory disability, or by association with an individual or group who has or is perceived to have one or more such characteristics. {add}

SECTION 2. This act shall take effect upon passage.

	MOTION: To find beneficial 2014 S 2385 An Act Relating to State Affairs and Government - Department of Children, Youth, and Families Motion moved by CG, seconded by RCo, passed, abstained LD
	2014 S 2233 An Act Relating to Courts and Civil Procedure—Courts Sen. Miller in Senate Judiciary Committee This act would require a sign language or communication access real-time translation (CART) provider for many court proceedings. This act would take effect on July 1, 2014.

SECTION 1. Sections 8-5-8 and 8-5-8.3 of the General Laws in Chapter 8-5 entitled "Court Secretaries, Court Reporters, and Electronic Court Reporters" are hereby amended to read as follows:

8-5-8. Sign language interpreters/transliterators and Communication Access {add} **Realtime Translation (CART) providers for deaf, hard of hearing, and deaf-blind persons.** {add}

[Effective July 1, 2014.] -- (a) In all civil and criminal cases, in workers' compensation, district, family, and superior court proceedings, mental health court competency hearings, state traffic tribunals, and in any case in any municipal court, including, but not limited to, {delete}~~on-site~~{delete}{add} a state and municipal court-ordered or{add} court-provided alternative dispute resolution, mediation, arbitration, diversion/intervention program or treatment; and in an administrative, commission, or agency hearing; pursuant to chapter 18 of this title, where a party or a witness is a person who is deaf, hard of hearing, or deaf-blind or a juvenile whose parent or parents are deaf, hard of hearing, or deaf-blind is brought before a court for any reason, he or she shall have the proceedings accessible to him or her in a language that he or she can understand by a sign language interpreter/transliterator, or a CART provider appointed by the court. In any case where a sign language interpreter/transliterator, or a CART provider is required to be appointed by the court under this section, the court shall not commence proceedings until the appointed sign language interpreter/transliterator, or a CART provider is in court in a position not exceeding ten feet (10') from and in full view of the person who is deaf, hard of hearing, or deaf-blind.

[NOTE: No changes on Pages 2 – 3]

language interpreter/transliterator and CART provider is precluded from being further examined by the court system.

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

8-5-8.3. Visual recording of testimony. [Effective July 1, 2014.] -- At the request of

any party to the proceeding or the hearing or on the appointing authority's initiative, the appointing authority may order that the testimony of the person who is deaf, hard of hearing, and deaf-blind and the interpretation/transliteration of the proceeding by the qualified interpreter/transliterator be visually recorded for use in verification of the official transcript of the proceeding or hearing.

In any judicial proceeding involving a capital offense, the appointing authority {delete}~~may~~{delete} {add}shall{add} order that the testimony of the person who is deaf, hard of hearing, and deaf-blind and the interpretation/transliteration of the proceeding or the hearing by the qualified interpreter/transliterator be visually recorded for use in verification of the official transcript of the proceeding or the hearing.

SECTION 2. This act shall take effect on July 1, 2014.

	MOTION: To find beneficial S 2233 An Act Relating to Courts and Civil Procedure–Courts Motion moved by AP, seconded by JR, passed, abstained LD
	14 S 2429 An Act Relating To Education - Captioning Of Electronic Video Materials Sen. Walaska in Senate Health and Human Services Committee This act would require that all publishers or manufacturers of electronic video instructional materials offered for adoption or sale in the state after July 1, 2014, intended to be used in the instructional programs of educational institutions, shall supply such materials with open or closed captions. The failure of a publisher or manufacturer and a professor, instructor, or lecturer to comply with the requirements of this chapter would subject the publisher or manufacturer to three (3) times the cost to the purchaser to have captions placed on the materials. This chapter would not apply to electronic video instructional materials purchased or produced prior to July 1, 2014. This act would take effect upon passage.

SECTION 1. Title 16 of the General Laws entitled "EDUCATION" is hereby amended by adding thereto the following chapter:

{add}CHAPTER 103

CAPTIONING OF ELECTRONIC VIDEO MATERIALS

16-103-1. Short title. – This chapter shall be known and may be cited as the "Captioning of Electronic Video Materials Act."

16-103-2. Definitions. – As used in this chapter:

(1) "Captions" means the text superimposed over the video of a program that places in text the audio portion of video programming, for the deaf and hard of hearing.

(2) "Closed captions" means captions that may be turned on or off by the viewer.

(3) "Electronic video instructional materials" means materials that are designed, marketed, and sold for use in the instructional programs of educational institutions in the state, including, but not limited to, materials on videotape, CD-ROM, digital video disc (DVD), video clips (both downloadable and through social media online), and film.

(4) "Open captions" means captions that are always viewable, and that cannot be turned on or off by the viewer.

16-103-3. Captioning of electronic video instructional materials for adoption or sale. – (a) Commencing on July 1, 2014, every publisher and/or manufacturer of electronic video

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instructional materials offered for adoption or sale in the state shall supply such materials with open captions or closed captions, except for video products or portions of video products for which the publisher does not have the rights to add captions.

(b) If the publisher and/or manufacturer fails to comply with the requirements of this section, the publisher or manufacturer shall be liable to the entity that purchased the electronic video instructional materials, in the amount of three (3) times the amount paid by the purchasing

entity to have captions placed on the materials;

(c) The requirements of this chapter shall not apply to electronic video instructional materials purchased or produced by the professor, instructor, and lecturer prior to July 1, 2014; and

(d) In order to ensure the effective implementation of this section, an action may be commenced in a court having competent jurisdiction on behalf of the purchasing entity, by either the individual purchaser, school, school district, college, or university that employs the individual purchaser, the Rhode Island department of elementary and secondary education, or the Rhode Island department of higher education.

16-103-4. Captioning of electronic video instructional materials for education. – (a) Commencing on July 1, 2014, every professor, instructor, or lecturer who produces electronic video instructional materials for his or her students who are deaf and/or hard of hearing, over the internet, including, but not limited to, blackboard or class curriculums, in the state shall supply such materials with open or closed captions.

(b) If the professor, instructor, or lecturer fails to comply with the requirements of this section, the institutional entity of the professor, instructor, or lecturer shall be liable to the entity that produced the electronic video instructional materials in the amount of three (3) times the amount paid by the purchasing entity to have captions placed on the materials.

16-103-5. Exemptions. – Any publisher, manufacturer, professor, instructor or lecturer who offered for use or purchase any electronic video instructional materials pursuant to this chapter prior to July 1, 2014, shall be exempt from the provisions contained herein relative to the materials offered or sold prior to said date only.{add}

SECTION 2. This act shall take effect upon passage.

	MOTION: To find beneficial 14 S 2429 An Act Relating to Education - Captioning of Electronic Video Materials Motion moved by RCa, seconded byJR, passed, abstained LD
	2014 S 2355, H 7346 & H 7324 Acts Relating to Behavioral Healthcare, Developmental Disabilities, and Hospitals - Developmental Disabilities Ombudsperson Act of 2014 Sen. Ottiano in Senate Health and Human Services Committee This act would establish a program of the developmental disabilities ombudsperson to be administratively attached to the department of administration. This act would take effect upon passage. Rep. Naughton in House Finance Committee This act would establish a program of the developmental disabilities ombudsperson to be administratively attached to the department of administration. This act would take effect upon passage. Rep. Blazejewski in House Finance Committee This act would establish a program of the developmental disabilities ombudsperson to be administratively attached to the department of behavioral health, developmental disabilities, and hospitals. This act would take effect upon passage.

SECTION 1. Title 40.1 of the General Laws entitled "BEHAVIORAL HEALTHCARE, DEVELOPMENTAL DISABILITIES AND HOSPITALS" is hereby amended by adding thereto the following chapter:

{add} **CHAPTER 22.2**

DEVELOPMENTAL DISABILITIES OMBUDSPERSON ACT OF 2014

40.1-22.2-1. Short title. – This chapter shall be known and may be cited as the "Developmental Disabilities Ombudsperson Act of 2014".

40.1-22.2-2. Program established. – There is established the developmental disabilities ombudsperson program to be administered by the department of administration.{add}

[H 7324 has a different section 40.1-22.2-2 below]

40.1-22.2-2. Program established. – There is established a program of the Developmental Disabilities Ombudsperson to be administratively attached to the department of behavioral healthcare, developmental disabilities, and hospitals.

[The remainder of the bills appears to be identical]

{add}**40.1-22.2-3. Definitions. –** As used in this chapter:

(1) An "act" of any facility or government agency includes any failure or refusal to act by any facility or government agency.

(2) "Administrator" means any person who is charged with the general administration or supervision of a facility whether or not that person has an ownership interest and whether or not that person's functions and duties are shared with one or more other persons.

(3) "Adult with a developmental disability" means a person, eighteen (18) years of age or older and not under the jurisdiction of the department of children, youth, and families, who is either an adult with a developmental disability or is a person with a severe, chronic disability

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which:

(i) Is attributable to a mental or physical impairment or a combination of mental and physical impairments;

(ii) Is manifested before the person attains age twenty-two (22);

(iii) Is likely to continue indefinitely;

(iv) Results in substantial functional limitations in three (3) or more of the following areas of major life activity:

(A) Self-care;

(B) Receptive and expressive language;

(C) Learning;

(D) Mobility;

(E) Self-direction;

(F) Capacity for independent living;

(G) Economic self-sufficiency; and

(v) Reflects the person's need for a combination and sequence of special, interdisciplinary or generic care, treatment, or other services, which are of lifelong or extended duration and are individually planned and coordinated. For the purposes of funding, it is understood that students enrolled in school will continue to receive education from their local education authority in accordance with the provisions of chapter 16-24.

(4) "Community residence" means any home or other living arrangement which is established, offered, maintained, conducted, managed, or operated by any person for a period of at least twenty-four (24) hours; where, on a twenty-four (24) hour basis, direct supervision is provided for the purpose of providing rehabilitative treatment, habilitation, psychological support and/or social guidance for adults with developmental disabilities. The facilities shall include, but not be limited to, group homes, shared living arrangements and fully supervised apartment programs. Semi-independent living programs shall not be considered community residences for the purposes of this chapter and the rules and regulations herein.

(5) "Developmental disabilities ombudsperson nominating committee" means a committee comprised of:

(i) The director of the department of behavioral healthcare, developmental disabilities and hospitals;

(ii) The chairperson of the Rhode Island developmental disabilities council;

(iii) The chairperson of the governor 's commission on disabilities;

(iv) The executive director of the Rhode Island Disabilities Law Center:

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(v) The director of the Paul V. Sherlock center on disabilities;

(vi) The chairperson of advocates in action; and

(vii) The chairperson of the Rhode Island providers network or their respective designees.

The developmental disabilities ombudsperson nominating committee shall meet when

needed to solicit, accept and review applications for the position of developmental disabilities ombudsperson and provide the governor with a list of three (3) to five (5) qualified candidates.

(6) "Developmental disability organizations (DDOs)" means an organization licensed by behavioral healthcare developmental disabilities and hospitals (BHDDH) to provide services to adults with disabilities, as provided herein. As used herein, developmental disability organizations (DDOs) shall have the same meaning as "providers" or "agencies".

(7) "Director" means the director of the department of behavioral healthcare, developmental disabilities and hospitals.

(8) " Government agency" means any department, division, office, bureau, board, commission, authority, nonprofit community organization, or any other agency or instrumentality created by any municipality or by the state or to which the state is a party which is responsible for the regulation, inspection, visitation, or supervision of facilities or which provides services to residents of facilities.

(9) "Health oversight agency" means, for the purposes of this chapter, the department of behavioral healthcare, developmental disabilities and hospitals or the person or entity designated as the state's developmental disabilities ombudsperson by the governor, including the employees or agents of such person or entity, when they are acting to fulfill the duties and responsibilities of the state's developmental disabilities ombudsperson program in which information is necessary to oversee the care system and in accordance with the U.S. Health Insurance Portability and Accountability Act (HIPAA) of 1996.

(10) "Interfere" means willing and continuous conduct which prevents the ombudsperson from performing his or her official duties.

(11) "Ombudsperson" means the person or persons designated by the governor to carry out the powers and duties of the office. That person or persons shall have expertise and experience in the fields of social work, long-term care and advocacy and shall be qualified and experienced in the provision of support services to adults with developmental disabilities.

(12) "Person" means any individual, trust, estate, partnership, limited liability corporation, corporation (including associations, joint stock companies and insurance companies), state, or political subdivision or instrumentality of the state.

(13) "Provider" means any organization that has been established for the purpose of

providing either residential and/or day support services for adults with developmental disabilities and which is licensed by the department of behavioral healthcare, developmental disabilities and hospitals, pursuant to chapter 40.1-24. For the purposes of this section, "provider" shall also include any residential and/or day program services operated by the department of behavioral healthcare. developmental disabilities and hospitals and the state of Rhode Island.

(14) "Services" means those services provided and shall include, but not be limited to, developmental services, supportive services and ancillary services.

(15) "Shared Living Residence" means the residence and physical premises in which the support is provided by the shared living arrangement provider. The home shall be inspected and approved by the shared living placement agency.

40.1-22.2-4. Developmental disabilities ombudsperson. – The governor shall establish and appoint a developmental disabilities ombudsperson for the purpose of advocating on behalf of adults with a developmental disability, individuals acting on their behalf or any individual organization or government agency that has reason to believe that a facility, organization or government agency has engaged in activities, practices or omissions that constitute a violation of applicable statutes or regulations or that may have an adverse effect upon the health, safety, welfare, rights or quality of life of adults with a developmental disability. The developmental disabilities ombudsperson may dismiss a complaint at any stage of an investigation with an explanation to the originator(s) of the complaint. The governor shall appoint the developmental disabilities ombudsperson from a list of three (3) to five (5) candidates provided by the developmental disabilities ombudsperson nominating committee to a term of five (5) years with the advice and consent of the senate. The department of administration may operate the office of developmental disabilities ombudsperson and carry out the program, directly or by contract or

24 other arrangement with any public agency or nonprofit organization. The developmental
25 disabilities ombudsperson shall hire additional staff as necessary to carry out the powers and
26 duties of the office.
27 **40.1-22.2-5. Powers and duties. –** The developmental disabilities ombudsperson shall:
28 (1) Identify, investigate, and resolve complaints that:
29 (i) Are made by, or on behalf of, adults with a developmental disability; and
30 (ii) Relate to an action, inaction, or decision that may adversely affect the health, safety,
31 welfare, rights, or quality of life of the adults with a developmental disability (including the
32 welfare and rights of adults with a developmental disability with respect to the appointment and
33 activities of guardians and representative payees and health care and financial powers of attorney,
34 and access to hospice care);

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1 (2) Formulate policies and procedures to identify, investigate and resolve complaints;
2 (3) Represent the interests of adults with a developmental disability before government
3 agencies and seek administrative, legal, and other remedies to protect the health, safety, welfare,
4 rights, and quality of life of the adults with a developmental disability including, but not limited
5 to, rights with respect to the appointment or removal of guardians, representative payees and
6 powers of attorney;
7 (4) Receive all reports from the department of behavioral healthcare, developmental
8 disabilities and hospitals of incidents reported to the office of quality assurance within twenty
9 four (24) hours or by the next business day of the occurrence, in cases of resident abuse, neglect,
10 exploitation, hospitalization, death, missing persons, theft, sexual abuse, accidents involving fires,
11 elopement and resident-to-resident abuses;
12 (5) Review, and if necessary, comment on any existing and proposed laws, regulations
13 and other government policies and actions that affect the parties subject to this statute:
14 (6) Make appropriate referrals of investigations to the department of behavioral
15 healthcare developmental disabilities and hospitals, the executive office of health and human
16 services and the attorney general and other state agencies:
17 (7) Receive from the department of behavioral healthcare developmental disabilities and
18 hospitals all reports of thirty (30) day notices of adults with a developmental disability discharged
19 from community residences or shared living residences;
20 (8) Provide referral services to assist adults with developmental disabilities in protecting
21 their health, safety, welfare rights and quality of life;
22 (9) Inform adults with developmental disabilities of their rights and advocate on their
23 behalf to improve their quality of life and live with dignity and respect; and
24 (10) Offer assistance and training to public and private organizations on long-term care of
25 adults with developmental disabilities.
26 **40.1-22.2-6. Confidentiality. –** The files maintained by the developmental disabilities
27 ombudsperson are confidential, and shall be disclosed only with the written consent of the adult
28 with a developmental disability, or his or her legal representative/guardian or if any disclosure is
29 required by court order. Nothing in this section shall be construed to prohibit the disclosure of
30 information gathered in an investigation of any interested party, as may be necessary to resolve
31 the complaint, or to refer to other appropriate state agencies investigating civil, criminal or
32 licensing violations.
33 **40.1-22.2-7. Access to records, community residences, adults with a developmental**
34 **disability. –** (a) In the course of an investigation, the developmental disabilities ombudsperson

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1 shall:
2 (1) Make the necessary inquiries and obtain information as is deemed necessary;
3 (2) Have access to community residences, residents and staff thereof;
4 (3) Enter provider locations and, after notifying the person in charge, inspect any books,
5 files, medical records, or other records that pertain to the investigation;
6 (b) In the ordinary course of the developmental disabilities ombudsperson's duties, the
7 developmental disabilities ombudsperson shall have access to residents of a community residence

to:

(1) Visit, speak to and make personal, social and other appropriate services available;

(2) Inform them of their rights and entitlements and corresponding obligations under federal and state law by distribution of educational materials, discussion in groups, or discussion with individuals and their families; and

(3) Engage in other methods of assisting, advising, and representing adults with a developmental disability to extend to them the full enjoyment of their rights.

(c) The office of the developmental disabilities ombudsperson is considered a health oversight agency.

(d) Notwithstanding any other provision of law, any health oversight agency and its employees and agents shall comply with all state and federal confidentiality laws, including, but not limited to, chapter 5-37.3 ("Confidentiality of Health Care Communications and Information Act"), and specifically § 5-37.3-4(c), which requires limitation on the distribution of information which is the subject of this chapter on a "need to know" basis, and § 40.1-5-26 relating to the disclosure of confidential information and records.

40.1-22.2-8. Retaliation prohibited. – No discriminatory, disciplinary, or retaliatory action shall be taken by the provider against any officer or employee of a provider, nor against any guardian or family member of any adults with a developmental disability, nor against any resident of a community residence, nor against any volunteer for any communication by him or her with the developmental disabilities ombudsperson or for any information given or disclosed by him or her in good faith to aid the developmental disabilities ombudsperson in carrying out his or her duties and responsibilities.

40.1-22.2-9. Cooperation required. – (a) The developmental disabilities ombudsperson may request from any government agency, and the agency is authorized and directed to provide, any cooperation and assistance services, and data that will enable the developmental disabilities ombudsperson to properly perform or exercise any of his or her functions, duties and powers under this chapter.

(b) The developmental disabilities ombudsperson shall cooperate and assist other government agencies in their investigations, such as the department of health, the office of attorney general, the department of human services and any other pertinent departments or agencies.

40.1-22.2-10. Annual reports. – The developmental disabilities ombudsperson shall submit an annual report of the activities of the developmental disabilities ombudsperson program and the developmental disabilities ombudsperson's activities concerning facilities and the protection of the rights of adults with a developmental disability to the governor, speaker of the house, senate president, chairs of the senate and house committee on finance, chair of the senate committee on health and human services, chair of the house committee on health, education and welfare, general assembly, the secretary of the office of health and human services, the director of behavioral healthcare, developmental disabilities and hospitals, the chairperson of the Rhode Island developmental disabilities council, the chairperson of the governor's commission on disabilities, the executive director of the Rhode Island Disabilities Law Center, the director of the Paul V. Sherlock center on disabilities, the chairperson of advocates in action, the chairperson of the Rhode Island providers network, the state librarian and other appropriate governmental entities. The report shall be available to the public.

40.1-22.2-11. Immunity from liability. – Any person, institution or official who in good faith participates in the registering of a complaint, or who in good faith investigates that complaint or provides access to those persons carrying out the investigation, or who participates in a judicial proceeding resulting from that complaint, is immune from any civil or criminal liability that might otherwise be a result of these actions. For the purpose of any civil or criminal proceedings, there is a rebuttable presumption that any person acting pursuant to this chapter did so in good faith.

40.1-22.2-12. Rules and regulations. – The office of the developmental disabilities ombudsperson shall promulgate and, from time to time, revise rules and regulations for the

implementation and enforcement of the developmental disabilities ombudsperson program including. but not limited to, the procedures for the receipt, investigation and resolution of complaints, through administrative action.

40.1-22.2-13. Interagency cooperation. – Nothing in this chapter shall be construed to be a limitation of the powers and responsibilities assigned by law to other state agencies or departments. The developmental disabilities ombudsperson shall establish an interagency agreement between the department of behavioral healthcare, developmental disabilities and hospitals, the department of health, the department of health and human services and the office of

attorney general to ensure a cooperative effort in meeting the needs of adults with a developmental disability.

40.1-22.2-14. Non-interference. – No person shall willfully interfere with the developmental disabilities ombudsperson in the performance of the ombudsperson's official duties.

40.1-22.2-15. Enforcement. – The attorney general shall have the power to enforce the provisions of this chapter.

40.1-22.2-16. Penalty. – Every person who willfully violates the provisions of §§ 40.1-22.2-8 or 40.1-22.2-14, shall be subject to a fine of not more than one thousand dollars ($1,000) for each violation of these provisions, in addition to any other remedy provided for in Rhode Island law.

40.1-22.2-17. Severability. – If any provision of this chapter or any rule or regulation created under this chapter, or the application of any provision of this chapter to any person or circumstance shall be held invalid by any court of competent jurisdiction, the remainder of the chapter, rule or regulation and the application of such provision to other persons or circumstances shall not be affected thereby. The invalidity of any section or sections or parts of any section of this chapter shall not affect the validity of the remainder of this chapter and to this end the provisions of the chapter are declared to be severable. {add}

SECTION 2. This act shall take effect upon passage.

	MOTION: To find harmful 2014 S 2355, H 7346 & H 7324 Acts Relating to Behavioral Healthcare, Developmental Disabilities, and Hospitals - Developmental Disabilities Ombudsperson Act of 2014 Motion moved by AP, seconded by NC, passed, abstained RCa, CG, LD, LW, & HD
	2014 H 7450 An Act Relating to Labor - Labor Relations and Housing Discrimination Rep. Shekarchi Requested by the Commission for Human Rights in House Judiciary Committee This act would clarify that it is unlawful, under all the laws enforced by the Commission for Human Rights, to retaliate against individuals because they have filed charges of discrimination, testified or assisted in any investigation or hearing relating to discrimination or opposed unlawful discriminatory practices. The act would also ensure that the cases of those who allege retaliation are treated under the same standards as those alleging other forms of discrimination and would establish a uniform standard for all the laws enforced by the Commission for Human Rights. The act amends the: Fair Employment Practices Act; Hotels And Public Places Act; Prevention and Suppression of Contagious Diseases-HIV/AIDS Act ;Rhode Island Fair Housing Practices Act; Equal Rights of Blind and Deaf Persons to Public Facilities Act; and Civil Rights of People With Disabilities Act. This act would take effect upon passage.

SECTION 1. Section 28-5-7.3 of the General Laws in Chapter 28-5 entitled "Fair Employment Practices" is hereby amended to read as follows:

28-5-7.3. Discriminatory practice need not be sole motivating factor. -- An unlawful

employment practice may be established in an action or proceeding under this chapter when the complainant demonstrates that race, color, religion, sex, sexual orientation, gender identity or expression, disability, age, or country of ancestral origin{add}, or any activity protected by § 28.5-5-7(5) {add} was a motivating factor for any employment practice, even though the practice was also motivated by other factors. Nothing contained in this section shall be construed as requiring direct evidence of unlawful intent or as limiting the methods of proof of unlawful employment practices under section 28-5-7.

SECTION 2. Chapter 11-24 of the General Laws entitled "Hotels And Public Places" is hereby amended by adding thereto the following sections:

{add}**11-24-2.4. Interference, coercion, or intimidation. --** It shall be unlawful to coerce, intimidate, threaten, or interfere with any person in the exercise or enjoyment of, or on account of his or her having exercised or enjoyed, or on account of his or her having aided or encouraged any other person in the exercise or enjoyment of, any right granted or protected by this chapter. No person, being the owner, lessee, proprietor, manager, superintendent, agent, or employee of any place of public accommodation, resort, or amusement shall discriminate in any manner against any individual because he or she has opposed any practice forbidden by this chapter, or

because he or she has made a charge, testified, or assisted in any manner in any investigation, proceeding, or hearing under this chapter.

11-24-2.5. Discriminatory practice need not be sole motivating factor. -- An unlawful practice may be established in an action or proceeding under this chapter when the complainant demonstrates that race, color, religion, sex, sexual orientation, gender identity or expression, disability, age or country of ancestral origin, or any activity protected by § 11-24-2.4, was a motivating factor for any public accommodations practice, even though the practice was also motivated by other factors. Nothing contained in this section shall be construed as requiring direct evidence of unlawful intent or as limiting the methods of proof of unlawful practices under this chapter. {add}

SECTION 3. Chapter 23-6.3 of the General Laws entitled "Prevention and Suppression of Contagious Diseases - HIV/AIDS" is hereby amended by adding thereto the following sections:

{add}**23-6.3-11.1. Interference, coercion, or intimidation. --** It shall be unlawful to coerce, intimidate, threaten, or interfere with any person in the exercise or enjoyment of, or on account of his or her having exercised or enjoyed, or on account of his or her having aided or encouraged any other person in the exercise or enjoyment of, any right granted or protected by this section or §§ 23-6.3-11 or 23-6.3-12 of this chapter. No person or entity shall discriminate in any manner against any individual because he or she has opposed any practice forbidden by this section or § 23-6.3-11, or because he or she has made a charge, testified, or assisted in any manner in any investigation, proceeding, or hearing under this section or §§ 23-6.3-11 or 23-6.3-12.

23-6.3-11.2. Discriminatory practice need not be sole motivating factor. -- An unlawful practice may be established in an action or proceeding under §§ 23-6.3-11, 23-6.3-11.1 or 23-6.3-12 when the complainant demonstrates that a positive HIV test result, or perception of a positive test or any activity protected by § 23-6.3-11.1, was a motivating factor for any practice, even though the practice was also motivated by other factors. Nothing contained in this section shall be construed as requiring direct evidence of unlawful intent or as limiting the methods of proof of unlawful practices under §§ 23-6.3-11, 23-6.3-11.1 or 23-6.3-12. {add}

SECTION 4. Chapter 34-37 of the General Laws entitled "Rhode Island Fair Housing Practices Act" is hereby amended by adding thereto the following section:

{add} **34-37-5.5. Discriminatory practice need not be sole motivating factor. --** An unlawful practice may be established in an action or proceeding under this chapter when the complainant demonstrates that race, color, religion, sex. sexual orientation, gender identity or expression, disability, age, country of ancestral origin, familial status, marital status, status as a victim of

domestic abuse, housing status, or any activity protected by § 34-37-5.1, was a motivating factor for any housing or credit practice, even though the practice was also motivated by other factors.

Nothing contained in this section shall be construed as requiring direct evidence of unlawful intent or as limiting the methods of proof of unlawful practices under this chapter. {add}

SECTION 5. Chapter 40-9.1 of the General Laws entitled "Equal Rights of Blind and Deaf Persons to Public Facilities" is hereby amended by adding thereto the following sections:

{add}**40-9.1-7. Interference, coercion, or intimidation. --** It shall be unlawful to coerce, intimidate, threaten, or interfere with any person in the exercise or enjoyment of, or on account of his or her having exercised or enjoyed, or on account of his or her having aided or encouraged any other person in the exercise or enjoyment of, any right granted or protected by this chapter. No person or entity shall discriminate in any manner against any individual because he or she has opposed any practice forbidden by this chapter, or because he or she has made a charge, testified, or assisted in any manner in any investigation, proceeding, or hearing under this chapter.

40-9.1-8. Discriminatory practice need not be sole motivating factor. -- An unlawful practice may be established in an action or proceeding under this chapter when the complainant demonstrates that disability or any activity protected by this chapter, was a motivating factor for any practice, even though the practice was also motivated by other factors. Nothing contained in this section shall be construed as requiring direct evidence of unlawful intent or as limiting the methods of proof of unlawful practices under this chapter. {add}

SECTION 6. Chapter 42-87 of the General Laws entitled "Civil Rights of People With Disabilities" is hereby amended by adding thereto the following sections:

{add}**42-87-3.1. Interference, coercion, or intimidation. --** It shall be unlawful to coerce, intimidate, threaten, or interfere with any person in the exercise or enjoyment of, or on account of his or her having exercised or enjoyed, or on account of his or her having aided or encouraged any other person in the exercise or enjoyment of, any right granted or protected by this chapter. No person or entity shall discriminate in any manner against any individual because he or she has opposed any practice forbidden by this chapter, or because he or she has made a charge, testified, or assisted in any manner in any investigation, proceeding, or hearing under this chapter.

42-87-3.2. Discriminatory practice need not be sole motivating factor. -- An unlawful practice may be established in an action or proceeding under this chapter when the complainant demonstrates that disability, or any activity protected by § 42-87-3.1, was a motivating factor for any practice, even though the practice was also motivated by other factors. Nothing contained in this section shall be construed as requiring direct evidence of unlawful intent or as limiting the methods of proof of unlawful practices under this chapter. {add}

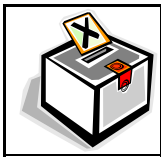
SECTION 7. This act shall take effect upon passage.

	MOTION: To find beneficial 2014 H 7450 An Act Relating to Labor - Labor Relations and Housing Discrimination Motion moved by RCa, seconded by CG passed, abstained LD
	2014 H 7297 An Act Relating To Property - Rhode Island Fair Housing Practices Rep. Ajello in House Judiciary Committee This act clarifies that "housing status" is a protected class under the Rhode Island Fair Housing Practices Act. This act would take effect upon passage.

SECTION 1. Chapter 34-37 of the General Laws entitled "Rhode Island Fair Housing Practices Act" is hereby amended by adding thereto the following section:

{add}**34-37-2.5. Right to equal housing opportunities. Housing status. --** Whenever in this chapter there shall appear the word "sex" there shall be inserted immediately thereafter the words "housing status". {add}

SECTION 2. This act shall take effect upon passage.

	MOTION: To find beneficial 2014 H 7297 An Act Relating To Property - Rhode Island Fair Housing Practices Motion moved by RCa, seconded by AP, passed, abstained LD
	Disability Prevention Legislation
	2014 S 2181 & H 7367 Acts Relating to Education - School and Youth Programs Concussion Act Sen. Felag in Senate Education Committee Rep. Gallison in House Health, Education, & Welfare Committee This act would require teachers and school nurses to complete a low or no cost training course and an annual refresher course in concussions and traumatic brain injuries. This act would take effect upon passage.

SECTION 1. Sections 16-91-1 and 16-91-3 of the General Laws in Chapter 16-91 entitled "School and Youth Programs Concussion Act" are hereby amended to read as follows:

16-91-1. Findings of fact. -- The general assembly hereby finds and declares: (1) Concussions are one of the most commonly reported injuries in children and adolescents who participate in sports and recreational activities. A concussion is caused by a blow or motion to the head or body that causes the brain to move rapidly inside the skull. The risk of catastrophic injuries or death is significant when a concussion or head injury is not properly evaluated and managed.

(2) Concussions are a type of brain injury that can range from mild to severe and can disrupt the way the brain normally works. Concussions can occur in any organized or unorganized sport or recreational activity and can result from a fall or from players colliding with each other, the ground, or with obstacles. Concussions occur with or without loss of consciousness, but the vast majority occurs without loss of consciousness.

(3) Continuing to play with a concussion or symptoms of a head injury leaves the young athlete especially vulnerable to greater injury and even death. The general assembly also recognizes that, despite having generally recognized return to play standards for concussion and head injury, some affected youth athletes are prematurely returned to play resulting in actual or potential physical injury or death to youth athletes in the State of Rhode Island.

(4) Concussions can occur in any sport or recreational activity{add}, furthermore, symptoms

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of concussions may manifest themselves after the injury during school hours and in the classroom setting. {add}All{add} teachers, school nurses, {add} coaches, parents, and athletes shall be advised of the signs and symptoms of concussions as well as the protocol for treatment.

16-91-3. School district's guidelines to be developed and implemented. -- (a) The department of education and the department of health shall work in concert with the Rhode Island Interscholastic League to develop and promulgate guidelines to inform and educate coaches, teachers, school nurses, youth athletes, and their parents and/or guardians of the nature and risk of concussion and head injury including continuing to play after concussion or head injury. A concussion and head injury information sheet shall be signed and returned by the youth athlete and the athlete's parent and/or guardian prior to the youth athlete's return to practice or competition.

(b) School districts are required to use training materials made available by the United States Center for Disease Control and Prevention entitled "Heads Up: Concussion in the High School Sports/Concussion in Youth Sports" and any updates or amendments thereto, or training materials substantively and substantially similar thereto. The department of education shall post training materials made available by the Center for Disease Control and Prevention on its

17 website. All coaches and volunteers involved in a youth sport or activity covered by this chapter
18 must complete a training course and a refresher course annually thereafter in concussions and
19 traumatic brain injuries. {add} Provided that the training and refresher course are low-cost or no cost, all
20 teachers and school nurses must complete a training course and an annual refresher course in
21 concussions and traumatic brain injuries. {add} Training may consist of videos, classes, and any other
22 generally accepted mode and medium of providing information. ~~School districts are encouraged~~
23 ~~to have school nurses complete a training course in concussions and traumatic brain injuries.~~
24 (c) School districts are encouraged to have all student athletes perform baseline
25 neuropsychological testing, computerized or otherwise. Parents and/or guardians shall be
26 provided with information as to the risk of concussion and/or traumatic brain injuries prior to the
27 start of every sport season and they shall sign an acknowledgement as to their receipt of such
28 information.
29 (d) A youth athlete who is suspected of sustaining a concussion or head injury in a
30 practice or game shall be removed from competition at that time.
31 (e) A youth athlete, who has been removed from play, may not return to play until the
32 athlete is evaluated by a licensed physician who may consult with an athletic trainer, all of whom
33 shall be trained in the evaluation and management of concussions. The athlete must receive
34 written clearance to return to play from that licensed physician.

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1 (f) All school districts are encouraged to have an athletic trainer or similarly trained
2 person at all recreational and athletic events addressed by this statute.
3 SECTION 2. This act shall take effect upon passage.

	MOTION: To find beneficial if amended to include school administrators & support staff 2014 S 2181 & H 7367 Acts Relating to Education - School and Youth Programs Concussion Act Motion moved by RCa, seconded by JR, passed, abstained LD
	2014 S 2200 An Act Relating to Health and Safety - Lead Poisoning Prevention Act Sen. Goodwin in Senate Finance Committee This act would provide that in the event of insufficient federal funds for the environmental lead program, the state of Rhode Island shall appropriate no less than six hundred thousand dollars ($600,000) per year for support and maintenance of the environmental lead program. This act would take effect upon passage.

1 SECTION 1. Section 23-24.6-5 of the General Laws in Chapter 23-24.6 entitled "Lead
2 Poisoning Prevention Act" is hereby amended to read as follows:
3 **23-24.6-5. Environmental lead program. --** (a) There is established within the
4 department of health an environmental lead program which shall be responsible for creating a
5 coordinated and comprehensive program for lead poisoning prevention, including screening and
6 detection, education, lead hazard reduction, and enforcement. The program shall exercise any and
7 all authorities of the department which may be necessary and appropriate, including but not
8 limited to promulgating and enforcing regulations, which regulations shall set forth a general
9 framework for actions to be taken in response to childhood lead poisoning at different blood lead
10 levels.
11 (b) The department shall develop an educational program regarding environmental lead
12 exposures and lead poisoning.
13 (c) The department shall promulgate regulations for acceptable environmental lead levels
14 in dwellings, where a child under the age of six (6) years with environmental intervention blood

15 lead level or greater resides, and in buildings or properties frequently used by children under the
16 age of six (6) years, including standards for lead on painted surfaces and surface coatings,
17 drinking water, household dusts, and soil.
18 {add} (d) The environmental lead program shall be federally funded. However, to the extent
19 federal funds are not available or insufficient to fund the environmental lead program, the state of

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1 Rhode Island shall appropriate no less than six hundred thousand dollars ($600,000) per fiscal
2 year to the department of health for the support and maintenance of the environmental lead
3 program. {add}
4 SECTION 2. This act shall take effect upon passage.

	MOTION: To find beneficial 2014 S 2200 An Act Relating to Health and Safety - Lead Poisoning Prevention Act. Motion moved by JR, seconded by NC, passed, abstained LD
	2014 S 2278 An Act Relating to Health and Safety - Comprehensive Children's Jewelry Safety Act Sen. Sheehan hearing by Senate Health and Human Services Committee 2/27/2014@ Rise in Senate Lounge This act would require that all children's jewelry sold rather than manufactured conform to the standards promulgated by the American society for testing and materials. This act would take effect upon passage.

1 SECTION 1. Section 23-24.11-3 of the General Laws in Chapter 23-24.11 entitled
2 "Comprehensive Children's Jewelry Safety Act" is hereby amended to read as follows:
3 **23-24.11-3. Requirements. --** All children's jewelry ~~manufactured~~ {add}sold{add} one hundred
4 eighty (180) days after the effective date of this act shall meet the requirements of ASTM F 2923-
5 11.
6 SECTION 2. This act shall take effect upon passage.

	MOTION: To take no position 2014 S 2278 An Act Relating to Health and Safety - Comprehensive Children's Jewelry Safety Act Motion moved by AP, seconded by JR, passed, abstained LD
	Employment Legislation
	2014 H 7242 An Act Relating to Human Services -- The Rhode Island Works Program Rep. Cimini in House Finance Committee This act would eliminate the six (6) month limit for adult education work readiness from the requirements for cash assistance. This act would take effect upon passage.

1 SECTION 1. Sections 40-5.2-12 of the General Laws in Chapter 40-5.2 entitled "The
2 Rhode Island Works Program" is hereby amended to read as follows:
3 **40-5.2-12. Work requirements for receipt of cash assistance. --** (a) The department of
4 human services and the department of labor and training shall assess the applicant/parent or non-
5 parent caretaker relative's work experience, educational and vocational abilities, and the
6 department together with the parent shall develop and enter into a mandatory individual
7 employment plan in accordance with subsection 40-5.2-10(e) of this chapter.

[NOTE: No changes on page 1]

1 (f) The individual employment plan shall specify the participant's work activity(ies) and

the supportive services which will be provided by the department to enable the participant to engage in the work activity(ies).

(g) Work Requirements for single parent families. - In single parent households, the participant parent or non-parent caretaker relative in the cash assistance payment, shall participate as a condition of eligibility, for a minimum of twenty (20) hours per week if the youngest child in the home is under the age of six (6), and for a minimum of thirty (30) hours per week if the youngest child in the home is six (6) years of age or older, in one or more of their required work activities, as appropriate, in order to help the parent obtain stable full-time paid employment, as determined by the department of human services and the department of labor and training; provided, however, that he or she shall begin with intensive employment services as the first step in the individual employment plan. Required work activities are as follows:

(1) At least twenty (20) hours per week must come from participation in one or more of the following ten (10) work activities:

(A) Unsubsidized employment;

(B) Subsidized private sector employment;

(C) Subsidized public sector employment;

(D) Work experience;

(E) On the Job Training;

(F) Job search and job readiness;

(G) Community service programs;

(H) Vocational educational training not to exceed twelve (12) months;

(I) Providing child care services to another participant parent who is participating in an approved community service program;

(J) Adult education in an intensive work readiness program {delete}~~not to exceed six (6) months~~{delete}.

(2) Above twenty (20) hours per week, the parent may participate in one or more of the following three (3) activities in order to satisfy a thirty (30) hour requirement:

(A) Job skills training directly related to employment;

(B) Education directly related to employment; and,

(C) Satisfactory attendance at a secondary school or in a course of study leading to a certificate of general equivalence if it is a teen parent under the age twenty (20) who is without a high school diploma or General Equivalence Diploma (GED);

(3) In the case of a parent under the age of twenty (20), attendance at a secondary school or the equivalent during the month or twenty (20) hours per week on average for the month in

[NOTE: No changes on pages 3]

work activities as defined below, for at least thirty-five (35) hours per week during the month, not fewer than thirty (30) hours per week of which are attributable to one or more of the following listed work activities, provided, however, that he or she shall begin with intensive employment services as the first step in the Individual Employment Plan. Two parent work requirements shall be defined as the following:

(A) Unsubsidized employment;

(B) Subsidized private sector employment;

(C) Subsidized public-sector employment;

(D) Work experience;

(E) On-the-job training;

(F) Job search and job readiness;

(G) Community service program;

(H) Vocational educational training not to exceed twelve (12) months;

(I) The provision of child care services to a participant individual who is participating in a community service program;

(J) Adult education in an intensive work readiness program {delete}~~not to exceed six (6) months~~{delete}.

(2) Above thirty (30) hours per week, the following three (3) activities may also count for participation:

(A) Job skills training directly related to employment;

(B) Education directly related to employment; and

(C) Satisfactory attendance at secondary school or in a course of study leading to a certificate of general equivalence.

(3) A family with two parents in which one or both parents participate in a work experience or community service program shall be deemed to have participated in core work activities for the maximum number of hours per week allowable by the Fair Labor Standards Act (FLSA) if actual participation falls short of his/her required minimum hours per week.

(4) If the family receives child care assistance and an adult in the family is not disabled or caring for a severely disabled child, then the work-eligible individuals must be participating in work activities for an average of at least fifty-five (55) hours per week to count as a two-parent family engaged in work for the month.

(5) At least fifty (50) of the fifty-five (55) hours per week must come from participation in the activities listed in subdivision 40-5.1-12(i)(1).

Above fifty (50) hours per week, the three (3) activities listed in subdivision 40-5.1-(i)(2) may also count as participation.

[NOTE: No changes on pages 5 – 6]

SECTION 2. This act shall take effect upon passage.

	MOTION: To find beneficial if amended to extend the period to 1 year, 2014 H 7242 An Act Relating to Human Services -- The Rhode Island Works Program Motion moved by AP, seconded by JR, passed abstained LD
	2014 H 7663 An Act Relating to Public Property and Works -- Vocational Rehabilitation for the Disabled Rep. Naughton Requested by the Department of Administration in House Finance Committee This act would lower the minimum acceptable ratio of severely disabled employees that a habilitation facility must employ from sixty percent (60%) to forty percent (40%). This act would take effect upon passage.

SECTION 1. Section 37-2.4-1 of the General Laws in Chapter 37-2.4 entitled "Habilitation Procurement Program" is hereby amended to read as follows:

37-2.4-1. Definitions. -- The words defined in this section have the meanings set forth below whenever they appear in this chapter, unless context in which they are used clearly requires a different meaning or a different definition as prescribed for a particular section, group of sections, or provision:

(1) "Board" means the habilitation procurement board created under this section;

(2) "Habilitation facility" means a program that is operated primarily for the purpose of the employment and training of persons with a disability by a government agency or a qualified organization licensed by the State of Rhode Island providing vocational rehabilitation to support people with disabilities, and:

(i) Maintains an employment ratio of at least {delete}~~sixty percent (60%)~~{delete}{add}forty percent (40%){add} of the program employees under the procurement contract in question have severe disabilities;

(ii) Complies with any applicable occupational health and safety standards prescribed by the United States department of labor or is a supported employment program approved by the State of Rhode Island office of rehabilitation services;

(iii) Has its principal place of business in Rhode Island;

(iv) Produces any goods provided under this section in Rhode Island; and

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(v) The services provided, in accordance with the provisions of this chapter, are provided by individuals with the majority being domiciled residents of the State of Rhode Island.

(3) "Person with a disability" means any individual who has a severe physical or mental

4 impairment which constitutes a substantial barrier to employment, as certified by the department
5 of human services or the department of behavioral health care, developmental disabilities and
6 hospitals.
7 SECTION 2. This act shall take effect upon passage.

	The Committee took no position on 2014 H 7663 An Act Relating to Public Property and Works -- Vocational Rehabilitation for the Disabled
	Health Insurance Legislation
	2014 H 7318 An Act Relating to Insurance -- Accident and Sickness Insurance Policies Rep. Casey By request held for further study by House Corporations Committee 2/25/2014 This act would require that health insurance policies include coverage for temporomandibular joint disorder for policies issued for delivery, or renewed in this state on or after January 1, 2015. This act would take effect upon passage.

1 SECTION 1. Chapter 27-18 of the General Laws entitled "Accident and Sickness
2 Insurance Policies" is hereby amended by adding thereto the following section:
3 {add}**27-18-82. Mandatory coverage for temporomandibular joint disorder. –** Every
4 individual or group hospital or medical expense insurance policy or individual or group hospital
5 or medical services plan contract delivered, issued for delivery, or renewed in this state on or after
6 January 1, 2015 shall provide coverage for diagnostic testing and treatment of
7 temporomandibular joint disorder; provided, however, this section shall not apply to insurance
8 coverage providing benefits for:
9 (1) Hospital confinement indemnity;
10 (2) Disability income;
11 (3) Accident only;
12 (4) Long-term care;
13 (5) Medicare supplement;
14 (6) Limited benefit health;
15 (7) Specified disease indemnity;
16 (8) Sickness or bodily injury or death by accident or both; and
17 (9) Other limited benefit policies.{add}
18 SECTION 2. Chapter 27-19 of the General Laws entitled "Nonprofit Hospital Service
19 Corporations" is hereby amended by adding thereto the following section:

1 {add}**27-19-73. Mandatory coverage for temporomandibular joint disorder. --** Every
2 individual or group hospital or medical expense insurance policy or individual or group hospital
3 or medical services plan contract delivered, issued for delivery, or renewed in this state on or after
4 January 1, 2015 shall provide coverage for diagnostic testing and treatment of
5 temporomandibular joint disorder; provided, however, this section shall not apply to insurance
6 coverage providing benefits for:
7 (1) Hospital confinement indemnity;
8 (2) Disability income;
9 (3) Accident only;
10 (4) Long-term care;
11 (5) Medicare supplement;
12 (6) Limited benefit health;
13 (7) Specified disease indemnity;

14 (8) Sickness or bodily injury or death by accident or both; and
15 (9) Other limited benefit policies. {add}
16 SECTION 3. Chapter 27-20 of the General Laws entitled "Nonprofit Medical Service
17 Corporations" is hereby amended by adding thereto the following section:
18 {add}**27-20-69. Mandatory coverage for temporomandibular joint disorders. --** Every
19 individual or group hospital or medical expense insurance policy or individual or group hospital
20 or medical services plan contract delivered, issued for delivery, or renewed in this state on or after
21 January 1, 2015 shall provide coverage for diagnostic testing and treatment of
22 temporomandibular joint disorder; provided, however, this section shall not apply to insurance
23 coverage providing benefits for:
24 (1) Hospital confinement indemnity;
25 (2) Disability income;
26 (3) Accident only;
27 (4) Long-term care;
28 (5) Medicare supplement;
29 (6) Limited benefit health;
30 (7) Specified disease indemnity;
31 (8) Sickness or bodily injury or death by accident or both; and
32 (9) Other limited benefit policies. {add}
33 SECTION 4. Chapter 27-20.1 of the General Laws entitled "Nonprofit Dental Service
34 Corporations" is hereby amended by adding thereto the following section:

1 {add}**27-20.1-23. Mandatory coverage for temporomandibular joint disorder. --** Every
2 individual or group hospital or medical expense insurance policy or individual or group hospital
3 or medical services plan contract delivered, issued for delivery, or renewed in this state on or after
4 January 1, 2015 shall provide coverage for diagnostic testing and treatment of
5 temporomandibular joint disorder; provided, however, this section shall not apply to insurance
6 coverage providing benefits for:
7 (1) Hospital confinement indemnity;
8 (2) Disability income;
9 (3) Accident only;
10 (4) Long-term care;
11 (5) Medicare supplement;
12 (6) Limited benefit health;
13 (7) Specified disease indemnity;
14 (8) Sickness or bodily injury or death by accident or both; and
15 (9) Other limited benefit policies. {add}
16 SECTION 5. Chapter 27-41 of the General Laws entitled "Health Maintenance
17 Organizations" is hereby amended by adding thereto the following section:
18 {add}**27-41-86. Mandatory coverage for temporomandibular joint disorder. --** Every
19 individual or group hospital or medical expense insurance policy or individual or group hospital
20 or medical services plan contract delivered, issued for delivery, or renewed in this state on or after
21 January 1, 2015 shall provide coverage for diagnostic testing and treatment of
22 temporomandibular joint disorder; provided, however, this section shall not apply to insurance
23 coverage providing benefits for:
24 (1) Hospital confinement indemnity;
25 (2) Disability income;
26 (3) Accident only;
27 (4) Long-term care;
28 (5) Medicare supplement;

29 (6) Limited benefit health;
30 (7) Specified disease indemnity;
31 (8) Sickness or bodily injury or death by accident or both; and
32 (9) Other limited benefit policies.{add}

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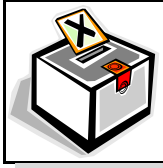
1 SECTION 6. This act shall take effect upon passage.

	MOTION: To find beneficial 2014 H 7318 An Act Relating to Insurance -- Accident and Sickness Insurance Policies. Motion moved by RCa, seconded by RCo, passed abstained LD & LW
	MOTION: To Recess, @ 4:40 PM, and reconvene on Monday March 10th @ 3 PM. JR/CG passed unanimously.
	Recess until Monday March 10th @ 3 PM

	Meeting Notice for the **Governor's Commission on Disabilities** **Legislation Committee** **Monday March 10, 2014 3:00 PM - 4:30 PM** John O. Pastore Center, 41 Cherry Dale Court, Cranston, RI 02920-3049 (voice) 401-462-0100 (fax) 462-0106 (tty) via RI Relay 711 (e-mail) GCD.Disabilities@gcd.ri.gov (website) www.disabilities.ri.gov
	Attendees: Linda Ward (Chair.); Jack Ringland (Vice Chair.); Nicole Bucka; Regina Connor; Heather Daglieri; Casey Gartland; Arthur M. Plitt; **Absentees:** Mike Burk; Rosemary C. Carmody; Joseph Cirillo; Linda Deschenes; Timothy Flynn; Elaina Goldstein; Kathleen Heren; William R. Inlow; Paula Parker; Msgr. Gerard O. Sabourin; Meredith Sheehan; Angelina Stabile; & Dawn Wardyga
	Guests: Colleen Polselli, Catherine Taylor
	Staff: Bob Cooper
	3:00 Reconvenes the Meeting on Monday March 10, 2014, Linda Ward, Chair
	Chair reconvenes the meeting at 3:09 on Monday March 10, 2013 Introductions of Commissioners and guests
	3:05 Tabled and Recently filed legislation that may impact people with disabilities, Bob Cooper
	Purpose/Goal: To review recently filed legislation, determine the potential impact on people with disabilities, and adopt legislative impact statements
	Legislation Tabled on 03/03/14 for further information
	2014 H 7445 An Act Relating Property -- Rhode Island Fair Housing Practices Act Rep. Ajello in House Health, Education, & Welfare Committee This act would guarantee persons with service animals reasonable access to housing and would provide greater protection against discrimination.

	This act would take effect upon passage.
	Tabled on 03/03/14 for information from the Commission on Human Rights
	Rhode Island Association of Realtors' comments: We certainly don't oppose the legitimate use of service animals by people with mental or physical disabilities but I anticipate that we would propose some amendments to the legislation. Our main concern with the legislation is that, as you said, it would significantly broaden the categories of people who can declare that an individual is disabled and prescribe a service animal. In fact, I'd asked Chris Degrave if anyone know of a good definition of a "healthcare professional" to propose because, as drafted, what in the legislation would prevent a lab worker or pharmacy assistant from making this determination? Is an orderly, a "health care professional"?
	Commission for Human Rights comments: The revised ADA regulations also do not change the reasonable accommodation analysis under the FHAct [Fair Housing Act] or Section 504. The preambles to the 2010 ADA regulations specifically note that under the FHAct, "an individual with a disability may have the right to have an animal other than a dog in his or her home if the animal qualifies as a 'reasonable accommodation' that is necessary to afford the individual equal opportunity to use and enjoy a dwelling, assuming that the use of the animal does not pose a direct threat."I3 In addition, the preambles state that emotional support animals that do not qualify as service animals under the ADA may "nevertheless qualify as permitted reasonable accommodations for persons with disabilities under the FHAct."" I'm not sure why the Committee has a problem with "almost any healthcare or social work professionals to decide the need for the assistive animal".

1 SECTION 1. Section 34-37-4 of the General Laws in Chapter 34-37 entitled "Rhode
2 Island Fair Housing Practices Act" is hereby amended to read as follows:
3 **34-37-4. Unlawful housing practices. --** (a) No owner having the right to sell, rent,
4 lease, or manage a housing accommodation as defined in section 34-37-3(11), or an agent of any
5 of these shall, directly or indirectly, make or cause to be made any written or oral inquiry
6 concerning the race, color, religion, sex, sexual orientation, gender identity or expression, marital
7 status, country of ancestral origin or disability, age, familial status nor make any written or oral
8 inquiry concerning whether a tenant or applicant, or a member of the household, is or has been, or
9 is threatened with being, the victim of domestic abuse, or whether a tenant or applicant has
10 obtained, or sought, or is seeking, relief from any court in the form of a restraining order for
11 protection from domestic abuse, of any prospective purchaser, occupant, or tenant of the housing
12 accommodation; or shall, directly or indirectly, refuse to sell, rent, lease, let, or otherwise deny to
13 or withhold from any individual the housing accommodation because of the race, color, religion,
14 sex, sexual orientation, gender identity or expression, marital status, country of ancestral origin,
15 disability, age, or familial status of the individual or the race, color, religion, sex, sexual
16 orientation, gender identity or expression, marital status, country of ancestral origin or disability,
17 age, or familial status of any person with whom the individual is or may wish to be associated; or
18 shall, or on the basis that a tenant or applicant, or a member of the household, is or has been, or is
19 threatened with being, the victim of domestic abuse, or that the tenant or applicant has obtained, …

[NOTE: no changes on pages 2& 3]

31 (d) An owner may not refuse to allow a person with a disability to make, at his or her
32 expense, reasonable modifications of existing premises occupied or to be occupied by the person
33 if the modifications may be necessary to afford the person full enjoyment of the premises, except
34 that, in the case of a rental, the owner may where it is reasonable to do so condition permission

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1 for a modification on the renter agreeing to restore the interior of the premises to the condition
2 that existed before the modification, reasonable wear and tear excepted. Where it is necessary in
3 order to ensure with reasonable certainty that funds will be available to pay for the restorations at

the end of the tenancy, the landlord may negotiate as part of the restoration agreement a provision requiring that the tenant pay into an interest bearing escrow account, over a reasonable period, a reasonable amount of money not to exceed the cost of the restorations. The interest in the account shall accrue to the benefit of the tenant. The restoration deposition shall be exempt from section 34-18-19(a) but will be subject to section 34-18-19(b) -- (f).

(e)(1) An owner may not refuse to make reasonable accommodations in rules, policies, practices, or services, when those accommodations may be necessary to afford an occupant with a disability equal opportunity to use and enjoy a dwelling.

(2)(i) Every person with a disability who has a guide dog or other personal assistive animal, or who obtains a guide dog or other personal assistive animal, shall be entitled to full and equal access to all housing accommodations provided for in this section, and shall not be required to pay extra compensation for the guide dog or other personal assistive animal, but shall be liable for any damage done to the premises by a guide dog or other personal assistive animal. For the purposes of this subsection a "personal assistive animal" is an animal specifically trained by a certified animal training program to assist a person with a disability to perform independent living tasks.

{add}(ii) Every person with a disability who has a service animal, or who obtains a service animal, which is necessary to afford that person an equal opportunity to use and enjoy a dwelling and which does not provide a direct threat to the health or safety of others, shall be entitled to full and equal access to all housing accommodations provided for in this section, and shall not be required to pay extra compensation for the service animal, but shall be liable for any damage done to the premises by the service animal. For the purposes of this subsection, a "service animal" is an animal that has been determined necessary to mitigate the effects of a physical or mental disability by a physician, psychologist, physician's assistant, nurse practitioner, other healthcare provider, vocational rehabilitation specialist, or licensed social worker.{add}

(f) Any housing accommodation of four (4) units or more constructed for first occupancy after March 13, 1991 shall be designed and constructed in such a manner that:

(1) The public use and common use portions of the dwellings are readily accessible to and usable by persons with disabilities;

(2) All the doors designed to allow passage into and within all premises within the dwellings are sufficiently wide to allow passage by persons with disabilities in wheelchairs;

(3) All premises within the dwellings contain the following features of adaptive design:

(i) Accessible route into and through the dwelling;

(ii) Light switches, electrical outlets, thermostats, and other environmental controls in accessible locations;

(iii) Reinforcements in bathroom walls to allow later installation of grab bars; and

(iv) Usable kitchens and bathrooms such that an individual in a wheelchair can maneuver about the space. To the extent that any state or local building codes, statutes or ordinances are inconsistent with this section, they are hereby repealed. The state building code standards committee is hereby directed to adopt rules and regulations consistent with this section as soon as possible, but no later than September 30, 1990.

(g) Compliance with the appropriate requirements of the State Building Code 14 "accessibility for individuals with disabilities for residential use groups" suffices to satisfy the requirements of subsection (f).

(h) As used in subsection (f), the term "housing accommodation of four (4) units or more" means:

(1) Buildings consisting of four (4) or more units if those buildings have one or more elevators; and

(2) Ground floor units in other buildings consisting of four (4) or more units;

(i) Nothing in subsection (f) shall be construed to limit any law, statute, or regulation which requires a greater degree of accessibility to persons with disabilities.

(j) Nothing in this section requires that a dwelling be made available to an individual whose tenancy would constitute a direct threat to the health or safety of other individuals or

23 whose tenancy would result in substantial physical damage to the property of others.

[NOTE No changes on the remainder of pages 5 - 6]

8 SECTION 2. This act shall take effect upon passage.

	The Committee took no position on 2014 H 7445 An Act Relating Property -- Rhode Island Fair Housing Practices Act
	2014 S 2094 & G 7091 An Act Relating to Businesses and Professions - Confidentiality of Healthcare Communications and Information Act Sen. Cool Rumsey in Senate Judiciary Rep. Coderre in House HEW This act would allow the release of patient records for investigation and prosecution if a healthcare provider believes, after providing healthcare services to an elder patient, that the patient is or has been physically, psychologically or sexual abused, neglected or exploited and would require the reporting of any such abuse to the local or state law enforcement agencies. This act would take effect upon passage.
	Bill tabled on 03/03/14 for more information from the Division of Elderly Affairs and the Long Term Care Ombudsperson. DEA Director Taylor explained the concerns regarding the bill's reporting requirements and spoke of a draft substitute to address them.

1 SECTION 1. Section 5-37.3-4 of the General Laws in Chapter 5-37.3 entitled
2 "Confidentiality of Health Care Communications and Information Act" is hereby amended to read
3 as follows:
4 **5-37.3-4. Limitations on and permitted disclosures. --** (a) (1) Except as provided in
5 subsection (b) of this section or as specifically provided by the law, a patient's confidential health
6 care information shall not be released or transferred without the written consent of the patient or
7 his or her authorized representative, on a consent form meeting the requirements of subsection (d)
8 of this section. A copy of any notice used pursuant to subsection (d) of this section, and of any
9 signed consent shall, upon request, be provided to the patient prior to his or her signing a consent
10 form. Any and all managed care entities and managed care contractors writing policies in the state
11 shall be prohibited from providing any information related to enrollees which is personal in
12 nature and could reasonably lead to identification of an individual and is not essential for the
13 compilation of statistical data related to enrollees, to any international, national, regional, or local
14 medical information data base. This provision shall not restrict or prohibit the transfer of
15 information to the department of health to carry out its statutory duties and responsibilities.
16 (2) Any person who violates the provisions of this section may be liable for actual and
17 punitive damages.
18 (3) The court may award a reasonable attorney's fee at its discretion to the prevailing

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1 party in any civil action under this section.
2 (4) Any person who knowingly and intentionally violates the provisions of this section
3 shall, upon conviction, be fined not more than five thousand ($5,000) dollars for each violation,
4 or imprisoned not more than six (6) months for each violation, or both.
5 (5) Any contract or agreement which purports to waive the provisions of this section
6 shall be declared null and void as against public policy.
7 (b) No consent for release or transfer of confidential health care information shall be
8 required in the following situations:
9 (1) To a physician, dentist, or other medical personnel who believes, in good faith, that
10 the information is necessary for diagnosis or treatment of that individual in a medical or dental
11 emergency;
12 (2) To medical and dental peer review boards, or the board of medical licensure and
13 discipline, or board of examiners in dentistry;

14 (3) To qualified personnel for the purpose of conducting scientific research, management
15 audits, financial audits, program evaluations, actuarial, insurance underwriting, or similar studies;
16 provided, that personnel shall not identify, directly or indirectly, any individual patient in any
17 report of that research, audit, or evaluation, or otherwise disclose patient identities in any manner;
18 (4) (i) By a health care provider to appropriate law enforcement personnel, or to a person
19 if the health care provider believes that person or his or her family is in danger from a patient; or
20 to appropriate law enforcement personnel if the patient has or is attempting to obtain narcotic
21 drugs from the health care provider illegally; or to appropriate law enforcement personnel or
22 appropriate child protective agencies if the patient is a minor child or the parent or guardian of
23 said child and/or the health care provider believes, after providing health care services to the
24 patient, that the child is or has been physically, psychologically or sexually abused and neglected
25 as reportable pursuant to section 40-11-3; {add}or to appropriate law enforcement personnel or the
26 division of elderly affairs if the patient is an elder person and the healthcare provider believes,
27 after providing healthcare services to the patient, that the elder person is or has been abused,
28 neglected or exploited as reportable pursuant to § 42-9.2-4 and § 42-66-8;{add} or to law enforcement
29 personnel in the case of a gunshot wound reportable under section 11-47-48;
30 (ii) A health care provider may disclose protected health information in response to a law
31 enforcement official's request for such information for the purpose of identifying or locating a
32 suspect, fugitive, material witness, or missing person, provided that the health care provider may
33 disclose only the following information:
34 (A) Name and address;

]NOTE: No changes on pages 3 – 8]

18 SECTION 2. Chapter 42-9.2 of the General Laws entitled "Office of Elder Justice
19 Prosecution Unit" is hereby amended by adding thereto the following section:
20 {add} **42-9.2-4. Abuse, neglect, and exploitation of elder persons - Duty to report. –** Any
21 person who has reasonable cause to believe that any elder has been abused, neglected, or
22 exploited shall make an immediate report to a local law enforcement agency or the division of
23 state police. In such cases of abuse, neglect or exploitation, any person who fails to make the
24 report shall be punishable by a fine of not more than one thousand dollars ($1,000). Nothing in
25 this section shall require an elder who is a victim of abuse, neglect, or exploitation to make a
26 report regarding such abuse, neglect or exploitation to a local law enforcement agency or the
27 division of the state police. {add}
28 SECTION 3. This act shall take effect upon passage.

	MOTION: To find beneficial if amended to require a "duty to report" in 42-9.2-4, 2014 S 2094 & H 7091 Acts Relating to Businesses and Professions - Confidentiality of Healthcare Communications and Information Act Motion moved by CG, seconded by RCo, passed, abstained HD
	2014 H 7094 & S 2277 Acts Relating to Human Services - Rare Disease Community Support, Resource Coordination, and Quality of Life Act of 2014 Rep. Kazarian Held for further study by House Health, Education, & Welfare Committee Sen. Doyle hearing by Senate Health and Human Services Committee 2/27/14 @ Rise in Senate Lounge This act would establish the "RI rare disease community advisory council" within the department of human services in order to aid the state in developing an action plan that addresses the coordination of resources to efficiently provide care for Rhode Islanders living with diseases and their family caregiver. This act would take effect upon passage. No response from Rare Disease United Foundation; Rep. Kazarian or; Sen. Doyle to

	email inquiry sent 2/7/14
	Tabled on 03/03/14 for more information from the sponsors & the Rare Disease United Foundation. Still no response to the emails by 3/10/14.

SECTION 1. Title 40 of the General Laws entitled "HUMAN SERVICES" is hereby amended by adding thereto the following chapter:

{add}**CHAPTER 23**

RARE DISEASE COMMUNITY SUPPORT, RESOURCE COORDINATION, AND QUALITY OF LIFE ACT OF 2014

40-23-1. Rhode Island rare disease community support. Resource coordination, and quality of life act of 2014. – Purpose and declarations. – (a) The Rhode Island general assembly hereby finds, determines, and declares that rare disease survivors face early causes of mortality, death and permanent, long-term disability in Rhode Island; state resources are not coordinated for survivors and their family caregivers to provide for better access to appropriate state social services; and health coverage is often denied or restricted upon diagnosis, treatments are not usually covered, and information on locally-based clinical trials are not well-promoted. If these resources are better coordinated, mortality will be reduced, quality of life will improve, necessity of accessing state resources may decline overtime, and the ability for rare disease survivors to live independently will increase.

(b) The Rhode Island general assembly further finds that the establishment of a state rare disease community advisory council will ensure that state-of-the-art information on rare disease education, treatment, and access to care is available to health care providers and survivors. This

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advisory council will serve as a consensus group designed to coordinate efforts in state resources, private entities, and social services, including bringing additional monies to the state to fund improvements in the treatment of rare diseases.

40-23-2. Rare disease community advisory council - Membership. – (a) The director of the department of human services shall appoint an advisory council to serve as a statewide commission designed to coordinate efforts for the rare disease community. The director may assign staff, upon availability of funds, to assist the advisory council and shall provide it with suitable accommodations for its meetings. Members appointed to the advisory council shall include:

(1) Up to five (5) physicians actively involved in rare disease care from the following fields:

(i) Neurology;

(ii) Cardiology;

(iii) Primary care;

(iv) Orthopedics; and

(v) Emergency care.

(2) One registered professional nurse or nurse practitioner actively involved in rare disease care;

(3) One hospital administrator or designee from each hospital that provides care to rare disease survivors;

(4) One representative each from the public health field actively involved in public health education on rare disease or chronic conditions management from the department of human services and the department of health.

(5) One representative from a rehabilitation facility that provides services to rare disease survivors;

(6) One rare disease survivor over the age of eighteen (18).

(7) One caregiver of a pediatric rare disease survivor;

(8) One representative from the rare disease united foundation;

(9) One representative from Rhode Island quality partners or state-recognized quality improvement organization (QIO);

(10) One representative from a minority health organization involved in rare disease care;

(11) One representative from each licensed health care agency category that provides care for rare disease survivors;

(12) One representative from an organization that provides respite care services for rare

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disease caregivers; and

(13) One licensed educator involved in providing or coordinating educational services to a rare disease pediatric survivor.

(b) The advisory council shall advise the Rhode Island general assembly, the governor, and the director of the department of human services, and have the following duties;

(1) Undertake a statistical and qualitative examination of the incidence and causes of rare diseases and develop a profile of the social and economic burden of rare diseases in Rhode Island;

(2) Receive and consider reports and testimony from individuals, the state department of health, community-based organizations, voluntary health organizations, healthcare providers, and other public and private organizations statewide and of national significance to rare diseases to learn more about their contributions to rare disease treatment and their ideas for the improvement of rare disease care in Rhode Island;

(3) Develop methods to publicize the profile of rare disease burden in Rhode Island;

(4) Identify research-based strategies that are effective in preventing and controlling risks of co-morbidities for rare disease based on the science available from rare disease related organizations;

(5) Determine the burden that delayed or inappropriate treatment has on the quality of patients' lives and the associated financial burden on them and the state;

(6) Study the economic impact of early rare disease treatment with regard to quality of care, reimbursement issues, and rehabilitation, and related services;

(7) Research and determine how to ensure that the public and healthcare providers are sufficiently informed of the most effective strategies for rare disease awareness and care;

(8) Evaluate the current system of treatment and develop recommendations to improve all aspects of increasing rare disease survival rates;

(9) Research and determine the most appropriate method to collect data which shall include a record of the cases of rare diseases that occur in Rhode Island and such information concerning the cases as it shall deem necessary and appropriate in order to conduct thorough and complete epidemiological surveys of rare diseases diagnosed in Rhode Island and to apply appropriate preventative and control measures where possible;

(10) Identify best practices on rare disease care in other states and at the federal level that will improve rare disease care in Rhode Island, including the feasibility and proposed structure of developing a rare disease information and patient support network;

(11) Research and obtain any public or private funding available to improve rare disease care in Rhode Island;

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(12) Complete and maintain a statewide comprehensive rare disease plan to the general public, state and local officials, various public and private organizations and associations, business and industries, agencies, potential funders, and other community resources;

(13) Develop a registry of all rare diseases diagnosed within the state to determine any genetic and environmental contributors to rare diseases; and

(14) Identify and facilitate specific commitments to help implement the plan and all advisory council activities.

(c) The members of the advisory council shall serve without compensation; provided, however the members shall be reimbursed for their reasonable costs of attendance, including, but not limited to mileage and parking fees.

(d) The advisory council shall convene within one hundred and eighty (180) days of the effective date of this chapter, and shall submit a preliminary report to state agencies, the general assembly and the governor annually. The reports shall address the plans, actions, and resources needed to achieve its goals and progress in achieving implementation of the plan to reduce the burden from rare diseases in Rhode Island. The reports shall include an accounting of funds

16 expended, funds received from grants, and anticipated funding needs and related cost savings for
17 full implementation of recommended plans and programs.
18 Any health care information requested or obtained by the advisory council or otherwise
19 in the performance of its duties, shall be provided in a format that does not contain individually-
20 identifiable information.{add}
21 SECTION 2. This act shall take effect upon passage.

	The Committee took no position on 2014 H 7094 & S 2277 Acts Relating to Human Services - Rare Disease Community Support, Resource Coordination, and Quality of Life Act of 2014
	2014 H 7477, S 2534 & H 7649 Acts Relating To Insurance - Access to Abuse-Deterrent Pain Medications Rep. Ferri in House Corporations Committee This act would prevent health insurance policies, plans or contracts that provide coverage for prescription drugs from requiring a beneficiary to use an opioid drug not indicated by the FDA for the condition being treated prior to the use of a non-opioid drug that is approved by the FDA for the condition being treated, or to use a non-abuse-deterrent formulation prior to using an abuse-deterrent formulation. This act would take effect upon passage.
	Tabled on 03/30/14 for more information from the RI Medical Society These are the Medical Society's bills. MDs should make the determination of the best pharmaceutical, not insurers. This is especially true when an opiate may be used.

1 SECTION 1. Chapter 27-18 of the General Laws entitled "Accident and Sickness
2 Insurance Policies" is hereby amended by adding thereto the following section:
3 {add}**27-18-82. Access to Abuse-Deterrent Pain Medications.--** (a) Every individual or
4 Group health insurance contract or every individual or group hospital or medical expense
5 insurance policy, plan, or group policy issued for delivery, or renewed in this state on or after the
6 passage of this act that provides coverage for prescription drugs shall not require, as a condition
7 of coverage:
8 (1) Use of an opioid drug not indicated by the United States Food and Drug
9 Administration (FDA) for the condition being treated prior to use of a non-opioid drug that is
10 approved by the FDA for the condition being treated; or
11 (2) Use of a non-abuse-deterrent formulation prior to use of an abuse-deterrent
12 formulation for the treatment of pain.
13 (b) For the purpose of this section:
14 (1) "Abuse-deterrent formulation" means a drug used to treat pam that is considered to
15 have abuse-deterrent properties if the FDA determines there is sufficient evidence to support
16 Abuse-deterrent claims based on published FDA guidance.
17 (2) "Non-abuse-deterrent formulation" means a drug used to treat pain that is not
18 considered an abuse-deterrent formulation.
19 (c) Health insurance contracts, plans or policies to which this section applies may require
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1 an insured to use, prior to using a brand name prescription drug prescribed by a licensed
2 prescriber a therapeutically equivalent generic drug, unless, pursuant to §§ 5-19.1-19, 5-37-18.1
3 and 21-31-15(b), the prescriber indicates "brand name necessary" on the prescription form, or if
4 the prescriber gives oral direction to that effect to the dispensing pharmacist.
5 SECTION 2. Chapter 27-19 of the General Laws entitled "Nonprofit Hospital Service
6 Corporations" is hereby amended by adding thereto the following section:
7 {add}**27-19-73. Access to Abuse-Deterrent Pain Medications.--** (a) Every individual or
8 Group health insurance contract or every individual or group hospital or medical expense

9 insurance policy, plan, or group policy issued for delivery, or renewed in this state on or after the
10 passage of this act that provides coverage for prescription drugs shall not require, as a condition
11 of coverage:
12 (1) Use of an opioid drug not indicated by the United States Food and Drug
13 Administration (FDA) for the condition being treated prior to use of a non-opioid drug that is
14 approved by the FDA for the condition being treated; or
15 (2) Use of a non-abuse-deterrent formulation prior to use of an abuse-deterrent
16 formulation for the treatment of pain.
17 (b) For the purpose of this section:
18 (1) "Abuse-deterrent formulation" means a drug used to treat pain that is considered to
19 have abuse-deterrent properties if the FDA determines there is sufficient evidence to support
20 abuse-deterrent claims based on published FDA guidance.
21 (2) "Non-abuse-deterrent formulation" means a drug used to treat pain that is not
22 considered an abuse-deterrent formulation.
23 (c) Health insurance contracts, plans or policies to which this section applies may require
24 an insured to use, prior to using a brand name prescription drug prescribed by a licensed
25 prescriber, a therapeutically equivalent generic drug, unless pursuant to §§ 5-19.1-19, 5-37-18.1
26 and 21-31-15(b), the prescriber indicates "brand name necessary" on the prescription form, or if
27 the prescriber gives oral direction to that effect to the dispensing pharmacist. {add}
28 SECTION 3. Chapter 27-20 of the General Laws entitled "Nonprofit Medical Service
29 Corporations" is hereby amended by adding thereto the following section:
30 {add}**27-20-69. Access to Abuse-Deterrent Pain Medications. --** (a) Every individual or
31 Group health insurance contract, or every individual or group hospital or medical expense
32 insurance policy, plan, or group policy issued for delivery, or renewed in this state on or after the
33 passage of this act that provides coverage for prescription drugs shall not require, as a condition
34 of coverage:

1 (1) Use of an opioid drug not indicated by the United States Food and Drug
2 Administration (FDA) for the condition being treated prior to use of a non-opioid drug that is
3 approved by the FDA for the condition being treated; or
4 (2) Use of a non-abuse-deterrent formulation prior to use of an abuse-deterrent
5 formulation for the treatment of pain.
6 (b) For the purpose of this section:
7 (1) "Abuse-deterrent formulation" means a drug used to treat pain that is considered to
8 have abuse-deterrent properties if the FDA determines there is sufficient evidence to support
9 abuse-deterrent claims based on published FDA guidance.
10 (2) "Non-abuse-deterrent formulation" means a drug used to treat pain that is not
11 considered an abuse-deterrent formulation.
12 (c) Health insurance contracts, plans or policies to which this section applies may require
13 an insured to use, prior to using a brand name prescription drug prescribed by a licensed
14 prescriber, a therapeutically equivalent generic drug, unless, pursuant to §§ 5-19.1-19, 5-3 7-18.1
15 and 21-31-15(b), the prescriber indicates "brand name necessary" on the prescription form, or if
16 the prescriber gives oral direction to that effect to the dispensing pharmacist. {add}
17 SECTION 4. Chapter 27-41 of the General Laws entitled "Health Maintenance
18 Organizations" is hereby amended by adding thereto the following section:
19 {add}**27-41-86. Access to Abuse-Deterrent Pain Medications.--** (a) Every individual or
20 Group health insurance contract, or every individual or group hospital or medical expense
21 insurance policy, plan, or group policy issued for delivery, or renewed in this state on or after the
22 passage of this act that provides coverage for prescription drugs shall not require, as a condition
23 of coverage:

24 (1) Use of an opioid drug not indicated by the United States Food and Drug
25 Administration (FDA) for the condition being treated prior to use of a non-opioid drug that is
26 approved by the FDA for the condition being treated; or
27 (2) Use of a non-abuse-deterrent formulation prior to use of an abuse-deterrent
28 formulation for the treatment of pain.
29 (b) For the purpose of this section:
30 (1) "Abuse-deterrent formulation" means a drug used to treat pain that is considered to
31 have abuse-deterrent properties if the FDA determines there is sufficient evidence to support
32 Abuse-deterrent claims based on published FDA guidance.
33 (2) "Non-abuse-deterrent formulation" means a drug used to treat pain that is not
34 considered an abuse-deterrent formulation.

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1 (c) Health insurance contracts, plans or policies to which this section applies may require
2 an insured to use, prior to using a brand name prescription drug prescribed by a licensed
3 prescriber, a therapeutically equivalent generic drug, unless, pursuant to §§ 5-19.1-19, 5-37-18.1
4 and 21-31-15(b), the prescriber indicates "brand name necessary" on the prescription form, or if
5 the prescriber gives oral direction to that effect to the dispensing pharmacist. {add}
6 SECTION 5. This act shall take effect upon passage.

	MOTION: To find beneficial 2014 H 7477 An Act Relating To Insurance - Access To Abuse-Deterrent Pain Medications. Motion moved by NB, seconded by AP, passed, abstained HD
	Housing Legislation
	2014 S 2215 & H 7361 Acts Relating to State Affairs and Government - The Aging in Community of 2014 Sen. Goodwin in Senate Finance Committee Rep. Blazejewski in House Finance Committee This act would establish and create a fund within the department of elderly affairs to assist the elderly population to remain living in their homes and communities. The initial appropriation for the fund would be an additional five hundred seventy-five thousand dollars ($575,000) to be distributed in grants of three hundred thousand dollars ($300,000) in added funding for the meals on wheels program and two hundred seventy-five thousand dollars ($275,000) in added funding for caregiver support and respite services. The act would also require that the Long-Term Care Coordinating Council create a subcommittee to develop a plan to provide needed improvements in support services, housing and transportation for the elderly and to inventory available services, identify service and program gaps and resource needs. This act would take effect on July 1, 2014.
	Comments from the Senior Agenda Coalition: The Aging in Community Act of 2014 (S2215, H7361): Purpose: establishes the "Aging in Community" fund within the Division of Elderly Affairs in the DHS. *The purpose of the fund is to provide grants to Meals on Wheels and caregiver support and respite programs that promote older persons' ability to remain living in their own homes and communities*. For FY 2014-2015, appropriation of Aging in Community grants to be increased as follows: $300,000 in added funding for Meals on Wheels to reduce waiting lists and to provide for emergency food distributions and $275,000 in added funds to reduce waiting lists for caregiver support and respite services. Cost: Increase of $575,000 over current Community Senior Services Grants. Additional Requirements: Aging in Community Plan: the Chair of the state Long Term Care

	Coordinating Council shall create an Aging in Community subcommittee whose purpose it shall be to develop a plan to provide the needed infrastructure and program improvements in support services, housing and transportation that will enable the state's growing elder population to safely remain living at home and in community settings. Administration: Program administered by Division of Elderly Affairs (DEA). DEA Director shall annually report to the legislature on the status of any waiting lists for Meals on Wheels and caregiver support and respite services.

SECTION 1. Title 42 of the General Laws entitled "STATE AFFAIRS AND GOVERNMENT" is hereby amended by adding thereto the following chapter:

{add}CHAPTER 66.11

THE AGING IN COMMUNITY ACT OF 2014

42-66.11-1. Short title. -- This chapter shall be known and may be cited as "The Aging in Community Act of 2014."

42-66.11-2. Legislative findings. -- The legislature finds and declares:

(1) The number of Rhode Islanders sixty-five (65) years of age and older is projected by the state planning office to grow from 152,000 in 2010 to 189,000 in 2020 and to 248,000 by the year 2030.

(2) The 2010 U.S. Census established that Rhode Island had the highest percentage of persons age eighty-five (85) years and older, an age group that has the highest dependency needs and an increased need for long-term care services and supports.

(3) Surveys consistently show most older persons prefer to remain in their own homes and community for as long as possible.

(4) Community-based support services and programs such as meals on wheels, caregiver support and respite services and senior centers, play important roles in helping older persons to "Age in Community" thereby preventing or postponing institutionalization, reducing Medicaid

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costs for long-term care facilities, and reducing caregiver burden.

(5) Adequate funding for demonstrated cost-effective home and community support services such as meals on wheels, caregiver support and respite programs is essential to reducing the use of long-term care facilities by low care residents, to saving Medicaid costs for the state, and to helping unpaid caregivers keep frail elders and adults with disabilities living at home.

(6) State funds to support meals on wheels and respite services decreased by sixty-three percent (63%) from fiscal year 2003 to fiscal year 2014 and there exists a waiting list for these essential services.

42-66.11-3. The aging in community fund - Purpose and establishment. -- There is hereby created and established the "Aging in Community Fund" within the division of elderly affairs in the department of human services. The purpose of the fund is to provide grants to meals on wheels and caregiver support and respite programs that promote older persons' ability to remain living in their own homes and communities. For fiscal year 2014-2015, the general assembly hereby appropriates an additional five hundred seventy-five thousand dollars ($575,000) for aging in community grants to be allocated as follows: three hundred thousand dollars ($300,000) in added funding for meals on wheels to reduce waiting lists and to provide for emergency food distributions and two hundred seventy-five thousand dollars ($275,000) in added funds for caregiver support and respite services. The secretary of health and human services shall report to the governor, the legislature and the long-term care coordinating council chair on the status of any waiting lists for meals on wheels, caregiver support and respite services and state funded home and community-based long-term care as part of the annual budget request.

42-66.11-4. The aging in community plan. -- The chair of the state long-term care coordinating council shall create an aging in community subcommittee whose purpose shall be to develop a plan to provide the needed infrastructure and program improvements in support

25 services, housing and transportation that will enable the state's growing elder population to safely
26 remain living at home and in community settings. The aging in community plan shall include an
27 inventory of available services, identification of service and program gaps and resource needs. In
28 addition to members of the long-term care coordinating council, the subcommittee shall include
29 those members of the state's academic community with expertise in aging services and
30 community-based long-term supports and services as the council deems appropriate.{add}
31 SECTION 2. This act shall take effect on July 1, 2014.

	Tabled on 03/03/14 for more information from the Division of Elderly Affairs, Long Term Care Coordinating Council & Long Term Care Ombudsperson DEA Director Taylor spoke about the different funding sources and level of services available.
	The Committee will monitor this bill to see if it is addressed in the budget process
	Human Services Legislation
	2014 H 7365 An Act Relating to Health and Safety -- Safe Patient Handling Rep. Phillips in House Health, Education, & Welfare Committee This act would allow a health care facility to use a posey restraint to restrain a patient to a bed or chair. Its name comes from the J.T. Posey Company, its inventor, though the term "Posey" is used generically to describe all such restraint devices: mitts; self-releasing belts; soft splints; limb holders; belts and pelvic holders; jackets and vests. This act would take effect upon passage.

1 SECTION 1. Section 23-17-59 of the General Laws in Chapter 23-17 entitled "Licensing
2 of Health Care Facilities" is hereby amended to read as follows:
3 **23-17-59. Safe patient handling. --** (a) Definitions. - As used in this chapter:
4 (1) "Safe patient handling" means the use of engineering controls, transfer aids, or
5 assistive devices whenever feasible and appropriate instead of manual lifting to perform the acts
6 of lifting, transferring, and/or repositioning health care patients and residents.
7 (2) "Safe patient handling policy" means protocols established to implement safe patient
8 handling.
9 (3) "Health care facility" means a hospital or a nursing facility.
10 (4) "Lift team" means health care facility employees specially trained to perform patient
11 Lifts, transfers, and repositioning in accordance with safe patient handling policy.
12 (5) "Musculoskeletal disorders" means conditions that involve the nerves, tendons,
13 muscles, and supporting structures of the body.
14 (b) Licensure requirements. - Each licensed health care facility shall comply with the
15 following as a condition of licensure:
16 (1) Each licensed health care facility shall establish a safe patient handling committee,
17 which shall be chaired by a professional nurse or other appropriate licensed health care
18 professional. A health care facility may utilize any appropriately configured committee to
19 perform the responsibilities of this section. At least half of the members of the committee shall be
1 hourly, non-managerial employees who provide direct patient care.

[NOTE No changes on page 2]

1 (4) An employee may, in accordance with established facility protocols, report to the
2 committee, as soon as possible, after being required to perform a patient handling activity that
3 he/she believes in good faith exposed the patient and/or employee to an unacceptable risk of
4 injury. Such employee reporting shall not be cause for discipline or be subject to other adverse
5 consequences by his/her employer. These reportable incidents shall be included in the facility's
6 annual performance evaluation.

7 {add}(b) A health care facility may use a posey restraint to restrain a patient to a bed or chair,
8 provided such use is set forth and incorporated into the facility's safe patient handling policy.{add}
9 SECTION 2. This act shall take effect upon passage.

	Tabled on 03/03/14 for more information from the Long Term Care Ombudsperson. DEA Director Taylor spoke about the concerns of reintroducing physical restraints, rather than appropriate care.
	MOTION: To find harmful 2014 H 7365 An Act Relating to Health and Safety -- Safe Patient Handling. Motion moved by AP seconded by CG, passed, abstained DH
	2014 H 7251 & S 2471 Acts Relating To Human Services -- Public Assistance Rep. Gallison in House Finance Committee Sen. DiPalma in Senate Finance Committee This act would increase the state social security income enhanced reimbursement for low-income individuals in assisted living to five hundred thirty-eight dollars ($538) monthly, and would require the executive office of health and human services to pursue reimbursement rate reform for assisted living. This act would take effect upon passage.

1 SECTION 1. Section 40-6-27 of the General Laws in Chapter 40-6 entitled "Public
2 Assistance Act" is hereby amended to read as follows:
3 **40-6-27. Supplemental security income. --** (a) (1) The director of the department is
4 hereby authorized to enter into agreements on behalf of the state with the secretary of the
5 Department of Health and Human Services or other appropriate federal officials, under the
6 supplementary and security income (SSI) program established by title XVI of the Social Security
7 Act, 42 U.S.C. section 1381 et seq., concerning the administration and determination of eligibility
8 for SSI benefits for residents of this state, except as otherwise provided in this section. The state's
9 monthly share of supplementary assistance to the supplementary security income program shall
10 be as follows:
11 (i) Individual living alone: $39.92
12 (ii) Individual living with others: $51.92
13 (iii) Couple living alone: $79.38
14 (iv) Couple living with others: $97.30
15 (v) Individual living in state licensed assisted living residence: ~~$332.00~~{add}$538.00{add}
16 (vi) Individual living in state licensed supportive residential care settings that, depending
17 on the population served, meet the standards set by the department of human services in
18 conjunction with the department(s) of children, youth and families, elderly affairs and/or
19 behavioral healthcare, developmental disabilities and hospitals: _ $300.00

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

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

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

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

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

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

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

[NOTE No changes to the remainder of page 2 and beginning of page 3]

SECTION 2. Section 40-6-27.2 of the General Laws in Chapter 40-6 entitled "Public Assistance Act" is hereby repealed.

~~**40-6-27.2. Supplementary cash assistance payment for certain supplemental security income recipients. --** There is hereby established a $206 monthly payment for disabled and elderly individuals who, on or after July 1, 2012, receive the state supplementary assistance payment for an individual in state licensed assisted living residence under section 40-6-27 and further reside in an assisted living facility that is not eligible to receive funding under Title XIX of the Social Security Act, 42 U.S.C. section 1381 et seq.~~

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

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

(b) The reformed long-term care system re-balancing goal is person-centered and encourages individual self-determination, family involvement, interagency collaboration, and individual choice through the provision of highly specialized and individually tailored home-based services. Additionally, individuals with severe behavioral, physical, or developmental disabilities must have the opportunity to live safe and healthful lives through access to a wide range of supportive services in an array of community-based settings, regardless of the

25 complexity of their medical condition, the severity of their disability, or the challenges of their
26 behavior. Delivery of services and supports in less costly and less restrictive community settings,
27 will enable children, adolescents and adults to be able to curtail, delay or avoid lengthy stays in
28 long-term care institutions, such as behavioral health residential treatment facilities, long-term
29 care hospitals, intermediate care facilities and/or skilled nursing facilities.

[NOTE No changes on page 5 – the middle of page 7]

10 (h) The department of human services is also authorized, subject to availability of
11 appropriation of funding, to pay for certain expenses necessary to transition residents back to the
12 community; provided, however, payments shall not exceed an annual or per person amount.
13 (i) To assure the continued financial viability of nursing facilities, the department of
14 human services is authorized and directed to develop a proposal for revisions to section 40-8-19
15 that reflect the changes in cost and resident acuity that result from implementation of this re-
16 balancing goal. Said proposal shall be submitted to the governor and the general assembly on or
17 before January 1, 2010.
18 (j) To ensure persons with long-term care needs who remain living at home have
19 adequate resources to deal with housing maintenance and unanticipated housing related costs, the
20 department of human services is authorized to develop higher resource eligibility limits for
21 persons on home and community waiver services who are living in their own homes or rental
22 units.
23 {add}(k) To promote increased access to assisted living services for Medicaid beneficiaries and
24 to accelerate the rebalancing of the long-term care system, the executive office of health and
25 human services ("executive office") shall pursue reimbursement rate reform for assisted living. In
26 pursuing assisted living reimbursement rate reform, the executive office shall:
27 (1) Solicit input and consult regularly with representatives from relevant stakeholder
28 groups, including, but not limited to, the Rhode Island Assisted Living Association and Leading
29 Age RI;
30 (2) Include in the assisted living reimbursement rate reform plan, at a minimum, the
31 following elements:
32 (i) A tiered, acuity-based reimbursement system for Medicaid assisted living services to
33 replace the existing per diem flat rate. In pursuing a tiered reimbursement system, the executive
34 office shall ensure that the lowest payment tier is no lower than the flat rate in existence on

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1 January 1, 2014;
2 (ii) Annual adjustments to the Medicaid assisted living services reimbursement rates by a
3 percentage amount equal to the change in a recognized national long-term care inflation index to
4 be applied on October 1 of each year.
5 (3) Explore options for an enhanced Medicaid services reimbursement rate for assisted
6 Living residences that are required by regulation to offer single-occupant apartments;
7 (4) Explore options for reimbursement rate adjustments for state licensed assisted living
8 residences that are not eligible to receive funding under Title XIX of the Social Security Act, 42
9 U.S.C. 1381 et seq.
10 (5) Provide the speaker of the house, senate president, chairperson of the house
11 committee on health, education and welfare and chairperson of the senate committee on health
12 and human services with an assisted living rate reform progress report no later than October 1,
13 2014.
14 (6) The executive office is hereby authorized and directed to file a state plan amendment
15 with the U.S. Department of Health and Human Services in order to implement assisted living
16 reimbursement rate reform no later than January 1, 2015.{add}
17 SECTION 4. This act shall take effect upon passage.

	The Committee will monitor in the budget process
	2014 H 7314 & S 2382 Acts Relating to Human Services -- Public Assistance Act Rep. Morgan in House Health, Education, & Welfare Committee Sen. Kettle held for further study by Senate Judiciary Committee 2 /25/2014 This act would require retailers to examine photo identification to verify that a buyer presenting an EBT card ("food stamps") is in fact the person entitled to use the card. It further provides that a retailer who neglects to perform such verification shall be suspended from the program for one month. This act would take effect upon passage.

SECTION 1. Section 40-6-8 of the General Laws in Chapter 40-6 entitled "Public Assistance Act" is hereby amended to read as follows:

40-6-8. Supplemental nutrition assistance program (SNAP). -- (a) The department shall have the responsibility to administer the food stamp program for the state in compliance with the provisions of the federal Food Stamp Act of 1964, as amended, 7 U.S.C. section 2011 et seq. The supplemental nutrition assistance program (SNAP) is and shall be the new title of the program formerly known as the food stamp program. All references in the Rhode Island general laws to food stamps shall be deemed to mean, apply to, refer to, and be interpreted in accordance with the supplemental nutrition assistance program (SNAP).

(b) The department is empowered and authorized to submit its plan for food stamps to the federal government or any agency or department of it. The department shall act for the state in any negotiations relative to the submission and approval of a plan, and may make any arrangement or changes in its plan not inconsistent with this chapter which may be required by the Food Stamp Act or the rules and regulations promulgated pursuant to it to obtain and retain such approval and to secure for this state the benefits of the provisions of the federal act relating to food stamps. The department shall make reports to the federal government or any agency or department of it in the form and nature required by it, and in all respects comply with any request or direction of the federal government or any agency or department of it, which may be necessary to assure the correctness and verification of the reports.

(c) The department is authorized and directed to pay one hundred percent (100%) of the state's share of the administrative cost involved in the operation of the food stamp program.

(d) No person shall be ineligible for food stamp benefits due solely to the restricted eligibility rules otherwise imposed by section 115(a)(2) of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Public Laws No. 104-193), 21 U.S.C. section 862a(a)(2), and as this section may hereafter be amended.

{add} (e) Each recipient of food stamp benefits shall present photo identification when using an EBT card, and each retailer shall request and inspect such photo identification at each transaction to insure that the individual presenting the EBT card is the person identified by the photo identification. Failure to request such photo identification and perform such verification of identity shall result in the suspension of the retailer's privilege of accepting EBT cards for payment of any transactions for a period of one month for each offense. The department is authorized to promulgate regulations implementing the provisions of this subsection consistent herewith. The penalty provided in this subsection shall be in addition to the penalties provided in § 40-6-16, and a successful prosecution under that section shall not be a necessary precedent for the penalty provided herein.{add}

SECTION 2. This act shall take effect upon passage.

	2014 H 7661 An Act Relating to Human Services -- Public Assistance Fraud Prevention Rep. Messier in House Finance Committee This act would require the department of human services to issue electronic benefit transfer cards containing a photograph of the cardholder if they are over the age of eighteen (18), under the age of sixty (60) and not blind, disabled or victims of domestic violence. This act would also require the department to implement certain procedures designed to reduce fraud and abuse. This act would take effect on September 1, 2014.

1 SECTION 1. Chapter 40-6 of the General Laws entitled "Public Assistance Act" is
2 hereby amended by adding thereto the following section:
3 {add}**40-6-8.1. Electronic benefit transfer cards for supplemental nutrition assistance**
4 **program (SNAP). --** The department shall:
5 (1) Require the use of photo identification on the front of each newly issued and reissued
6 electronic benefit transfer card for each cardholder who is over the age of eighteen (18); provided,
7 however, that the department shall promulgate regulations to ensure that all authorized users and
8 members of the household are able to use an electronic benefit transfer card pursuant to 7 U.S.C.
9 2016(h)(9); provided further, that the department shall not require the use of photo identification
10 for individuals who are sixty (60) years of age or over, blind, disabled or victims of domestic
11 violence; and provided, further, that in developing regulations for authorized users, the
12 department shall consult with businesses or vendor associations whose members accept electronic
13 benefit transfer cards as a form of payment including, but not limited to, the Rhode Island Food
14 Dealers Association and the New England Convenience Store Association; and
15 (2) Include the fraud hotline number and department website on all newly issued
16 electronic benefit transfer cards; and
17 (3) Require that any retailer that accepts electronic benefit transfer cards to post the fraud
18 hotline number provided by the department; and
19 (4) List on each application and renewal forms items prohibited from purchase with

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1 electronic benefit transfer cards; and
2 (5) Send a notice to any benefit recipient who requests more than three (3) replacement
3 electronic benefit transfer cards in a calendar year and monitor future requests for replacement
4 cards; provided that the notice shall state that the department has noted an unusual number of
5 requests for replacement electronic benefits cards and will be monitoring all future requests for
6 replacement cards {add}
7 SECTION 2. This act shall take effect on September 1, 2014.

	MOTION: To find harmful 2014 H 7314 & S 2382 Acts Relating to Human Services -- Public Assistance Act and H 7661 An Act Relating to Human Services -- Public Assistance Fraud Prevention Motion moved by AP, seconded by CG, passed, abstained HD
	Transportation Legislation
	2014 S 2489 & H 7664 Acts Relating to Motor and Other Vehicles -- Motor Fuel Tax Sen. Goldin Requested by RIPTA in Senate Finance Committee Rep. Naughton Requested by RIPTA in House Finance Committee This act would change the rate of allocations to the elderly/disabled transportation program from one cent ($0.01) per gallon to twenty-one percent of one cent ($0.0021) per gallon and would allocate seventy-nine percent (79%) of one cent ($0.0079) per gallon

	directly to the Rhode Island public transit authority for the elderly/disabled transportation program. This act would take effect upon passage.

SECTION 1. Section 31-36-20 of the General Laws in Chapter 31-36 entitled "Motor Fuel Tax" is hereby amended to read as follows:

31-36-20. Disposition of proceeds. -- (a) Notwithstanding any other provision of law to the contrary, all moneys paid into the general treasury under the provisions of this chapter or chapter 37 of this title, and title 46 shall be applied to and held in a separate fund and be deposited in any depositories that may be selected by the general treasurer to the credit of the fund, which fund shall be known as the Intermodal Surface Transportation Fund; provided, that in fiscal year 2004 for the months of July through April six and eighty-five hundredth cents ($0.0685) per gallon of the tax imposed and accruing for the liability under the provisions of section 31-36-7, less refunds and credits, shall be transferred to the Rhode Island public transit authority as provided under section 39-18-21. For the months of May and June in fiscal year 2004, the allocation shall be five and five hundredth cents ($0.0505). Thereafter, until fiscal year 2006, the allocation shall be six and twenty-five hundredth cents ($0.0625). For fiscal years 2006 through FY 2008, the allocation shall be seven and twenty-five hundredth cents ($0.0725); provided, that expenditures shall include the costs of a market survey of non-transit users and a management study of the agency to include the feasibility of moving the Authority into the Department of Transportation, both to be conducted under the auspices of the state budget officer. The state budget officer shall hire necessary consultants to perform the studies, and shall direct payment by the Authority. Both studies shall be transmitted by the Budget Officer to the 2006

session of the General Assembly, with comments from the Authority. For fiscal year 2009, the allocation shall be seven and seventy-five hundredth cents ($0.0775), of which one-half cent ($0.005) shall be derived from the one cent ($0.01) per gallon environmental protection fee pursuant to section 46-12.9-11. For fiscal years 2010 and thereafter, the allocation shall be nine and seventy-five hundredth cents ($0.0975), of which of one-half cent ($0.005) shall be derived from the one cent ($0.01) per gallon environmental protection fee pursuant to section 46-12.9-11. {add}Twenty-one percent (21%) of{add} {delete}~~One~~{delete} {add}one cent{add} {delete}~~($0.01)~~{delete} {add}($0.0021){add} per gallon shall be transferred to the Elderly/Disabled Transportation Program of the department of human services, {add}and seventy-nine percent (79%) of one cent ($0.0079) shall be directly transferred to the Rhode Island public transit authority for the elderly/disabled transportation program{add} and the remaining cents per gallon shall be available for general revenue as determined by the following schedule:

(i) For the fiscal year 2000, three and one fourth cents ($0.0325) shall be available for general revenue.

(ii) For the fiscal year 2001, one and three-fourth cents ($0.0175) shall be available for general revenue.

(iii) For the fiscal year 2002, one-fourth cent ($0.0025) shall be available for general revenue.

(iv) For the fiscal year 2003, two and one-fourth cent ($0.0225) shall be available for general revenue.

(v) For the months of July through April in fiscal year 2004, one and four-tenths cents ($0.014) shall be available for general revenue. For the months of May through June in fiscal year 2004, three and two-tenths cents ($0.032) shall be available for general revenue, and thereafter, until fiscal year 2006, two cents ($0.02) shall be available for general revenue. For fiscal year 2006 through fiscal year 2009 one cent ($0.01) shall be available for general revenue.

(2) All deposits and transfers of funds made by the tax administrator under this section, including those to the Rhode Island public transit authority, the department of human services and

27 the general fund, shall be made within twenty-four (24) hours of receipt or previous deposit of the
28 funds in question.
29 (3) Commencing in fiscal year 2004, the Director of the Rhode Island Department of
30 Transportation is authorized to remit, on a monthly or less frequent basis as shall be determined
31 by the Director of the Rhode Island Department of Transportation, or his or her designee, or at the
32 election of the Director of the Rhode Island Department of Transportation, with the approval of
33 the Director of the Department of Administration, to an indenture trustee, administrator, or other
34 third party fiduciary, in an amount not to exceed two cents ($0.02) per gallon of the gas tax

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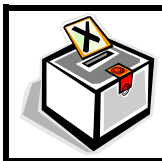
1 imposed, in order to satisfy debt service payments on aggregate bonds issued pursuant to a Joint
2 Resolution and Enactment Approving the Financing of Various Department of Transportation
3 Projects adopted during the 2003 session of the General Assembly, and approved by the
4 Governor.
5 (b) Notwithstanding any other provision of law to the contrary, all other funds in the
6 fund shall be dedicated to the department of transportation, subject to annual appropriation by the
7 general assembly. The director of transportation shall submit to the general assembly, budget
8 office and office of the governor annually an accounting of all amounts deposited in and credited
9 to the fund together with a budget for proposed expenditures for the succeeding fiscal year in
10 compliance with sections 35-3-1 and 35-3-4. On order of the director of transportation, the state
11 controller is authorized and directed to draw his or her orders upon the general treasurer for the
12 payments of any sum or portion of the sum that may be required from time to time upon receipt
13 of properly authenticated vouchers.
14 (c) At any time the amount of the fund is insufficient to fund the expenditures of the
15 department of transportation, not to exceed the amount authorized by the general assembly, the
16 general treasurer is authorized, with the approval of the governor and the director of
17 administration, in anticipation of the receipts of monies enumerated in section 31-36-20 to
18 advance sums to the fund, for the purposes specified in section 31-36-20, any funds of the state
19 not specifically held for any particular purpose. However, all the advances made to the fund shall
20 be returned to the general fund immediately upon the receipt by the fund of proceeds resulting
21 from the receipt of monies to the extent of the advances.
22 SECTION 2. This act shall take effect upon passage.

	MOTION: To find harmful 2014 S 2489 & H 7664 Acts Relating to Motor and Other Vehicles -- Motor Fuel Tax. Motion moved by AP, seconded by CG, passed, abstained HD
	2014 H 7355 & S 2057 Acts Relating to Human Services -- Rhode Island Works Program -- Compulsory Attendance Rep. Casey By request in House Finance Committee This act would require an eighty percent (80%) school attendance, not including illness or injury-related absences, rate for children in families receiving cash and medical assistance from the state as a condition of eligibility. This act would take effect upon passage.

1 SECTION 1. Section 40-5.2-10 of the General Laws in Chapter 40-5.2 entitled "The
2 Rhode Island Works Program" is hereby amended to read as follows:
3 **40-5.2-10. Necessary requirements and conditions. --** The following requirements and
4 conditions shall be necessary to establish eligibility for the program.
5 (a) Citizenship, alienage and residency requirements.
6 (1) A person shall be a resident of the State of Rhode Island.
7 (2) Effective October 1, 2008 a person shall be a United States citizen, or shall meet the

alienage requirements established in section 402(b) of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, PRWORA, Public Laws No. 104-193 and as that section may hereafter be amended; a person who is not a United States citizen and does not meet the alienage requirements established in PRWORA, as amended, is not eligible for cash assistance in accordance with this chapter.

(b) The family/assistance unit must meet any other requirements established by the department of human services by rules and regulations adopted pursuant to the Administrative Procedures Act, as necessary to promote the purpose and goals of this chapter.

(c) Receipt of cash assistance is conditional upon compliance with all program requirements.

[NOTE: No additions or deletions in pages 2 -8]

(3) For purposes of this section "supervised supportive living arrangement" means an arrangement which requires minor parents to enroll and make satisfactory progress in a program leading to a high school diploma or a general education development certificate, and requires minor parents to participate in the adolescent parenting program designated by the department, to the extent the program is available; and provides rules and regulations which ensure regular adult supervision.

(l) Assignment and Cooperation. - As a condition of eligibility for cash and medical assistance under this chapter, each adult member, parent or caretaker relative of the family/assistance unit must:

(1) Assign to the state any rights to support for children within the family from any person which the family member has at the time the assignment is executed or may have while receiving assistance under this chapter;

(2) Consent to and cooperate with the state in establishing the paternity and in establishing and/or enforcing child support and medical support orders for all children in the family or assistance unit in accordance with Title 15 of the general laws, as amended, unless the parent or caretaker relative is found to have good cause for refusing to comply with the requirements of this subsection.

(3) Absent good cause, as defined by the department of human services through the rule making process, for refusing to comply with the requirements of (1) and (2) above, cash assistance to the family shall be reduced by twenty-five percent (25%) until the adult member of the family who has refused to comply with the requirements of this subsection consents to and cooperates with the state in accordance with the requirements of this subsection.

(4) As a condition of eligibility for cash and medical assistance under this chapter, each adult member, parent or caretaker relative of the family/assistance unit must consent to and cooperate with the state in identifying and providing information to assist the state in pursuing any third-party who may be liable to pay for care and services under Title XIX of the Social Security Act, 42 U.S.C. section 1396 et seq.

{add}(m) School attendance as a condition of eligibility. - (1) As a condition of eligibility for cash and medical assistance under this chapter, each adult member, who is the parent or legal guardian of a child who is a member of the family/assistance unit and who is required by law to attend school must sign an affidavit stating that the child is enrolled in and attending school and has an attendance rate of not less than eighty percent (80%) for the current school year, not including illness, or injury-related absences. The affidavit shall include the child's name, the name of the school the child attends, and the name of the city or town in which the school is

located.

(2) The department of human services may require consent to release the child's school attendance records to the department as a condition of eligibility for assistance under this chapter.

(3) The department of human services shall verify the attendance rate of each child who

5 is the subject of any affidavit under this section.
6 (4) A family/assistance unit is in compliance with this section when every child within
7 the unit has a verified attendance rate of not less than eighty percent (80%) for the current school
8 year, not including illness or injury-related absences.{add}
9 SECTION 2. This act shall take effect upon passage.

	MOTION: To find harmful 2014 H 7355 & S 2057 Acts Relating to Human Services -- Rhode Island Works Program -- Compulsory Attendance Motion moved by AP, seconded by JR, passed unanimously
	Medicaid Legislation
	2014 S 2348 An Act Relating to Human Services -- Medical Assistance Sen. Lynch in Senate Health and Human Services Committee This act would apply a fixed standard to determine the adjustment based on resident acuity to the direct care rate paid by the state to nursing facilities under Medicaid. This act would take effect upon passage.

1 SECTION 1. Section 40-8-19 of the General Laws in Chapter 40-8 entitled "Medical
2 Assistance" is hereby amended to read as follows:
3 **40-8-19. Rates of payment to nursing facilities. --** (a) Rate reform.
4 (1) The rates to be paid by the state to nursing facilities licensed pursuant to chapter 17
5 of title 23, and certified to participate in the Title XIX Medicaid program for services rendered to
6 Medicaid-eligible residents, shall be reasonable and adequate to meet the costs which must be
7 incurred by efficiently and economically operated facilities in accordance with 42 U.S.C. section
8 1396a(a)(13). The executive office of health and human services shall promulgate or modify the
9 principles of reimbursement for nursing facilities in effect as of July 1, 2011 to be consistent with
10 the provisions of this section and Title XIX, 42 U.S.C. section 1396 et seq., of the Social Security
11 Act.
12 (2) The executive office of health and human services ("Executive Office") shall review
13 the current methodology for providing Medicaid payments to nursing facilities, including other
14 long-term care services providers, and is authorized to modify the principles of reimbursement to
15 replace the current cost based methodology rates with rates based on a price based methodology
16 to be paid to all facilities with recognition of the acuity of patients and the relative Medicaid
17 occupancy, and to include the following elements to be developed by the executive office:
18 (i) A direct care rate adjusted for resident acuity;
19 (ii) An indirect care rate comprised of a base per diem for all facilities;

Page 2

1 (iii) A rearray of costs for all facilities every three (3) years beginning October, 2015,
2 which may or may not result in automatic per diem revisions;
3 (iv) Application of a fair rental value system;
4 (v) Application of a pass-through system; and
5 (vi) Adjustment of rates by the change in a recognized national nursing home inflation
6 index to be applied on October 1st of each year, beginning October 1, 2012. This adjustment will
7 not occur on October 1, 2013, but will resume on October 1, 2014. Said inflation index shall be
8 applied without regard for the transition factor in subsection (b)(2) below.
9 {add}(b) Stability and predictability of acuity adjustment. - In order to assure that nursing
10 Facility reimbursement is directly and predictably tied to fluctuations in resident acuity levels, the
11 acuity adjustment described in subsection (a)(2)(i) above shall be applied using a fixed standard,
12 that is applied uniformly, from month to month, without being subject to variation for purposes of
13 spending levels or budget neutrality.{add}

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

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

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

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

SECTION 2. This act shall take effect upon passage.

	The Committee took no position on 2014 S 2348 An Act Relating to Human Services -- Medical Assistance
	2014 H 7288 An Act Relating to Human Services -- Medical Assistance Rep. Ajello in House Finance Committee This act would require the secretary of the executive office of health and human services to increase income disregards to determine eligibility for Medicaid cost-sharing for the federal Qualified Medicare Beneficiary, the Specified Low-Income Medicare Beneficiary and the Qualifying Individual programs by an amount that equalizes the income levels used to determine eligibility which are at or below one hundred eighty-five percent (185%) of the federal poverty level. This act would take effect upon passage.

SECTION 1. Chapter 40-8 of the General Laws entitled "Medical Assistance" is hereby amended by adding thereto the following section:

{add}**40-8-3.1. Eligibility for Medicare savings programs. --** (a) Beginning July 1, 2014, and annually thereafter, the secretary of the executive office of health and human services shall increase income disregards used to determine eligibility by the department of human services for the federal Qualified Medicare Beneficiary, the Specified Low-Income Medicare Beneficiary and the Qualifying Individual Programs, administered in accordance with the provisions of 42 USC 1396d(p), by an amount that equalizes the income levels used to determine eligibility for said programs to income levels at or below one hundred eighty-five percent (185%) of the federal poverty level.

(b) The secretary shall not apply an asset test for eligibility under the Medicare savings program.

(c) The secretary shall submit any Medicaid state plan amendment necessary to implement the provisions of this section.{add}

SECTION 2. This act shall take effect upon passage.

	The Committee took no position on 2014 H 7288 An Act Relating to Human Services -- Medical Assistance
	Professional Standards Legislation
	2014 S 2359 An Act Relating to Health And Safety - Health Care Services - Utilization Review Act Sen. Miller in Senate Health and Human Services Committee

	This act would authorize a utilization review agent to determine whether to authorize or certify emergency inpatient admissions or admission for residential crisis service treatment of a mental, emotional, or substance abuse disorder within two (2) hours of receipt of the necessary information. This act would take effect upon passage.

SECTION 1. Section 23-17.12-9 of the General Laws in Chapter 23-17.12 entitled "Health Care Services - Utilization Review Act" is hereby amended to read as follows:

23-17.12-9. Review agency requirement for adverse determination and internal appeals. -- (a) The adverse determination and appeals process of the review agent shall conform to the following:

(1) Notification of a prospective adverse determination by the review agent shall be mailed or otherwise communicated to the provider of record and to the patient or other appropriate individual as follows:

(i) Within fifteen (15) business days of receipt of all the information necessary to complete a review of non-urgent and/or non-emergent services;

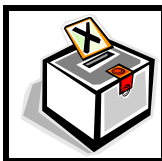
(ii) Within seventy-two (72) hours of receipt of all the information necessary to complete a review of urgent and/or emergent services; {delete}~~and~~{delete}

{add}(iii) Make all determinations on whether to authorize or certify an emergency inpatient admission or an admission for residential crisis services for treatment of a mental, emotional, or substance abuse disorder within two (2) hours after receipt of the necessary information. If a private review agent makes an initial determination not to authorize a health care service, the law provides a process for a health care provider to seek reconsideration; and{add}

{delete}~~(iii)~~{delete} {add}(iv){add} Prior to the expected date of service.

[NOTE No changes on pages 2 – 7]

SECTION 2. This act shall take effect upon passage.

	MOTION: To find beneficial 2014 S 2359 An Act Relating to Health And Safety - Health Care Services - Utilization Review Act. Motion moved by CG, seconded by JR, passed unanimously
	2014 H 7413 & S 2652 Acts Relating to Criminal Procedure Rep. Naughton Requested by the Attorney General in House Finance Committee Sen. Lombardi Requested by the Attorney General in Senate Judiciary Committee This act would expand the type of criminal records check required for persons applying to be routine contact patient employees in a long-term facility or provider. These include (Section 2) adult day care, (Section 3) home nursing care & home care, (Section 4) assisted living residences, (Section 5) health care facilities, (Section 6) nursing service agencies. Section 1 of this act would take effect upon passage. Sections 2, 3, 4, 5 and 6 would take effect on September 30, 2014.

SECTION 1. Title 12 of the General Laws entitled "CRIMINAL PROCEDURE" is hereby amended by adding thereto the following chapter:

{add}**CHAPTER 1.6**

NATIONAL CRIMINAL RECORDS CHECK SYSTEM

12-1.6-1. Automated fingerprint identification system database. -- The department of attorney general may establish and maintain an automated fingerprint identification system database that would allow the department to store and maintain all fingerprints submitted in accordance with the national criminal records check system. The automated fingerprint identification system database would provide for an automatic notification if, and when, a subsequent criminal arrest fingerprint card is submitted to the system that matches a set of fingerprints previously submitted in accordance with a national criminal records check. If the

aforementioned arrest results in a conviction, the department shall immediately notify those individuals and entities with which that individual is associated and who are required to be notified of disqualifying information concerning national criminal records checks as provided in chapters 23-17, 23-17.4, 23-17.7.1 or § 23-1-52. The information in the database established under this section is confidential and not subject to disclosure under chapter 38-2.

12-1.6-2. Long-term healthcare workers. -- The department of attorney general shall maintain an electronic web-based system to assist facilities, licensed under chapters 23-17, 23-17.4, 23-17.7.1 or § 23-1-52, required to check relevant registries and conduct national criminal

records checks of routine contact patient employees. The department of attorney general shall provide for an automated notice, as authorized in § 12-1.6-1, to those facilities if a routine contact patient employee is subsequently convicted of a disqualifying offense, as described in the relevant licensing statute. The department of attorney general may charge a facility a one-time set up fee of up to one hundred dollars ($100) for access to the electronic web-based system under this section.

12-1.6-3. Immunity from liability. -- The department of attorney general, the department of health, or an employer who disqualifies an applicant from employment or continued employment on the basis of a disqualification notice as described in § 12-1.6-2 or of a national criminal records check relating to disqualifying information shall not be liable for civil damages or subject to any claim, demand, cause of action, or proceeding of any nature as a result of the disqualification.

12-1.6-4. Rules and regulations. -- The department of attorney general may promulgate rules and regulations to carry out the intent of this chapter. {add}

SECTION 2. Section 23-1-52 of the General Laws in Chapter 23-1 entitled "Department of Health" is hereby amended to read as follows:

23-1-52. Adult day care program licensure. -- (a) The director is authorized and directed to establish a program for the licensure of adult day care programs. "Adult day care program" shall mean a comprehensive, nonresidential program designed to address the biological, psychological, and social needs of adults through individual plans of care that incorporate, as needed, a variety of health, social and related support services in a protective setting. The director is further authorized to promulgate regulations as he or she deems necessary to implement these provisions.

{add}(b) Any person seeking employment in any adult day care facility licensed herein and having routine contact with an adult day care client or having access to such a client's belongings or funds shall undergo a national criminal records check, which shall include fingerprints submitted to the federal bureau of investigation (FBI) by the bureau of criminal identification of the department of attorney general. The national criminal records check shall be processed prior to or within one week of employment. All persons who, as of September 30, 2014, are already employed by an adult day care facility and all persons who, as of such date, already provide services under this section shall be exempted from the requirements of this section for purposes of their current employment only.

(1) The director may by rule, identify those positions requiring national criminal records checks. The employee, through the employer, shall apply to the bureau of criminal identification

of the department of attorney general for a national criminal records check. Upon the discovery of any disqualifying information as defined in § 23-1-52(c) and in accordance with rules promulgated by the director, the bureau of criminal identification of the department of attorney general shall inform the applicant in writing of the nature of the disqualifying information; and, without disclosing the nature of the disqualifying information, shall notify the employer in writing that disqualifying information has been discovered.

(2) An employee against whom disqualifying information has been found may provide a copy of the national criminal records check to the employer. The employer shall make a judgment regarding the continued employment of the employee.

(3) In those situations in which no disqualifying information has been found, the bureau

of criminal identification of the department of attorney general shall inform the applicant and the employer in writing of this fact.

(4) The employer shall maintain on file, subject to inspection by the department of health, evidence that statewide criminal records checks have been initiated on all employees seeking employment between January 1, 2008 and September 30, 2014, and the results of the checks. The employer shall maintain on file, subject to inspection by the department, evidence that national criminal records checks have been initiated on all employees seeking employment on or after October 1, 2014, and the results of those checks. Failure to maintain that evidence may be grounds to revoke the license or registration of the employer.

(5) The employee shall be responsible for the cost of conducting the national criminal records check through the bureau of criminal identification of the department of attorney general.

(c) Information produced by a national criminal records check pertaining to conviction, for the following crimes will result in a letter to the employee and employer disqualifying the applicant from employment: murder, voluntary manslaughter, involuntary manslaughter, first degree sexual assault, second degree sexual assault, third degree sexual assault, assault on persons sixty (60) years of age or older, assault with intent to commit specified felonies (murder, robbery, rape, burglary, or the abominable and detestable crimes against nature), felony assault, patient abuse, neglect or mistreatment of patients, burglary, first degree arson, robbery, felony drug offenses, felony obtaining money under false pretenses, felony embezzlement, abuse, neglect and/or exploitation of adults with severe impairments, exploitation of elders, felony larceny, or felony banking law violations, or a crime under section 1128(a) of the Social Security Act (42 U.S.C. 1320a-7(a)). An employee against whom disqualifying information has been found may provide a copy of the national criminal records check to the employer who shall make a judgment regarding the continued employment of the employee. For purposes of this subsection,

"conviction" means, in addition to judgments of conviction entered by a court subsequent to a finding of guilty or a plea of guilty, those instances where the defendant has entered a plea of nolo contendere and has received a sentence of probation and those instances where a defendant has entered into a deferred sentence agreement with the attorney general. {add}

SECTION 3. Sections 23-17-34 and 23-17-37 of the General Laws in Chapter 23-17 entitled "Licensing of Health Care Facilities" are hereby amended to read as follows:

23-17-34. Criminal records review - Nursing facilities - Home nursing care providers and home care providers. -- (a) Any person seeking employment in a nursing facility, a home nursing care provider, {add}hospice provider{add} or a home care provider which is or is required to be licensed, registered or certified with the department of health if that employment involves routine contact with a patient or resident without the presence of other employees, shall undergo a {add}national{add} criminal {delete}~~background~~{delete} {add}records{add} check ~~to~~ {add}which shall include fingerprints submitted to the federal bureau of investigation (FBI) by the bureau of criminal identification of the department of attorney general. The national criminal records check shall{add} be initiated prior to or within one week of employment. {delete}~~All employees hired prior to the enactment of this section shall be exempted from the requirements of this section.~~{delete} {add}All persons who, as of September, 30, 2014, are already employed by a covered facility or provider and all persons who, as of such date, already provide services under this chapter shall be exempted from the requirements of this section for purposes of their current employment only. {add}

(b) The director of the department of health may by rule identify those positions requiring criminal {delete}~~background~~{delete}{add}records{add} checks. The identified employee, through the employer, shall apply to the bureau of criminal identification of the {delete}~~state police or local police~~{delete} department {add}of attorney general{add} for a {delete}~~statewide~~{delete} {add}national{add} criminal records check. {delete}~~Fingerprinting shall not be required.~~{delete} Upon the discovery of any disqualifying information as defined in section 23-17-37 and in

accordance with the rule promulgated by the director of health, the bureau of criminal identification of the {delete}~~state police or the local police~~{delete} department {add}of attorney general{add} will inform the applicant, in writing, of the nature of the disqualifying information; and, without disclosing the nature of the disqualifying information, will notify the employer, in writing, that disqualifying information has been discovered.

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

(d) In those situations in which no disqualifying information has been found, the bureau

of criminal identification of the {delete}~~state police or the local police~~{delete} {add}department of attorney general{add} shall inform the applicant and the employer, in writing, of this fact.

(e) The employer shall maintain on file, subject to inspection by the department of health, evidence that {add}statewide{add} criminal records checks have been initiated on all employees seeking employment {delete}~~after~~{delete} {add}between{add} October 1, 1991 {add}and September 30, 2014{add}, and the results of the checks. Failure to maintain that evidence would be grounds to revoke the license or registration of the employer. {add}The employer shall maintain on file, subject to inspection by the department of health, evidence that national criminal records checks have been initiated on all employees seeking employment on or after October 1, 2014, and the results of those checks. {add}

(f) {delete}~~It shall be the responsibility of the bureau of criminal identification of the state police or the local police department to conduct the criminal records check to the applicant for employment without charge to either the employee or the employer.~~ {delete} {add}The employee shall be responsible for the cost of conducting the national criminal records check through the bureau of criminal identification of the department of attorney general. {add}

23-17-37. Disqualifying information. -- (a) Information produced by a{add} national{add} criminal records {delete}~~review~~{delete} {add}check{add} pertaining to conviction, for the following crimes will result in a letter to the employee and employer disqualifying the applicant from employment: murder, voluntary manslaughter, involuntary manslaughter, first degree sexual assault, second degree sexual assault, third degree sexual assault, assault on persons sixty (60) years of age or older, assault with intent to commit specified felonies (murder, robbery, rape, burglary, or the abominable and detestable crime against nature) felony assault, patient abuse, neglect or mistreatment of patients, burglary, first degree arson, robbery, felony drug offenses, {add}felony{add} larceny, or felony banking law violations {add}felony obtaining money under false pretenses, felony embezzlement, abuse, neglect and/or exploitation of adults with severe impairments, exploitation of elders, or a crime under section 1128(a) of the Social Security Act (42 U.S.C. 1320a-7(a)). {add} An employee against whom disqualifying information has been found may {delete}~~request that~~{delete} {add}provide{add} a copy of the {add}national{add} criminal {delete}~~background report be sent~~{delete} {add}records check{add} to the employer who shall make a judgment regarding the continued employment of the employee.

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

SECTION 4. Chapter 23-17 of the General Laws entitled "Licensing of Health Care

Facilities" is hereby amended by adding thereto the following section:

{add}**23-17-60. Criminal records review - long-term care hospital. --** (a) For the purposes of this section, a "long-term care hospital" shall mean a facility as described in 42 U.S.C. 1395ww(d)(1)(iv), which receives payment for inpatient services it provides to Medicare beneficiaries pursuant to 42 U.S.C. 1395ww(m).

(b) Any person seeking employment in any long-term care hospital having routine contact with a long-term care hospital patient or having access to such a patient's belongings or funds shall undergo a national criminal records check, which shall include fingerprints submitted to the federal bureau of investigation (FBI) by the bureau of criminal identification of the department of attorney general. The national criminal records check shall be processed prior to or within one week of employment. All persons who, as of September 30, 2014, are already employed by a long-term care hospital and all persons who, as of such date, already provide services under this section shall be exempted from the requirements of this section for purposes of their current employment only.

(1) The director may by rule identify those positions requiring national criminal records checks. The employee, through the employer, shall apply to the bureau of criminal identification of the department of attorney general for a national criminal records check. Upon the discovery of any disqualifying information as defined in § 23-17-60(c) and in accordance with the rule promulgated by the director, the bureau of criminal identification of the department of attorney general shall inform the applicant in writing of the nature of the disqualifying information; and, without disclosing the nature of the disqualifying information, shall notify the employer in writing that disqualifying information has been discovered.

(2) An employee against whom disqualifying information has been found may provide a copy of the national criminal records report to the employer. The employer shall make a judgment regarding the continued employment of the employee.

(3) In those situations in which no disqualifying information has been found, the bureau of criminal identification of the department of attorney general shall inform the applicant and the employer in writing of this fact.

(4) The employer shall maintain on file, subject to inspection by the department, evidence that statewide criminal records checks have been initiated on all employees seeking employment between October 1, 1991 and September 30, 2014, and the results of the checks. The employer shall maintain on file, subject to inspection by the department, evidence that national criminal records checks have been initiated on all employees seeking employment on or after October 1, 2014, and the results of those checks. Failure to maintain that evidence would be grounds to

revoke the license or registration of the employer.

(5) The employee shall be responsible for the cost of conducting the national criminal records check through the bureau of criminal identification of the department of attorney general.

(c) Information produced by a national criminal records check pertaining to conviction, for the following crimes will result in a letter to the employee and employer disqualifying the applicant from employment: murder, voluntary manslaughter, involuntary manslaughter, first degree sexual assault, second degree sexual assault, third degree sexual assault, assault on persons sixty (60) years of age or older, assault with intent to commit specified felonies (murder, robbery, rape, burglary, or the abominable and detestable crimes against nature), felony assault, patient abuse, neglect or mistreatment of patients, burglary, first degree arson, robbery, felony drug offenses, felony obtaining money under false pretenses, felony embezzlement, abuse, neglect and/or exploitation of adults with severe impairments, exploitation of elders, felony larceny, or felony banking law violations, or a crime under section 1128(a) of the Social Security Act (42 U.S.C. 1320a-7(a)). An employee against whom disqualifying information has been found may provide a copy of the national criminal records check to the employer who shall make a judgment regarding the continued employment of the employee. For purposes of this subsection, "conviction" means, in addition to judgments of conviction entered by a court subsequent to a finding of guilty or a plea of guilty, those instances where the defendant has entered a plea of nolo contendere and has received a sentence of probation and those instances where a defendant

has entered into a deferred sentence agreement with the attorney general. {add}

SECTION 5. Sections 23-17.4-27 and 23-17.4-30 of the General Laws in Chapter 23-17.4 entitled "Assisted Living Residence Licensing Act" are hereby amended to read as follows:

23-17.4-27. Criminal records review. -- (a) Any person seeking employment in any assisted living residence licensed under this act and having routine contact with a resident or having access to a resident's belongings or funds shall undergo a {add}national{add} criminal {delete}background{delete} {add}records{add} check {delete}to{delete} {add}which shall include fingerprints submitted to the federal bureau of investigation (FBI) by the bureau of criminal identification of the department of attorney general. The national criminal records check shall{add} be processed prior to or within one week of employment. {delete}All employees hired prior to the enactment of this section shall be exempted from the requirements of this section. {delete} {add}All persons who, as of September 30, 2014, are already employed by an assisted living residence and all persons who, as of such date, already provide services under this chapter, shall be exempted from the requirements of this section for purposes of their current employment only. {add}

(b) The director of the department of health may by rule identify those positions requiring

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

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

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

(e) The employer shall maintain on file, subject to inspection by the department of health, evidence that {add}statewide{add} criminal records checks have been initiated on all employees seeking employment{delete}after{delete} {add}between October 1, 1991 {add}and September 30, 2014, {add} and the results of the checks. {add}The employer shall maintain on file, subject to inspection by the department of health, evidence that national criminal records checks have been initiated on all employees seeking employment on or after October 1, 2014, and the results of those checks. {add}Failure to maintain that evidence would be grounds to revoke the license or registration of the employer.

(f) {delete}It shall be the responsibility of the bureau of criminal identification (BCI) of the state police or the local police department to conduct the criminal records check to the applicant for employment without charge to either the employee or employer. {delete} {add}The employee shall be responsible for the cost of conducting the national criminal records check through the bureau of criminal identification of the department of attorney general. {add}

23-17.4-30. Disqualifying information. -- (a) Information produced by a {add}national{add} criminal records {delete}review{delete} {add}check{add} pertaining to conviction, for the following crimes will

result in a
letter to the employee and employer disqualifying the applicant from employment: murder, voluntary manslaughter, involuntary manslaughter, first degree sexual assault, second degree sexual assault, third degree sexual assault, assault on persons sixty (60) years of age or older, assault with intent to commit specified felonies (murder, robbery, rape, burglary, or the

abominable and detestable crime against nature) felony assault, patient abuse, neglect or mistreatment of patients, burglary, first degree arson, robbery, felony drug offenses, {add}felony obtaining money under false pretenses, felony embezzlement, abuse, neglect and/or exploitation of adults with severe impairments, exploitation of elders, felony{add} larceny or felony banking law violations. An employee against whom disqualifying information has been found may {delete}~~request that~~{delete} {add}provide{add} a copy of the {add}national{add} criminal {delete}~~background report be sent~~{delete} {add}records check{add} to the employer who shall make a judgment regarding the continued employment of the employee.

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

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

23-17.7.1-17. Criminal records review. -- (a) Any person seeking employment in a facility which is or is required to be licensed or registered with the department of health if that employment involves routine contact with a patient or resident without the presence of other employees, shall undergo a {add}national{add} criminal {delete}~~background~~{delete} {add}records{add} check, which shall {add}include fingerprints submitted to the federal bureau of investigation (FBI) by the bureau of criminal identification of the department of attorney general. The national criminal records check shall{add} be initiated prior to, or within one week of, employment. {delete}~~All employees hired prior to the enactment of this section shall be exempted from the requirements of this section.~~{delete} {add}All persons who, as of September 30, 2014, are already employed by a covered facility and all persons who, as of such date, already provide services under this chapter shall be exempt from the requirements of this section for purposes of their current employment only.{add}

(b) The director of the department of health may, by rule, identify those positions requiring {add}national{add} criminal {delete}~~background~~{delete}{add} records{add} checks. The employee, through the employer, shall apply to the bureau of criminal identification of the{delete} ~~state police or local police~~{delete} department {add}of attorney general{add} for a {delete}~~statewide~~{delete}{add}national{add} criminal records check. {delete}~~Fingerprinting shall not be required.~~{delete} Upon the discovery of any disqualifying information as defined in section 23-17.7.1-20 and in accordance with the rule promulgated by the director of the department of health, the bureau of criminal identification of the {delete}~~state police or the local police~~{delete} department {add}of attorney general{add} will inform the applicant, in writing, of the nature of the disqualifying information; and, without disclosing the nature of the disqualifying information, will notify the employer, in

writing, that disqualifying information has been discovered.

(c) An employee against whom disqualifying information under section 23-17.7.1-20(b) has been found may {delete}~~request that~~{delete}{add}provide{add} a copy of the {add}national{add} criminal {delete}~~background report be sent~~{delete}{add}records check{add} to the employer who shall make a judgment regarding the continued employment of the employee.

(d) In those situations in which no disqualifying information has been found, the bureau

of criminal identification of the {delete}~~state police or the local police~~{delete}{add}department of attorney general{add} shall inform the applicant and the employer, in writing, of this fact.

(e) The employer shall maintain on file, subject to inspection by the department of health, evidence that criminal records checks have been initiated on all employees {add}seeking employment between October 1, 1991 and September 30, 2014, and the results of the checks. The employer shall maintain on file, subject to inspection by the department of health, evidence that national criminal records checks have been initiated on all employees seeking employment on or after October 1, 2014, and the results of those checks{add}. Failure to maintain that evidence would be grounds to revoke the license or registration of the employer.

(f) {delete}~~It shall be the responsibility of the bureau of criminal identification of the state police5 or the local police department to conduct the criminal records check to the applicant for employment without charge to either the employee or the employer.~~ {delete}{add}The employee shall be responsible for the cost of conducting the national criminal records check through the bureau of criminal identification of the department of attorney general. {add}

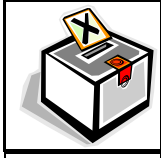
23-17.7.1-20. Disqualifying information. -- (a) Information produced by a {add}national{add} criminal records {delete}~~review~~{delete}{add}check{add} pertaining to conviction, for the following crimes will result in a letter to the employee and employer disqualifying the applicant from the employment: murder, voluntary manslaughter, involuntary manslaughter, first degree sexual assault, second degree sexual assault, third degree sexual assault, assault on persons sixty (60) years of age or older, assault with intent to commit specified felonies (murder, robbery, rape, burglary, or the abominable and detestable crime against nature), felony assault, patient abuse, neglect or mistreatment of patients, first degree arson, robbery, felony drug offenses, {delete}~~larceny, or felony banking law violations~~{delete}{add}felony obtaining money under false pretenses, felony embezzlement, abuse, neglect, and/or exploitation of adults with severe impairments, exploitation of elders, felony larceny, or felony banking law violations or a crime under section 1128(a) of the Social Security Act (42 U.S.C. 1320a-7(a)) {add}.

(b) Information produced by a {add}national{add} criminal records {delete}~~review~~{delete}{add}check{add} pertaining to convictions for crimes other than those listed in subsection (a) of this section shall entitle, but not

obligate the employer to decline to hire the applicant. An employee against whom conviction information related to this subsection has been found may {delete}~~request that~~{delete}{add}provide{add} a copy of the {add}national{add} criminal {delete}~~background report be sent~~{delete}{add}records check{add} to the employer who shall make a determination regarding the continued employment of the employee.

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

SECTION 7. Section 1 of this act shall take effect upon passage. Sections 2, 3, 3, 5 and 6 of this act shall take effect on September 30, 2014.

	MOTION: To find beneficial H 7413 & S 2652 Acts Relating to Criminal Procedure. Motion moved by NB, seconded by JR, passed unanimously
	2014 H 7505 An Act Relating to Businesses and Professions -- Criminal Record Background Checks Rep. Ajello in House Judiciary Committee

	This act would make changes to how information contained within criminal background checks made because of employment is disseminated and disclosed. It would also provide that in most instances, criminal background checks would be provided to the applicant without charge further, the act would also provide for the prompt destruction of fingerprint records made for employment background checks. Occupations subject to these changes include: nurses; employees and volunteers in private or public schools; employees providing educational services to very young children; massage therapists; RIPTA and RIde drivers; child care workers; and employees of the department of children, youth and families. This act would take effect upon passage.
	Attorney General's Office comments: We oppose the bill for two reasons: 1. It would transfer the costs of the background check from the Applicant to the Local or State Police or the AG's office. 2. It would mandate that local or state police or the AG's office destroy the fingerprint card after the background check, which would interfere with the Rapback program we are trying to get started through the Long Term Background Check grant (i.e. Naughton's bill).

SECTION 1. Section 5-34-43 of the General Laws in Chapter 5-34 entitled "Nurses" is hereby amended to read as follows:

5-34-43. Criminal records review. -- (a) Notwithstanding any provision of law to the contrary contained in any general or public law, rule or regulation, any person seeking a license to practice under this chapter, or who is previously licensed and authorized to practice under this chapter and is seeking employment, shall undergo a federal and statewide criminal background check (BCI), which shall be processed prior to receiving a license to practice or to enter into employment.

[NOTE no changes on page 1]

(d) In those situations in which no disqualifying information has been found, the bureau of criminal identification shall inform the applicant and the licensing agency or the potential employer in writing of this fact.

(e) {delete}~~It shall be the responsibility of the applicant to pay for the criminal records check.~~{delete}{add}The criminal records check shall be provided to the applicant without charge.{add}

(f) For the purposes of this section, "disqualifying information" means those offenses listed in §§ 11-37-8.1, 11-37-8.3 and 23-17-37.

(g) At the conclusion of the criminal background check required by this section, the attorney general, the state police, or local police department shall promptly destroy the fingerprint record of the applicant obtained pursuant to this section.{add}

SECTION 2. Sections 16-2-18.1 and 16-2-18.4 of the General Laws in Chapter 16-2 entitled "School Committees and Superintendents [See Title 16 Chapter 97 - The Rhode Island Board of Education Act]" are hereby amended to read as follows:

16-2-18.1. Criminal records review. -- (a) Any person seeking employment with a private school or public school department who has not previously been employed by a private school or public school department in Rhode Island during the past twelve (12) months shall undergo a national and state criminal background check to be initiated prior to or within one week of employment after receiving a conditional offer of employment; provided, however, that employees hired prior to August 1, 2001 and or who have been continuously employed by a public school department in Rhode Island during the past twelve (12) months shall be exempted from the requirements of this section and section 16-2-18.2.

[NOTE No other changes on page 2]

(e) For purposes of this section, "disqualifying information" means those offenses listed in section 23-17-37, and those offenses listed in sections 11-37-8.1 and 11-37-8.3.

(f) The employer shall maintain on file, subject to inspection by the department of elementary and secondary education, evidence that criminal records checks have been initiated on all employees seeking employment subsequent to July 13, 1998, and the results of the checks. {delete}~~The applicant shall be responsible for the costs of the national and state criminal records check.~~{delete}

{add}The criminal records check shall be provided to the applicant without charge. {add}

(g) At the conclusion of the criminal background check required in this section, the attorney general, state police or local police department shall promptly destroy the fingerprint record of the applicant obtained pursuant to this chapter.

16-2-18.4. Criminal records review for volunteers. -- (a) Any person who is a current or prospective volunteer of a private school or public school department and who may have direct and unmonitored contact with children and/or students on school premises, shall undergo a state criminal background check to be initiated prior to or within one week of commencement of such volunteer work.

[NOTE No other changes on page 3]

{delete}~~The current or prospective volunteer shall be responsible for the costs of the state criminal records check.~~{delete}{add}The criminal records check shall be provided to the volunteer or applicant without charge. {add}

(g) As used in this section and section 16-2-18.5, the term "school department" means the school department for a public school as well as the governing administrative body for a private school.

SECTION 3. Sections 16-48.1-5 and 16-48.1-8 of the General Laws in Chapter 16-48.1 entitled "Certification of Personnel Providing Educational Services to Very Young Children" are hereby amended to read as follows:

16-48.1-5. Criminal records check -- Employee. -- Any person seeking employment, if the employment involves supervisory or disciplinary power over a child or children or involves routine contact with a child or children without the presence of other employees, in any facility covered under section 16-48-1 shall, after acceptance by the employer of the affidavit required by section 16-48.1-3, apply to the Rhode Island bureau of criminal identification for a nationwide criminal records check. The check will conform to applicable federal standards including the taking of fingerprints to identify the applicant and any expenses associated with providing the criminal records check shall be paid by the applicant and/or requesting agency. Upon the discovery of any disqualifying information as defined in accordance with the rule promulgated by the commissioner, the Rhode Island bureau of criminal identification will inform the applicant, in writing, of the nature of the disqualifying information. In addition, the Rhode Island bureau of criminal identification will inform the employer, in writing, without disclosing the nature of the disqualifying information, that an item of disqualifying information has been discovered. {add}An applicant against whom disqualifying information has been found may request that a copy of the criminal background report be sent to the employer who shall make a judgment regarding the continued employment of the applicant.{add} In those situations in which no disqualifying information has been found, the Rhode Island bureau of criminal identification will inform both the applicant and the employer, in writing, of this fact. The employer will maintain on file, subject to inspection by the commissioner, evidence that the criminal records checks have been initiated on all employees seeking employment after August 1, 1985, and the results of the checks. Failure to maintain that evidence on file will be prima facie grounds to revoke the license or registration of the operator of the facility. It will be the responsibility of the Rhode Island bureau of criminal identification to conduct the nationwide criminal records check pursuant to this section. The nationwide criminal records check will be provided to the applicant for employment without

charge to the applicant and without charge to the prospective employer if the employer is a tax

exempt corporation or an unincorporated nonprofit organization qualified under section 501(c) of the United States Internal Revenue Code, 26 U.S.C. section 501(c). {add}At the conclusion of the criminal background check required by this section, the attorney general, the state police, or local police department shall promptly destroy the fingerprint record of the applicant obtained pursuant to this section.{add}

16-48.1-8. Destruction of fingerprint records. -- At the conclusion of any background check required by this chapter, the state police or the local police department will promptly destroy the fingerprint {delete}~~card~~{delete}{add}record{add} of the applicant.

SECTION 4. Section 23-17.7.1-20 of the General Laws in Chapter 23-17.7.1 entitled "Licensing of Nursing Service Agencies" is hereby amended to read as follows:

23-17.7.1-20. Disqualifying information. -- (a) Information produced by a criminal records review pertaining to conviction, for the following crimes will result in a letter to the employee and employer disqualifying the applicant from the employment: murder, voluntary manslaughter, involuntary manslaughter, first degree sexual assault, second degree sexual assault, third degree sexual assault, assault on persons sixty (60) years of age or older, assault with intent to commit specified felonies (murder, robbery, rape, burglary, or the abominable and detestable crime against nature), felony assault, patient abuse, neglect or mistreatment of patients, first degree arson, robbery, felony drug offenses, larceny, or felony banking law violations.

(b) {delete}~~Information produced by a criminal records review pertaining to convictions for crimes other than those listed in subsection (a) of this section shall entitle, but not obligate the employer to decline to hire the applicant. An employee against whom conviction information related to this subsection has been found may request that a copy of the criminal background report be sent to the employer who shall make a determination regarding the continued employment of the employee.~~

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

SECTION 5. Section 23-20.8-3 of the General Laws in Chapter 23-20.8 entitled "Licensing of Massage Therapists" is hereby amended to read as follows:

23-20.8-3. Practice of massage -- Licensed required -- Use of title limited -- Qualifications for licenses continuing education -- Fees. -- (a) A person shall not practice or hold himself or herself out to others as practicing massage therapy, or as a massage therapist without first receiving from the board a license to engage in that practice.

[NOTE No changes on page 6]

(4) A license may be denied to any applicant who fails to provide satisfactory evidence of completion of continuing education relevant to massage therapy as required herein.

(5) The board may waive the requirement for these educational requirements if the board is satisfied that the applicant has suffered hardship, which may have prevented meeting the educational requirements.

(e) The fee for original application for licensure as a massage therapist and for annual license renewal shall be as set forth in section 23-1-54. Fees for all other licenses under this chapter shall be fixed in an amount necessary to cover the cost of administering this chapter.

(f) Any person applying for a license under this chapter shall undergo a criminal background check. Such persons shall apply to the bureau of criminal identification of the state police or local police department for a nationwide criminal records check. Fingerprinting shall be required. Upon the discovery of any disqualifying information as defined in subsection (g), the

bureau of criminal identification of the state police or the local police department shall inform the applicant, in writing, of the nature of the disqualifying information and, without disclosing the nature of the disqualifying information, shall notify the board, in writing, that disqualifying information has been found. In those situations in which no disqualifying information has been found, the bureau of criminal identification shall inform the applicant and the board in writing of this fact. An applicant against whom disqualifying information has been found may request that a copy of the criminal background report be sent to the board, which shall make a judgment regarding the licensure of the applicant. {delete}~~The applicant shall be responsible for payment of the costs of the criminal records check.~~{delete}

(g) "Disqualifying information" means those offenses, including, but not limited to, those offenses defined in sections 11-37, 11-37-8.1, 11-37-8.3, 23-17-37, 11-34 and 11-34.1.

{add} (h) The criminal records check shall be provided to the applicant without charge.

(i) At the conclusion of the criminal background check required by this section, the attorney general, the state police, or local police department shall promptly destroy the fingerprint record of the applicant obtained pursuant to this section.{add}

SECTION 6. Section 39-18-4.1 of the General Laws in Chapter 39-18 entitled "Rhode Island Public Transit Authority" is hereby amended to read as follows:

39-18-4.1. Health and safety of passengers. -- (a) The authority shall have the power to establish reasonable rules of conduct for passengers for the protection of the health and safety of passengers and employees of the authority. The rules shall incorporate the provisions of the Americans with Disabilities Act of 1990, 42 USC section 12101 et seq., and section 28-5.1-7, chapter 28 of title 11 and chapter 87 of title 42 and be promulgated in accordance with the provisions of chapter 35 of title 42.

[NOTE No changes on page 8]

(2) An individual against whom disqualifying information has been found may request that a copy of the criminal background report be sent to the employer who shall make a judgment regarding the ability of the individual to drive a RIde bus. In those situations in which no disqualifying information has been found, the bureau of criminal identification, state police or local police department shall inform the applicant and the employer in writing of this fact.

(3) The criminal record check requirements of this section shall apply only to persons seeking to drive RIde buses.

{add}(4) The criminal records check shall be provided to the applicant without charge. {add}

SECTION 7. Sections 40-13.2-5, 40-13.2-5.1 and 40-13.2-5.2 of the General Laws in Chapter 40-13.2 entitled "Certification of Child Care and Youth Serving Agency Workers" are hereby amended to read as follows:

40-13.2-5. Criminal records check -- Employee of child care facilities which must be licensed by the department. -- (a) Any person seeking employment, if that employment involves supervisory or disciplinary power over a child or children or involves routine contact with a child or children without the presence of other employees, in any facility which is, or is required to be, licensed or registered with the department or seeking that employment at the training school for youth shall, after acceptance by the employer of the affidavit required by section 40-13.2-3, apply to the bureau of criminal identification of the state police or the local police department for a nationwide criminal records check. The check will conform to applicable federal standards including the taking of fingerprints to identify the applicant.

(b) Upon the discovery of any disqualifying information as defined in accordance with the rule promulgated by the director, the bureau of criminal identification of the state police or the local police department will inform the applicant, in writing, of the nature of the disqualifying information. In addition, the bureau of criminal identification of the state police or the local police department will inform the relevant employer, in writing, without disclosing the nature of the disqualifying information, that an item of disqualifying information has been discovered.

(c) In those situations in which no disqualifying information has been found, the bureau of criminal identification of the state police or the local police department will inform both the applicant and the employer, in writing, of this fact.

{add}(d) An applicant against whom disqualifying information has been found may request that a copy of the criminal background report be sent to the employer who shall make a judgment regarding the continued employment of the applicant.{add}

{delete}~~(d)~~{delete}{add}(e){add} The employer will maintain on file, subject to inspection by the department, evidence that criminal records checks have been initiated on all employees seeking employment after August 1, 1985, and the results of the checks.

{delete}~~(e)~~{delete}{add}(f){add} Failure to maintain that evidence on file will be prima facie grounds to revoke the license or registration of the operator of the facility.

{delete}~~(f)~~{delete}{add}(g){add} It will be the responsibility of the bureau of criminal identification of the state police or the local police department to conduct the nationwide criminal records check pursuant to this section. The nationwide criminal records check will be provided to the applicant for employment without charge.

{add}(h) At the conclusion of the criminal background check required by this section, the attorney general, the state police, or local police department shall promptly destroy the fingerprint record of the applicant obtained pursuant to this section.{add}

40-13.2-5.1. Criminal records check -- Employee of youth serving agency. -- (a) Any person seeking employment, if that employment involves supervisory or disciplinary power over a child or children or involves routine contact with a child or children without the presence of other employees, in any facility or program which is a youth serving agency shall file with the employer the affidavit required by section 40-13.2-3. Said affidavit shall be maintained on file by the employer and shall be made available for inspection by the parent(s)/guardian(s) of any child who is enrolled in the programs of the youth serving agency.

(b) Any person seeking employment, if that employment involves supervisory or disciplinary authority over a child or children or involves routine contact with a child or children without the presence of other employees, in any youth serving agency, shall apply to the bureau of criminal identification of the attorney general's office for a criminal records check. {add}The criminal records check shall be provided to the applicant without charge. {add}

(c) Those items of information appearing on a criminal records check which have been determined to constitute disqualifying information by the director pursuant to section 40-13.2-4 of this chapter shall also be items of disqualifying information pursuant to this section.

(d) Upon the discovery of any disqualifying information as defined in accordance with the rule promulgated by the director, the bureau of criminal identification of the attorney general's office will inform the {delete}~~applicant~~{delete}{add}employer{add}, in writing, of the nature of the disqualifying information. In addition, the bureau of criminal identification of the attorney general's office will inform the applicant, in writing, without disclosing the nature of the disqualifying information, that an item of disqualifying information has been discovered.

{add}(e) An applicant against whom disqualifying information has been found may request that

a copy of the criminal background report be sent to the employer who shall make a judgment regarding the continued employment of the applicant.{add}

~~(e)~~ {add}(f){add} In those situations in which no disqualifying information has been found, the bureau of criminal identification of the attorney general's office will inform both the applicant

and the employer, in writing, of this fact. The employer will maintain on file, and make available for inspection by the parent(s)/guardian(s) of any child enrolled in the programs of the youth serving agency, evidence that criminal records checks have been obtained on all employees of the youth serving agency pursuant to section 40-13.2-5.1, and the results of the checks. The criminal records checks will be provided to the applicant for employment without charge.

{add}(g) At the conclusion of the criminal background check required by this section, the attorney general, the state police, or local police department shall promptly destroy the fingerprint record of the applicant obtained pursuant to this section.{add}

40-13.2-5.2. Criminal records check -- Employees of the department of children, youth and families. -- (a) Any person seeking employment with the department of children, youth and families{add}, if that employment involves supervisory or disciplinary power over a child or children or involves routine contact with a child or children without the presence of other employees,{add} shall apply to the bureau of criminal identification (BCI), department of attorney general, state police, or local police department where the applicant resides, for a national and state criminal records check. The check shall conform to the applicable federal standards including the taking of fingerprints to identify the applicant. The director shall determine by rule those items of information appearing on a criminal records check which constitute disqualifying information because the information would indicate that employment could endanger the health or welfare of a child or children and would be inconsistent with the purpose and intent of the department of children, youth and families.

(b) {delete}~~The department of attorney general, the state police or the local police department shall forward the results of the nationwide and state criminal record checks, including the nature of any criminal record, on the individual to the individual and to the department of children, youth and families. Upon the discovery of any disqualifying information with respect to an applicant, the department of children, youth and families shall inform the applicant of the disqualifying information.~~ {delete}{add}Upon the discovery of any disqualifying information as defined in accordance with the rules promulgated by the director, the bureau of criminal identification of the state police or the attorney general's office shall inform the applicant, in writing, of the nature of the disqualifying information. In addition, the bureau of criminal identification of the attorney general's office shall inform the department in writing, without disclosing the nature of the

disqualifying information, that an item of disqualifying information has been discovered.

(c) An applicant against whom disqualifying information has been found may request that a copy of the criminal background report be sent to the department which shall make a judgment regarding the continued employment of the applicant.

(d) In those situations in which no disqualifying information has been found, the bureau of criminal identification of the attorney general's office shall inform both the applicant and the department in writing of this fact.{add}

{delete}~~(c)~~{delete} {add}(e){add} The cost of criminal record checks required by this section for {delete}~~individuals who are not currently employed by the State of Rhode Island shall be the responsibility of the applicant. The cost of criminal records checks required by this section for individuals who are currently employed by the State of Rhode Island~~{delete}{add}applicants and employees{add} shall be the responsibility of the department of children, youth and families.

{delete}~~(d)~~{delete}{add}(f){add} Any individual required to submit to a criminal background check, state and/or federal, under subsection (a) above who has submitted to a criminal background check conducted

within the previous six (6) months in accordance with section 14-1-34 and/or section 15-7-11 and/or sections 40-13.2-2, 40-13.2-4, 40-13.2-5, and/or section 40-13.2-9, shall be exempt from an additional check but shall request the department of attorney general, the state police or the local police department which conducted the check forward the results, including the nature of the criminal record, to the department of children, youth and families.

{add}(g) At the conclusion of the criminal background check required by this section, the attorney general, the state police, or local police department shall promptly destroy the fingerprint record of the applicant obtained pursuant to this section.{add}

SECTION 8. Sections 40.1-25.1-1 and 40.1-25.1-5 of the General Laws in Chapter 40.1-25.1 entitled "Employee Criminal Records Check" are hereby amended to read as follows:

40.1-25.1-1. Purpose. -- In order to provide protection for persons residing in or receiving services from facilities, programs or agencies licensed, funded and/or operated by the department of mental health, retardation, and hospitals, all persons eighteen (18) years or older{add}, as further defined in § 40.1-25.1-3{add} seeking employment in any facility or program licensed, funded and/or operated by the department shall be required to undergo a national criminal background check for the purpose of determining whether the prospective employee has been convicted of a crime that bears upon his or her fitness to have the responsibility for the safety and well-being of persons residing in or receiving services from facilities, programs or agencies licensed, funded and/or operated by the department.

40.1-25.1-5. Destruction of fingerprint records. -- At the conclusion of any background

check required by this chapter, the state police or the local police department will promptly destroy the fingerprint {delete}~~card~~{delete}{add}record{add} of the applicant.

SECTION 9. Section 45-2-3.3 of the General Laws in Chapter 45-2 entitled "General Powers" is hereby amended to read as follows:

45-2-3.3. Background checks. – (a) Notwithstanding any law to the contrary, any municipal recreation department may request a background check from their local police department for any employee or volunteer serving their community.

{add}(b) The applicant shall apply to the bureau of criminal identification for a criminal records background check. Upon the discovery of any disqualifying information, the bureau of criminal identification shall inform the applicant in writing of the nature of the disqualifying information; and, without disclosing the nature of the disqualifying information shall notify the municipal recreation department in writing that disqualifying information has been discovered.

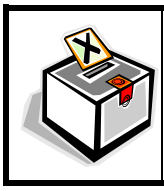
(c) An applicant against whom disqualifying information has been found may request that a copy of the criminal background report be sent to the municipal recreation department. The municipal recreation department shall make a judgment regarding the continued employment or volunteerism of the applicant.

(d) In those situations in which no disqualifying information has been found, the bureau of criminal identification of the attorney general's office shall inform both the applicant and the municipal recreation department in writing of this fact.

(e) For purposes of this section, "disqualifying information" means those offenses listed in § 23-17-37, and those offenses listed in §§ 11-37-8.1 and 11-37-8.3.

(f) The criminal records check shall be provided to the applicant without charge.{add}

SECTION 10. This act shall take effect upon passage.



MOTION: To find harmful if not amended to include the provisions of H 7531 & S 2652; 2014 H 7505 An Act Relating to Businesses and Professions -- Criminal Record.
Motion moved by AP, seconded by CG, passed unanimously

	2014 H 7442 & S 2665 Acts Relating to Human Services -- Personal Care Attendant Program Rep. Naughton Requested by the Attorney General in House Health, Education, & Welfare Committee This act would require that persons who provide personal care assistant services to consumers register with the department of health and obtain certificates of registration after meeting various criteria, including a national criminal background check, training & continuing education requirements. This act would take effect on January 1, 2015.

SECTION 1. Section 40-8.1-3 of the General Laws in Chapter 40-8.1 entitled "Personal Care Attendant Program" is hereby amended to read as follows:

40-8.1-3. Eligibility for services. -- Services available under this chapter may be provided to any person who meets the following criteria:

(1) Has made application therefor to the director of the department of human services in a manner prescribed by the director;

(2) Has a severe physical disability that caused the person to be unduly dependent, the disability to be certified by the {delete}~~division of vocational~~{delete}{add}office of{add} rehabilitation {add}services{add}; and

(3) Has not sufficient income or resources to meet the cost of home care services, a determination of insufficiency to be made by the division of vocational rehabilitation.

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

{add}CHAPTER 93

PERSONAL CARE ASSISTANT SERVICES

23-93-1. Definitions. – As used in this chapter:

(1) "Applicant" means a person applying with the department for a certificate of registration as a personal care assistant.

(2) "Activities of Daily Living" means hands on assistance with activities of daily living including, but not limited to, ambulation, transfer, toileting, and grooming.

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(3) "Bureau of Criminal Identification" means the bureau of criminal identification of the department of attorney general.

(4) "Companionship" means and includes, but is not limited to, spending time with or caring for a consumer, accompanying a consumer on trips and outings, and providing necessary transportation to a consumer.

(5) "Consumer" means an individual who receives self-directed personal assistant care services, including, a participant in personal care assistant services provided pursuant to § 40-8.1-2 or a person who receives personal care assistant services through Medicaid, a third-party payor, or paid for by the individual and/or his/her family. Consumer shall not include an individual who receives services similar to personal care assistant services for no compensation.

(6) "Department" means the department of health.

(7) "Employer" means the consumer unless the personal care assistant is employed by a third party, in such cases the third party is the employer.

(8) "Homemaking" means performing household chores that includes, but is not limited to, housekeeping, meal planning and preparation, shopping assistance, and routine household activities for a consumer.

(9) "Participant" means an individual approved by the department to receive self-directed personal care assistant services.

(10) "Personal care assistant" means an individual with appropriate training who provides

20 personal care assistant services to a consumer.
21 (11) "Personal care assistant services" means assistance with activities of daily living,
22 homemaking, and companionship provided to a consumer that are intended to enable the
23 consumer to remain safely and comfortably in their residence. Personal care assistant services
24 does not include services provided by entities required to be licensed under the general laws
25 including, but not limited to: education facilities, title 16; health care facilities, chapter 23-17;
26 assisted living residences, chapter 23-17.4; nursing service agencies, chapter 23-17.7.1; and/or
27 behavioral healthcare, developmental disabilities and hospitals facilities, chapter 40.1-25.1.
28 (12) "Personal representative" means a person who, under applicable state law, has the
29 authority to act on behalf of the consumer with regard to an action to be taken.
30 (13) "Registrant" means the lawful holder of a certificate of registration as a personal care
31 assistant with the department.
32 (14) "Service plan" means a written list of the types and schedule of personal care
33 assistant services prepared by the personal care assistant, or his or her designee, updated to reflect
34 changes in needs or services as appropriate, but at least annually, that states the services to be
Page 3
1 provided to the consumer subject to the consumer's right to temporarily suspend, permanently
2 terminate, temporarily add, or permanently add the provision of any such service.
3 **23-93-2. Rights of consumers. --** The department shall develop a document of rights to
4 be distributed to the consumer within five (5) calendar days of the initiation of services to the
5 consumer and thereafter, on an annual basis. These rights include:
6 (1) The consumer's right to be free from verbal, physical and psychological abuse and to
7 be treated with dignity;
8 (2) The consumer's right to temporarily or permanently suspend, terminate, or add the
9 provision of any services stated in the service plan;
10 (3) The consumer's right to have property treated with respect;
11 (4) The consumer's right to voice grievances regarding services furnished or regarding
12 the lack of respect for property by anyone who is furnishing services and that the consumer must
13 not be subject to discrimination or reprisal for doing so;
14 (5) A statement that it is not within the scope of the services to manage the medical and
15 health conditions of the consumers;
16 (6) The charges for services provided by the personal care assistant; and
17 (7) The procedure and contact information to file a complaint with the department.
18 **23-93-3. Complaint process. --** The department shall investigate complaints made by a
19 consumer, the consumer's family, or the personal representative regarding services that are or
20 have failed to be furnished or lack of respect for the consumer's property by the personal care
21 assistant. The department shall document the existence of the complaint and the resolution of the
22 complaint in accordance with the department's rules and regulations.
23 **23-93-4. Registration. --** (a) Every person being employed as a personal care assistant or
24 offering services as a personal care assistant must obtain a certificate of registration issued by the
25 department within their initial thirty (30) days of employment or of offering services.
26 (b) The department shall verify, prior to issuing a certificate of registration, that the
27 applicant underwent a national criminal records check in accordance with § 23-93-8 and
28 successfully completed the training program in accordance with § 23-93-7.
29 (c) The department shall register all those individuals issued a certificate of registration
30 and the register shall be open to public inspection.
31 (d) The department may charge a fee for registration or renewal of the certificate that
32 shall be established by rules and regulations promulgated pursuant to § 23-93-15.
33 **23-93-5. Renewal of certificate of registration. --** Every registrant shall renew their
34 certificate of registration biennially by making application to the department. Such forms shall be

provided by the department. The renewals shall be granted as a matter of course provided that the registrant has proof of successful completion of the continuing education requirements as required by § 23-93-7. The department shall not automatically renew the certificate of registration if the department finds that the registrant has acted or failed to act in a manner under the circumstances that would constitute grounds for suspension or revocation of a certificate of registration.

23-93-6. Grandfather clause. -- After January 1, 2015 and at any time prior to March 31, 2015, the department shall issue a certificate of registration to any applicant who shall present satisfactory evidence that he or she has been employed as a personal care assistant in Rhode Island for a period of at least three hundred (300) hours and has undergone a national criminal records check in accordance with § 23-93-8.

23-93-7. Personal care assistant training. -- (a) The department shall be responsible for ensuring that all registrants have completed four (4) hours of initial training on personal care assistant responsibilities and practices and two (2) hours of continuing education biennially thereafter, as prescribed by the department. In addition to the four (4) hours of initial training, each registrant shall receive individualized training on how to assist their consumer's needs.

(b) All applicants not otherwise exempted, under § 23-93-6, are required to complete the process of training within thirty (30) days from the date of initiation of training. If the applicant fails to successfully complete the training within ninety (90) days, they must successfully repeat the training program.

23-93-8. National criminal records check. -- (a) Any person applying for a certificate of registration as a personal care assistant shall undergo a national criminal records check to be initiated prior to applying for a certificate of registration.

(b) The applicant shall apply to the bureau of criminal identification for a national criminal records check that shall be supported by fingerprints submitted to the Federal Bureau of Investigation ("FBI"). Upon the discovery of any disqualifying information as defined in § 23-93-10, the bureau of criminal identification shall inform the applicant, in writing, of the nature of the disqualifying information; and, without disclosing the nature of the disqualifying information, will notify the department, in writing, that disqualifying information has been discovered.

(c) In those situations in which no disqualifying information has been found, the bureau of criminal identification shall inform the applicant and the department, in writing.

(d) It shall be the responsibility of the applicant to pay for the national criminal records check.

23-93-9. Prior criminal records checks. – If an applicant has undergone a national

criminal records check within eighteen (18) months of an application for a certificate of registration, then an applicant may request from the bureau of criminal identification a letter indicating if any disqualifying information was discovered. The bureau of criminal identification shall respond without disclosing the nature of the disqualifying information. The letter may be maintained on file to satisfy the requirements of this chapter.

23-93-10. Disqualifying information. – (a) Information produced by a national criminal records check pertaining to a conviction, for the following crimes, shall result in a letter to the applicant and the department disqualifying the applicant from a certificate of registration: murder, manslaughter, first degree sexual assault, second degree sexual assault, third degree sexual assault, assault on persons sixty (60) years of age or older, assault with intent to commit specified felonies (murder, robbery, rape, burglary, or the abominable and detestable crime against nature), felony assault, patient abuse, neglect or mistreatment of patients, first degree arson, robbery, felony drug offenses, larceny, abuse, neglect and/or exploitation of adults with severe impairments, fraud and false dealing, theft, embezzlement, false pretenses, misappropriation,

15 impersonation and identity fraud, exploitation of elders, or felony banking law violations.
16 (b) For purposes of this section "conviction" means, in addition to judgments of
17 conviction entered by a court subsequent to a finding of guilty or a plea of guilty, those instances
18 where the defendant has entered a plea of nolo contendere and has received a sentence of
19 probation and those instances where a defendant has entered into a deferred sentence agreement
20 with the attorney general.
21 **23-93-11. Denial, suspension, or revocation of a certificate of registration. –** The
22 department, after notice and opportunity for a hearing to the applicant or registrant, is authorized
23 to deny, suspend, or revoke a certificate of registration in any case in which it finds that there has
24 been failure to comply with the requirements under this chapter and the rules and regulations
25 promulgated thereto or the registrant has been convicted of a disqualifying offense provided in §
26 23-93-10. The notice shall be effected by registered or certified mail or by personal service,
27 setting forth the particular reasons for the proposed action and fixing a date not less than thirty
28 (30) days from the date of the mailing or service, at which time the applicant or registrant shall be
29 given an opportunity for a prompt and fair hearing, On the basis of the hearing, or upon the
30 failure of the applicant or registrant to appear, the department shall make a determination
31 specifying its findings of fact and conclusions of law. A copy of the determination shall be sent
32 by registered or certified mail or served personally upon the applicant or registrant. The decision
33 denying, suspending, or revoking the certificate of registration shall become final thirty (30) days
34 after it is so mailed or served, unless the applicant or registrant, within the thirty (30) day period,

1 appeals the decision pursuant to § 42-35-15. The procedure governing hearings authorized by this
2 section shall be in accordance with §§ 42-35-9 and 42-35-13 as stipulated in § 42-35-14. A full
3 and complete record shall be kept of all proceedings, and all testimony shall be reported but need
4 not be transcribed unless the decision is appealed pursuant to § 42-35-15. A copy or copies of the
5 transcript may be obtained by an interested party on payment of the cost of preparing the copy or
6 copies. Witnesses may be subpoenaed by either party.
7 **23-93-12. Judicial review of certificate of registration action. –** Any person who has
8 exhausted all administrative remedies available to him or her within the department, and who is
9 aggrieved by a final decision of the department, is entitled to judicial review in accordance with
10 the provisions of §§ 42-35-15 and 42-35-16.
11 **23-93-13. Immunity from liability . –** No person who disqualifies an individual from
12 employment or continued employment within thirty (30) days of receipt of a letter containing
13 disqualifying information as defined in § 23-93-10 or of a national criminal records check relating
14 to that information shall be liable for civil damages or subject to any claim, cause of action, or
15 proceeding of any nature as a result of the disqualification.
16 **23-93-14. Inspection and investigations. –** The department may conduct any such
17 investigation or inspection as it deems necessary to assess compliance with this chapter and the
18 rules and regulations promulgated thereto. Wherever possible and practical, on-site reviews shall
19 be scheduled, in an effort so as to reduce the number of visits and the disruption to the personal
20 care assistant services. Investigations and inspections may occur when the consumer gives
21 consent including the direct observation of the provision of personal care assistant services.
22 Registrants shall make available to the department all books, records, policies and procedures, or
23 any other materials requested during the course of an investigation or inspection. Refusal to make
24 such materials available to the department shall be grounds for certificate of registration
25 revocation, or the imposition of any other penalty provided in the chapter.
26 **23-93-15. Rules and regulations. –** The department shall promulgate rules and
27 regulations to carry out the intent of this chapter.
28 **23-93-16. Penalties of violations. –** It shall be a misdemeanor punishable by a fine of not
29 more than one thousand dollars ($1,000), by imprisonment for not more than one year, or both,

30 for any person to:
31 (1) Be employed as a personal care assistant or offer services as a personal care assistant
32 without a certificate of registration as required by this chapter;
33 (2) Practice as a personal care assistant during the time his or her certification of
34 registration issued under the provisions of this chapter is suspended or revoked; or

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1 (3) Obtain his or her certification of registration by means of fraud, misrepresentation, or
2 concealment of material facts.
3 **23-93-17. Severability. –** If any provision of this chapter or the application of any
4 provision of this chapter to any person or circumstance shall be held invalid, the invalidity shall
5 not affect the provisions or application of this chapter which can be given effect without the
6 invalid provisions or application, and to this end the provisions of this chapter are declared
7 severable.{add}
8 SECTION 3. This act shall take effect on January 1, 2015.

	MOTION: To find beneficial if amended to not require retraining, after the initial consumer directed training; 2014 H 7442 & S 2665 Acts Relating to Human Services -- Personal Care Attendant Program. Motion moved by JR, seconded by RCo, passed unanimously
	2014 H 7368 & S 2526 Acts Relating to Health and Safety Rep. McNamara held in House Health, Education, & Welfare Committee Sen. Lynch in Senate Health & Human Services This act would establish the Rhode Island Access to Medical Technology Innovation Act, which would, among other things, establish a moratorium on all new healthcare services and equipment until July 1, 2015, during which time the department of health in conjunction with the healthcare planning and accountability advisory council, shall conduct a state-wide healthcare utilization and capacity study, and prepare a state-wide health plan and inventory of healthcare facilities, equipment and health services. The act would also, under certain circumstances, provide an exemption from the certificate of need requirements to the domestic medical tourism industry and multi-practice health facilities. This act would also reduce the composition of the health services council from twenty-four (24) members to twelve (12) members. This act would also provide a process for reconsideration of an expeditious review request and require that a decision in connection with an expeditious review be rendered within thirty (30) days. Sections 3 and 4 of this act would take effect nine (9) months after passage. The remainder of this
	To table for more information, from the sponsor
	Amended Agenda - Legislation to Review
	Civil Rights Legislation
	14 H 7575 An Act Relating to State Affairs And Government -- Commission on Standards and Training Rep. Lombardi in House Health, Education, & Welfare Committee This act would require for the Police Officer Commission on Standards and Training to establish mandatory training standards to provide instruction for police officers and trainees, in identifying, responding to, handling, investigating and reporting all incidents involving any person requiring a higher level of mental health literacy. This act would take effect upon passage.

1 SECTION 1. Chapter 42-28.2 of the General Laws entitled "Police Officers -

Commission on Standards and Training" is hereby amended by adding thereto the following section:

{add}**42-28.2-8.3. Educational requirements -- Crisis intervention training. --** (a) The commission on standards and training shall prepare and publish clearly defined standards for competency related to emergency certification and protocols for police officers responding to, handling, investigating, and reporting all incidents involving any person requiring a higher level of mental health literacy. The commission shall include this universal police training and certification in the Mental Health First Aid USA curriculum for recruits and annually at every police department in the state, with an annual commitment to increasing the number of officers trained.

(b) The commission shall appoint at least one member from the mental health advocacy community to sit in an advisory capacity for this and any related mental health issues.{add}

SECTION 2. This act shall take effect upon passage.

	MOTION: To find beneficial if amended to include all disabilities 2014 H 7575 An Act Relating to State Affairs and Government -- Commission on Standards And Training. Motion moved by AP, seconded by NB, passed abstained HD
	14 S 2641 & H 7767 Acts Relating to Elections - Conduct of Election and Voting Equipment, and Supplies Sen. Goldin in Senate Judiciary Committee Rep. Valencia in House Judiciary Committee This act would repeal the voter identification law. This act would take effect upon passage.

SECTION 1. Section 17-19-24.2 of the General Laws in Chapter 17-19 entitled "Conduct of Election and Voting Equipment, and Supplies" is hereby repealed.

{delete}~~**17-19-24.2. Voter identification. --**~~ **(a) Beginning on January 1, 2012, any person** ~~claiming to be a registered and eligible voter who desires to vote at a primary election, special election or general election shall provide proof of identity. For purposes of this section, proof of identity shall include:~~

~~(1) A valid and current document showing a photograph of the person to whom the document was issued, including without limitation:~~

~~(i) Rhode Island driver's license;~~

~~(ii) Rhode Island voter identification card;~~

~~(iii) United States passport;~~

~~(iv) Identification card issued by a United States educational institution;~~

~~(v) United States military identification card;~~

~~(vi) Identification card issued by the United States or the State of Rhode Island;~~

~~(vii) Government issued medical card.~~

~~(2) A valid and current document without a photograph of the person to whom the document was issued, including without limitation:~~

~~(i) Birth certificate;~~

~~(ii) Social security card;~~

~~(iii) Government issued medical card.~~

~~(b) From and after January 1, 2014, any person claiming to be a registered and eligible voter who desires to vote at a primary election, special election or general election shall provide proof of identity listed in subdivisions (a)(1).~~

~~(c) No later than January 1, 2012, Rhode Island voter identification cards will be issued~~

~~upon request, and at no expense to the voters, at locations and in accordance with procedures established by rules and regulations promulgated by the secretary of state. The purpose of this section is to provide voter identification cards to those voters who do not possess the identification listed in subdivision (a)(1).~~

~~(d) If the person claiming to be a registered and eligible voter is unable to provide proof of identity as required in subdivisions (1) and (2) above, the person claiming to be a registered voter shall be allowed to vote a provisional ballot pursuant to section 17-19-24.2 upon completing a provisional ballot voter's certificate and affirmation. The local board shall determine the validity of the provisional ballot pursuant to section 17-19-24.3.~~ {delete}

SECTION 2. This act shall take effect upon passage.

	MOTION: To find beneficial 2014 S 2641 & H 7767 Acts Relating To Elections - Conduct of Election and Voting Equipment, and Supplies. Motion moved by CG, seconded by RCo, passed unanimously
	14 H 7679 & S 2552 Acts Relating to Human Services - Homeless Bill of Rights Rep. Tomasso in House Health, Education, & Welfare Committee Sen. Crowley in Senate Housing and Municipal Government Committee This act would create the Protection of Homeless Act designed to provide various rights for homeless persons and set certain standards for homeless shelters. This act would take effect upon passage.
	RI Coalition for the Homeless 2014 Legislative Priorities: Protect individuals and families staying in shelters by creating a committee to write shelter standards

SECTION 1. Title 40 of the General Laws entitled "HUMAN SERVICES" is hereby amended by adding thereto the following chapter:

{add}CHAPTER 17.1

PROTECTION OF HOMELESS

40-17.1-1. Legislative findings. – The general assembly hereby finds the following:

(1) That all homeless persons have the right to homeless shelter services regardless of political or religious beliefs, immigration status, former geographic location of residence, ethno-cultural background, disability, gender identity, criminal background, and/or sexual orientation;

(2) That no shelter should charge a fee nor expect and/or require compensation from clients/residents for any services rendered;

(3) Homeless shelters should provide an atmosphere of dignity and respect for all shelter residents, and provide services in a non-judgmental manner;

(4) That shelter residents are capable of moving toward increasing levels of self-reliance and self-determination and therefore shelter staff should work with residents to assist them in achieving their goals;

(5) Homeless shelters should be sensitive to the ethno-specific and linguistic needs of residents;

(6) Service providers need to accept gender identity as defined by the individual rather than by the perception of staff and/or other residents;

(7) Protecting the privacy and confidentiality of shelter residents and their personal information is of the utmost importance and in accordance with chapter 34-37.1 of the state's Homeless Bill of Rights law;

(8) That all people staying in homeless shelters should have access to safe and nutritious food;

(9) That the health and safety of shelter residents, volunteers, and staff is of the highest importance in each shelter;

8 (10) That issuing restrictions of residents services in the shelter system must be done only
9 as a last resort and in the most serious cases;
10 (11) That everyone is entitled to shelter services whether or not they use substances and
11 service policies should not be based on substance use alone, except for those shelters operating on
12 an abstinence or recovery model basis;
13 (12) Shelter residents should be involved in service provision, program planning,
14 development and evaluation, and policy development for the shelter;
15 (13) Homeless shelters that include children and youth should provide support and
16 activities and ensure that school related recreation and treatment needs of resident children are
17 met on site or through community based services;
18 (14) Homeless shelters should afford an opportunity for children and youth with
19 developmental and/or physical disabilities to develop to their full potential within an environment
20 where they can interact and socialize with other children;
21 (15) That shelters are part of a larger network of homeless services and agencies and
22 collaboration within this network is important to ensure effective and coordinated services;
23 (16) That notification of shelter closure (either emergency or permanent shelter) should
24 be done as soon as the provider is aware of the potential closure and posted in a common area,
25 and the provider should notify their residents as well as the office of housing and community
26 development (OHCD); and
27 (17) That all shelters should utilize the Rhode Island homeless information management
28 system (HMIS) database, and make entries in a timely manner.
29 **40-17.1-2. Powers and duties. –** The housing resources commission pursuant to chapter
30 42-128 together with the director of human services shall establish and promulgate regulations for
31 the safe, effective, and proper operation of homeless shelters for individuals and families in the
32 state of Rhode Island and shall further establish a commission to draft and/or amend regulations
33 for homeless shelters.
34 **40-17.1-3. Protection of Homeless Commission. –** (a) Within the department of human
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1 services there shall be an advisory commission consisting of nine (9) qualified electors of the
2 state who shall be appointed by the speaker of the house of representatives as provided in this
3 section and who shall review and/or amend the rules and regulations relative to the homeless
4 when such amendments are necessary to protect the homeless interests. The commission shall
5 consist of:
6 (1) One homeless or formerly homeless person;
7 (2) Two (2) representatives of the Rhode Island homeless advocacy project;
8 (3) One representative of the Rhode Island coalition for the homeless;
9 (4) Four (4) homeless shelter providers operating a shelter for individuals or families; and
10 (5) One representative from the Rhode Island office of housing and community
11 development. The committee will elect a chair or co-chairs from among the membership.
12 (b) The commission shall report its findings and/or recommendations annually to the
13 speaker of the house.
14 (c) The commission shall have the duty of defining and promulgating the characteristics
15 of a homeless shelter that will be subject to the regulations and standards established by this act.
16 (d) The commission shall formulate regulations and standards to address the following
17 topics and areas of concern:
18 (1) Baseline organizational standards that any agency operating a homeless shelter must
19 meet;
20 (2) Access to shelter guidelines, including admission and discharge, bed registration,
21 substance abuse, and service restrictions (barrings);
22 (3) Resident's rights and responsibilities, including resident input, complaints and

appeals, and grievance procedures;

(4) Program standards including the provision of essential services, counseling supports, daytime access, confidentiality, sharing of resident information, safeguarding resident files, and staff code of conduct;

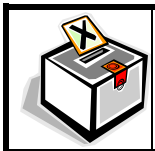
(5) Health and safety standards including basic health and safety protocols, the safeguard of, and access to, resident medication, a policy on weapons, and requirements for staff training on health and safety issues; and

(6) Emergency and winter shelter standards including the definition of inclement weather events, in all seasons, that trigger requirements for homeless shelters to stay open for the protection of residents.

40-17.1-4. Application. – This act shall not supercede any existing general law, public law, rule or regulation afforded to the homeless but shall be applied to liberally to augment the

rights of the homeless and provide a guideline for homeless residents rights and responsibilities.{add}

SECTION 2. This act shall take effect upon passage.

	MOTION: To find beneficial 2014 H 7679 & S 2552 Acts Relating to Human Services - Homeless Bill of Rights. Motion moved by RCo, seconded byJR, passed unanimously
	14 S 2461 An Act Relating to Taxation -- Real Estate Conveyance Tax Sen. Crowley in Senate Finance Committee This act would increase the real estate conveyance tax from two dollars ($2.00) to two dollars and fifty cents ($2.50) per five hundred dollars ($500) of the sale price, with the increase to go to the affordable housing rental subsidy account. This act would take effect on July 1, 2014.
	RI Coalition for the Homeless 2014 Legislative Priorities: Fund the Housing Rental Subsidy program through an increase in the real estate conveyance tax.

SECTION 1. Section 44-25-1 of the General Laws in Chapter 44-25 entitled "Real Estate Conveyance Tax" is hereby amended to read as follows:

44-25-1. Tax imposed -- Payment -- Burden. -- (a) There is imposed, on each deed, instrument, or writing by which any lands, tenements, or other realty sold is granted, assigned, transferred, or conveyed to, or vested in, the purchaser or purchasers, or any other person or persons, by his or her or their direction, when the consideration paid exceeds one hundred dollars ($100), a tax at the rate of {delete}~~two dollars ($2.00)~~{delete} {add}two dollars and fifty cents ($2.50){add} for each five hundred dollars ($500) or fractional part of it which is paid for the purchase of the property (inclusive of the value of any lien or encumbrance remaining at the time of sale), which tax is payable at the time of making, execution, delivery, acceptance or presenting for recording of the instrument. In the absence of an agreement to the contrary, the tax shall be paid by the grantor.

(b) In the event no consideration is actually paid for the lands, tenements, or realty, the instrument of conveyance shall contain a statement to the effect that the consideration is such that no documentary stamps are required.

(c) The tax administrator shall contribute to the distressed community relief program the sum of thirty cents ($.30) per two dollars ($2.00) of the face value of the stamps to be distributed pursuant to section 45-13-12{delete}~~., and to the affordable housing rental subsidy account the sum of~~{delete} {add}fifty cents ($.50) per two dollars and fifty cents ($2.50) of the face value of the stamps to be distributed pursuant to § 35-3-22 and chapter 11.2 of title 42.{add} The state shall retain sixty cents ($.60) for state use. The balance of the tax shall be retained by the municipality collecting the tax.

Provided, however, in fiscal years 2004 and 2005, from the proceeds of this tax, the tax administrator shall deposit as general revenues the sum of ninety cents ($.90) per two dollars ($2.00) of the face value of the stamps. The balance of the tax is retained by the municipality collecting the tax.

SECTION 2. This act shall take effect on July 1, 2014.

	14 S 2497 & H 7735 Acts Relating to State Affairs and Government - Rhode Island Housing Resources Act of 1998 Sen. Crowley in Senate Finance Committee Rep. Slater in House Finance Committee This act would appropriate three million four hundred thousand dollars ($3,400,000) for the housing rental subsidy program and four hundred thirty-nine thousand dollars ($439,000) for homeless prevention and assistance. This act would take effect upon passage.
	RI Coalition for the Homeless 2014 Legislative Priorities: Fund the Housing Rental Subsidy program through the General Fund.

SECTION 1. Sections 42-128-1 and 42-128-5 of the General Laws in Chapter 42-128 entitled "Rhode Island Housing Resources Act of 1998" are hereby amended to read as follows:

42-128-1. Findings. -- (a) Rhode Island has an older housing stock which contributes invaluably to community character, and in order to maintain the stability of neighborhoods and to sustain health communities, it is necessary to have programs for housing and community development and revitalization.

(b) Rhode Island has an active private sector that is engaged in supplying housing.

(c) Rhode Island has an active non-profit housing sector, which can, if provided adequate support, assist low and moderate income persons and works to improve conditions in neighborhoods and communities.

(d) Housing that is not adequately maintained is a source of blight in communities and a cause of public health problems. Public health and safety are impaired by poor housing conditions; poisoning from lead paint and respiratory disease (asthma) are significant housing related health problems in Rhode Island.

(e) There is an increasing need for supported living arrangements for the elderly and a continuing need for supported living arrangements for persons who are disabled and/or homeless.

(f) Fair housing, and the potential of unequal treatment of individuals based on race, ethnicity, age, disability, and family, must be given continuing attention.

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(g) Housing costs consume a disproportionate share of income for many Rhode Islanders; housing affordability is a continuing problem, especially for first time home buyers and lower and moderate income renters; the high cost of housing adversely affects the expansion of Rhode Island's economy. Housing affordability and availability affect conditions of homelessness. The high cost of housing and the lack of affordable, decent housing for low income households is a source of hardship for very low income persons and families in Rhode Island.

(h) The Rhode Island housing and mortgage finance corporation, which has provided more than two decades of assistance in addressing issues of both the affordability of home ownership and rental housing and the preservation of the housing stock for low and moderate income persons, is facing future funding shortfalls and must either increase revenues or reduce programs in order to remain viable.

(i) The federal government has been reducing its commitment to housing since 1981, and there is no indication that earlier levels of federal support for housing will be restored.

(j) Public housing authorities, which rely on federal support that is being reconsidered,

16 have been and continue to be an important housing resource for low income families and the
17 elderly.
18 (k) Rhode Island, unlike most other states, does not have an agency or department of
19 state government with comprehensive responsibility for housing.
20 (l) It is necessary and desirable in order to protect that public health and to promote the
21 public welfare, to establish a housing resources agency and a housing resources commission for
22 the purposes of improving housing conditions, promoting housing affordability, engaging in
23 community development activities, and assisting the urban, suburban, and rural communities of
24 the state.
25 {add}(m) The state, through the housing resources commission and the Rhode Island
26 interagency council on homelessness, has adopted the Opening Doors RI: Strategic Plan to
27 Prevent and End Homelessness which calls for an increase of eight hundred ninety-eight (898)
28 rent subsidized apartments.{add}
29 **42-128-5. Purposes. --** The purposes of the commission shall be:
30 (1) To develop and promulgate state policies, and plans, for housing and housing
31 production and performance measures for housing programs established pursuant to state law.
32 (2) To coordinate activities among state agencies and political subdivisions pertaining to
33 housing.
34 (3) To promote the stability of and quality of life in communities and neighborhoods.

1 (4) To provide opportunities for safe, sanitary, decent, adequate and affordable housing
2 in Rhode Island.
3 (5) To encourage public-private partnerships that foster the production, rehabilitation,
4 development, maintenance, and improvement of housing and housing conditions, especially for
5 low and moderate income people.
6 (6) To foster and support no-profit organizations, including community development
7 corporations, and their associations and intermediaries, that are engaged in providing and housing
8 related services.
9 (7) To encourage and support partnerships between institutions of higher education and
10 neighborhoods to develop and retain quality, healthy housing and sustainable communities.
11 (8) To facilitate private for-profit production and rehabilitation of housing for diverse
12 populations and income groups.
13 (9) To provide, facilitate, and/or support the provisions of technical assistance.
14 {add}(10) To provide for the housing rental subsidy program to assist in providing safe and
15 affordable housing to shelter residents. Funds will be administered by the department of
16 administration, office of housing and community development, through the housing resources
17 commission.
18 (11) To provide for homeless prevention assistance and housing retention assistance and
19 rapid re-housing for individuals and families at risk of or experiencing homelessness. Funds will
20 be administered by the department of administration, office of housing and community
21 development, through the housing resources commission.
22 SECTION 2. Appropriation. - There is hereby appropriated for the fiscal year 2014-2015,
23 three million four hundred thousand dollars ($3,400,000) for the housing rental subsidy program
24 and four hundred thirty-nine thousand dollars ($439,000) for homeless prevention and assistance
25 for the purpose of carrying out the provisions of this act, and the state controller is hereby
26 authorized to draw his orders upon the general treasurer for the payment of said sum, or so much
27 thereof as may be from time to time required, upon receipt by him or her of properly
28 authenticated vouchers.{add}
29 SECTION 3. This act shall take effect upon passage.

	MOTION: To find beneficial 2014 S 2497 & H 7735 An Act Relating to State Affairs and Government - Rhode Island Housing Resources Act of 1998 and 2014 S 2461 An Act Relating to Taxation -- Real Estate Conveyance Tax Motion moved by JR, seconded by CG , passed unanimously
	Disability Prevention Legislation
	14 S 2674 An Act Relating to Health and Safety - Lead Poisoning Prevention Act Sen. Goodwin in Senate Finance Committee Rep. Handy in House Finance Committee [identical to S 2200] This act would provide that in the event of insufficient federal funds for the environmental lead program, the General Assembly shall appropriate no less than six hundred thousand dollars ($600,000) per year for support and maintenance of the environmental lead program, and five hundred ninety thousand dollars ($590,000) per year for the state match for the lead hazard abatement program. This act would take effect upon passage.

SECTION 1. Section 23-24.6-5 of the General Laws in Chapter 23-24.6 entitled "Lead Poisoning Prevention Act" is hereby amended to read as follows:

23-24.6-5. Environmental lead program. -- (a) There is established within the department of health an environmental lead program which shall be responsible for creating a coordinated and comprehensive program for lead poisoning prevention, including screening and detection, education, lead hazard reduction, and enforcement. The program shall exercise any and all authorities of the department which may be necessary and appropriate, including but not limited to promulgating and enforcing regulations, which regulations shall set forth a general framework for actions to be taken in response to childhood lead poisoning at different blood lead levels.

(b) The department shall develop an educational program regarding environmental lead exposures and lead poisoning.

(c) The department shall promulgate regulations for acceptable environmental lead levels in dwellings, where a child under the age of six (6) years with environmental intervention blood lead level or greater resides, and in buildings or properties frequently used by children under the age of six (6) years, including standards for lead on painted surfaces and surface coatings, drinking water, household dusts, and soil.

{add}(d) The department shall seek federal funding for the environmental lead program; provided, however, that to the extent federal funds are not available or insufficient to fund the

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environmental lead program, the state of Rhode Island shall appropriate no less than six hundred thousand dollars ($600,000) per fiscal year, commencing with fiscal year 2015 to the department of health for the support and maintenance of the environmental lead program.{add}

SECTION 2. Section 42-128-8 of the General Laws in Chapter 42-128 entitled "Rhode Island Housing Resources Act of 1998" is hereby amended to read as follows:

42-128-8. Powers and duties. -- In order to provide housing opportunities for all Rhode Islanders, to maintain the quality of housing in Rhode Island, and to coordinate and make effective the housing responsibilities of the agencies and subdivisions of the state, the commission shall have the following powers and duties:

(1) Policy, planning and coordination of state housing functions. - The commission shall have the power and duty:

(i) To prepare and adopt the state's plans for housing; provided, however, that this

13 provision shall not be interpreted to contravene the prerogative of the state planning council to
14 adopt a state guide plan for housing.
15 (ii) To prepare, adopt, and issue the state's housing policy.
16 (iii) To conduct research on and make reports regarding housing issues in the state.
17 (iv) To advise the governor and general assembly on housing issues and to coordinate
18 housing activities among government agencies and agencies created by state law or providing
19 housing services under government programs.
20 (2) Establish, implement, and monitor state performance measures and guidelines for
21 housing programs. - The commission shall have the power and the duty:
22 (i) To promulgate performance measures and guidelines for housing programs conducted
23 under state law.
24 (ii) To monitor and evaluate housing responsibilities established by state law, and to
25 establish a process for annual reporting on the outcomes of the programs and investments of the
26 state in housing for low and moderate income people.
27 (iii) To hear and resolve disputes pertaining to housing issues.
28 (3) Administer the programs pertaining to housing resources that may be assigned by
29 state law. - The commission shall have the power and duty to administer programs for housing,
30 housing services, and community development, including, but not limited to, programs pertaining
31 to:
32 (i) Abandoned properties and the remediation of blighting conditions.
33 (ii) Lead abatement and to manage a lead hazard abatement program in cooperation with
34 the Rhode Island housing and mortgage finance corporation. {add}The state shall seek federal funding

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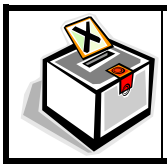
1 to support the cost of the lead hazard abatement program. In addition, the state of Rhode Island
2 shall appropriate five hundred ninety thousand dollars ($590,000) per fiscal year commencing
3 with fiscal year 2015 to provide a state match required by such federal funding. {add}
4 (iii) Services for the homeless.
5 (iv) Rental assistance.
6 (v) Community development.
7 (vi) Outreach, education and technical assistance services.
8 (vii) Assistance, including financial support, to non-profit organizations and community
9 development corporations.
10 (viii) Tax credits that assist in the provision of housing or foster community development
11 or that result in support to non-profit organizations performing functions to accomplish the
12 purposes of this chapter.
13 (ix) The Supportive Services Program, the purpose of which is to help prevent and end
14 homelessness among those who have experienced long-term homelessness and for whom certain
15 services in addition to housing are essential. State funding for this program may leverage other
16 resources for the purpose of providing supportive services. Services provided pursuant to this
17 subsection may include, but not be limited to: assistance with budgeting and paying rent; access
18 to employment; encouraging tenant involvement in facility management and policies; medication
19 monitoring and management; daily living skills related to food, housekeeping and socialization;
20 counseling to support self-identified goals; referrals to mainstream health, mental health and
21 treatment programs; and conflict resolution.
22 SECTION 3. This act shall take effect upon passage.



MOTION: To find beneficial 2014 S 2674 An Act Relating to Health and Safety - Lead Poisoning Prevention Act.
Motion moved by JR, seconded by AP, passed unanimously

MOTION: To recess at 4:40 and reconvene on March 24th 3- 4:30 PM
Motion moved by JR, seconded by RCo, passed unanimous

Recessed until Monday March 24th @ 3 PM

Meeting Notice for the Governor's Commission on Disabilities Legislation Committee

Monday March 24, 2014 3:00 PM – 4:30 PM

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

Attendees: Linda Ward (Chair.); Jack Ringland (Vice Chair.); Rosemary C. Carmody; Heather Daglieri; Elaina Goldstein; William R. Inlow; Meredith Sheehan; Angelina Stabile
Absentees: Nicole Bucka; Mike Burk; Joseph Cirillo; Regina Connor; Linda Deschenes; Timothy Flynn; Casey Gartland; Kathleen Heren; Paula Parker; Arthur M. Plitt; Msgr. Gerard O. Sabourin; & Dawn Wardyga

Staff: Bob Cooper

3:00 Reconvenes the Meeting on Monday March 24, 2014, Linda Ward, Chair

Chair reconvenes the meeting to order at 3:07 on Monday March 24, 2013

3:05 Tabled and Recently filed legislation that may impact people with disabilities, Bob Cooper

Purpose/Goal: To review recently filed legislation, determine the potential impact on people with disabilities, and adopt legislative impact statements

2014 H 7368 & S 2526 Acts Relating to Health and Safety

Rep. McNamara held in House Health, Education, & Welfare Committee
Sen. Lynch in Senate Health & Human Services

This act would establish the Rhode Island Access to Medical Technology Innovation Act, which would, among other things, establish a moratorium on all new healthcare services and equipment until July 1, 2015, during which time the department of health in conjunction with the healthcare planning and accountability advisory council, shall conduct a state-wide healthcare utilization and capacity study, and prepare a state-wide health plan and inventory of healthcare facilities, equipment and health services. The act would also, under certain circumstances, provide an exemption from the certificate of need requirements to the domestic medical tourism industry and multi-practice health facilities.

This act would also reduce the composition of the health services council from twenty-four (24) members to twelve (12) members.

This act would also provide a process for reconsideration of an expeditious review request and require that a decision in connection with an expeditious review be rendered within thirty (30) days.

Sections 3 and 4 of this act would take effect nine (9) months after passage. The

	remainder of this

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

{add}CHAPTER 23-93

RHODE ISLAND ACCESS TO

MEDICAL TECHNOLOGY INNOVATION ACT

23-93-1. Domestic medical tourism. -- (a) For purposes of this chapter, "Domestic Medical Tourism" means the practice of patients of traveling to states other than his or her residence for the provision of healthcare services.

23-93-2. Exemption for domestic medical tourism. -- (a) Any healthcare facility located in the state of Rhode Island specializing in domestic medical tourism, and having more than fifty percent (50%) of its patients residing outside of the state, shall be exempt from the provisions of this chapter; provided, however, that such healthcare facility must comply with all other applicable laws and regulations governing healthcare facilities. Any applicant not compliant shall have thirty (30) days to comply with this section and any applicable regulations governing this section.

(b) Any healthcare facility described in subsection (a) shall, on a biennial basis, certify to the department that more than fifty percent (50%) of its patients reside outside of the state.

(c) Any healthcare facility exempt under subsection (a) that fails to certify under subsection (b), or is otherwise found by the department to have not established that more than

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fifty percent (50%) of its patients currently reside outside of the state, shall be required to apply for a certificate of need during the next review cycle established by the health services council.

23-93-3. Exemption for multi-practice facilities. -- Notwithstanding the requirements of any other provisions of any general or public laws, the following circumstances shall not require a certificate of need review and approval by the state agency:

(1) The merger of an existing, currently licensed multi-practice physician ambulatory surgery center, or multi-practice podiatry ambulatory surgery center, (as such terms are defined in § 23-17-2) with another such center; or

(2) An existing, currently licensed multi-practice physician ambulatory surgery center, or multi-practice podiatry ambulatory surgery center, (as such terms are defined in § 23-17-2) expanding its operation to add an additional operating room in excess of two (2) operating rooms.

23-93-4. Penalties for noncompliance. -- (a) The department, after notice and opportunity for hearing to the applicant, is authorized to take corrective action in any case in which it finds that there has been failure by an applicant to comply with the requirements established under any approval granted pursuant to this chapter, including, without limitation, the imposition of monetary fines that may be statutorily permitted by virtue of individual healthcare facility licensing statutes.

(b) The notice shall be effected by registered or certified mail or by personal service, setting forth the particular reasons for the proposed action and fixing a date not less than thirty (30) days from the date of the mailing or service, at which the applicant shall be given an opportunity for a prompt and fair hearing. On the basis of the hearing, or upon default of the applicant, the department shall make a determination specifying its findings of fact and conclusions. A copy of the determination shall be sent by registered or certified mail or served personally upon the applicant. The decision shall become final thirty (30) days after it is so mailed or served, unless the applicant, within such thirty (30) day period, appeals the decision pursuant to § 42-35-15. The procedure governing hearings authorized by this section shall be in accordance with §§ 42-35-9 through 42-35-13 as stipulated in § 42-35-14(a). A full and complete record shall be kept of all proceedings, and all testimony shall be reported but need not be

29 transcribed unless the decision is appealed pursuant to § 42-35-15. A copy or copies of the
30 transcript may be obtained by any interested party on payment of the cost of preparing the copy
31 or copies.
32 (c) Nothing in this section shall limit the director's general or emergency powers under §§
33 23-1-1, 23-17-8 or any other authority granted to the department under the general laws.
34 **23-93-5. Moratorium; State-wide health plan; Inventory of healthcare facilities,**

1 **equipment and services. --** (a) The health services council shall not review, and applicable state
2 licensing agencies shall not issue any approvals for new healthcare equipment or new institutional
3 health services prior to July 1, 2015; provided, however, that any review by the health services
4 council and approval by state agencies may be conducted during the moratorium period in the
5 case of an emergency circumstance, a certificate of need not previously approved, a change in
6 ownership with respect to an institutional health service or a compelling circumstance affecting
7 the quality of life with respect to a certain geographic area or subpopulation such as, but not
8 limited to, pain management delivered to the home. Notwithstanding the foregoing, any
9 certificate of need application pending at the time of passage of this chapter shall continue to be
10 reviewed pursuant to the provisions of chapter 23-15, and shall not be subject to the moratorium
11 provisions of this chapter.
12 (b) During the moratorium period provided in subsection (a) above, the department of
13 health (for purposes of this section referred to as the "department") shall conduct, and shall
14 conduct on a biennial basis thereafter, a state-wide healthcare utilization and capacity study. Such
15 study may include, but not be limited to, an assessment of:
16 (1) The current availability and utilization of acute hospital care, hospital emergency
17 care, specialty hospital care, outpatient surgical care, home care and hospice agencies, primary
18 care and specialty and clinic care, behavioral and mental healthcare and substance abuse care and
19 services;
20 (2) The geographic areas and subpopulations that may be underserved or have reduced
21 access to specific types of healthcare services; and
22 (3) Other factors that the department deems pertinent to healthcare utilization including,
23 but not limited to, the number of magnetic resonance imaging facilities and physician ambulatory
24 surgi-centers. Not later than November 1 of the year in which the study is conducted, the
25 department shall report to the governor, the general assembly and the healthcare planning and
26 accountability advisory council ("council") on the findings of the study. Such report may also
27 include the department's recommendations for addressing identified gaps in the provision of
28 health services and institutional health services, and recommendations concerning a lack of
29 access to health services and institutional health services, and duplicative and/or redundant
30 services.
31 (c)(1) The department, in consultation with the council and such other state agencies as it
32 deems appropriate, shall establish and maintain a state-wide health plan. Such plan may include,
33 but not be limited to:
34 (i) An assessment of the availability of acute hospital care, hospital emergency care,

1 specialty hospital care, outpatient surgical care, home care and hospice agencies, primary care
2 and clinic care, behavioral and mental healthcare and substance abuse care and services;
3 (ii) An evaluation of the unmet needs of persons at risk and vulnerable populations as
4 determined by the department and the council;
5 (iii) A projection of future demand for health services and institutional health services,
6 and the impact that technology may have on the demand, capacity or need for such services; and
7 (iv) Recommendations for the expansion, reduction or modification of healthcare
8 facilities, health services or institutional health services. The department, in consultation with

9 healthcare providers, healthcare facilities and the council, shall develop a process that requires as
10 a condition of licensure that healthcare providers and healthcare facilities incorporate the state-
11 wide health plan into their long-range planning and shall facilitate communication between
12 appropriate state agencies concerning innovations or changes that may affect future health
13 planning. Information needed for the development of the state health plan shall be gathered
14 through systematic methods designed to include local, regional, and statewide perspectives. The
15 department, in conjunction with the council, shall update the state-wide health plan not less than
16 once every two (2) years.
17 (2) The state health plan shall identify:
18 (i) Major statewide health concerns;
19 (ii) The availability and use of current health resources of the state, including resources
20 associated with information technology, capacity provided by existing healthcare physicians and
21 providers of service and institutions of higher education; and
22 (iii) Future health service, information technology, and facility needs of the state.
23 (3) The state health plan shall:
24 (i) Propose strategies for the correction of any deficiencies in the state health delivery
25 system;
26 (ii) Propose strategies for incorporating information technology in the health service and
27 institutional health service delivery system;
28 (iii) Propose strategies for involving state-supported institutions of higher education in
29 providing health services and for coordinating those efforts with health and human services
30 agencies; and
31 (iv) Provide proposals for the state's legislative and executive decision-making processes
32 to consider implementing the strategies proposed by the plan.
33 (d)(1) For purposes of conducting the state-wide healthcare utilization and capacity study
34 and preparing the state-wide health plan, and in order to identify the location, distribution and
Page 5
1 nature of all healthcare resources in the state the department shall establish and maintain an
2 inventory of all healthcare facilities, health services and institutional health services in the state,
3 and the equipment located in such healthcare facilities. The state-wide inventory of all healthcare
4 services and equipment shall also include without limitation current stock, anticipated need and
5 geographical distribution of health services and institutional health services throughout the state.
6 The department and the council shall develop an inventory questionnaire to obtain, at a minimum,
7 the following information:
8 (i) The name and location of the healthcare provider and healthcare facility;
9 (ii) The type of facility;
10 (iii) The hours of operation;
11 (iv) The type of services provided at that location including, but not limited to, translation
12 and transportation services;
13 (v) The total number of clients, the race, ethnicity and primary language spoken in the
14 home of the clients, treatments, patient visits, procedures performed or scans performed in a
15 calendar year;
16 (vi) The total number of the uninsured population in the state; and
17 (vii) Such other information as the department deems appropriate. The inventory shall be
18 completed biennially by healthcare facilities and healthcare providers, and such healthcare
19 facilities and healthcare providers shall not be required to provide patient specific data.
20 (2) The inventory and all related information shall be maintained in a form usable by the
21 general public in a designated office of the department, shall constitute a public record, and shall
22 be coordinated with information collected by the department and the council under other
23 provisions of law; provided, however, that any item of information which is confidential or

24 privileged in nature shall not be regarded as a public record under this section or the general laws.
25 (e) The department and the council shall publish analyses, reports and interpretations of
26 information collected under this section in order to further public knowledge concerning the
27 distribution and nature of health services and institutional health services in the state. The
28 department may require healthcare providers and healthcare facilities to provide information for
29 the purposes of this section and may prescribe by regulation uniform reporting requirements. In
30 prescribing such regulations the department shall strive to make any reports required under this
31 section of mutual benefit to those providing as well as those using such information, and shall
32 avoid placing any burdens on such providers which are not reasonably necessary to accomplish
33 the purposes of this section.
34 (f) Agencies of the state which collect cost or other data concerning health services and

1 institutional health services shall cooperate with the department in coordinating such data with
2 information collected under this section.
3 (g) In the performance of its duties under this section, the department, subject to
4 appropriation, may enter into such contracts with agencies of the federal government, the state or
5 its political subdivisions, and public or private bodies, as it deems necessary.{add}
6 SECTION 2. Section 23-15-5 of the General Laws in Chapter 23-15 entitled
7 "Determination of Need for New HealthCare Equipment and New Institutional Health Services"
8 is hereby amended to read as follows:
9 **23-15-5. Expeditious review. –** (a) Any person who proposes to offer or develop new
10 institutional health services or new health care equipment for documented emergency needs, or
11 for the purpose of eliminating or preventing documented fire or safety hazards affecting the lives
12 and health of patients or staff, or for compliance with accreditation standards required for receipt
13 of federal or state reimbursement, or for any other purpose that the state agency may specify in
14 rules and regulations, may apply for an expeditious review. The state agency may exercise its
15 discretion in recommending approvals through an expeditious review except that no new
16 institutional health service or new health care equipment may be approved through the
17 expeditious review if provision of the new institutional health service or new health care
18 equipment is contra-indicated by the state health plan as may be formulated by the state agency.
19 Specific procedures for the conduct of expeditious reviews shall be promulgated in rules and
20 regulations adopted by the state agency with the advice of the health services council.
21 {add}(b) The decision of the state agency not to conduct an expeditious review shall be
22 reconsidered upon a written petition to the state agency, and the state agency shall be required to
23 respond to the written petition within ten (10) days stating whether expeditious review is granted.
24 If the request for reconsideration is denied, the state agency shall state the reasons in writing why
25 the expeditious request had been denied.
26 (c) The decision of the state agency in connection with an expeditious review shall be
27 rendered within thirty (30) days after the commencement of said review.
28 (d) Any healthcare facility which provides a service performed in another state and which
29 is not performed in the state of Rhode Island, or such service is performed in the state on a very
30 limited basis, shall be granted expeditious review upon request under this section, provided that
31 Such service, among other things, has a clear effect on the timeliness, access or quality of care and
32 is able to meet licensing standards.{add}
33 SECTION 3. Section 23-17-13 of the General Laws in Chapter 23-17 entitled "Licensing
34 of HealthCare Facilities" is hereby repealed.

1 {delete}~~**23-17-13. Health services council. --**~~ **There shall be established a health services council**
2 ~~consisting of twenty-four (24) members, eight (8) of whom shall be appointed by the speaker of~~
3 ~~the house, one of whose appointments shall represent hospital service corporations, six (6) of~~

~~whom shall be appointed by the president of the senate, one of whose appointments shall represent hospitals and a second of whose appointments shall represent the business community, and ten (10) of whom shall be appointed by the governor, one of whose appoints shall represent the state budget office, a second of whose appointment shall represent the department of human services and two (2) of whom shall be members of the general public that maintain his or her principal residence within fifteen hundred feet (1500 ft.) of a licensed hospital. The governor shall appoint members of the council in staggered appointments, three (3) members one year, two (2) members the next year, and two (2) members the year after that. All members shall serve until their successors are appointed and qualified. In the month of February in each year, the governor shall appoint successors to the members of the council whose terms shall expire in that year, to hold office commencing on the first day of March in the year of appointment until the first day of March in the third (3rd) year after appointment or until their respective successors are appointed and qualified. Legislative members shall serve until the end of their legislative term. Any vacancy of a member appointed which may occur in the commission shall be filled by appointment by the respective appointing authority for the remainder of the unexpired term. The council may also serve as an advisory council as authorized by section 23-16-3.~~ {delete}

SECTION 4. Chapter 23-17 of the General Laws entitled "Licensing of HealthCare Facilities" is hereby amended by adding thereto the following section:

{add}**23-17-13.1. Health services council. --** (a) There shall be established a health services council consisting of twelve (12) members, four (4) of whom shall be appointed by the speaker of the house, one of whose appointment shall be an expert in healthcare economic and policy matters, and a second of whose appointment shall represent the insurance business; four (4) of whom shall be appointed by the president of the senate, one of whose appointment shall represent the business community, and a second of whose appointment shall represent the general public; and four (4) of whom shall be appointed by the governor, one of whose appointment shall represent the office of the health insurance commissioner, a second of whose appointment shall represent the executive office of health and human services, a third of whose appointment shall represent the health insurance business and a fourth of whose appointment shall represent the executive office of commerce. All members shall serve until the first day of July in the third year After appointment or until their respective successors are appointed and qualified. Any vacancy of a member appointed which may occur in the council shall be filled by appointment by the

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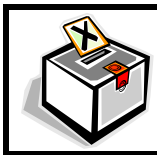
respective appointing authority for the remainder of the unexpired term. The council may also serve as an advisory council as authorized by § 23-16-3.

(b) A person may not be a member of the health services council if the person is required to register as a lobbyist as defined under chapter 42-139.

(c) Notwithstanding any laws, rules or regulations to the contrary, all recommendations of the health services council shall be by a majority vote of its members present at the time the Vote is taken.{add}

SECTION 5. Sections 3 and 4 of this act shall take effect nine (9) months after passage. The remainder of this act shall take effect upon passage.

	MOTION: To take no position 2014 H 7368 & S 2526 Acts Relating to Health and Safety. Motion moved by RC, seconded by AS, passed unanimously
	Health Insurance Legislation
	14 H 7790 & S 2536 Act Relating to Insurance - Accident and Sickness Insurance Policies

	Rep. Jacquardin House Corporations Committee Sen. Goldin in Senate Health and Human Services Committee This act would expand the definition of "healthcare provider" to include healthcare facility that treat patients for mental health and/or substance abuse as well as physicians or other licensed practitioners responsible for care, treatment and services to patients for the purpose of post-payment audits. This act would take effect on January 1, 2015.
	Comments: We do not have a position. I'm not really sure why this would be necessary as definition of healthcare provider is elsewhere defined to include MH/SA. Susan Jacobsen, Executive Director, Mental Health Association of RI This is not one of our priority bills, so I would have to look into it further. Charlie Feldman, MHCA As Charlie said, it's not one of our priorities, but as I read it, it is a try at leveling the field between BH and the rest of medicine by requiring routine post-audits of claims to be completed within 18 months of the claim. Also that providers submit billing within this time period. I have seen the difficulty that BH organizations have with claims being handled timely by organizations like United and Blue Cross, so MHCA would support this legislation as it stands. James McNulty, Executive Director, Mental Health Consumer Advocates of Rhode Island, Oasis Wellness & Recovery Centers

1 SECTION 1. Section 27-18-65 of the General Laws in Chapter 27-18 entitled "Accident
2 and Sickness Insurance Policies" is hereby amended to read as follows:
3 **27-18-65. Post-payment audits. [Effective January 1, 2014.] --** (a) Except as otherwise
4 provided herein, any review, audit or investigation by a health insurer or health plan of a health
5 care provider's claims which results in the recoupment or set-off of funds previously paid to the
6 health care provider in respect to such claims shall be completed no later than eighteen (18)
7 months after the completed claims were initially paid. This section shall not restrict any review,
8 audit or investigation regarding claims that are submitted fraudulently, are subject to a pattern of
9 inappropriate billing, are related to coordination of benefits, are duplicate claims, or are subject to
10 any federal law or regulation that permits claims review beyond the period provided herein.
11 (b) No health care provider shall seek reimbursement from a payer for underpayment of
12 a claim later than eighteen (18) months from the date the first payment on the claim was made,
13 except if the claim is the subject of an appeal properly submitted pursuant to the payer's claims
14 appeal policies or the claim is subject to continual claims submission.
15 (c) For the purposes of this section, "health care provider" means an individual clinician,
16 either in practice independently or in a group, who provides health care services, and {delete}~~otherwise~~
17 ~~referred to as a non-institutional provider~~{delete} {add}any healthcare facility, as defined in § 27-18-1.1
18 including any mental health and/or substance abuse treatment facility, physician, or other licensed
19 practitioner or identified to the review agent as having primary responsibility for the care,

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1 treatment, and services rendered to a patient{add}.
2 (d) Except for those contracts where the health insurer or plan has the right to
3 unilaterally amend the terms of the contract, the parties shall be able to negotiate contract terms
4 which allow for different time frames than is prescribed herein.
5 SECTION 2. Section 27-19-56 of the General Laws in Chapter 27-19 entitled "Nonprofit
6 Hospital Service Corporations" is hereby amended to read as follows:
7 **27-19-56. Post-payment audits. [Effective January 1, 2014.] --** (a) Except as otherwise

8 provided herein, any review, audit or investigation by a nonprofit hospital service corporation of a
9 health care provider's claims which results in the recoupment or set-off of funds previously paid
10 to the health care provider in respect to such claims shall be completed no later than eighteen (18)
11 months after the completed claims were initially paid. This section shall not restrict any review,
12 audit or investigation regarding claims that are submitted fraudulently, are subject to a pattern of
13 inappropriate billing, are related to coordination of benefits, are duplicate claims, or are subject to
14 any federal law or regulation that permits claims review beyond the period provided herein.
15 (b) No health care provider shall seek reimbursement from a payer for underpayment of
16 a claim later than eighteen (18) months from the date the first payment on the claim was made,
17 except if the claim is the subject of an appeal properly submitted pursuant to the payer's claims
18 appeal policies or the claim is subject to continual claims submission.
19 (c) For the purposes of this section, "health care provider" means an individual clinician,
20 either in practice independently or in a group, who provides health care services, and {delete}~~otherwise~~
21 ~~referred to as a non-institutional provider~~{delete} {add}any healthcare facility, as defined in § 27-19-1
22 including any mental health and/or substance abuse treatment facility, physician, or other licensed
23 practitioner identified to the review agent as having primary responsibility for the care, treatment,
24 and services rendered to a patient{add}.
25 (d) Except for those contracts where the health insurer or plan has the right to
26 unilaterally amend the terms of the contract, the parties shall be able to negotiate contract terms
27 which allow for different time frames than is prescribed herein.
28 SECTION 3. Section 27-20-51 of the General Laws in Chapter 27-20 entitled "Nonprofit
29 Medical Service Corporations" is hereby amended to read as follows:
30 **27-20-51. Post-payment audits. [Effective January 1, 2014.] --** (a) Except as otherwise
31 provided herein, any review, audit or investigation by a nonprofit medical service corporation of a
32 health care provider's claims which results in the recoupment or set-off of funds previously paid
33 to the health care provider in respect to such claims shall be completed no later than eighteen (18)
34 months after the completed claims were initially paid. This section shall not restrict any review,

1 audit or investigation regarding claims that are submitted fraudulently, are subject to a pattern of
2 inappropriate billing, are related to coordination of benefits, are duplicate claims, or are subject to
3 any federal law or regulation that permits claims review beyond the period provided herein.
4 (b) No health care provider shall seek reimbursement from a payer for underpayment of
5 a claim later than eighteen (18) months from the date the first payment on the claim was made,
6 except if the claim is the subject of an appeal properly submitted pursuant to the payer's claims
7 appeal policies or the claim is subject to continual claims submission.
8 (c) For the purposes of this section, "health care provider" means an individual clinician,
9 either in practice independently or in a group, who provides health care services, and {delete}~~otherwise~~
10 ~~referred to as a non-institutional provider~~{delete} {add}any healthcare facility, as defined in § 27-20-1
11 including any mental health and/or substance abuse treatment facility, physician, or other licensed
12 practitioner identified to the review agent as having primary responsibility for the care, treatment,
13 and services rendered to a patient{add}.
14 (d) Except for those contracts where the health insurer or plan has the right to
15 unilaterally amend the terms of the contract, the parties shall be able to negotiate contract terms
16 which allow for different time frames than is prescribed herein.
17 SECTION 4. Section 27-41-69 of the General Laws in Chapter 27-41 entitled "Health
18 Maintenance Organizations" is hereby amended to read as follows:
19 **27-41-69. Post-payment audits. [Effective January 1, 2014.] --** (a) Except as otherwise
20 provided herein, any review, audit or investigation by a health maintenance organization of a
21 health care provider's claims which results in the recoupment or set-off of funds previously paid
22 to the health care provider in respect to such claims shall be completed no later than eighteen (18)

23 months after the completed claims were initially paid. This section shall not restrict any review,
24 audit or investigation regarding claims that are submitted fraudulently, are subject to a pattern of
25 inappropriate billing, are related to coordination of benefits, are duplicate claims, or are subject to
26 any federal law or regulation that permits claims review beyond the period provided herein.
27 (b) No health care provider shall seek reimbursement from a payer for underpayment of
28 a claim later than eighteen (18) months from the date the first payment on the claim was made,
29 except if the claim is the subject of an appeal properly submitted pursuant to the payer's claims
30 appeal policies or the claim is subject to continual claims submission.
31 (c) For the purposes of this section, "health care provider" means an individual clinician,
32 either in practice independently or in a group, who provides health care services, and {delete}~~otherwise~~
33 ~~referred to as a non-institutional provider~~{delete} {add}any healthcare facility, as defined in § 27-41-2
34 including any mental health and/or substance abuse treatment facility, physician, or other licensed
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1 practitioner identified to the review agent as having primary responsibility for the care, treatment,
2 and services rendered to a patient{add}.
3 (d) Except for those contracts where the health insurer or plan has the right to
4 unilaterally amend the terms of the contract, the parties shall be able to negotiate contract terms
5 which allow for different time frames than is prescribed herein.
6 SECTION 5. This act shall take effect on January 1, 2015.

	MOTION: To find beneficial if amended to not conflict with S 2769 & H 7970; 2014 H 7790 & S 2536 Act Relating to Insurance - Accident and Sickness Insurance Policies. Motion moved by EG, seconded by RC, passed, abstained HD
	14 S 2484 & H 7886 Acts Relating to Health and Safety -- Equitable Funding for Essential Health Services Sen. Felag in Senate Finance Committee This act would phase-in a replacement of the current immunization and children's healthcare services assessments and premium tax with a healthcare services funding plan. The act includes a number of calculations for making contributions and distributions. The act would provide that health insurers would be required to make a healthcare services funding contribution in an amount calculated by taking several funding requirements and dividing by the number of contribution enrollees of all insurers. Finally, the act would include a process for insurers to have a hearing and appeal regarding the amount established for the contribution. Sections 1 and 2 of this act would take effect July 1, 2015, sections 3 and 4 of this act would take effect January 1, 2016, and the remaining sections of this act would take effect upon passage.

1 SECTION 1. Section 23-1-46 of the General Laws in Chapter 23-1 entitled "Department
2 of Health" is hereby amended to read as follows:
3 {delete}**23-1-46. Insurers. --** (a) ~~Beginning in the fiscal year 2007, each insurer licensed or~~
4 ~~regulated pursuant to the provisions of chapters 18, 19, 20, and 41 of title 27 shall be assessed a~~
5 ~~child immunization assessment and an adult immunization assessment for the purposes set forth~~
6 ~~in this section. The department of health shall make available to each insurer, upon its request,~~
7 ~~information regarding the department of health's immunization programs and the costs related to~~
8 ~~the program. Further, the department of health shall submit to the general assembly an annual~~
9 ~~report on the immunization programs and cost related to the programs, on or before February 1 of~~
10 ~~each year. Annual assessments shall be based on direct premiums written in the year prior to the~~
11 ~~assessment and for the child immunization program shall not include any Medicare Supplement~~
12 ~~Policy (as defined in section 27-18.2-1(g)), Medicaid or Medicare premiums. Adult influenza~~

~~immunization program annual assessments shall include contributions related to the program costs from Medicare, Medicaid and Medicare Managed Care. As to accident and sickness insurance, the direct premium written shall include, but is not limited to, group, blanket, and individual policies. Those insurers assessed greater than ten thousand dollars ($10,000) for the year shall be assessed four (4) quarterly payments of twenty-five percent (25%) of their total assessment. Beginning July 1, 2001, the annual rate of assessment shall be determined by the director of health in concurrence with the primary payors, those being insurers assessed at greater than ten thousand dollars ($10,000) for the previous year. This rate shall be calculated by the projected costs for the Advisory Committee on Immunization Practices (ACIP) recommended and state mandated vaccines after the federal share has been determined by the Centers for Disease Control and Prevention. The primary payors shall be informed of any recommended change in rates at least six (6) months in advance, and rates shall be adjusted no more frequently than one time annually. For the childhood vaccine program the director of the department of health shall deposit these amounts in~~{delete}

{add}Beginning July 1, 2015, a portion of the amount collected pursuant to § 42-7.4-3, up to the actual amount expended or projected to be expended by the state for vaccines for children that are recommended by the Advisory Committee on Immunization Practices (ACIP), the American Academy of Pediatrics (AAP), and/or mandated by state law, less the federal share determined by the Centers for Disease Control and Prevention, less any amount collected in excess of the prior year's funding requirement as indicated in subsection (b) (the "child immunization funding requirement") shall be deposited into{add} the "childhood immunization account"~~.~~ {add}described in § 23-1-45(a). {add} These {delete}~~assessments~~{delete} funds shall be used solely for the purposes of the "childhood immunization programs" {add}described in §23-1-44, {add} and no other. {delete}~~For the adult immunization program the director of the department of health shall deposit these amounts in the "adult immunization account". Beginning July 1, 2015, a portion of the amount collected from the~~{delete} {add}healthcare services funding method described in § 42-7.4-3, up to the actual amount expended or projected to be expended by the state for adult immunizations recommended by ACIP and/or mandated by state law, less the federal share determined by the Centers for Disease Control and Prevention, less any amount collected in excess of the prior year's funding requirement as indicated in subsection (b) (the "adult immunization funding requirement") shall be deposited into the "adult immunization account" described in § 23-1-45(c). These funds shall be used solely for the purposes of the "adult immunization programs" described in § 23-1-44 and no other.

(b) The department of health shall submit to the general assembly an annual report on the immunization programs and costs related to the programs, on or before February 1 of each year. Any funds collected in excess of funds needed to carry-out ACIP recommendations{add}, taking into account a reasonable annual carry forward surplus, {add} shall be deducted from the subsequent year's {delete}~~assessments.~~ {delete} {add}funding requirements. {add}

SECTION 2. Section 42-12-29 of the General Laws in Chapter 42-12 entitled "Department of Human Services" is hereby amended to read as follows:

42-12-29. Children's health account. -- (a) There is created within the general fund a restricted receipt account to be known as the "children's health account". All money in the account shall be utilized by the department of human services to effectuate coverage for the following service categories: (1) home health services, which include pediatric private duty

nursing and certified nursing assistant services; (2) comprehensive, evaluation, diagnosis, assessment, referral and evaluation (CEDARR) services, which include CEDARR family center services, home based therapeutic services, personal assistance services and supports (PASS) and kids connect services and (3) child and adolescent treatment services (CAITS). All money received pursuant to this section shall be deposited in the children's health account. The general treasurer is authorized and directed to draw his or her orders on the account upon receipt of properly authenticated vouchers from the department of human services.

(b) {delete}~~Beginning in the fiscal year 2007, each insurer licensed or regulated pursuant to the provisions of chapters 18, 19, 20, and 41 of title 27 shall be assessed for the purposes set forth in this section. The department of human services shall make available to each insurer, upon its request, information regarding the department of human services child health program and the costs related to the program. Further, the department of human services shall submit to the general assembly an annual report on the program and cost related to the program, on or before February 1 of each year. Annual assessments shall be based on direct premiums written in the year prior to the assessment and shall not include any Medicare Supplement Policy (as defined in section 27-18-2.1(g)), Medicare managed care, Medicare, Federal Employees Health Plan, Medicaid/RIte Care or dental premiums. As to accident and sickness insurance, the direct premium written shall include, but is not limited to, group, blanket, and individual policies. Those insurers assessed greater than five hundred thousand dollars ($500,000) for the year shall be assessed four (4) quarterly payments of twenty-five percent (25%) of their total assessment. Beginning July 1, 2006, the annual rate of assessment shall be determined by the director of human services in concurrence with the primary payors, those being insurers likely to be assessed at greater than five hundred thousand dollars ($500,000). The director of the department of human services shall deposit that amount~~{delete} {add}Beginning July 1, 2015, a portion of the amount collected pursuant to § 42-7.4-3, up to the actual amount expended or projected to be expended by the state for the services described in § 42-12-29(a), less any amount collected in excess of the prior year's funding requirement as indicated in § 42-12-29(c), but in no event more than the limit set forth in § 42-12-29(d) (the "child health services funding requirement"), shall be deposited{add} in the "children's health account". The {delete}~~assessment~~{delete} {add}funds{add} shall be used solely for the purposes of the "children's health account", and no other.

(c) {add}The department of human services shall submit to the general assembly an annual

report on the program and costs related to the program, on or before February 1 of each year. The department shall make available to each insurer required to make a contribution pursuant to § 42-7.4-3, upon its request, detailed information regarding the children's health programs described in subsection (a) and the costs related to those programs. {add} Any funds collected in excess of funds needed to carry out the programs shall be deducted from the subsequent year's {delete}~~assessment.~~{delete} {add}funding requirements. {add}

(d) The total {delete}~~annual assessment on all insurers~~{delete} {add}amount required to be deposited into the children's health account{add} shall be equivalent to the amount paid by the department of human services for all services, as listed in subsection (a), but not to exceed seven thousand five hundred dollars ($7,500) per child per service per year.

(e) The children's health account shall be exempt from the indirect cost recovery provisions of section 35-4-27 of the general laws.

SECTION 3. Section 44-17-1 of the General Laws in Chapter 44-17 entitled "Taxation of Insurance Companies" is hereby amended to read as follows:

44-17-1. Companies required to file -- Payment of tax -- Retaliatory rates. -- Every domestic, foreign, or alien insurance company, mutual association, organization, or other insurer, including {delete}~~any health maintenance organization, as defined in section 27-41-1,~~ {delete} any medical malpractice insurance joint underwriters association as defined in section 42-14.1-1, {add}and{add} any nonprofit dental service corporation as defined in section 27-20.1-2, {delete}~~and any nonprofit hospital or medical service corporation, as defined in chapters 27-19 and 27-20, except companies mentioned in section 44-17-6, and organizations defined in §27-25-1,~~ {delete} transacting business in this state, shall, on or before March 1 in each year, file with the tax administrator, in the form that he or she may prescribe, a return under oath or affirmation signed by a duly authorized officer or agent of the company, containing information that may be deemed necessary for the determination of the tax imposed by this chapter, and shall at the same time pay an annual tax to the tax administrator of two percent (2%) of the gross premiums on contracts of insurance, {delete}~~except for ocean marine insurance, as referred to in section 44-17-6,~~ {delete} covering property and risks within the state, written during the calendar year ending December 31st next preceding, but in the case of foreign or alien companies, except as provided in section 27-2-17(d) the tax is not less in amount than is imposed by the laws of the state or country under which the companies are organized upon like companies incorporated in this state or upon its agents, if doing business to the same extent in the state or country. {add}Provided, however, that this section shall not apply to companies mentioned in or ocean marine insurance as referred to in § 44-17-6; and provided, further, that this section shall not apply to organizations defined in § 27-25-1, health maintenance organizations as defined in § 27-

41-2, nonprofit hospital or medical service corporations as defined in chapters 19 and 20 of title 27, or insurers as defined in § 42-62-4, except to the extent of gross premium on contracts for dental services. {add}

SECTION 4. Transition period. The department of taxation shall create a process to facilitate the transition to the contribution and avoid overlapping tax liability. An entity that paid a premium tax or made an estimated tax payment pursuant to § 44-17-1 for a time period during which it would also be liable for a contribution described in § 42-7.4-3(a)(2), shall receive credit against its contribution liability in an amount equal to any premium tax paid for that period.

SECTION 5. Title 42 of the General Laws entitled "STATE AFFAIRS AND GOVERNMENT" is hereby amended by adding thereto the following chapter:

{add}CHAPTER 7.4

THE HEALTHCARE SERVICES FUNDING PLAN ACT

42-7.4-1. Short title. -- The Healthcare services funding plan act. -- This chapter shall be known and may be cited as "The Healthcare Services Funding Plan Act."

42-7.4-2. Definitions. -- The following words and phrases as used in this chapter shall have the following meaning:

(1) "Secretary" means the secretary of health and human services.

(2)(i) "Insurer" means all persons offering, administering, and/or insuring healthcare services, including, but not limited to:

(A) Policies of accident and sickness insurance, as defined by chapter 18 of title 27:

(B) Nonprofit hospital or medical service plans, as defined by chapters 19 and 20 of title 27;

(C) Any person whose primary function is to provide diagnostic, therapeutic, or

24 preventive services to a defined population on the basis of a periodic premium;
25 (D) All domestic, foreign, or alien insurance companies, mutual associations and
26 organizations;
27 (E) Health maintenance organizations, as defined by chapter 41 of title 27;
28 (F) All persons providing health benefits coverage on a self-insurance basis;
29 (G) All third-party administrators described in chapter 20.7 of title 27; and
30 (H) All persons providing health benefit coverage under Title XIX of the Social Security
31 Act (Medicaid) as a Medicaid managed care organization offering managed Medicaid and the
32 state's Medicaid fee-for-service plan.
33 (ii) "Insurer" shall not include any nonprofit dental service corporation as defined in § 27-
34 20.1-2, nor any insurer offering only those coverages described in §42-7.4-14.

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1 (3)(i) "Contribution enrollee" means an individual residing in this state, with respect to
2 whom an insurer administers, provides, pays for, insures, or covers health care services, unless
3 excepted by this section.
4 (ii) "Contribution enrollee" shall not include an individual whose healthcare services are
5 paid or reimbursed by Part A or Part B of the Medicare program, a Medicare supplemental policy
6 as defined in section 1882(g)(1) of the Social Security Act, 42 U.S.C. 1395ss(g)(1), or Medicare
7 managed care policy, the federal employees' health benefit program, Tricare, CHAMPUS, the
8 Veterans' healthcare program, the Indian health service program, or any local governmental
9 corporation, district, or agency providing health benefits coverage on a self-insured basis.
10 (4) "Person" means any individual, corporation, company, association, partnership,
11 limited liability company, firm, state governmental corporations, districts, and agencies, joint
12 stock associations, trusts, and the legal successor thereof.
13 (5) "Healthcare services funding contribution" means per capita amount each contributing
14 insurer must contribute to support the programs funded by the method established under this
15 section, with respect to each contribution enrollee.
16 **42-7.4-3. Imposition of healthcare services funding contribution. --** (a) Each insurer is
17 required to pay the healthcare services funding contribution for each contribution enrollee of the
18 insurer at the time the contribution is calculated and paid, at the rate set forth in this section.
19 (1) Beginning July 1, 2015, the secretary shall set the healthcare services funding
20 contribution each fiscal year in an amount equal to: (i) The child immunization funding
21 requirement described in § 23-1-46; plus (ii) The adult immunization funding requirement
22 described in § 23-1-46; plus (iii) The children's health services funding requirement described in
23 § 42-12-29; and all as divided by (iv) The number of contribution enrollees of all insurers.
24 (2) Beginning January 1, 2016, the secretary shall set the healthcare services funding
25 contribution each fiscal year in an amount equal to: (i) The child immunization funding
26 requirement described in § 23-1-46; plus (ii) The adult immunization funding requirement
27 described in § 23-1-46; plus (iii) The children's health services funding requirement described in
28 § 42-12-29; plus (iv) An amount, calculated by the division of taxation, and reported to the
29 secretary, equivalent to the amount of tax revenue described in § 44-17-1, excluding gross
30 premiums for dental services contracts, that would have imposed on health maintenance
31 organizations as defined in § 27-41-1, nonprofit hospital or medical service corporations as
32 defined in chapters 19 and 20 of title 27, and insurers as defined in § 42-62-4, during the calendar
33 year ending December 31, 2013; and all divided by (v) The number of contribution enrollees of
34 all insurers.

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1 (3) The contribution set forth herein shall be in addition to any other fees or assessments
2 upon the insurer allowable by law.
3 (b) The contribution shall be paid by the insurer; provided, however, a person providing

4 health benefits coverage on a self-insurance basis that uses the services of a third-party
5 administrator shall not be required to make a contribution for a contribution enrollee where the
6 contribution on that enrollee has been or will be made by the third-party administrator.
7 **42-7.4-4. Returns and payment. -- (a) Subject to subsection (b), every insurer required**
8 to make a contribution shall, on or before the last day of July, October, January and April of each
9 year, make a return to the secretary together with payment of the quarterly healthcare services
10 funding contribution for the preceding three (3) month period.
11 (b)(1) Upon request of the director of the department of health or the director of the
12 department of taxation, the secretary shall develop a process whereby an insurer required to make
13 the contribution may be directed to make estimated payments for the related portion(s) of the
14 liability arising under § 42-7.4-3(a) and the secretary shall make that pre-paid amount available to
15 the department of health or the department of taxation, as requested.
16 (2) Unless requested to make an estimated payment as described in subsection (b)(1)
17 above, any insurer required to make the contribution that can substantiate that the insurer's
18 contribution liability would average less than twenty-five thousand dollars ($25,000) per month
19 may file returns and remit payment annually on or before the last day of June each year; provided,
20 however, that the insurer shall be required to make quarterly payments if the secretary determines
21 that:
22 (i) The insurer has become delinquent in either the filing of the return or the payment of
23 the healthcare services funding contribution due thereon; or
24 (ii) The liability of the insurer exceeds seventy-five thousand dollars ($75,000) in
25 healthcare services funding contribution per quarter for any two (2) subsequent quarters.
26 (c) All returns shall be signed by the insurer required to make the contribution, or by its
27 authorized representative, subject to the pains and penalties of perjury.
28 (d) If a return shows an overpayment of the contribution due, the secretary shall refund or
29 credit the overpayment to the insurer required to make the contribution, or the insurer may deduct
30 the overpayment from the next quarterly or annual return.
31 (e) The secretary, for good cause shown, may extend the time within which an insurer is
32 required to file a return, and if the return is filed during the period of extension no penalty or late
33 filing charge may be imposed for failure to file the return at the time required by this section, but
34 the insurer shall be liable for interest as prescribed in this section. Failure to file the return during
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1 the period for the extension shall void the extension.
2 **42-7.4-5. Set-off for delinquent payment. --** If an insurer required to make the
3 contribution pursuant to this chapter shall fail to pay a contribution within thirty (30) days of its
4 due date, the secretary may request any agency of state government making payments to the
5 insurer to set-off the amount of the delinquency against any payment or amount due the insurer
6 from the agency of state government and remit the sum to the secretary. Upon receipt of the setoff
7 request from the secretary, any agency of state government is authorized and empowered to set-
8 off the amount of the delinquency against any payment or amounts due the insurer. The amount
9 of set-off shall be credited against the contribution due from the insurer.
10 **42-7.4-6. Assessment on available information -- Interest on delinquencies --**
11 **Penalties -- Collection powers. --** If any insurer shall fail to file a return within the time required
12 by this chapter, or shall file an insufficient or incorrect return, or shall not pay the contribution
13 imposed by this section when it is due, the secretary shall assess the contribution upon the
14 information as may be available, which shall be payable upon demand and shall bear interest at
15 the annual rate provided by § 44-1-7, from the date when the contribution should have been paid.
16 If the failure is due, in whole or part, to negligence or intentional disregard of the provisions of
17 this section, a penalty of ten percent (10%) of the amount of the determination shall be added to
18 the contribution. The secretary shall collect the contribution with interest. The secretary may

19 request any agency to assist in collection, including the tax administrator, who may collect the
20 contribution with interest in the same manner and with the same powers as are prescribed for
21 collection of taxes in title 44.
22 **42-7.4-7. Claims for refund -- Hearing upon denial. --** (a) Any insurer required to pay
23 the contribution may file a claim for refund with the secretary at any time within two (2) years
24 after the contribution has been paid. If the secretary shall determine that the contribution has been
25 overpaid, he or she shall make a refund with ten percent (10%) interest from the date of
26 overpayment.
27 (b) Any insurer whose claim for refund has been denied may, within thirty (30) days from
28 the date of the mailing by the secretary of the notice of the decision, request a hearing and the
29 secretary shall, as soon as practicable, set a time and place for the hearing and shall notify the
30 person.
31 **42-7.4-8. Hearing by secretary on application. --** Any insurer aggrieved by the action
32 of the secretary in determining the amount of any contribution or penalty imposed under the
33 provisions of this chapter may apply to the secretary, within thirty (30) days after the notice of the
34 action is mailed to it, for a hearing relative to the contribution or penalty. The secretary shall fix a

1 time and place for the hearing and shall so notify the person. Upon the hearing the secretary shall
2 correct manifest errors, if any, disclosed at the hearing and thereupon assess and collect the
3 amount lawfully due together with any penalty or interest thereon.
4 **42-7.4-9. Appeals. --** Appeals from administrative orders or decisions made pursuant to
5 any provisions of this chapter shall be pursued pursuant to chapter 35 of title 42. The right to
6 appeal under this section shall be expressly made conditional upon prepayment of all
7 contribution, interest, and penalties unless the insurer demonstrates to the satisfaction of the court
8 that the insurer has a reasonable probability of success on the merits and is unable to prepay all
9 contribution, interest, and penalties, considering not only the insurer's own financial resources
10 but also the ability of the insurer to borrow the required funds. If the court, after appeal, holds that
11 the insurer is entitled to a refund, the insurer shall also be paid interest on the amount at the rate
12 provided in § 44-1-7.1 of the Rhode Island general laws, as amended.
13 **42-7.4-10. Records. --** Every insurer required to make the contribution shall:
14 (1) Keep records as may be necessary to determine the amount of its liability under this
15 section;
16 (2) Preserve those records for a period of three (3) years following the date of filing of
17 any return required by this section, or until any litigation or prosecution under this section is
18 finally determined; and
19 (3) Make those records available for inspection by the secretary or his/her authorized
20 agents, upon demand, at reasonable times during regular business hours.
21 **42-7.4-11. Method of payment and deposit of contribution. --** (a) The payments
22 required by this chapter may be made by electronic transfer of monies to the general treasurer.
23 (b) The general treasurer shall take all steps necessary to facilitate the transfer of monies
24 to:
25 (1) The "childhood immunization account" described in § 23-1-45(a) in the amount
26 described in § 23-1-46(a);
27 (2) To the "adult immunization account" described in § 23-1-45(c) in the amount
28 described in § 23-1-46(a);
29 (3) To the "children's health account" described in § 42-12-29(a) in the amount described
30 in § 42-12-29(b);
31 (4) To the general fund in the amount described in § 42-7.4-3(a); and
32 (5) Any remainder of the payments shall be proportionally distributed to those accounts
33 and credited against the next year's healthcare services funding contribution.

34 (c) The general treasurer shall provide the secretary with a record of any monies

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1 transferred and deposited.

2 **42-7.4-12. Rules and regulations. --** The secretary is authorized to make and promulgate
3 rules, regulations, and procedures not inconsistent with state law and fiscal procedures as he or
4 she deems necessary for the proper administration of this healthcare services funding plan act and
5 to carry out the provisions, policies, and purposes of this chapter including, but not limited to,
6 data it must collect from insurers for the correct computation of the healthcare services funding
7 contribution, collaboration with other state agencies for collecting necessary information, and the
8 form of the return and the data that it must contain for the correct computation of the healthcare
9 services funding contribution..

10 **42-7.4-13. Allocation. --** An insurer required to make a healthcare services funding
11 contribution may pass on the cost of that contribution in the cost of its services, such as its
12 premium rates (for insurers), without being required to specifically allocate those costs to
13 individuals or populations that actually incurred the contribution.

14 **42-7.4-14. Excluded coverage from the healthcare services funding plan act. --** (a) In
15 addition to any exclusion and exemption contained elsewhere in this chapter, this chapter shall
16 not apply to insurance coverage providing benefits for, nor shall an individual be deemed a
17 contribution enrollee solely by virtue of receiving benefits for the following:

18 (1) Hospital confinement indemnity;

19 (2) Disability income;

20 (3) Accident only;

21 (4) Long-term care;

22 (5) Medicare supplement;

23 (6) Limited benefit health;

24 (7) Specified disease indemnity;

25 (8) Sickness or bodily injury or death by accident or both; and

26 (9) Other limited benefit policies.

27 **42-7.4-15. Oversight. -- The health insurance commissioner shall validate, through the**
28 rate review and approval process, that the rates filed for fully insured groups and individuals,
29 pursuant to chapter 18.5, 18.6 or 50 of title 27, reflect the transition to the funding method
30 described in this section. {add}

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1 SECTION 6. Sections 1 and 2 of this act shall take effect July 1, 2015, sections 3 and 4
2 of this act shall take effect January 1, 2016, and the remaining sections of this act shall take effect
3 upon passage.

	MOTION: To find beneficial if amended to create a provider assessment rather than an insurance premium assessment; 2014 S 2484 & H 7886 Acts Relating to Health and Safety -- Equitable Funding for Essential Health Services. Motion moved by EG, seconded by RC, passed, abstained DH
	14 S 2505 An Act Relating to Insurance Sen. Pearson in Senate Health and Human Services Committee This act would require insurance coverage of formula and other prescribed food for all patients regardless of age, and would also abolish the mandated cap on coverage and any co-payments or deductibles in connection with such benefits. This act would take effect upon passage.

1 SECTION 1. Section 27-18-70 of the General Laws in Chapter 27-18 entitled "Accident
2 and Sickness Insurance Policies" is hereby amended to read as follows:

27-18-70. Enteral nutrition products. -- (a) Every individual or group health insurance contract, or every individual or group hospital or medical expense insurance policy, plan, or group policy delivered, issued for delivery, or renewed in this state on or after January 1, 2009, shall provide coverage for nonprescription enteral formulas for home use for which a physician has issued a written order and which are medically necessary for the treatment of malabsorption caused by Crohn's disease, ulcerative colitis, gastroesophageal reflux, chronic intestinal pseudo-obstruction, and inherited diseases of amino acids and organic acids. Coverage for inherited diseases of amino acids and organic acids shall include food products modified to be low protein {add}and shall extend to all recipients regardless of age{add}. {delete}~~Provided, however, that coverage shall not exceed an amount of two thousand five hundred dollars ($2,500) per covered member per year.~~ {delete}

(b) Benefit plans offered by an insurer may {add}not{add} impose a copayment and/or deductibles for the benefits mandated by this section{delete}~~, however, in no instance shall the copayment or deductible amount be greater than the copayment or deductible amount imposed for prescription enteral formulas or nutritional aids~~{delete}. Benefits for services under this chapter shall be reimbursed in accordance with the respective principles and mechanisms of reimbursement for each insurer, hospital, or medical service corporation, or health maintenance organization. Reimbursement shall be provided according to the respective principles and policies of the accident and sickness

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insurer. Nothing contained in this section precludes the accident and sickness insurer from conducting managed care, medical necessity, or utilization review.

(c) This section 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; and (9) other limited benefit policies.

SECTION 2. Section 27-19-61 of the General Laws in Chapter 27-19 entitled "Nonprofit Hospital Service Corporations" is hereby amended to read as follows:

27-19-61. Enteral nutrition products. -- (a) Every individual or group health insurance contract, or every individual or group hospital or medical expense insurance policy, plan, or group policy delivered, issued for delivery, or renewed in this state on or after January 1, 2009, shall provide coverage for nonprescription enteral formulas for home use for which a physician has issued a written order and which are medically necessary for the treatment of malabsorption caused by Crohn's disease, ulcerative colitis, gastroespphageal reflux, chronic intestinal pseudo-obstruction, and inherited diseases of amino acids and organic acids. Coverage for inherited diseases of amino acids and organic acids shall include food products modified to be low protein and shall extend to all recipients regardless of age. {delete}~~Provided, however, that coverage shall not exceed an amount of two thousand five hundred dollars ($2,500) per covered member per year.~~ {delete}

(b) Benefit plans offered by a hospital service corporation may {add}not{add} impose a copayment and/or deductible for the benefits mandated by this section{delete}~~, however, in no instance shall the copayment or deductible amount be greater than the copayment or deductible amount imposed for prescription enteral formulas or nutritional aids~~{delete}. Benefits for services under this chapter shall be reimbursed in accordance with the respective principles and mechanisms of reimbursement for each insurer, hospital, or medical service corporation, or health maintenance organization. Reimbursement shall be provided according to the respective principles and policies of the accident and sickness insurer. Nothing contained in this section precludes the accident and sickness insurer from conducting managed care, medical necessity, or utilization review.

(c) This section 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

30 supplement; (6) limited benefit health; (7) specified disease indemnity; (8) sickness or bodily
31 injury or death by accident or both; and (9) other limited benefit policies.
32 SECTION 3. Section 27-20-56 of the General Laws in Chapter 27-20 entitled "Nonprofit
33 Medical Service Corporations" is hereby amended to read as follows:
34 **27-20-56. Enteral nutrition products. --** (a) Every individual or group health insurance

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1 contract, or every individual or group hospital or medical expense insurance policy, plan, or
2 group policy delivered, issued for delivery, or renewed in this state on or after January 1, 2009,
3 shall provide coverage for nonprescription enteral formulas for home use for which a physician
4 has issued a written order and which are medically necessary for the treatment of malabsorption
5 caused by Crohn's disease, ulcerative colitis, gastroespphageal reflux, chronic intestinal pseudo-
6 obstruction, and inherited diseases of amino acids and organic acids. Coverage for inherited
7 diseases of amino acids and organic acids shall include food products modified to be low protein
8 and shall extend to all recipients regardless of age. {delete}~~Provided, however, that coverage shall not~~
9 ~~exceed an amount of two thousand five hundred dollars ($2,500) per covered member per year.~~ {delete}
10 (b) Benefit plans offered by a medical service corporation may {add}not{add} impose a copayment
11 and/or deductible for the benefits mandated by this section{delete}~~, however, in no instance shall the~~
12 ~~copayment or deductible amount be greater than the copayment of deductible amount imposed for~~
13 ~~prescription enteral formulas or nutritional aids~~{delete}. Benefits for services under this chapter shall be
14 reimbursed in accordance with the respective principles and mechanisms of reimbursement for
15 each insurer, hospital, or medical service corporation, or health maintenance organization.
16 Reimbursement shall be provided according to the respective principles and policies of the
17 accident and sickness insurer. Nothing contained in this section precludes the accident and
18 sickness insurer from conducting managed care, medical necessity, or utilization review.
19 (c) This section shall not apply to insurance coverage providing benefits for: (1) hospital
20 confinement indemnity; (2) disability income; (3) accident only; (4) long-term care; (5) Medicare
21 supplement; (6) limited benefit health; (7) specified disease indemnity; (8) sickness or bodily
22 injury or death by accident or both; and (9) other limited benefit policies.
23 SECTION 4. Section 27-41-74 of the General Laws in Chapter 27-41 entitled "Health
24 Maintenance Organizations" is hereby amended to read as follows:
25 **27-41-74. Enteral nutrition products. --** (a) Every individual or group health insurance
26 contract, or every individual or group hospital or medical expense insurance policy, plan, or
27 group policy delivered, issued for delivery, or renewed in this state on or after January 1, 2009,
28 shall provide coverage for nonprescription enteral formulas for home use for which a physician
29 has issued a written order and which are medically necessary for the treatment of malabsorption
30 caused by Crohn's disease, ulcerative colitis, gastroespphageal reflux, chronic intestinal pseudo-
31 obstruction, and inherited diseases of amino acids and organic acids. Coverage for inherited
32 diseases of amino acids and organic acids shall include food products modified to be low protein
33 {add}and shall extend to all recipients regardless of age{add}. {delete} ~~Provided, however, that coverage shall not~~
34 ~~exceed an amount of two thousand five hundred dollars ($2,500) per covered member per year.~~ {delete}

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1 (b) Benefit plans offered by a health maintenance organization may {add}not{add} impose a
2 copayment and/or deductible for the benefits mandated by this section{delete}~~, however, in no instance~~
3 ~~shall the copayment or deductible amount be greater than the copayment of deductible amount~~
4 ~~imposed for prescription enteral formulas or nutritional aids~~{delete}. Benefits for services under this
5 chapter shall be reimbursed in accordance with the respective principles and mechanisms of
6 reimbursement for each insurer, hospital, or medical service corporation, or health maintenance
7 organization. Reimbursement shall be provided according to the respective principles and policies

of the accident and sickness insurer. Nothing contained in this section precludes the accident and sickness insurer from conducting managed care, medical necessity, or utilization review.

(c) This section 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; and (9) other limited benefit policies.

SECTION 5. Section 40-6-3.12 of the General Laws in Chapter 40-6 entitled "Public Assistance Act" is hereby amended to read as follows:

40-6-3.12. Enteral nutrition products. -- (a) As used in this section:

(1) "Enteral nutrition" means a supplemental feeding that is provided via the gastrointestinal tract by mouth (orally), or through a tube, catheter, or stoma that delivers nutrients distal to the oral cavity.

(2) "Nutritional risk" means actual or potential for developing malnutrition, as evidenced by clinical indicators, the presence of chronic disease, or increased metabolic requirements due to impaired ability to ingest or absorb food adequately.

(b) The department shall provide for vendor payment of enteral nutrition products in accordance with rules and regulations of the department, when determined to be medically necessary on an individual, case-by-case basis and ordered by a physician in accordance with Rhode Island department of health form(s) on enteral nutrition products. {delete}~~Provided, however, that coverage shall not exceed an amount of two thousand five hundred dollars ($2,500) per individual per year.~~ {delete}

(c) The determination of medical necessity for enteral nutrition products shall be based upon a combination of clinical data and the presence of indicators that would affect the relative risks and benefits of the products including, but not limited to:

(1) Enteral nutrition, whether orally or by tube feeding, is used as a therapeutic regimen to prevent serious disability or death in a person with a medically diagnosed condition that precludes the full use of regular food.

(2) The person presents clinical signs and symptoms of impaired digestion malabsorption, or nutritional risk, as indicated by the following anthropometric measures:

(i) Weight loss that presents actual or potential for developing, malnutrition as follows:

(A) In adults, showing involuntary or acute weight loss of greater than or equal to ten percent (10%) of usual body weight during a three (3) to six (6) month period, or body mass index (bmi) below 18.5 kg/m2;

(B) In neonates, infants and children, showing:

(I) Very low birth weight (lbw) even in the absence of gastrointestinal, pulmonary or cardiac disorders;

(II) A lack of weight gain, or weight gain less than two (2) standard deviations below the age appropriate mean in a one month period for children under six (6) months, or two (2) month period for children aged six (6) to twelve (12) months;

(III) No weight gain or abnormally slow rate of gain for three (3) months for children older than one year, or documented weight loss that does not reverse promptly with instruction in appropriate diet for age; or

(IV) Weight for height less than the tenth (10th) percentile; and

(ii) Abnormal laboratory test pertinent to the diagnosis.

(3) The risk factors for actual or potential malnutrition have been identified and documented. Such risk factors include, but are not limited to, the following:

(i) Anatomic structures of the gastrointestinal tract that impair digestion and absorption;

(ii) Neurological disorders that impair swallowing or chewing;

22 (iii) Diagnosis of inborn errors of metabolism that require medically necessary formula
23 used for specific metabolic conditions and food products modified low in protein (for example,
24 phenylketonuria (pku) tyrosinemia, homocystinuria, maple syrup urine disease, propionic aciduria
25 and methylmalonic aciduria);
26 (iv) Prolonged nutrient losses due to malabsorption syndromes or short-bowel
27 syndromes, diabetes, celiac disease, chronic pancreatitis, renal dialysis, draining abscess or
28 wounds, etc.;
29 (v) Treatment with anti-nutrient or catabolic properties (for example, anti-tumor
30 treatments, corticosteroids, immunosuppressant, etc.);
31 (vi) Increased metabolic and/or caloric needs due to excessive burns, infection, trauma,
32 prolonged fever, hyperthyroidism, or illnesses that impair caloric intake and/or retention; or
33 (vii) A failure-to-thrive diagnosis that increases caloric needs while impairing caloric
34 intake and/or retention.

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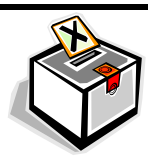
1 (4) A comprehensive medical history and a physical examination have been conducted to
2 detect factors contributing to nutritional risk.
3 (5) Enteral nutrition is indicated as the primary source of nutritional support essential for
4 the management of risk factors that impair digestion or malabsorption, and for the management of
5 surgical preparation or postoperative care.
6 (6) A written plan of care has been developed for regular monitoring of signs and
7 symptoms to detect improvement in the person's condition. Nutritional status should be monitored
8 regularly;
9 (i) For improvements in anthropometric measures;
10 (ii) For improvements in laboratory test indicators; and
11 (iii) In children, to assess growth and weight for height.
12 (d) Enteral nutrition products shall not be considered medically necessary under certain
13 circumstances including, but not limited to, the following:
14 (1) A medical history and physical examination have been performed and other possible
15 alternatives have been identified to minimize nutritional risk.
16 (2) The person is underweight, but has the ability to meet nutritional needs through the
17 use of regular food consumption.
18 (3) Enteral products are used as supplements to a normal or regular diet in a person
19 showing no clinical indicators of nutritional risk.
20 (4) The person has food allergies, lactose intolerance or dental problems, but has the
21 ability to meet his or her nutritional requirements through an alternative food source.
22 (5) Enteral products are to be used for dieting or a weight-loss program.
23 (6) No medical history or physical examination has been taken and there is no
24 documentation that supports the need for enteral nutrition products.
25 SECTION 6. This act shall take effect upon passage.

	MOTION: To find beneficial 2014 S 2505 An Act Relating to Insurance. Motion moved by RC, seconded by JR, passed, abstained HD
	14 H 7577 An Act Relating To Insurance - Hearing Aids Rep. Jacquard in House Health, Education, & Welfare Committee This act would increase hearing aid insurance coverage for those under the age of nineteen (19) from one thousand five hundred dollars ($1,500) to full cost, and for those age nineteen (19) and older from seven hundred dollars ($700) to one thousand five hundred dollars ($1,500).

	This act would take effect upon passage.

SECTION 1. Section 27-18-60 of the General Laws in Chapter 27-18 entitled "Accident and Sickness Insurance Policies" is hereby amended to read as follows:

27-18-60. Hearing aids. -- (a) (1) Every individual or group health insurance contract, or every individual or group hospital or medical expense insurance policy, plan, or group policy delivered, issued for delivery, or renewed in this state on or after {delete}~~January 1, 2006~~{delete} {add}July 1, 2014{add}, shall provide coverage for {delete}~~one thousand five hundred dollars ($1,500) per~~{delete} {add}one{add} individual hearing aid, per ear, every three (3) years for anyone under the age of nineteen (19) years, and shall provide coverage for {delete}~~seven hundred dollars ($700)~~{delete} {add}one thousand five hundred dollars ($1,500) {add} per individual hearing aid, per ear, every three (3) years for anyone of the age of nineteen (19) years and older.

(2) Every group health insurance contract or group hospital or medical expense insurance policy, plan, or group policy delivered, issued for delivery, or renewed in this state on or after {delete}~~January 1, 2006~~{delete} {add}July 1, 2014{add}, shall provide, as an optional rider, additional hearing aid coverage. Provided, the provisions of this paragraph shall not apply to contracts, plans, or group policies subject to the small employer health insurance availability act, chapter 50 of this title.

(b) For the purposes of this section:

(1) "Hearing aid" means any nonexperimental, wearable instrument or device designed for the ear and offered for the purpose of aiding or compensating for impaired human hearing, but excluding batteries, cords, and other assistive listening devices, including, but not limited to FM systems.

(c) It shall remain within the sole discretion of the accident and sickness insurer as to the provider of hearing aids with which they choose to contract. Reimbursement shall be provided according to the respective principles and policies of the accident and sickness insurer. Nothing contained in this section precludes the accident and sickness insurer from conducting managed care, medical necessity, or utilization review.

(d) This section does 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 diseased indemnity; (8) sickness of bodily injury or death by accident or both; (9) and other limited benefit policies.

SECTION 2. Section 27-19-51 of the General Laws in Chapter 27-19 entitled "Nonprofit Hospital Service Corporations" is hereby amended to read as follows:

27-19-51. Hearing aids. -- (a) (1) Every individual or group health insurance contract, or every individual or group hospital or medical expense insurance policy, plan, or group policy delivered, issued for delivery, or renewed in this state on or after {delete}~~January 1, 2006~~{delete} {add}July 1, 2014{add}, shall provide coverage for {delete}~~one thousand five hundred dollars ($1,500) per~~{delete} {add}one{add} individual hearing aid, per ear, every three (3) years for anyone under the age of nineteen (19) years, and shall provide coverage for {delete}~~seven hundred dollars ($700)~~{delete} {add}one thousand five hundred dollars ($1,500) {add} per individual hearing aid per ear, every three (3) years for anyone of the age of nineteen (19) years and older.

(2) Every group health insurance contract or group hospital or medical expense insurance policy, plan, or group policy delivered, issued for delivery, or renewed in this state on

23 or after {delete}~~January 1, 2006~~{delete} {add}July 1, 2014{add}, shall provide, as an optional rider, additional hearing aid
24 coverage. Provided, the provisions of this paragraph shall not apply to contracts, plans, or group
25 policies subject to the small employer health insurance availability act, chapter 50 of this title.
26 (b) For the purposes of this section, "hearing aid" means any nonexperimental, wearable
27 instrument or device designed for the ear and offered for the purpose of aiding or compensating
28 for impaired human hearing, but excluding batteries, cords, and other assistive listening devices,
29 including, but not limited to, FM systems.
30 (c) It shall remain within the sole discretion of the nonprofit hospital service corporation
31 as to the provider of hearing aids with which they choose to contract. Reimbursement shall be
32 provided according to the respective principles and policies of the nonprofit hospital service
33 corporation. Nothing contained in this section precludes the nonprofit hospital service corporation
34 from conducting managed care, medical necessity, or utilization review.

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1 SECTION 3. Section 27-20-46 of the General Laws in Chapter 27-20 entitled "Nonprofit
2 Medical Service Corporations" is hereby amended to read as follows:
3 **27-20-46. Hearing aids. --** (a) (1) Every individual or group health insurance contract, or
4 every individual or group hospital or medical expense insurance policy, plan, or group policy
5 delivered, issued for delivery, or renewed in this state on or after {delete}~~January 1, 2006~~{delete} {add}July 1, 2014{add},
6 shall provide coverage for {delete}~~one thousand five hundred dollars ($1,500) per~~{delete} {add}one{add} individual hearing
7 aid, per ear, every three (3) years for anyone under the age of nineteen (19) years, and shall
8 provide coverage for {delete}~~seven hundred dollars ($700)~~{delete} {add}one thousand five hundred dollars ($1,500) {add}
9 per individual hearing aid per ear, every three (3) years for anyone of the age of nineteen (19)
10 years and older.
11 (2) Every group health insurance contract or group hospital or medical expense
12 insurance policy, plan, or group policy delivered, issued for delivery, or renewed in this state on
13 or after {delete}~~January 1, 2006~~{delete} {add}July 1, 2014{add}, shall provide, as an optional rider, additional hearing aid
14 coverage. Provided, the provisions of this paragraph shall not apply to contracts, plans, or group
15 policies subject to the small employer health insurance availability act, chapter 50 of this title.
16 (b) For the purposes of this section, "hearing aid" means any nonexperimental, wearable
17 instrument or device designed for the ear and offered for the purpose of aiding or compensating
18 for impaired human hearing, but excluding batteries, cords, and other assistive listening devices,
19 including, but not limited to, FM systems.
20 (c) It shall remain within the sole discretion of the nonprofit medical service corporation
21 as to the provider of hearing aids with which they choose to contract. Reimbursement shall be
22 provided according to the respective principles and policies of the nonprofit medical service
23 corporation. Nothing contained in this section precludes the nonprofit medical service corporation
24 from conducting managed care, medical necessity, or utilization review.
25 SECTION 4. Section 27-41-63 of the General Laws in Chapter 27-41 entitled "Health
26 Maintenance Organizations" is hereby amended to read as follows:
27 **27-41-63. Hearing aids. --** (a) (1) Every individual or group health insurance contract, or
28 every individual or group hospital or medical expense insurance policy, plan, or group policy
29 delivered, issued for delivery, or renewed in this state on or after {delete}~~January 1, 2006~~{delete} {add}July 1, 2014{add},
30 shall provide coverage for {delete}~~one thousand five hundred dollars ($1,500) per~~{delete} {add}one{add} individual hearing

31 aid, per ear, every three (3) years for anyone under the age of nineteen (19) years, and shall
32 provide coverage for {delete} ~~seven hundred dollars ($700)~~ {delete} {add} one thousand five hundred dollars ($1,500) {add}
33 per individual hearing aid per ear, every three (3) years for anyone of the age of nineteen (19)
34 years and older.

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1 (2) Every group health insurance contract or group hospital or medical expense
2 insurance policy, plan, or group policy delivered, issued for delivery, or renewed in this state on
3 or after {delete} ~~January 1, 2006~~ {delete} {add} July 1, 2014 {add}, shall provide, as an optional rider, additional hearing aid
4 coverage. Provided, the provisions of this paragraph shall not apply to contracts, plans, or group
5 policies subject to the small employer health insurance availability act, chapter 50 of this title.
6 (b) For the purposes of this section, "hearing aid" means any nonexperimental, wearable
7 instrument or device designed for the ear and offered for the purpose of aiding or compensating
8 for impaired human hearing, but excluding batteries, cords, and other assistive listening devices,
9 including, but not limited to FM systems.
10 (c) It shall remain within the sole discretion of the health maintenance organizations as
11 to the provider of hearing aids with which they choose to contract. Reimbursement shall be
12 provided according to the respective principles and policies of the health maintenance
13 organizations. Nothing contained in this section precludes the health maintenance organizations
14 from conducting managed care, medical necessity, or utilization review.
15 SECTION 5. This act shall take effect upon passage.

	MOTION: To find beneficial if amended increase to $3,000 for under 19, w/ exceptions for most acute hearing lost 2014 H 7577 An Act Relating To Insurance - Hearing Aids. Motion moved by EG, seconded by JR, passed abstained HD
	14 S 2701 An Act Relating to Insurance -- Insurance Coverage for Mental Illness and Substance Abuse This act would specify the nature and extent of the health benefits for addictive and behavioral healthcare and surgical services that health insurers must offer in their health insurance policies relating to a diagnosis of mental health or substance abuse disorders in order to make these benefits equivalent to those benefits offered for general medical benefits. This act would take effect upon passage.

1 SECTION 1. Sections 27-38.2-1, 27-38.2-2 and 27-38.2-3 of the General Laws in
2 Chapter 27-38.2 entitled "Insurance Coverage for Mental Illness and Substance Abuse" are
3 hereby amended to read as follows:
4 **27-38.2-1. Mental illness coverage. --** Every health care insurer that delivers or issues
5 for delivery or renews in this state a contract, plan, or policy except contracts providing
6 supplemental coverage to Medicare or other governmental programs, ~~shall provide coverage for~~
7 ~~the medical treatment of mental illness and substance abuse under the same terms and conditions~~
8 ~~as that coverage is provided for other illnesses and diseases. Insurance coverage offered pursuant~~
9 ~~to this statute must include the same durational limits, amount limits, deductibles, and co-~~
10 ~~insurance factors for mental illness as for other illnesses and diseases.~~ shall provide equivalent
11 health benefits for addiction and behavioral health care and surgical services, including a primary
12 care practitioner's diagnosis of mental health or a substance abuse disorder, and the associated
13 coverage of any medication or therapy for treatment of the disorder in a prescription drug
14 formulary. Every health care insurer covered by this chapter shall also be prohibited from
15 imposing separate or more restrictive financial requirements or treatment limitations on mental

16 health and substance abuse disorder benefits than those they imposed on other general medical
17 benefits for the individual policy holders, enrollees, subscribers, or members for policies subject
18 to federal MHPAEA and all provisions of this chapter.
1 **27-38.2-2. Definitions. --** For the purposes of this chapter, the following words and terms
2 have the following meanings:
3 (1) "Health insurers" means all persons, firms, corporations, or other organizations
4 offering and assuring health services on a prepaid or primarily expense-incurred basis, including
5 but not limited to policies of accident or sickness insurance, as defined by chapter 18 of this title,
6 nonprofit hospital or medical service plans, whether organized under chapter 19 or 20 of this title
7 or under any public law or by special act of the general assembly, health maintenance
8 organizations, or any other entity which insures or reimburses for diagnostic, therapeutic, or
9 preventive services to a determined population on the basis of a periodic premium. Provided, this
10 chapter does not apply to insurance coverage providing benefits for:
11 (i) Hospital confinement indemnity;
12 (ii) Disability income;
13 (iii) Accident only;
14 (iv) Long-term care;
15 (v) Medicare supplement;
16 (vi) Limited benefit health;
17 (vii) Specific disease indemnity;
18 (viii) Sickness or bodily injury or death by accident or both; and
19 (ix) Other limited benefit policies.
20 (2) "Mental illness" means any mental disorder and substance abuse disorder that is
21 listed in the most recent revised publication or the most updated volume of either the Diagnostic
22 and Statistical Manual of Mental Disorders (DSM) published by the American Psychiatric
23 Association or the International Classification of Disease Manual (ICO) published by the World
24 Health Organization and that substantially limits the life activities of the person with the illness;
25 provided, that tobacco and caffeine are excluded from the definition of "substance" for the
26 purposes of this chapter. "Mental illness" shall not include: (i) mental retardation, (ii) learning
27 disorders, (iii) motor skills disorders, (iv) communication disorders, and (v) mental disorders
28 classified as "V" codes. Nothing shall preclude persons with these conditions from receiving
29 benefits provided under this chapter for any other diagnoses covered by this chapter.
30 (3) "Mental illness coverage" means inpatient hospitalization, partial hospitalization
31 provided in a hospital or any other licensed facility, intensive out patient services, outpatient
32 services and community residential care services for substance abuse treatment. It shall not
33 include methadone maintenance services or community residential care services for mental
34 illnesses other than substance abuse disorders.
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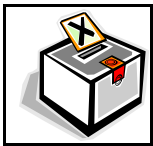
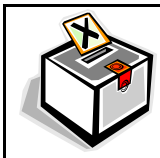
1 (4) "Outpatient services" means office visits that provide for the treatment of mental
2 illness and substance abuse.
3 (5) "Community residential care services" mean those facilities as defined and licensed
4 in accordance with chapter 24 of title 40.1.
5 (6) "MHPAEA" means the Paul Wellstone and Pete Domenici Mental Health Parity and
6 Addition Equity Act of 2008 section 511 of Pub. L. 110-343 and all subsequent rules and
7 regulations.
8 **27-38.2-3. Medical necessity and appropriateness of treatment. --** (a) Upon request of
9 the reimbursing health insurers, all providers of treatment of mental illness shall furnish medical
10 records or other necessary data which substantiates that initial or continued treatment is at all
11 times medically necessary and appropriate. When the provider cannot establish the medical
12 necessity and/or appropriateness of the treatment modality being provided, neither the health

13 insurer nor the patient shall be obligated to reimburse for that period or type of care that was not
14 established. The exception to the preceding can only be made if the patient has been informed of
15 the provisions of this subsection and has agreed in writing to continue to receive treatment at his
16 or her own expense.
17 (b) The health insurers, when making the determination of medically necessary and
18 appropriate treatment, must do so in a manner consistent with that used to make the determination
19 for the treatment of other diseases or injuries covered under the health insurance policy or
20 agreement and shall use medical management standards that are comparable to and applied no
21 more stringently than the standards used to determine medical necessity for other medical and
22 surgical services and/or procedures.
23 (c) Any subscriber who is aggrieved by a denial of benefits provided under this chapter
24 may appeal a denial in accordance with the rules and regulations promulgated by the department
25 of health pursuant to chapter 17.12 of title 23.
26 SECTION 2. This act shall take effect upon passage.

	Tabled 2014 S 2701 An Act Relating to Insurance -- Insurance Coverage for Mental Illness and Substance Abuse for information from BHDDH
	Housing Legislation
	14 H 7557 An Act Relating to State Affairs and Government -- Establishing a Program Within the Department Of Human Services to Provide for Emergency Housing Assistance Rep. Slater in House Finance Committee This act would establish an emergency housing assistance fund to be administered by the department of human services in conjunction with community action program agencies. This act would take effect upon passage.

1 SECTION 1. Chapter 42-12 of the General Laws entitled "Department of Human
2 Services" is hereby amended by adding thereto the following section:
3 {add}**42-12-31. Emergency housing assistance fund. –** (a) There is established an emergency
4 housing assistance fund which shall be administered by the department of human services in
5 conjunction with community action program agencies.
6 (b) The general assembly shall annually appropriate sufficient amounts to fund the
7 emergency housing assistance fund.
8 (c) The purpose of the emergency housing assistance fund is to assist in providing safe
9 and affordable housing to residents.
10 (d) The department of human services will promulgate rules and regulations regarding the
11 use and disbursement of all sums appropriated by the general assembly for the emergency
12 housing assistance fund. These rules and regulations will be promulgated pursuant to the Rhode
13 Island Administrative Procedures Act, chapter 35 of title 42.{add}
14 SECTION 2. This act shall take effect upon passage.

	MOTION: To find beneficial if amended if funded 2014 H 7557 An Act Relating to State Affairs and Government -- Establishing a Program Within the Department of Human Services to Provide for Emergency Housing Assistance. Motion moved by RC, seconded by AS, passed unanimously
	Medicaid Legislation

	14 H 7527 & H 7880 Acts Relating to Human Services - Medical Assistance Rep. Serpa in House Corporations Committee Rep. Lima in House Corporations Committee This act would provide a choice for beneficiaries to decline participation in any managed long-term care arrangement, and to remain in traditional Medicaid and/or traditional Medicare, designate an ombudsperson to advocate on their behalf, provide an individual to act as a liaison between health care providers and managed care organizations, and realize financial savings whenever possible without any detrimental effect on the quality of care afforded beneficiaries with reports required by the executive office of health and human services every six (6) months. This act would take effect upon passage.

SECTION 1. Chapter 40-8 of the General Laws entitled "Medical Assistance" is hereby amended by adding thereto the following section:

{add}**40-8-16.1. Managed care arrangements for long-term care. –** (a) Definitions. For purposes of this section, the following terms shall have the following :

(1) "Beneficiary" means an individual who is eligible for medical assistance under the Rhode Island Medicaid state plan established in accordance with 42 U.S.C. 1396, and includes individuals who are additionally eligible for benefits under the Medicare program (42 U.S.C. Sec. 1395, et seq.) or other health plan.

(2) "Duals demonstration project" means a demonstration project established pursuant to the financial alignment demonstration established under § 2602 of the Patient Protection and Affordable Care Act (Pub. L. 111-148), involving a three way contract between Rhode Island, the federal Centers for Medicare and Medicaid Services ("CMS") and qualified health plans, and covering health care services provided to beneficiaries.

(3) "EOHHS" means the Rhode Island executive office of health and human services.

(4) "EOHHS level of care tool" means to a set of criteria established by EOHHS and used in January 2014 to determine the long-term care needs of a beneficiary as well as the appropriate setting for delivery of that care.

(5) "Long-term care services and supports" means a spectrum of services covered by the Rhode Island Medicaid program and/or the Medicare program, that are required by individuals

Page 2

with post acute care needs, functional impairments and/or chronic illness, and includes skilled or custodial nursing facility care, as well as various home and community based services.

(6) "Managed long-term care arrangement" means any arrangement under which a managed care organization is granted some or all of the responsibility for providing and/or paying for long-term care services and supports that would otherwise be provided or paid under the Rhode Island Medicaid program. The term includes, but is not limited to, a duals demonstration project, and/or phase I and phase II of the integrated care initiative established by the executive office of health and human services.

(7) "Managed care organization" means any health plan, health maintenance organization, managed care plan, or other person or entity that enters into a contract with the state under which it is granted the authority to arrange for the provision of, and/or payment for, long-term care supports and services to eligible beneficiaries under a managed long-term care arrangement.

(8) "Plan of care" means a care plan established by a nursing facility in accordance with state and federal regulations, and which identifies specific problems, goals, interventions and time frames for care and services provided to a beneficiary.

(b) Beneficiary choice. Any managed long-term care arrangement shall offer beneficiaries the option to decline participation and remain in traditional Medicaid and, if a duals demonstration project, traditional Medicare. Beneficiaries must be provided with sufficient

20 information to make an informed choice regarding enrollment, including:
21 (1) Any changes in the beneficiary's payment or other financial obligations with respect
22 to long-term care services and supports as a result of enrollment;
23 (2) Any changes in the nature of the long-term care services and supports available to the
24 beneficiary as a result of enrollment, including specific descriptions of new services that will be
25 available or existing services that will be curtailed or terminated;
26 (3) A contact person who can assist the beneficiary in making decisions about
27 enrollment;
28 (4) Individualized information regarding whether the managed care organization's
29 network includes the health care providers with whom beneficiaries have established provider
30 relationships. Directing beneficiaries to a website identifying the plan's provider network shall not
31 be sufficient to satisfy this requirement; and
32 (5) The deadline by which the beneficiary must make a choice regarding enrollment, and
33 the length of time a beneficiary must remain enrolled in a managed care organization before
34 being permitted to change plans or opt out of the arrangement.

1 (c) Ombudsman process. EOHHS shall designate an ombudsperson to advocate for
2 beneficiaries enrolled in a managed long-term care arrangement. The ombudsperson shall
3 advocate for beneficiaries through complaint and appeal processes and ensure that necessary
4 health care services are provided. At the time of enrollment, a managed care organization must
5 inform enrollees of the availability of the ombudsperson, including contact information.
6 (d) Provider/plan liaison. EOHHS shall designate an individual, not employed by or
7 otherwise under contract with a participating managed care organization, who shall act as liaison
8 between health care providers and managed care organizations, for the purpose of facilitating
9 communications and assuring that issues and concerns are promptly addressed.
10 (e) Financial savings under managed care. To the extent that financial savings are a goal
11 under any managed long-term care arrangement, it is the intent of the legislature to achieve such
12 savings through administrative efficiencies, care coordination, and improvements in care
13 outcomes, rather than through reduced reimbursement rates to providers or limiting access to
14 medically necessary care and services. Therefore:
15 (1) Any managed long-term care arrangement shall include a requirement that
16 participating managed care organizations reimburse providers for services in accordance with the
17 following:
18 (i) The annual adjustment to rates by the change in a recognized national nursing home
19 inflation index as described in § 40-8-19(a)(2)(vi) or successor statute shall be applied to rates of
20 payment to nursing facilities for Medicaid-covered services.
21 (ii) For a duals demonstration project, the managed care organization:
22 (A) Shall not combine the rates of payment for post-acute skilled and rehabilitation care
23 provided by a nursing facility and long-term and chronic care provided by a nursing facility in
24 order to establish a single payment rate for dual eligible beneficiaries requiring skilled nursing
25 services;
26 (B) Shall pay nursing facilities providing post-acute skilled and rehabilitation care or
27 long-term and chronic care rates that reflect the different level of services and intensity required
28 to provide these services; and
29 (C) For purposes of determining the appropriate rate for the type of care identified in
30 subsection (e)(l)(ii)(B), the managed care organization shall pay no less than the rates which
31 would be paid for that care under Medicare and Rhode Island Medicaid for these service types.
32 (iii) For a managed long-term care arrangement that is not a duals demonstration project,
33 the managed care organization shall reimburse providers in an amount no less than the rate that
34 would be paid for the same care by EOHHS under the Medicaid program.

(2) Any managed long-term care arrangement shall include a requirement that participating managed care organizations use only the EOHHS level of care tool in determining coverage of long-term care supports and services for beneficiaries. EOHHS may amend the level of care tool provided that any changes are established upon public notice and comment; in consultation with beneficiaries and providers of Medicaid-covered long-term care supports and services; and are based upon reasonable medical evidence or consensus, in consideration of the specific needs of Rhode Island beneficiaries. Notwithstanding anything else herein, however, in the case of a duals demonstration project a managed care organization may use a different level of care tool for determining coverage of services that would otherwise be covered by Medicare, since the criteria established by EOHHS are directed towards Medicaid-covered services; provided that such level of care tool is established upon public notice and comment; in consultation with beneficiaries and providers of Medicaid-covered long-term care supports and services; and is based upon reasonable medical evidence or consensus, in consideration of the specific needs of Rhode Island beneficiaries.

(3) Any managed long-term care arrangement shall include a requirement that participating managed care organizations establish a mechanism under which providers furnish input into the managed care organization's long-term care policies and procedures, including case management; nursing care; quality management and reporting; and claims processing and payment, as well as a mechanism under which beneficiaries furnish input into the managed care organization's policies and procedures regarding the delivery of long-term care services and supports.

(e) Payment incentives. In order to encourage quality improvement and promote appropriate utilization incentives for providers in a managed long-term care arrangement a managed care organization may use incentive or bonus payment programs that are in addition to the rates identified in subsection (e)(1).

(f) Any willing provider. A managed care organization must contract with and cover services furnished by any nursing facility licensed under chapter 23-17, and certified by CMS that provides Medicaid-covered nursing facility services pursuant to a provider agreement with the state, provided that the nursing facility is not disqualified under the managed care organization's quality standards that are applicable to all nursing facilities; and the nursing facility is willing to accept the reimbursement rates described in subsection (e) of this section.

(g) Case management/plan of care. No managed care organization acting under a managed long-term care arrangement may require a provider to change a plan of care if the provider reasonably believes that such an action would conflict with the provider's responsibility

to develop an appropriate care plan under state and federal regulations.

(i) Care transitions. In the event that a beneficiary: (1) Has been determined to meet level of care requirements for nursing facility coverage as of the date of his or her enrollment in a managed care organization; or (2) Been determined to meet level of care requirements for nursing facility coverage by a managed care organization after enrollment; and there is a change in condition whereby the managed care organization determines that the beneficiary no longer meets such level of care requirements, the nursing facility shall promptly arrange for an appropriate and safe discharge (with the assistance of the managed care organization if the facility requests it), and the managed care organization shall continue to pay for the beneficiary's nursing facility care at the same rate until the beneficiary is discharged.

(j) Reporting requirements. EOHHS shall report to the general assembly and shall make available to interested persons a separate accounting of state expenditures for long-term care supports and services under any managed long-term care arrangement, specifically and separately identifying expenditures for home and community based services, assisted living services,

15 hospice services within nursing facilities, hospice services outside of nursing facilities, and
16 nursing facility services. Such reports shall be made twice annually, six (6) months apart,
17 beginning six (6) months following the implementation of any managed long-term care
18 arrangement, and shall include a detailed report of utilization of each such service. In order to
19 facilitate such reporting, any managed long-term care arrangement shall include a requirement
20 that a participating managed care organization make timely reports of the data necessary to
21 compile such reports.{add}
22 SECTION 2. This act shall take effect upon passage.

	The Committee took no position on 2014 H 7527 & H 7880 Acts Relating to Human Services - Medical Assistance.
	Professional Standards Legislation
	H 7622 An Act Relating to Businesses And Professions - Hearing Aid Dealers and Fitters Rep. Lombardi in House Judiciary Committee This act would prohibit the sale and/or delivery of hearing aids through the internet or direct mail, and would provide for criminal penalties for violations. This act would take effect upon passage.

1 SECTION 1. Section 5-49-13 of the General Laws in Chapter 5-49 entitled "Hearing Aid
2 Dealers and Fitters" is hereby amended to read as follows:
3 **5-49-13. Prohibited acts and practices. –** (a) No person shall:
4 (1) Sell, barter, or offer to sell or barter, a license.
5 (2) Purchase or procure by barter a license with intent to use it as evidence of the
6 holder's qualifications to practice the fitting and sale of hearing aids.
7 (3) Alter a license with fraudulent intent.
8 (4) Use or attempt to use as a valid license a license which has been purchased,
9 fraudulently obtained, counterfeited, or materially altered.
10 (5) Willfully make a false statement in an application for license or application for
11 renewal of a license.
12 {add}(b) The sale and/or delivery of hearing aids through the internet or direct mail is
13 prohibited and shall be punishable by a fine of not more than five hundred dollars ($500) or
14 imprisonment for not more than ninety (90) days, or both.{add}
15 SECTION 2. This act shall take effect upon passage.

	The Committee took no position on 2014 H 7622 An Act Relating to Businesses And Professions - Hearing Aid Dealers and Fitters.
	Special Education Legislation
	14 H 7829 An Act Relating to Education - Screening for Reading Disabilities Rep. Lombardi in House Health, Education, & Welfare Committee This act would require school districts to conduct screening for dyslexia and other reading disabilities of school children who have exhibited one or more potential indicators using certain screening methods selected by the commissioner of education. This act would take effect upon passage and would be implemented at the commencement of the 2014/2015 school year.

1 SECTION 1. Title 16 of the General Laws entitled "EDUCATION" is hereby amended
2 by adding thereto the following chapter:

{add}CHAPTER 103

SCREENING FOR READING DISABILITIES ACT

16-103-1. Short title. – This chapter shall be known and may be cited as the "Screening for Reading Disabilities Act".

16-103-2. Definitions. – The following words and phrases shall have the following meanings when used in this chapter.

(1) "Potential indicators of dyslexia or other reading disabilities" means indicators that include, but shall not be limited to, difficulty in acquiring language skills; inability to comprehend oral or written language; difficulty in rhyming words; difficulty in naming letters, recognizing letters, matching letters to sounds, and blending sounds when speaking and reading words; difficulty recognizing and remembering sight words; consistent transposition of number sequences, letter reversals, inversions, and substitutions; and trouble in replication of content.

16-103-3. Distribution of information on screening instruments. – (a) The commissioner of education shall distribute to each school district information on screening instruments available to identify students who possess one or more potential indicators of dyslexia or other reading disabilities pursuant to this chapter. The commissioner shall provide information on the screening instruments appropriate for kindergarten through second grade

students and on screening instruments that may be suitably used for older students. Each school district shall select and implement age appropriate screening instruments for the early diagnosis of dyslexia and other reading disabilities.

(b) The commissioner shall develop and distribute to each school district guidance on appropriate intervention strategies for students diagnosed with dyslexia or other reading disabilities.

16-103-4. Screening for dyslexia and other reading disabilities. – (a) A school district shall ensure that each student enrolled in the school district who has exhibited one or more potential indicators of dyslexia or other reading disabilities is screened for dyslexia and other reading disabilities using a screening instrument selected pursuant to this chapter no later than the student's completion of the first semester or trimester of the second (2nd) grade.

(b) In the event that a student who would have been enrolled in kindergarten or grade one or two (2) during or after the 2014-2015 school year enrolls in the district in kindergarten or grades one through six (6) during or after the 2015-2016 school year and has no record of being previously screened for dyslexia or other reading disabilities pursuant to this act, the school district shall ensure that the newly-enrolled student is screened for dyslexia and other reading disabilities using a screening instrument selected pursuant to this act at the same time other students enrolled in the student's grade are screened for dyslexia and other reading disabilities, or, if other students enrolled in the student's grade have previously been screened, within ninety (90) calendar days of the date the student is enrolled.

(c) The screening required by this chapter shall be administered by a teacher or other teaching staff member properly trained in the screening process for dyslexia and other reading disabilities.

16-103-5. Comprehensive assessment for the learning disorder. – In the event that a student is determined through screening conducted pursuant to this chapter to possess one or more potential indicators of dyslexia or other reading disabilities, the school district shall ensure that the student receives a comprehensive assessment for the learning disorder. In the event that a diagnosis of dyslexia or other reading disability is confirmed by the comprehensive assessment, the school district shall provide appropriate evidence-based intervention strategies to the student, including intense instruction on phonemic awareness, phonics and fluency, vocabulary, and reading comprehension.{add}

1 SECTION 2. This act shall take effect upon passage and shall be implemented at the
2 commencement of the 2014/2015 school year.

	The Committee took no position on 2014 H 7829 An Act Relating to Education - Screening for Reading Disabilities.
	New Legislation introduced after the March 10th meeting
	14 S 2748 An Act Relating to Insurance - Accident and Sickness Insurance Policies Sen. Archambault in Senate Health and Human Services Committee This act would require insurance providers to provide notice of changes relating to coverage to plan purchasers and covered members. This act would take effect upon passage.

1 SECTION 1. Chapter 27-18 of the General Laws entitled "Accident and Sickness
2 Insurance Policies" is hereby amended by adding thereto the following section:
3 {add}**27-18-82. Plan change notice. –** Every entity providing a policy of accident and sickness
4 insurance as defined in this chapter shall notify:
5 (1)(i) All plan purchasers purchasing services for employees under a group or individual
6 policy contract or health benefit plan for coverage of accident and sickness insurance, in writing,
7 of any changes to its rules and regulations, guidelines, policies, or procedures concerning
8 coverage of or payment for services.
9 (ii) Said notice of changes in terms shall be communicated to all plan purchasers
10 purchasing services for employees in writing by the plan showing the changes in redline format
11 and shall be provided to the participating plan purchasers no later than fifteen (15) days before the
12 effective date of said changes.
13 (iii) The notice shall demonstrate how these changes in coverage will impact the cost of
14 the plan, including demonstrable cost savings to the plan purchasers.
15 (2)(i) All covered members under a group or individual policy contract or health benefit
16 plan for coverage of accident and sickness insurance, in writing, of any changes to its rules and
17 regulations, guidelines, policies, or procedures concerning coverage of or payment for services.
18 (ii) Said notice of changes in terms shall be communicated to the covered members in
19 writing by the plan showing the changes in redline format and shall be provided to the covered

Page 1

1 members no later than fifteen (15) days before the effective date of said changes. {add}
2 SECTION 2. Chapter 27-18.5 of the General Laws entitled "Individual Health Insurance
3 Coverage" is hereby amended by adding thereto the following section:
4 {add} **27-18.5-11. Plan change notice. –** Every entity providing a policy of individual health
5 insurance coverage as defined in this chapter shall notify:
6 (1)(i) All plan purchasers purchasing services for employees under a group or individual
7 policy contract or health benefit plan for individual health insurance coverage, in writing, of any
8 changes to its rules and regulations, guidelines, policies, or procedures concerning coverage of or
9 payment for services.
10 (ii) Said notice of changes in terms shall be communicated to all plan purchasers
11 purchasing services for employees in writing by the plan showing the changes in redline format
12 and shall be provided to the participating plan purchasers no later than fifteen (15) days before the
13 effective date of said changes.
14 (iii) The notice shall demonstrate how these changes in coverage will impact the cost of
15 the plan, including demonstrable cost savings to the plan purchasers.
16 (2)(i) All covered members under a group or individual policy contract or health benefit
17 plan for individual health insurance coverage, in writing, of any changes to its rules and
18 regulations, guidelines, policies, or procedures concerning coverage of or payment for services.

(ii) Said notice of changes in terms shall be communicated to the covered members in writing by the plan showing the changes in redline format and shall be provided to the covered members no later than fifteen (15) days before the effective date of said changes. {add}

SECTION 3. Chapter 27-19 of the General Laws entitled "Nonprofit Hospital Service Corporations" is hereby amended by adding thereto the following section:

{add}**27-19-73. Plan change notice. –** Every entity providing a policy of insurance under this chapter shall notify:

(1)(i) All plan purchasers purchasing services for employees under a group or individual policy contract or health benefit plan, in writing, of any changes to its rules and regulations, guidelines, policies, or procedures concerning coverage of or payment for services.

(ii) Said notice of changes in terms shall be communicated to all plan purchasers purchasing services for employees in writing by the plan showing the changes in redline format and shall be provided to the participating plan purchasers no later than fifteen (15) days before the effective date of said changes.

(iii) The notice shall demonstrate how these changes in coverage will impact the cost of the plan, including demonstrable cost savings to the plan purchasers.

(2)(i) All covered members under a group or individual policy contract or health benefit plan, in writing, of any changes to its rules and regulations, guidelines, policies, or procedures concerning coverage of or payment for services.

(ii) Said notice of changes in terms shall be communicated to the covered members in writing by the plan showing the changes in redline format and shall be provided to the covered members no later than fifteen (15) days before the effective date of said changes. {add}

SECTION 4. Chapter 27-20 of the General Laws entitled "Nonprofit Medical Service Corporations" is hereby amended by adding thereto the following section:

{add}**27-20-69. Plan change notice. –** Every entity providing a policy of insurance under this chapter shall notify:

(1)(i) All plan purchasers purchasing services for employees under a group or individual policy contract or health benefit plan, in writing, of any changes to its rules and regulations, guidelines, policies, or procedures concerning coverage of or payment for services.

(ii) Said notice of changes in terms shall be communicated to all plan purchasers purchasing services for employees in writing by the plan showing the changes in redline format and shall be provided to the participating plan purchasers no later than fifteen (15) days before the effective date of said changes.

(iii) The notice shall demonstrate how these changes in coverage will impact the cost of the plan, including demonstrable cost savings to the plan purchasers.

(2)(i) All covered members under a group or individual policy contract or health benefit plan, in writing, of any changes to its rules and regulations, guidelines, policies, or procedures concerning coverage of or payment for services.

(ii) Said notice of changes in terms shall be communicated to the covered members in writing by the plan showing the changes in redline format and shall be provided to the covered members no later than fifteen (15) days before the effective date of said changes. {add}

SECTION 5. Chapter 27-41 of the General Laws entitled "Health Maintenance Organizations" is hereby amended by adding thereto the following section:

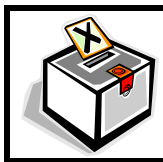
{add}**27-41-86. Plan change notice. --** Every entity providing a policy of insurance under this chapter shall notify:

(1)(i) All plan purchasers purchasing services for employees under a group or individual policy contract or health benefit plan, in writing, of any changes to its rules and regulations, guidelines, policies, or procedures concerning coverage of or payment for services.

(ii) Said notice of changes in terms shall be communicated to all plan purchasers purchasing services for employees in writing by the plan showing the changes in redline format

and shall be provided to the participating plan purchasers no later than fifteen (15) days before the effective date of said changes.

3 (iii) The notice shall demonstrate how these changes in coverage will impact the cost of
4 the plan, including demonstrable cost savings to the plan purchasers.
5 (2)(i) All covered members under a group or individual policy contract or health benefit
6 plan, in writing, of any changes to its rules and regulations, guidelines, policies, or procedures
7 concerning coverage of or payment for services.
8 (ii) Said notice of changes in terms shall be communicated to the covered members in
9 writing by the plan showing the changes in redline format and shall be provided to the covered
10 members no later than fifteen (15) days before the effective date of said changes. {add}
11 SECTION 6. This act shall take effect upon passage.



Tabled 2014 S 2748 An Act Relating to Insurance - Accident and Sickness Insurance Policies information from the Health Insurance Commissioner

14 H 7920 An Act Relating To Insurance - Health Insurance Policies

Rep. Silva in House Corporations Committee

This act would require every individual or group hospital or medical expense insurance policy or individual or group hospital or medical services plan contract delivered, issued for delivery, or renewed in this state on or after January 1, 2015 to provide coverage for MC5-A scrambler therapy. "MC5-A scrambler therapy" means a type of treatment for nerve pain that uses electrodes placed on the skin. Electricity is carried from the electrodes through the skin and blocks the pain. The pain may be caused by physical injury, infection, toxic substances, and certain diseases or drugs, including anticancer drugs.

This act would take effect upon passage.

1 SECTION 1. Section 27-18-1.1 of the General Laws in Chapter 27-18 entitled "Accident
2 and Sickness Insurance Policies" is hereby amended to read as follows:
3 **27-18-1.1. Definitions. --** As used in this chapter:

[NOTE No changes on pages 1-3]

2 (16) "Rescission" means a cancellation or discontinuance of coverage that has retroactive
3 effect for reasons unrelated to timely payment of required premiums or contribution to costs of
4 coverage.
5 {add}(17) "MC5-A scrambler therapy" means a type of treatment for nerve pain that uses
6 electrodes placed on the skin. Electricity is carried from the electrodes through the skin and
7 blocks the pain. The pain may be caused by physical injury, infection, toxic substances, and
8 certain diseases or drugs, including anticancer drugs. {add}
9 SECTION 2. Chapter 27-18 of the General Laws entitled "Accident and Sickness
10 Insurance Policies" is hereby amended by adding thereto the following section:
11 {add}**27-18-82. MC5-A scrambler therapy mandatory coverage. –** Every individual or
12 group hospital or medical expense insurance policy or individual or group hospital or medical
13 services plan contract delivered, issued for delivery, or renewed in this state on or after January 1,
14 2015 shall provide coverage for MC5-A scrambler therapy. {add}
15 SECTION 3. This act shall take effect upon passage.

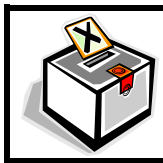


Table 2014 H 7920 An Act Relating To Insurance - Health Insurance Policies for information from the Health Insurance Commissioner

14 H 7933 An Act Relating to Insurance - Insurance Coverage for Mental Illness and Substance Abuse

Rep. Bennett in House Corporations Committee

This act would require mandatory health insurance coverage for certain listed drugs, which treat opioid substance abuse and addictions. This act would also require hospitals to amend their discharge plans and discharge processes to address patients with opioid

	and other substance abuse addictions. The act would require at least one follow-up contact by the hospital with the patient after discharge, and the scheduling of at least one follow-up appointment with an appropriate facility for the patient. The health insurance commissioner would annually review the adequacy of both the health insurers' insurance coverage and the discharge plans and transition processes developed by the hospitals. This act would take effect upon passage.

SECTION 1. Section 27-38.2-1 of the General Laws in Chapter 27-38.2 entitled "Insurance Coverage for Mental Illness and Substance Abuse" is hereby amended to read as follows:

27-38.2-1. Mental illness coverage. -- Mental illness and substance abuse coverage. -- (a) Every health care insurer that delivers or issues for delivery or renews in this state a contract, plan, or policy except contracts providing supplemental coverage to Medicare or other governmental programs, shall provide coverage for the medical treatment of mental illness and substance abuse under the same terms and conditions as that coverage is provided for other illnesses and diseases. Insurance coverage offered pursuant to this statute must include the same durational limits, amount limits, deductibles, and co-insurance factors for mental illness as for other illnesses and diseases.

{add}(b) In addition to the requirements of subsection (a), every healthcare insurer that delivers or issues for delivery or renews in this state a contract, plan, or policy, except contracts providing supplemental coverage to Medicare or other governmental programs, shall also provide prescription drug coverage for:

(1) Anti-opioid and anti-opiate drugs, including, but not limited to, narcan and other forms of naloxone for use of intervention in opioid overdoses; and

(2) Drugs used for the treatment of substance abuse disorders, including, but not limited

to, methadone, suboxone, naltrexone, and buprenorphine;

(3) Provided, the prescription drug coverage pursuant to subsection (b) of this section shall be under the same terms and conditions as that coverage is provided for other illnesses and diseases. Insurance coverage offered pursuant to subsection (b) of this section must include the same durational limits, amount limits, deductibles, and co-insurance factors for mental illness as for other illnesses and diseases.{add}

SECTION 2. Section 23-17.26-3 of the General Laws in Chapter 23-17.26 entitled "Comprehensive Discharge Planning" is hereby amended to read as follows:

23-17.26-3. Comprehensive discharge planning. -- (a) On or before July 1, 2015, each hospital operating in the State of Rhode Island shall submit to the director:

(1) Evidence of participation in a high-quality comprehensive discharge planning and transitions improvement project operated by a nonprofit organization in this state; or

(2) A plan for the provision of comprehensive discharge planning and information to be shared with patients transitioning from the hospitals care. Such plan shall contain the adoption of evidence-based practices including, but not limited to:

(i) Providing in-hospital education prior to discharge;

(ii) Ensuring patient involvement such that, at discharge, patients, and caregivers understand the patient's conditions and medications and have a point of contact for follow-up questions;

(iii) Attempting to identify patients' primary care providers and assisting with scheduling post-hospital follow-up appointments prior to patient discharge;

(iv) Expanding the transmission of the department of health's continuity of care form, or successor program, to include primary care providers' receipt of information at patient discharge when the primary care provider is identified by the patient; and

(v) Coordinating and improving communication with outpatient providers.

{add}(3) Such discharge plan and transition process shall also be made for patients with opioid and other substance abuse addictions, which plan and transition process shall include all the elements contained in subsections (a)(1) or (a)(2) of this section as applicable. In addition, such discharge and transition process shall also include: (i) A requirement that there be a follow-up

30 contact made with the patient within thirty (30) days post-discharge from hospital care to assess
31 the patient's progress; and (ii) A requirement that at least one follow-up appointment be
32 scheduled for the patient, either at the hospital or at another appropriate facility. Said appointment
33 shall be scheduled and the patient shall be informed of the appointment prior to the patient being
34 discharged from the hospital.

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1 (4) Such discharge plan and transition process shall also include any recommendations of
2 the healthcare planning advisory council that are implemented by the state agencies within the
3 executive office of health and human services, pursuant to the provisions of chapter 81 of title 23.{add}
4 SECTION 3. Section 42-14.5-3 of the General Laws in Chapter 42-14.5 entitled "The
5 Rhode Island Health Care Reform Act of 2004 - Health Insurance Oversight" is hereby amended
6 to read as follows:
7 **42-14.5-3. Powers and duties [Contingent effective date; see effective dates under**
8 **this section.] --** The health insurance commissioner shall have the following powers and duties:

[NOTE No other changes on pages 3-6]

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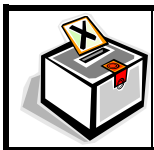
1 of health insurance for fully insured employers, subject to available resources;
2 (2) Current provider and insurer mandates that are unnecessary and/or duplicative due to
3 the existing standards of care and/or delivery of services in the healthcare system;
4 (3) A state-by-state comparison of health insurance mandates and the extent to which
5 Rhode Island mandates exceed other states benefits; and
6 (4) Recommendations for amendments to existing mandated benefits based on the
7 findings in (1), (2) and (3) above.
8 (n) On or before July 1, 2014, the office of the health insurance commissioner in
9 collaboration with the director of health and lieutenant governor's office shall submit a report to
10 the general assembly and the governor to inform the design of accountable care organizations
11 (ACOs) in Rhode Island as unique structures for comprehensive healthcare delivery and value
12 based payment arrangements, that shall include, but not limited to:
13 (1) Utilization review;
14 (2) Contracting; and
15 (3) Licensing and regulation.
16 {add}(o) On or before December 31, 2015, and annually thereafter, the health insurance
17 commissioner shall also assess the adequacy of each health plan's compliance with the provisions
18 of § 27-38.2-1 regarding mental illness and substance abuse prescription drug coverage.
19 (p) On or before December 31, 2015, and annually thereafter, the health insurance
20 commissioner shall also assess the adequacy of those discharge plans and transition processes
21 developed by hospitals for patients with opioid and other substance abuse addictions pursuant to
22 the provisions of § 23-17.26-3.{add}
23 SECTION 4. This act shall take effect upon passage.

	MOTION: To find beneficial 2014 H 7933 An Act Relating to Insurance - Insurance Coverage for Mental Illness and Substance Abuse. Motion moved by RC, seconded by AS, passed unanimously
	14 S 2769 & H 7970 Acts Relating to Health and Safety -- Rhode Island Behavioral Health Care Reform Act of 2014 Sen. Nesselbush in Senate Health and Human Services Committee Rep. Ferri in House Corporations Committee This act would establish the "Rhode Island Behavioral Health Care Reform Act of 2014," to ensure appropriate behavioral healthcare services are available to people in this state. Its purpose is to ensure appropriate use of healthcare resources to manage behavioral healthcare services and to promote the delivery of such services to people who need them, and includes routine screening of children for behavioral health matters. The act would direct various parties, including physicians, the director of the department of health, and

	the health insurance commissioner to undertake various actions to achieve these goals. It would also provide for increased insurance coverage for health-related behavioral services. Section 1 adds a new chapter: CHAPTER 42-14.7 HEALTH CARE REFORM ACT OF 2014; Section 2 amends Chapter 23-1 Department of Health; Section 3 amends Chapter 23-13 Maternal and Child Health Services for Children with Special Health Care Needs; Section 4 amends Chapter 23-14.1 Health Professional Loan Repayment Program; Section 5 amends Chapter 23-17.12 Health Care Services - Utilization Review Act; Section 6 amends Chapter 23-17.13 Health Care Accessibility and Quality Assurance Act; Section 7 amends Chapter 23-17.17 Health Care Quality Program; Section 8 amends Chapter 23-17.18 Health Plan Modification Act; Section 9 amends Chapter 23-17.22 Healthy Rhode Island Reform Act of 2008; Section 10 amends Chapter 27-18 Accident and Sickness Insurance Policies; Section 11 amends Chapter 27-18.5 Individual Health Insurance Coverage; Section 12 amends Chapter 27-18.6 Large Group Health Insurance Coverage; Section 13 amends Chapter 27-19 Nonprofit Hospital Service Corporations; Section 14 amends Chapter 27-20 Nonprofit Medical Service Corporations; Section 15 amends Chapter 27-20.9 Contract With Health Care Providers; Section 16 amends Chapter 27-38.2 Insurance Coverage for Mental Illness and Substance Abuse; Section 17 amends Chapter 27-41 Health Maintenance Organizations; Section 18 amends Chapter 27-50 Small Employer Health Insurance Availability Act; Section 19 amends Chapter 27-74 Discount Medical Plan Organization Act; Section 20 amends Chapter 42-14.5 The Rhode Island Health Care Reform Act of 2004 - Health Insurance Oversight; and Section 21 amends Chapter 42-14.6 Rhode Island All-Payer Patient-Centered Medical Home Act. This act would take effect upon passage.
	Comments: These bills are the results of the work of the Special Joint Commission to Study the Integration of Primary Care and Behavioral Health. Susan Jacobsen, Executive Director, Mental Health Association of RI ***Report of the Special Joint Commission to Study the Integration of Primary Care and Behavioral Health, adopted January 15, 2014*** Recommendations: 1) As investments are made in the state's health care system, the Office of the Health Insurance Commissioner should ensure that mechanisms are available at every level to connect, coordinate, and support the delivery of care. 2) The Health Care Planning and Accountability Advisory Council should investigate opportunities to ensure that access to integrated primary medical and behavioral health care is maximized, and that patients seeking care are able to access it. 3) Examine opportunities to create a robust legislative pilot for an integrated primary care and behavioral care and health promotion model, working with data being produced by and for the Health Care Planning and Accountability Advisory Council to identify the state's existing behavioral health care capacity and to target unmet needs. 4) Focus on early intervention by creating incentives that increase access to behavioral health and substance abuse practitioners and services to underserved populations in Rhode Island, which include children, adolescents, and geriatric patients. 5) Explore how different payment and service delivery models can foster movement toward more integrated care. 6) Payers should incentivize payment for providers that meet quality standards and best practice guidelines in integrating care and implementing behavioral health interventions. Payers and providers should build on existing practice guidelines to reach common acceptance of measurements to show adherence to best practices and other quality metrics. 7) The Department of Health should take the leadership in reviewing critical policies affecting

	integrated care. 8) Rhode Island's statutory framework should be examined to determine whether and how it may be changed to better support integrated care. 9) Examine opportunities to build upon and expand the infrastructure of the Chronic Care Sustainability Initiative (CSI-RI) for technical assistance. 10) Leverage existing efforts – in Rhode Island and elsewhere – to integrate primary care and behavioral health. 11) Explore collaboration compacts between behavioral health providers and practices that are organized as coordinated, co-located, and/or integrated, across settings and medical practices of different sizes. 12) The Department of Health and the Office of the Health Insurance Commissioner should spearhead initiatives that focus on improving record sharing, capturing accurate, comprehensive data on health care system resources, and supporting population management.

1 SECTION 1. Title 42 of the General Laws entitled "STATE AFFAIRS AND
2 GOVERNMENT" is hereby amended by adding thereto the following chapter:
3 {add}**CHAPTER 14.7**
4 **RHODE ISLAND BEHAVIORAL HEALTH CARE REFORM ACT OF 2014**
5 **42-14.7-1. Short title. --** This act shall be known and may be cited as the "Rhode Island
6 Behavioral Health Care Reform Act of 2014."
7 **42-14.7-2. Legislative findings. --** The general assembly finds and declares that:
8 (1) Mental health and substance abuse problems affect one out of every four (4) Rhode
9 Islanders every year.
10 (2) Health-related behaviors such as diet, exercise, tobacco use, and compliance with
11 medical treatment affect even more Rhode Islanders every year.
12 (3) The resulting costs, both financial and in impairment, loss of productivity and
13 suffering, cause a significant burden on the state and its citizens.
14 (4) Health care reform efforts can only succeed if a comprehensive approach is taken that
15 includes the role of behavior and behavioral health in health and health care.
16 (5) Despite its significant potential impact on health care cost and effectiveness, spending
17 on behavioral health is a small percentage of all health care spending and is thus often neglected
18 in health care reform, improvement, or cost-containment efforts.

1 (6) As is true for citizens of all states, half of Rhode Islanders with mental health,
2 substance abuse, or health-related behavioral problems receive no treatment at all, and of those
3 who do receive treatment, a large majority receives treatment that does not meet national
4 guidelines for effectiveness, resulting in significant avoidable personal suffering and waste of
5 health care funds.
6 (7) "Stigma", as defined by the United States Surgeon General, includes a lack of
7 understanding and a lack of proportional attention to behavioral health, which impedes effective
8 management of behavioral health and other health care resources to address health-related
9 behaviors and behavioral health cost-effectively.
10 (8) Tragedies such as the shootings in Newtown, Connecticut, have heightened attention
11 to the need for better regulation, management and delivery of behavioral health services.
12 (9) Therefore, it is in the best interest of the state to ensure the most appropriate use of
13 health care resources to more effectively manage behavioral health services to protect the welfare
14 of its citizens.
15 **42-14.7-3. Purpose. --** The purpose of the behavioral health care reform act of 2014 is to
16 ensure appropriate use of health care resources to manage the contribution of behavioral health
17 and behavioral health services to the affordability and effectiveness of health care.
18 **42-14.7-4. Definitions. --** For the purposes of this chapter, the following terms shall have
19 the following meanings:
20 (1) "Behavioral health" means mental health, substance abuse, and health-related
21 behavior.
22 (2) "Health-related behavior" means behavior that creates risks for diseases, illnesses, or
23 conditions or that can be modified to reduce health risks, such as diet, exercise, tobacco use, and

compliance with medical treatment.

(3) "Behavioral health provider" means mental health counselor, marriage and family therapist, social worker, psychologist, advanced practice psychiatric nurse, and/or psychiatrist licensed by the department of health under relevant law and regulation.

(4) "Behavioral health services" means treatment and services offered by a behavioral health provider for the purpose of affecting behavioral health.

(5) "Services to treat health-related behaviors" means medically necessary treatment offered by a behavioral health provider for the purpose of improving or preventing a specific, diagnosable medical condition.

(6) "Behavioral health functioning" means and is intended to refer to mental health conditions, substance abuse disorders, and health-related behaviors and is not intended to expand

the scope of covered services or benefits beyond those required in the federal parity law, also known as the Mental Health Parity and Addiction Equity Act of 2008, Pub. L. 110-343.

(7) Where behavioral health providers or behavioral health services are to be regulated with reference to equivalent provisions addressing primary care providers or primary care services, it is understood that behavioral health providers are not to be considered as primary care providers themselves but as independent professional members of the primary care team, whether practicing on-site or in coordination with primary care practices, in recognition of the fact that behavioral health services are critical for achieving the best possible cost-effectiveness of primary care services.{add}

SECTION 2. Sections 23-1-1, 23-1-2, 23-1-36, 23-1-43 and 23-1-44 of the General Laws in Chapter 23-1 entitled "Department of Health" are hereby amended to read as follows:

23-1-1. General functions of department. -- The department of health shall take cognizance of the interests of life and health among the peoples of the state; shall make investigations into the causes of disease, the prevalence of epidemics and endemics among the people, the sources of mortality, the effect of localities, employments {add}, and individual behaviors{add}, and all other conditions and circumstances on the public health, and do all in its power to ascertain the causes and the best means for the prevention and control of diseases or conditions detrimental to the public health, and adopt proper and expedient measures to prevent and control diseases and conditions detrimental to the public health in the state. It shall publish and circulate, from time to time, information that the director may deem to be important and useful for diffusion among the people of the state, and shall investigate and give advice in relation to those subjects relating to public health that may be referred to it by the general assembly or by the governor when the general assembly is not in session, or when requested by any city or town. The department shall adopt and promulgate rules and regulations that it deems necessary, not inconsistent with law, to carry out the purposes of this section; provided, however, that the department shall not require all nonprofit volunteer ambulance, rescue service, and volunteer fire departments to have two (2) or more certified emergency medical technicians manning ambulances or rescue vehicles.

23-1-2. Inquiries to local authorities and physicians. -- The director of health shall make inquiry, from time to time, of the city and town clerks and practicing physicians {add}and behavioral health providers{add}, in relation to the prevalence of any disease, or knowledge of any known or generally believed source of disease or causes of general ill health, and also in relation to acts for the promotion and protection of the public health, and also in relation to diseases among domestic animals in their several cities and towns; and those city and town clerks and

practicing physicians shall give information, in reply to the inquiries, of those facts and circumstances that have come to their knowledge.

23-1-36. {delete}~~**Director's duties regarding health education, alcohol, and substance abuse programs**~~{delete} {add}**Director's duties regarding health education, mental health, alcohol, and substance abuse programs**{add}**. --** The director shall establish health education, mental health, alcohol, and substance abuse programs for students in grades kindergarten through twelve (12), in accordance with section 35-4-18. The director shall make an annual report to the governor and the

8 general assembly on the administration of the program.
9 **23-1-43. Minority population health promotion. --** The director of health shall
10 establish a minority population health promotion program to provide health information,
11 education, health-related behavior change and risk reduction activities to reduce the risk of
12 premature death from preventable disease in minority populations.
13 **23-1-44.** {delete}~~**Routine childhood and adult immunization vaccines**~~{delete}{add}**Routine childhood and**
14 **adult immunization vaccines and behavioral health prevention services.** {add} **--** (a) The
15 department of health shall include in the department's immunization program those vaccines for
16 routine childhood immunization as recommended by the Advisory Committee for Immunization
17 Practices (ACIP) and the Academy of Pediatrics (AAP), and for adult influenza immunization as
18 recommended by the ACIP, to the extent permitted by available funds. The childhood
19 immunization program includes administrative and quality assurance services and KIDSNET, a
20 confidential, computerized child health information system that is used to manage statewide
21 immunizations, as well as other public health preventive services, for all children in Rhode Island
22 from birth through age 18. {add}The department of health shall include in the department's behavioral
23 health prevention program those behavioral health screening or prevention services meeting the
24 United States Centers for Medicaid and Medicare Services definition of preventive services in the
25 Patient Protection and Affordable Care Act, Pub. L. 111-148, as amended by the Federal Health
26 Care and Education Reconciliation Act of 2010, Pub. L. 111-152, as both may be amended from
27 time to time, and regulations adopted thereunder. {add}
28 (b) The director of the department of health shall appoint an advisory committee that will
29 be convened after the ACIP {add}or the United States Preventive Services Task Force (USPSTF)
30 makes a recommendation regarding adult immunization or adult behavioral health screening or
31 prevention{add}. The committee will review the ACIP {add}or USPSTF{add} recommendations for the state,
32 assess the vaccine {add}or service{add} cost and feasibility, and advise the director of health and the office
33 of the health insurance commissioner regarding insurers and providers acting on the ACIP {add}or
34 USPSTF{add} adult immunization, behavioral health screening or prevention services{add}

1 recommendation. All recommendations will be posted on the department of health website. The
2 advisory committee membership shall include, but not be limited to, a primary care provider,
3 pharmacist, representatives of the nursing home industry, the home health care industry{add}, a
4 licensed psychologist, a licensed social worker, a licensed mental health counselor, a licensed
5 marriage and family therapist, a licensed nurse or advanced practice nurse, a patient advocate, a
6 member of the general public{add} and major insurers.
7 SECTION 3. Chapter 23-13 of the General Laws entitled "Maternal and Child Health
8 Services for Children with Special Health Care Needs" is hereby amended by adding thereto the
9 following section:
10 {add}**23-13-27. Routine childhood behavioral health screening. --** (a) The physician
11 attending any patient younger than twenty-one (21) years of age shall cause that child to be
12 subject to health screening services for psychiatric disorders, psychological, interpersonal, and
13 any other conditions for which there is a medical benefit to the early detection and treatment of
14 the disorder or condition, and an assessment for developmental risk. The department of health
15 shall promulgate regulations pertaining to behavioral health screenings, diagnostic and treatment
16 services as accepted medical practice shall indicate. The provisions of this section shall not apply
17 if the parents of the child up to the age of eighteen (18) years of age or the young adult between
18 the ages of eighteen (18) and twenty-one (21) years of age objects to the screening on the grounds
19 that those tests conflict with his or her religious tenets and practices.
20 (b) In addition, the department of health is authorized to establish by regulation a
21 reasonable fee structure for the behavioral health screening and disease control program services,
22 which includes, but is not limited to, screening, diagnostic, and treatment services. The program
23 services shall be a covered benefit and be reimbursable by all health insurers, as defined in § 27-
24 38.2-2(1), providing health insurance coverage in Rhode Island except for supplemental policies
25 which only provide coverage for specific diseases, hospital indemnity, Medicare supplements, or
26 other supplemental policies. The department of human services shall pay for the program services

27 where the patient is eligible for medical assistance under the provisions of chapter 8 of title 40. {add}
28 SECTION 4. Sections 23-14.1-1 and 23-14.1-2 of the General Laws in Chapter 23-14.1
29 entitled "Health Professional Loan Repayment Program" are hereby amended to read as follows:
30 **23-14.1-1. Legislative findings. --** The general assembly finds that:
31 (1) It is the right of every citizen of the state to have ready access to quality health care;
32 and
33 (2) Health care facilities serving the poor, including community health centers
34 throughout the state, are experiencing increasing difficulty in attracting and retaining physicians

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1 and other health professionals to administer to the needy populations they serve. Therefore, it is
2 the general assembly's intent to provide incentives, in the form of loan repayment, to physicians,
3 dentists, dental hygienists, nurse practitioners, certified nurse midwives, physician assistants,
4 {add}behavioral health providers,{add} and any other eligible health care professional under section 338A of
5 the Public Health Service Act, 42 U.S.C. section 254l, who desire to serve the health care needs
6 of medically underserved individuals in Rhode Island.
7 23-14.1-2. Definitions. -- For the purpose of this chapter, the following words and terms
8 have the following meanings unless the context clearly requires otherwise:

[NOTE No additional changes on page 6]

22 SECTION 5. Section 23-17.12-9 of the General Laws in Chapter 23-17.12 entitled
23 "Health Care Services - Utilization Review Act" is hereby amended to read as follows:
24 23-17.12-9. Review agency requirement for adverse determination and internal
25 appeals. -- (a) The adverse determination and appeals process of the review agent shall conform
26 to the following:

[NOTE No additional changes Pages 7 – 10]

30 (d) The requirement that each review agent shall utilize and provide upon request, by
31 Rhode Island licensed hospitals and the Rhode Island Medical Society, {add}the Rhode Island
32 Psychiatric Society, the Rhode Island Psychological Association, and the National Association of
33 Social Workers, Rhode Island chapter,{add} in either electronic or paper format, written medically
34 acceptable screening criteria and review procedures which are established and periodically

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1 evaluated and updated with appropriate consultation with Rhode Island licensed physicians,
2 hospitals, including practicing physicians, and other health care providers in the same specialty as
3 would typically treat the services subject to the criteria as follows:

[NOTE No additional changes on page 11]

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1 (6) Utilization review agents whose annualized data reported to the department
2 demonstrate that the utilization review agent will review fewer than five hundred (500) such
3 requests for authorization may request a variance from the requirements of this section.
4 {add}(7) Medically acceptable screening criteria and review procedures for behavioral health
5 services by behavioral health providers shall be certified by the director of the department of
6 health as materially equivalent to criteria and procedures applied to primary care services and
7 providers as identified by the director.{add}
8 SECTION 6. Section 23-17.13-3 of the General Laws in Chapter 23-17.13 entitled
9 "Health Care Accessibility and Quality Assurance Act" is hereby amended to read as follows:
10 **23-17.13-3. Certification of health plans. --** (a) Certification process.

[NOTE No additional changes on pages 12 – 17]

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17 {add}(d) Network adequacy standards shall include and be governed by the following, in
18 consideration of the requirements of the Patient Protection and Affordable Care Act, Pub. L. 111-
19 148, as amended by the Federal Health Care and Education Reconciliation Act of 2010, Pub. L.
20 111-152, as both may be amended from time to time, including, but not limited to, federal
21 regulations regarding establishment of exchanges and qualified health plans, and exchange
22 standards for employers as it relates to qualified health plans:
23 (1) Health plans offered by issuers shall provide timely access, based on referral from the

24 enrollee's attending or primary care physician, to at least one hospital in-network for each of the
25 following services: child outpatient services treating health-related behaviors, and adult outpatient
26 services treating health-related behaviors.
27 (2) Of the primary care practices that health plans contract within each county of Rhode
28 Island, at least ten percent (10%) shall offer integrated behavioral health, mental health and
29 substance abuse services for their patients. Incentives included in health plans' contracts with
30 primary care practices, or alternative incentives certified by the health insurance commissioner to
31 be equivalent, shall be offered to behavioral health providers offering services on-site in primary
32 care practices. Health plans shall include sufficient incentives for behavioral health providers to
33 offer services on-site in primary care practices to enable at least ten percent (10%) of primary
34 care practices, geographically distributed throughout the state of Rhode Island, to hire or contract

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1 with behavioral health providers who meet standards for training, qualification, and preparation to
2 practice in integrated primary care settings that have been determined by the department of
3 health;
4 (3) Health plans offered by issuers shall include providers of step-down and diversion
5 behavioral health services from hospital levels of care.{add}
6 SECTION 7. Sections 23-17.17-3, 23-17.17-9 and 23-17.17-10 of the General Laws in
7 Chapter 23-17.17 entitled "Health Care Quality Program" are hereby amended to read as follows:
8 23-17.17-3. Establishment of health care quality performance measurement and
9 reporting program. -- The director of health is authorized and directed to develop a state health
10 care quality performance measurement and reporting program. The health care quality
11 performance measurement and reporting program shall include quality performance measures and
12 reporting for health care facilities licensed in Rhode Island. The program shall be phased in over
13 a multi-year period and shall begin with the establishment of a program of quality performance
14 measurement and reporting for hospitals. In subsequent years, quality performance measurement
15 and reporting requirements will be established for other types of health care facilities such as
16 nursing facilities, home nursing care providers, other licensed facilities, and licensed health care
17 providers, {add}including behavioral health providers{add}, as determined by the director of health. Prior to
18 developing and implementing a quality performance measurement and reporting program for
19 hospitals or any other health care facility or health care provider, the director shall seek public
20 comment regarding the type of performance measures to be used and the methods and format for
21 collecting the data.
22 23-17.17-9. Health care quality and value database. -- (a) The director shall establish
23 and maintain a unified health care quality and value database {add}, including information about
24 behavioral health services{add}, to:
25 (1) Determine the capacity and distribution of existing resources;
26 (2) Identify health care needs and inform health care policy;
27 (3) Evaluate the effectiveness of intervention programs on improving patient outcomes;
28 (4) Compare costs between various treatment settings and approaches;
29 (5) Provide information to consumers and purchasers of health care;
30 (6) Improve the quality and affordability of patient health care and health care coverage;
31 (7) Strengthen primary care {add}and behavioral health{add} infrastructure;
32 (8) Strengthen chronic disease management {add}, including management of health-related
33 behaviors{add};
34 (9) Encourage evidence-based practices in health care, {add}including behavioral health{add}.

[NOTE No changes on page 20]

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1 (9) Other limited benefit policies.
2 23-17.17-10. Reporting requirements for the health care database. -- (a) Insurers,
3 health care providers, health care facilities and governmental agencies shall file reports, data,
4 schedules, statistics or other information determined by the director to be necessary to carry out
5 the purposes of this chapter. The reports required by this chapter shall be accepted by the director
6 in any certification commission for health care information technology ("CCHIT") certified form.

7 Such information may include:
8 (1) health insurance claims and enrollment information used by health insurers;
9 (2) information relating to hospital finance; and
10 {add}(3) information relating to behavioral health conditions and treatments based on valid and
11 reliable standardized measures of specific behavioral health disorders, conditions, symptoms,
12 risks, or health-related behaviors and services; and{add}
13 {delete}~~(3)~~ {delete} {add}(4) {add} any other information relating to health care costs, prices, quality, utilization, or
14 resources required to be filed by the director.
15 (b) The comprehensive health care information system shall not collect any data that
16 contains direct personal identifiers. For the purposes of this section "direct personal identifiers"
17 includes information relating to an individual that contains primary or obvious identifiers, such as
18 the individual's name, street address, e-mail address, telephone number and social security
19 number. All data submitted to the director pursuant to this chapter shall be protected by the
20 removal of all personal identifiers and the assignment by the insurer to each subscriber record of a
21 unique identifier not linked to any personally identifiable information.
22 SECTION 8. Section 23-17.18-1 of the General Laws in Chapter 23-17.18 entitled
23 "Health Plan Modification Act" is hereby amended to read as follows:
24 23-17.18-1. Modification of health plans. -- (a) A health plan may materially modify the
25 terms of a participating agreement it maintains with a physician {add}or behavioral health provider{add}
26 only if the plan disseminates in writing by mail to the physician {add}or behavioral health provider{add} the
27 contents of the proposed modification and an explanation, in nontechnical terms, of the
28 modification's impact.
29 (b) The health plan shall provide the physician or behavioral health provider an
30 opportunity to amend or terminate the physician {add}or provider{add} contract with the health plan within
31 sixty (60) days of receipt of the notice of modification. Any termination of a physician {add}or
32 provider{add} contract made pursuant to this section shall be effective fifteen (15) calendar days from
33 the mailing of the notice of termination in writing by mail to the health plan. The termination
34 shall not affect the method of payment or reduce the amount of reimbursement to the physician {add}or

1 behavioral health provider{add} by the health plan for any patient in active treatment for an acute
2 medical {add}or behavioral health condition{add} at the time the patient's physician {add}or behavioral health
3 provider{add} terminates his, her, or its physician {add}or provider{add} contract with the health plan until the
4 active treatment is concluded or, if earlier, one year after the termination; and, with respect to the
5 patient, during the active treatment period the physician {add}or behavioral health provider{add} shall be
6 subject to all the terms and conditions of the terminated physician {add}or provider contract{add}, including
7 but not limited to, all reimbursement provisions which limit the patient's liability.
8 (c) Nothing in this section shall apply to accident-only, specified disease, hospital
9 indemnity, Medicare supplement, long-term care, disability income, or other limited benefit
10 health insurance policies.
11 SECTION 9. Sections 23-17.22-2 and 23-17.22-3 of the General Laws in Chapter 23-
12 17.22 entitled "Healthy Rhode Island Reform Act of 2008" are hereby amended to read as
13 follows:
14 23-17.22-2. Establishment of the healthy Rhode Island strategic plan. -- (a) The
15 director of health in consultation with the health care planning and accountability advisory
16 council established pursuant to chapter 81 of title 23, shall be responsible for the development
17 and implementation of a five (5) year strategic plan that charts the course for a healthy Rhode
18 Island.
19 (b) The director and the health care planning and accountability advisory council shall
20 engage a broad range of health care providers, health insurance plans, professional organizations,
21 community and nonprofit groups, consumers, businesses, school districts, and state and local
22 government in developing and implementing the healthy Rhode Island five (5) year strategic plan.
23 (c) (1) The healthy Rhode Island strategic plan shall include:
24 (i) A description of the course charted to a healthy Rhode Island (the healthy Rhode
25 Island model), which includes patient self-management, emphasis on primary care {add}and behavioral

26 health, particularly health-related behaviors, {add} community initiatives, and health system and
27 information technology reform, to be used uniformly statewide by private insurers, third party
28 administrators, and public programs;
29 (ii) A description of prevention programs and how these programs are integrated into
30 communities, with chronic care management, {add}health-related behavior changes, {add} and the healthy
31 Rhode Island model;

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4 23-17.22-3. Healthy Rhode Island chronic care management program. -- (a) The
5 director shall create criteria for the healthy Rhode Island chronic care management program as
6 provided for in this section.
7 (b) The director shall include a broad range of chronic conditions in the healthy Rhode
8 Island chronic care management program.
9 (c) The healthy Rhode Island chronic care management program shall be designed to
10 include:
11 (1) A method involving the health care {add}or behavioral health care{add} professional in
12 identifying eligible patients, including the use of a chronic care information system established
13 pursuant to this section, an enrollment process which provides incentives and strategies for
14 maximum patient participation, and a standard statewide health and {add}behavioral health{add} risk
15 assessment for each individual;
16 (2) The process for coordinating care among health care professionals, including a
17 process for ensuring that each patient has a designated primary care physician;
18 (3) The methods of increasing communications among health care professionals and
19 patients, including patient education, self-management, {add}health-related behavior change, {add} and
20 follow-up plans;
21 (4) The educational, wellness, and clinical management protocols and tools used by the
22 care management organization, including management guideline materials for health care
23 professionals to assist in patient-specific recommendations;
24 (5) Process and outcome measures to provide performance feedback for health {add}and
25 behavioral health{add} care professionals and information on the quality of care, including patient
26 satisfaction and health status outcomes;
27 (6) Payment methodologies to align reimbursements and create financial incentives and
28 rewards for health {add}and behavioral health{add} care professionals to establish management systems for
29 chronic conditions, to improve health outcomes, and to improve the quality of care, including
30 case management fees, pay for performance, payment for technical support and data entry
31 associated with patient registries, the cost of staff coordination within a medical {add}or behavioral
32 health{add} practice, and any reduction in a health or behavioral health care professional's productivity;

[NOTE No changes on page 24]

Page 25

28 SECTION 10. Section 27-18-1.1 of the General Laws in Chapter 27-18 entitled
29 "Accident and Sickness Insurance Policies" is hereby amended to read as follows:
30 27-18-1.1. Definitions. -- As used in this chapter:

Page 26

21 (8) "Health benefits" or "covered benefits" means coverage or benefits for the diagnosis,
22 cure, mitigation, treatment, or prevention of disease, or amounts paid for the purpose of affecting
23 any structure or function of the body or behavioral health functioning including coverage or
24 benefits for transportation primarily for and essential thereto, and including medical services as
25 defined in R.I. Gen. Laws section 27-19-17;

[NOTE No changes on page 27]

Page 28

17 SECTION 11. Section 27-18.5-8 of the General Laws in Chapter 27-18.5 entitled
18 "Individual Health Insurance Coverage" is hereby amended to read as follows:
19 27-18.5-8. Wellness health benefit plan. -- All carriers that offer health insurance in the
20 individual market shall actively market and offer the wellness health direct benefit plan to eligible
21 individuals. The wellness health direct benefit plan shall be determined by regulation

22 promulgated by the office of the health insurance commissioner (OHIC). The OHIC shall develop
23 the criteria for the direct wellness health benefit plan, including, but not limited to, benefit levels,
24 cost sharing levels, exclusions and limitations in accordance with the following:

Page 29

1 (3) Ensure that the direct wellness health benefit plan creates appropriate incentives for
2 employers, providers, health plans and consumers to, among other things:
3 (i) Focus on primary care, {add}behavioral health care,{add} prevention and wellness;
4 (ii) Actively manage the chronically ill population {add}, including health-related behavior{add};
5 (iii) Use the least cost, most appropriate setting; and
6 (iv) Use evidence based, quality care.
7 (4) The plan shall be made available in accordance with title 27, chapter 18.5 as required
8 by regulation on or before May 1, 2007.
9 SECTION 12. Section 27-18.6-2 of the General Laws in Chapter 27-18.6 entitled "Large
10 Group Health Insurance Coverage" is hereby amended to read as follows:
11 27-18.6-2. Definitions. -- The following words and phrases as used in this chapter have
12 the following meanings unless a different meaning is required by the context:

[NOTE No additional changes on pages 29-31]

Page 32

18 (17) "Health status-related factor" means any of the following factors:
19 (i) Health status;
20 (ii) Medical condition, including both physical and mental illnesses {add}, and behaviors
21 related to health status{add};
22 (iii) Claims experience;
23 (iv) Receipt of health {add}or behavioral health{add} care;
24 (v) Medical history;
25 (vi) Genetic information;
26 (vii) Evidence of insurability, including contributions arising out of acts of domestic
27 violence; and
28 (viii) Disability;

[NOTE No changes on pages 31-32]

Page 33

9 (21) "Medical care" means amounts paid for:
10 (i) The diagnosis, cure, mitigation, treatment, or prevention of disease, or amounts paid
11 for the purpose of affecting any structure or function of the body {add}, or behavioral health
12 functioning;{add}

Page 34

3 SECTION 13. Sections 27-19-1 and 27-19-5.2 of the General Laws in Chapter 27-19
4 entitled "Nonprofit Hospital Service Corporations" are hereby amended to read as follows:
5 27-19-1. Definitions. -- As used in this chapter:

Page 35

3 (10) "Health benefits" or "covered benefits" means coverage or benefits for the
4 diagnosis, cure, mitigation, treatment, or prevention of disease, or amounts paid for the purpose
5 of affecting any structure or function of the body {add}, or behavioral health functioning{add} including
6 coverage or benefits for transportation primarily for and essential thereto, and including medical
7 services as defined in R.I. Gen. Laws section 27-19-17;

[NOTE No changes on pages 35-36]

Page 37

8 27-19-5.2. Patient responsibility -- Administrative requirements. -- For health benefit
9 contracts issued, renewed, or delivered on or after April 1, 2002, the following shall apply:
10 (1) The amount of copayments for physician office visits and hospital emergency room
11 visits shall be printed on the subscriber identification cards issued to insureds. {add}The amount of
12 copayments of behavioral health office visits shall be equal to those for non-preventive primary
13 care office visits.{add}
14 (2) A schedule of all applicable copayments, by product or by group, in paper or

15 electronic format, or both, shall be published, updated, and distributed to participating providers.
16 (3) Notification shall be provided to subscribers on an annual basis regarding their
17 responsibility for copayments and deductibles.
18 SECTION 14. Sections 27-20-1, 27-20-3 and 27-20-5.3 of the General Laws in Chapter
19 27-20 entitled "Nonprofit Medical Service Corporations" are hereby amended to read as follows:
20 27-20-1. Definitions. -- As used in this chapter:

Page 38

17 (10) "Health benefits" or "covered benefits" means coverage or benefits for the
18 diagnosis, cure, mitigation, treatment, or prevention of disease, or amounts paid for the purpose
19 of affecting any structure or function of the body {add}or behavioral health functioning{add} including
20 coverage or benefits for transportation primarily for and essential thereto, and including medical
21 services as defined in R.I. Gen. Laws section 27-19-17;

[NOTE No changes on pages 30-40]

Page 41

1 27-20-3. Qualifications of directors. -- A majority of the directors of a nonprofit
2 medical service corporation, other than a corporation organized pursuant to the provisions of
3 chapter 19 of this title, must at all times be doctors of medicine {add}or behavioral health providers{add}
4 duly licensed to practice under the laws of this state. The directors of any nonprofit medical
5 service corporation formed after January 1, 1964 shall consist of an equal number of
6 representatives of the public, doctors of medicine {add}or behavioral health providers{add} duly licensed to
7 practice under the laws of this state, and subscribers.
8 27-20-5.3. Patient responsibility -- Administrative requirements. -- For health benefit
9 contracts issued, renewed, or delivered on or after April 1, 2002, the following shall apply:
10 (1) The amount of copayments for physician office visits and hospital emergency room
11 visits shall be printed on the subscriber identification cards issued to insureds. {add}The amount of
12 copayments for behavioral health office visits shall be equal to those for non-preventive primary
13 care office visits.{add}
14 (2) A schedule of all applicable copayments, by product or by group, in paper or
15 electronic format, or both, shall be published, updated, and distributed to participating providers.
16 (3) On an annual basis, notification shall be provided to subscribers regarding their
17 responsibility for copayments and deductibles.
18 SECTION 15. Section 27-20.9-3 of the General Laws in Chapter 27-20.9 entitled
19 "Contract With Health Care Providers" is hereby amended to read as follows:
20 27-20.9-3. Pay-for-performance guidelines. -- A health insurer shall not require a
21 physician {add}or behavioral health provider{add}, as a condition of contracting, to participate in any
22 financial or reimbursement incentive program, commonly referred to as pay-for-performance
23 programs unless such program meets the principles and guidelines for pay-for-performance
24 programs endorsed by the national quality forum and adopted by the AQA Alliance or the
25 hospital quality alliance, or similar principles and guidelines for pay-for-performance programs
26 approved by the office of the health insurance commissioner. {add}Any pay-for-performance program
27 offered to a primary care physician, or a program certified by the health insurance commissioner
28 to be equivalent, shall be made available for behavioral health providers.{add}
29 SECTION 16. Sections 27-38.2-1, 27-38.2-2, 27-38.2-3 and 27-38.2-4 of the General
30 Laws in Chapter 27-38.2 entitled "Insurance Coverage for Mental Illness and Substance Abuse"
31 are hereby amended to read as follows:
32 27-38.2-1. Mental illness coverage. -- Every health care insurer that delivers or issues
33 for delivery or renews in this state a contract, plan, or policy except contracts providing
34 supplemental coverage to Medicare or other governmental programs, shall provide coverage for

Page 42

1 the medical treatment of mental illness, and substance abuse, {add}and health-related behaviors{add} under
2 the same terms and conditions as that coverage is provided for other illnesses and diseases {add}and in
3 particular, for illnesses and diseases commonly treated by primary care providers{add}. Insurance
4 coverage offered pursuant to this statute must include the same durational limits, amount limits,
5 deductibles, and co-insurance factors for mental illness as for other illnesses and diseases {add}and in

6 particular, for illnesses and diseases commonly treated by primary care providers{add}.
7 27-38.2-2. Definitions. -- For the purposes of this chapter, the following words and terms
8 have the following meanings:
26 (2) "Mental illness" means any mental disorder and substance abuse disorder that is
27 listed in the most recent revised publication or the most updated volume of either the Diagnostic
28 and Statistical Manual of Mental Disorders (DSM) published by the American Psychiatric
29 Association or the International Classification of Disease Manual (ICO) published by the World
30 Health Organization {add}or any health-related behavior identified by the director of health as having a
31 significant effect on health, illness, disease, or functioning{add} and that substantially limits the life
32 activities of the person with the illness; provided, that tobacco and caffeine are excluded from the
33 definition of "substance" for the purposes of this chapter. "Mental illness" shall not include: (i)
34 mental retardation, (ii) learning disorders, (iii) motor skills disorders, (iv) communication
Page 43
1 disorders, and (v) mental disorders classified as "V" codes. Nothing shall preclude persons with
2 these conditions from receiving benefits provided under this chapter for any other diagnoses
3 covered by this chapter.
4 (3) "Mental illness coverage" means inpatient hospitalization, partial hospitalization
5 provided in a hospital or any other licensed facility, intensive out patient services, outpatient
6 services, services provided by a behavioral health provider in a medical facility or practice, and
7 community residential care services for substance abuse treatment. It shall not include methadone
8 maintenance services or community residential care services for mental illnesses other than
9 substance abuse disorders.
10 (4) "Outpatient services" means office visits that provide for the treatment of mental
11 illness and substance abuse.
12 (5) "Community residential care services" mean those facilities as defined and licensed
13 in accordance with chapter 24 of title 40.1.
14 27-38.2-3. Medical necessity and appropriateness of treatment. -- (a) Upon request of
15 the reimbursing health insurers, all providers of treatment of mental illness shall furnish medical
16 records or other necessary data which substantiates that initial or continued treatment is at all
17 times medically necessary and appropriate. When the provider cannot establish the medical
18 necessity and/or appropriateness of the treatment modality being provided, neither the health
19 insurer nor the patient shall be obligated to reimburse for that period or type of care that was not
20 established. The exception to the preceding can only be made if the patient has been informed of
21 the provisions of this subsection and has agreed in writing to continue to receive treatment at his
22 or her own expense.
23 (b) The health insurers, when making the determination of medically necessary and
24 appropriate treatment, must do so in a manner consistent with that used to make the determination
25 for the treatment of other diseases or injuries covered under the health insurance policy or
26 agreement {add}and in particular, for illnesses and diseases commonly treated by primary care
27 providers{add}.
28 (c) Any subscriber who is aggrieved by a denial of benefits provided under this chapter
29 may appeal a denial in accordance with the rules and regulations promulgated by the department
30 of health pursuant to chapter 17.12 of title 23.
31 27-38.2-4. Limitations of coverage. -- (a) The health care benefits outlined in this
32 chapter apply only to services delivered within the state of Rhode Island; provided, that all health
33 insurers shall be required to provide coverage for those benefits mandated by this chapter outside
34 of the state of Rhode Island where it can be established through a pre-authorization process that
Page 44
1 the required services are not available in the state of Rhode Island from a provider in the health
2 insurer's network.
3 (b) For the purposes of this chapter, outpatient services, with the exception of outpatient
4 medication visits, shall be provided for {delete}~~up to thirty (30)~~{delete} {add}as many{add} visits in any calendar year {add}as are
5 determined to meet the medical necessity criteria{add}; outpatient services for substance abuse

6 treatment shall be provided for up to {delete}~~up to thirty (30)~~{delete} {add}as many{add} in any calendar year {add}as are
7 determined to meet the medical necessity criteria{add}; community residential care services for
8 substance abuse treatment shall be provided for up to thirty (30) days in any calendar year; and
9 detoxification benefits shall be provided for up to five (5) detoxification occurrences or thirty (30)
10 days in any calendar year, whichever comes first.
11 SECTION 17. Sections 27-41-2 and 27-41-26.1 of the General Laws in Chapter 27-41
12 entitled "Health Maintenance Organizations" are hereby amended to read as follows:
13 27-41-2. Definitions. -- As used in this chapter:

Page 45

27 (n) "Health benefits" or "covered benefits" means coverage or benefits for the diagnosis,
28 cure, mitigation, treatment, or prevention of disease, or amounts paid for the purpose of affecting
29 any structure or function of the body {add}or behavioral health functioning{add} including coverage or
30 benefits for transportation primarily for and essential thereto, and including medical services as
31 defined in R.I. Gen. Laws section 27-19-17;

[NOTE No additional changes on pages 45-46]

Page 47

31 {add}(gg) "Behavioral health provider" means mental health counselor, marriage and family
32 therapist, social worker, psychologist, advanced practice psychiatric nurse, and/or psychiatrist
33 licensed by the department of health under relevant law and regulation.{add}
34 27-41-26.1. Patient responsibility -- Administrative requirements. -- For health

Page 48

1 benefit contracts issued, renewed, or delivered in this state the following shall apply:
2 (1) The amount of copayments for physician office visits and hospital emergency room
3 visits shall be printed on the subscriber identification cards issued to the insured. {add}The amount of
4 copayments for behavioral health office visits shall be equal to those for non-preventive primary
5 care office visits.{add}
6 (2) A schedule of all applicable copayments, by product or by group, in paper or
7 electronic format, or both, shall be published, updated, and distributed to participating providers.
8 (3) On an annual basis, notification shall be provided to subscribers regarding their
9 responsibility for copayments and deductibles.
10 SECTION 18. Sections 27-50-3 and 27-50-10 of the General Laws in Chapter 27-50
11 entitled "Small Employer Health Insurance Availability Act" are hereby amended to read as
12 follows:
13 27-50-3. Definitions. [Effective December 31, 2010.] --

[NOTE No changes on pages 49-53]

Page 54

5 (v) "Health status-related factor" means any of the following factors:
6 (1) Health status;
7 (2) Medical condition, including both physical and mental illnesses {add}, and behaviors
8 related to health status{add};
9 (3) Claims experience;
10 (4) Receipt of health {add}or behavioral health{add} care;
11 (5) Medical history;
12 (6) Genetic information;
13 (7) Evidence of insurability, including conditions arising out of acts of domestic
14 violence; or
15 (8) Disability.

[NOTE No additional changes on page 54]

Page 55

14 (y) "Medical care" means amounts paid for:
15 (1) The diagnosis, care, mitigation, treatment, or prevention of disease, or amounts paid
16 for the purpose of affecting any structure or function of the body {add}or behavioral health functioning{add};

[NOTE No additional changes on pages 55-56]

Page 57

23 **27-50-10. Wellness health benefit plan. --** (a) No provision contained in this chapter
24 prohibits the sale of health benefit plans which differ from the wellness health benefit plans
25 provided for in this section.
26 (b) The wellness health benefit plan shall be determined by regulations promulgated by
27 the office of health insurance commissioner (OHIC). The OHIC shall develop the criteria for the
28 wellness health benefit plan, including, but not limited to, benefit levels, cost-sharing levels,
29 exclusions, and limitations, in accordance with the following:
30 (1) (i) The OHIC shall form an advisory committee to include representatives of
31 employers, health insurance brokers, local chambers of commerce, and consumers who pay
32 directly for individual health insurance coverage.
33 (ii) The advisory committee shall make recommendations to the OHIC concerning the
34 following:

Page 58

1 (A) The wellness health benefit plan requirements document. This document shall be
2 disseminated to all Rhode Island small group and individual market health plans for responses,
3 and shall include, at a minimum, the benefit limitations and maximum cost sharing levels for the
4 wellness health benefit plan. If the wellness health benefit product requirements document is not
5 created by November 1, 2006, it will be determined by regulations promulgated by the OHIC.
6 (B) The wellness health benefit plan design. The health plans shall bring proposed
7 wellness health plan designs to the advisory committee for review on or before January 1, 2007.
8 The advisory committee shall review these proposed designs and provide recommendations to the
9 health plans and the commissioner regarding the final wellness plan design to be approved by the
10 commissioner in accordance with subsection 27-50-5(h)(4), and as specified in regulations
11 promulgated by the commissioner on or before March 1, 2007.
12 (2) Set a target for the average annualized individual premium rate for the wellness
13 health benefit plan to be less than ten percent (10%) of the average annual statewide wage, as
14 reported by the Rhode Island department of labor and training, in their report entitled "Quarterly
15 Census of Rhode Island Employment and Wages." In the event that this report is no longer
16 available, or the OHIC determines that it is no longer appropriate for the determination of
17 maximum annualized premium, an alternative method shall be adopted in regulation by the
18 OHIC. The maximum annualized individual premium rate shall be determined no later than
19 August 1st of each year, to be applied to the subsequent calendar year premium rates.
20 (3) Ensure that the wellness health benefit plan creates appropriate incentives for
21 employers, providers, health plans and consumers to, among other things:
22 (i) Focus on primary care, {add}behavioral health care,{add} prevention and wellness;
23 (ii) Actively manage the chronically ill population {add}, including health-related behavior{add};
24 (iii) Use the least cost, most appropriate setting; and
25 (iv) Use evidence based, quality care.
26 (4) To the extent possible, the health plans may be permitted to utilize existing products
27 to meet the objectives of this section.
28 (5) The plan shall be made available in accordance with title 27, chapter 50 as required
29 by regulation on or before May 1, 2007.
30 SECTION 19. Section 27-74-3 of the General Laws in Chapter 27-74 entitled "Discount
31 Medical Plan Organization Act" is hereby amended to read as follows:
32 **27-74-3. Definitions. --** As used in this chapter:

[NOTE No changes on page 59]

Page 60

18 (13) "Medical services" means any maintenance care of, or preventive care for, the
19 human body or care, service or treatment of an illness or dysfunction of, or injury to, the human
20 body {add}or behavioral health functioning{add}.
21 (14) "Medical services" includes, but is not limited to, physician care, {add}behavioral health
22 care,{add} inpatient care, hospital surgical services, emergency services, ambulance services,
23 laboratory services and medical equipment and supplies.

[NOTE No additional changes on page 60]

Page 61

SECTION 20. Section 42-14.5-3 of the General Laws in Chapter 42-14.5 entitled "The Rhode Island Health Care Reform Act of 2004 - Health Insurance Oversight" is hereby amended to read as follows:

42-14.5-3. Powers and duties [Contingent effective date; see effective dates under this section.] -- The health insurance commissioner shall have the following powers and duties:

[NOTE No changes on pages 61-66]

Page 67

{add}(o) To protect the interest of consumers by including consideration of behavioral health, the effects of behavioral health on health insurance consumers, and access to effective behavioral health services in determination that the interests of consumers are, or are likely to be, adversely affected by any policy, practice, action or inaction of a health insurer in consideration of the approval or denial of any regulatory request, application or filing made by a health insurer or of any other circumstances that exist such that the interests of the state's health insurance consumers may be adversely affected.

(p) To encourage the fair treatment of behavioral health providers by health insurers through consideration of the extent to which policies, procedures, practices, actions or inaction of a health insurer affect behavioral health providers in a manner not commensurate to their effects on primary care providers in determination that the interests of consumers are, or are likely to be, adversely affected by any policy, practice, action or inaction of a health insurer; in consideration of the approval or denial of any regulatory request, application or filing made by a health insurer or of any other circumstances that exist such that the interests of the state's health insurance consumers may be adversely affected. In particular, to enforce the Federal Mental Health Parity Act of 1996, Pub. L. 104-204, and the Federal Mental Health Parity and Addiction Equity Act of 2008, Pub. L. 110-343, including its provisions regarding parity in payments and financing of behavioral health services.

(q) When making a determination as described in this section or when acting to encourage the fair treatment of behavioral health providers, the commissioner may consider and/or act upon the following issues, either singly or in combination of two (2) or more:

Page 68

(1) The policies, procedures and practices employed by health insurers with respect to provider reimbursement, claims processing, dispute resolution, and contracting processes;

(2) A health insurer's provider rate schedules; and

(3) The efforts undertaken by the health insurers to enhance communications with providers.

(r) To improve the efficiency and quality of health care delivery including of behavioral health care through improved management of the effects of behavioral health care on health and health care, and increasing access to behavioral health care services through consideration of the extent to which the policies, procedures, practices, actions or inaction of a health insurer affect access, efficiency, quality, and impact of behavioral health services on health and health care in a manner not commensurate to their effects on primary care services and primary care providers in determination that the decision to approve or deny any regulatory request, application, or filing made by a health insurer can be made in a manner that will:

(1) Improve the quality and efficiency of health care service delivery and outcomes in Rhode Island;

(2) View the health care system as a comprehensive entity; or

(3) Encourage and direct insurers towards policies that advance the welfare of the public through overall efficiency, improved health care quality, and appropriate access;

(s) Establish and promote policies that:

(1) Promote increased quality and efficiency of health care service delivery and outcomes in Rhode Island;

(2) Encourage health insurers to view the health care system as a comprehensive entity;

(3) Encourage and direct insurers towards policies that advance the welfare of the public

24 through overall efficiency, improved health care quality, and appropriate access; and
25 (4) Promote such action with respect to a health insurer will likely improve the efficiency
26 and quality of health care delivery and increase access to health care services
27 (t) When making a determination as described in this section or when acting to further the
28 interests set out in this section, the commissioner may consider and/or act upon the following
29 issues, either singly or in combination of two (2) or more:
30 (1) Efforts by health insurers to develop benefit design and payment policies that enhance
31 the affordability of their products, encourage more efficient use of the state's existing health care
32 resources; promote appropriate and cost effective acquisition of new health care technology and
33 expansion of the existing health care infrastructure; advance the development and use of high
34 quality health care services (e.g., centers of excellence); and prioritize the use of limited

Page 69

1 resources;
2 (2) Improve the availability of stable, predictable, affordable rates for high quality, cost
3 efficient health insurance products, including coverage of behavioral health services, through
4 consideration of the extent to which the policies, procedures, practices, actions or inaction of a
5 health insurer affect whether behavioral health and behavioral health services contribute to the
6 extent to which the health insurer's products are affordable, and whether the carrier has
7 implemented effective strategies for management of access, effectiveness, and appropriateness of
8 behavioral health services to enhance the affordability of its products in the decision to approve
9 or deny any regulatory request, application, or filing made by a health insurer; and
10 (3) Achieving an economic environment in which health insurance is affordable will
11 depend in part on improving the performance of the Rhode Island health care system as a whole,
12 including, but not limited to, improved behavioral health care supply, reduced incidence of
13 avoidable hospitalizations for behavioral health care-sensitive conditions, and reduced incidence
14 of emergency room visits for behavioral health care-sensitive conditions.
15 (u) When making a determination whether a health insurance carrier has implemented
16 effective strategies to enhance the affordability of its products, the commissioner may consider
17 and/or act upon the following factors, either singly or in combination of two (2) or more:
18 (1) Whether the health insurer offers products that address the underlying cost of health
19 care by creating appropriate incentives for consumers, employers, providers and the insurer itself
20 designed to promote efficiency in creating a focus on behavioral health to supplement the focus
21 on primary care, prevention, and wellness; establish active management procedures for the
22 chronically ill population, including management of health-related behavior; encourage use of the
23 least cost, most appropriate settings including behavioral health services for medical conditions as
24 relevant and for behavioral health conditions; and promoting use of evidence based, quality care,
25 including for behavioral health services;
26 (2) Whether the insurer employs provider payment strategies for behavioral health
27 services to enhance cost effective utilization of appropriate services, including adequate financial
28 support for behavioral health services;
29 (3) Whether the insurer includes incentives for behavioral health providers of step-down
30 and diversion behavioral health services from hospital levels of care based on specific clinical and
31 financial outcomes of such care;
32 (4) Whether the insurer includes incentives for behavioral health providers that are
33 certified by the health insurance commissioner to be equivalent to those offered to primary care
34 providers; and

Page 70

1 (5) Whether the proportion of the insurer's medical expense allocated to behavioral health
2 care is sufficient to further the interests set out in this section.{add}
3 SECTION 21. Section 42-14.6-4 of the General Laws in Chapter 42-14.6 entitled "Rhode
4 Island All-Payer Patient-Centered Medical Home Act" is hereby amended to read as follows:
5 **42-14.6-4. Promotion of the patient-centered medical home. --** (a) Care coordination
6 payments.

[NOTE No additional changes on page 70]

Page 71

9 {add}(6) Inclusion of behavioral health. By January 1, 2015, the commissioner and the
10 secretary shall direct the collaborative to consider additional reforms to be implemented to
11 promote the inclusion of behavioral health in patient-centered medical homes including, but not
12 limited to, applying payment structures described in subsection (a)(4) of this section to behavioral
13 health providers, and projects to evaluate the benefits of different forms of collaboration, on-site
14 availability, and joint treatment planning for patients served in patient-centered medical homes.{add}
15 (b) The patient-centered medical home collaborative shall propose to the secretary for
16 adoption, standards for the patient-centered medical home to be used in the payment system. In
17 developing these standards, the existing standards by the national committee for quality
18 assurance, or other independent accrediting organizations may be considered where feasible.
19 SECTION 22. This act shall take effect upon passage.

	MOTION: To find beneficial 2014 S 2769 & H 7970 Acts Relating to Health and Safety -- Rhode Island Behavioral Health Care Reform Act of 2014. Motion moved by RC, seconded by MS, passed, abstained HD
	14 S 2750 & H 7675 Acts Relating to Behavioral Healthcare, Developmental Disabilities, and Hospitals - Mental Health Law Sen. Goodwin in Senate Judiciary Committee Rep. Naughton in House Health, Education, and Welfare Committee This act would align the appointment process for mental health advocate with that of the child advocate. This act would also increase and diversify the candidate pool and allow full participation in the selection process by those entities that routinely interact with the mental health advocate. This act would take effect upon passage.

1 SECTION 1. Section 40.1-5-14 of the General Laws in Chapter 40.1-5 entitled "Mental
2 Health Law" is hereby amended to read as follows:
3 **40.1-5-14. Appointment and term of office of mental health advocate. --** The
4 governor, with the advice and consent of the senate, shall appoint a member of the bar of this
5 state who has been practicing law for at least {delete}~~five (5)~~{delete} {add}three (3){add} years to fill the office of the mental
6 health advocate {add}who shall be a person qualified by training and experience to perform the duties
7 of the office as set forth in § 40.1-5-22{add}. The appointment shall be made from a list of at least three
8 (3) persons prepared and submitted by a committee consisting of {add}one attorney appointed by the
9 Rhode Island Bar Association;{add} one attorney appointed by the Rhode Island Disability Law
10 Center {add}; two (2) judges of the district court appointed by the Chief Judge{add}; one person appointed by
11 the Rhode Island Association for Mental Health; one person appointed by the Alliance for the
12 Mentally Ill of Rhode Island; three (3) persons appointed by the Coalition of Consumer Self
13 Advocates; one psychiatrist, appointed by the Rhode Island district branch of the American
14 Psychiatric Association; one psychologist appointed by the Rhode Island Psychological
15 Association; one social worker appointed by the Rhode Island chapter of the National Association
16 of Social Workers; {add}one person appointed by the secretary of the Executive Office of Health and
17 Human Services;{add} and two (2) members of the general public appointed by the governor. {add}Eight (8)
18 members of the committee shall constitute a quorum. No one shall be eligible for appointment

Page 2

1 unless he or she is a resident of this state. The board shall elect from among the members a chair
2 and a vice-chair.{add} The person appointed mental health advocate shall hold office for a term of five
3 (5) years and shall continue to hold office until his or her successor is appointed and qualified.
4 SECTION 2. This act shall take effect upon passage.

	MOTION: To find beneficial 2014 S 2750 & H 7675 Acts Relating to Behavioral Healthcare, Developmental Disabilities, and Hospitals - Mental Health Law. Motion moved by RC, seconded by HD, passed unanimously
	14 S 2745 & H 7558 Acts Relating to Human Services -- Medical Assistance Sen. Goodwin in Senate Finance Committee Rep. Serpa in House Finance Committee This act would provide standards for state compensation of nursing facilities for patients who have either applied for Medicaid benefits or have appealed an adverse Medicaid benefits determination. Further, this act would provide standards for the treatment of uncompensated care by nursing facilities to Medicaid applicants. This act would also provide rules regarding how much of his or her income a Medicaid recipient must pay for nursing facility care. This act would also allow for proceedings against children of parents who are in nursing facilities and for support by children of parents who are in nursing facilities. This act would take effect upon passage.

SECTION 1. Title 40 of the General Laws entitled "HUMAN SERVICES" is hereby amended by adding thereto the following chapter:

{add}**CHAPTER 6.1**

NURSING FACILITY CARE FOR PERSONS APPLYING FOR MEDICAID DURING PENDENCY OF AN APPLICATION OR APPEAL

40-8-6.1. Nursing Facility Care during Pendency of Application or Appeal. --

(a) Definitions. For purposes of this section, the following terms shall have the meanings indicated:

(1) "Applied income" means the amount of income a Medicaid beneficiary is required to contribute to the cost of his or her care.

(2) "Authorized representative" means an individual who signs an application for Medicaid benefits on behalf of a Medicaid applicant.

(3) "Complete application" means an application for Medicaid benefits filed by or on behalf of an individual receiving care and services from a nursing facility, including attachments and supplemental information as necessary, which provides sufficient information for the director or designee to determine the applicant's eligibility for coverage. An application shall not be disqualified from status as a complete application hereunder except for failure on the part of the Medicaid applicant, his or her authorized representative, or the nursing facility to provide necessary information or documentation, or to take any other action necessary to make the

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application a complete application.

(4) "Medicaid applicant" means an individual who is receiving care in a nursing facility during the pendency of an application for Medicaid benefits.

(5) "Nursing facility" means a nursing facility licensed under chapter 17 of title 23, which is a participating provider in the Rhode Island Medicaid program.

(6) "Release" means a written document which: Indicates consent to the disclosure to a nursing facility by the director or designee of information concerning an application for Medicaid benefits filed on behalf of a resident of that nursing facility for the purpose of assuring the ability to be paid for its services by that nursing facility. Which includes the following elements:

(i) A description of the information that may be disclosed under the release;

(ii) The name of the nursing facility;

(iii) The name of the person or persons acting on behalf of the nursing facility to whom the information may be disclosed;

(iv} The period for which the release will be in effect, which may extend from the date of the application for benefits until the expiration of any appeal period following the determination of that application; and

17 (v) The signature of the Medicaid applicant, authorized representative, or other person
18 legally authorized to sign on behalf of the Medicaid applicant, such as a guardian or attorney-in-
19 fact.
20 (7) "Uncompensated care" means care and services provided by a nursing facility to a
21 Medicaid applicant without receiving compensation therefore from Medicaid, Medicare, the
22 Medicaid applicant, or other source. The acceptance of any payment representing actual or
23 estimated applied income shall not disqualify the care and services provided from qualifying as
24 uncompensated care.
25 (b) Uncompensated care during pendency of an application for benefits. A nursing
26 facility may not discharge a Medicaid applicant for non-payment of the facility's bill during the
27 pendency of a complete application; nor may a nursing facility charge a Medicaid applicant for
28 care provided during the pendency of a complete application, except for an amount representing
29 the estimated applied income. A nursing facility may discharge a Medicaid applicant for non-
30 payment of the facility's bill during the pendency of an application for Medicaid coverage that is
31 not a complete application, but only if the nursing facility has provided the resident (and his or
32 her authorized representative, if known) with thirty (30) days' written notice of its intention to do
33 so, and the application remains incomplete during that thirty (30) day period.
34 (c) Uncompensated care while determination is overdue. When a complete application

1 has been pending for sixty (60) days or longer, then upon the request of a nursing facility
2 providing uncompensated care, the state shall make payment to the facility for the care provided
3 to the applicant in full as though the application were approved, beginning on the date of such
4 request. Payment under this subsection (c) shall not be made for the period prior to the nursing
5 facility's request, but shall continue thereafter until the application is decided. In the event the
6 application is denied, the department shall not have any right of recovery, offset, or recoupment
7 with respect to payments made hereunder for the period prior to the determination, and shall have
8 no obligation to make further payment to the facility under this subsection, except as provided in
9 subsection (d) below. In the event the application is approved, the state may offset payments
10 made for the period between the date of application and determination by any amounts paid
11 hereunder.
12 (d) Uncompensated care during overdue appeal. If an application for Medicaid coverage
13 for nursing facility care made by or on behalf of a Medicaid applicant is denied; and the denial is
14 appealed; and a period of sixty (60) days or more has elapsed from the date the appeal was filed;
15 then provided the nursing facility has provided uncompensated care to the applicant during that
16 sixty (60) day period, upon request of the nursing facility, the state shall make payment to the
17 facility for the care provided to the Medicaid Applicant in full as though the denial were
18 overturned, beginning on the date of that request. Such payment shall continue until the appeal is
19 decided. In the event the denial is upheld, the department shall not have any right of offset or
20 recoupment with respect to payments made hereunder for the period prior to the decision on
21 appeal, and shall have no obligation to make further payment to the facility under this subsection.
22 In the event the denial is overturned, the state may offset payments made for the period between
23 the date of the appeal and its determination by any amounts paid hereunder.
24 (e) Notice of application status. When a nursing facility is providing uncompensated care
25 to a Medicaid applicant, then the nursing facility may inform the director or designee of its status,
26 and the director or designee shall thereafter inform the nursing facility of any decision on the
27 application at the time the decision is rendered and, if coverage is approved, of the date that
28 coverage will begin. In addition, a nursing facility providing uncompensated care to a Medicaid
29 applicant may inquire of the director or designee as to the status of that individual's application,
30 and the director or designee shall respond within five (5) business days as follows:
31 (1) Without Release - If the nursing facility has not obtained a release, the director or
32 designee must provide the following information only, in writing: (i) whether or not the
33 application has been approved; and (ii) if the application has not yet been decided, whether or not
34 the application is a complete application.

(2) With Release - If the nursing facility has obtained a release, the director or designee must additionally provide any further information requested by the nursing facility, to the extent that the release permits its disclosure.

(f) Notice of appeal status. When a nursing facility is providing uncompensated care to a Medicaid applicant during the pendency of an appeal from the denial of the Medicaid applicant's application for Medicaid coverage, then the nursing facility may advise the director or designee of its status, and the director or designee must thereafter provide the nursing facility with written notice upon disposition of the appeal, including whether such disposition upholds or overturns the initial denial, or consists of dismissal or other disposition of the appeal.{add}

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

{add}**CHAPTER 6.2**

SUPPORT FOR RESIDENTS OF NURSING FACILITIES

40-8-6.2. Support for Certain Residents of Nursing Facilities.-- (a) Definitions. For purposes of this section:

(1) "Applied income" means the amount of income a Medicaid beneficiary is required to contribute to the cost of his or her care.

(2) "Authorized individual" means a person who has authority over the income of a resident of a nursing facility such as a person who has been given or has otherwise obtained authority over a resident's bank account, has been named as or has rights as a joint account holder, or is a fiduciary as defined below.

(3) "Costs of care" means the costs of providing care to a resident of a nursing facility, including nursing care, personal care, meals, transportation and any other costs, charges, and expenses incurred by a nursing facility in providing care to a resident. Costs of care shall not exceed the customary rate the nursing facility charges to a patient who pays for his or her care directly rather than through a governmental or other third-party payor.

(4) "Fiduciary" means a person to whom power or property has been formally entrusted for the benefit of another such as an attorney-in-fact, legal guardian, trustee, or representative payee.

(5) "Nursing facility" means a nursing facility licensed under chapter 17 of title 23, which is a participating provider in the Rhode Island Medicaid program.

(6) "Penalty period" means the period of Medicaid ineligibility imposed pursuant to 42 USC 1396p(c), as amended from time to time, on a person whose assets have been transferred for less than fair market value;

(7) "Uncompensated care" means care and services provided by a nursing facility to a Medicaid applicant without receiving compensation therefore from Medicaid, Medicare, the Medicaid applicant, or other source. The acceptance of any payment representing actual or estimated applied income shall not disqualify the care and services provided from qualifying as uncompensated care.

(b) Penalty period resulting from transfer. Any transfer or assignment of assets resulting in the establishment or imposition of a penalty period shall create a debt that shall be due and owing to a nursing facility for the unpaid costs of care provided during the penalty period to a resident of that facility who has been subject to the penalty period. The amount of the debt established shall not exceed the fair market value of the transferred assets at the time of transfer that are the subject of the penalty period. A nursing facility may bring an action to collect a debt for the unpaid costs of care given to a resident who has been subject to a penalty period, against either the transferor or the transferee, or both. The provisions of this section shall not affect other rights or remedies of the parties.

(c) Failure to complete medicaid application. A nursing facility may recover unpaid costs of care from any person who is a fiduciary of a resident of that facility, who fails to promptly complete and fully prosecute an application for the resident for coverage under Medicaid or any other support program or insurance policy. No action may be brought under this subsection (b) until the nursing facility has provided the fiduciary with thirty (30) days advance written notice of

its intent to do so; and the nursing facility has been providing uncompensated care to the resident for a period of at least thirty (30) days. If a court of competent jurisdiction determines, based upon clear and convincing evidence, that a defendant wilfully failed to promptly complete or fully prosecute such an application, the court may award the amount of the unpaid costs of care, court costs and reasonable attorneys' fees to the nursing facility.

(d) Applied income. A nursing facility may provide written notice to a resident who is a Medicaid recipient and any authorized individual of that resident of: (1) The amount of applied income due; (2) The recipient's legal obligation to pay such applied income to the nursing facility; and (3) The recipient's failure to pay applied income due to a nursing facility not later than thirty (30) days after receiving such notice from the nursing facility may result in a court action to recover the amount of applied income due. A nursing facility that is owed applied income may, in addition to any other remedies authorized under law, bring a claim to recover the applied income against a resident and any authorized individual. If a court of competent jurisdiction determines, based upon clear and convincing evidence, that a defendant wilfully failed to pay or withheld applied income due and owing to a nursing facility for more than thirty (30) days after receiving

notice pursuant to this subsection (d), the court may award the amount of the debt owed, court costs and reasonable attorneys' fees to the nursing facility.

(e) Effects. Nothing contained in this section shall prohibit or otherwise diminish any other causes of action possessed by any such nursing facility. The death of the person receiving nursing facility care shall not nullify or otherwise affect the liability of the person or persons charged with the costs of care rendered or the applied income amount as referenced in this section.{add}

SECTION 3. Chapter 15-10 of the General Laws entitled "Support of Parents" is hereby amended by adding thereto the following section:

{add}**15-10-8. Support for certain residents of nursing facilities. --** The uncompensated costs of care provided by a licensed nursing facility to any person may be recovered by the nursing facility from any child of that person who is above the age of eighteen (18) years, to the extent that:

(1) The child previously received a transfer of any interests or assets from the person receiving such care, which transfer resulted in a period of Medicaid ineligibility imposed pursuant to 42 USC 1396p(c), as amended from time to time, on a person whose assets have been transferred for less than fair market value; or

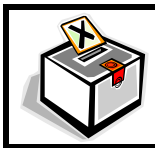
(2) The child is a legal guardian of that person, or an agent under a power of attorney over the person and/or the person's estate who fails to promptly complete and fully prosecute an application for the person for coverage under Medicaid or any other available support program or insurance policy.

Recourse under subsection (1) of this section shall be limited to the fair market value of the interests or assets transferred at the time of transfer. No action may be brought under subsection (2) until the nursing facility has first provided thirty (30) days advance written notice to the person or persons to be charged thereunder of its intent to do so; and the nursing facility has been providing uncompensated care to the resident for a period of at least thirty (30) days. For the purposes of this section "the costs of care" shall mean the costs of providing care, including nursing care, personal care, meals, transportation and any other costs, charges, and expenses incurred by the facility in providing care to a patient. Costs of care shall not exceed the customary rate the nursing facility charges to a patient who pays for his or her care directly rather than through a governmental or other third-party payor. Nothing contained in this section shall prohibit or otherwise diminish any other causes of action possessed by any such nursing facility. The death of the person receiving nursing facility care shall not nullify or otherwise affect the liability of the person or persons charged with the costs of care hereunder.{add}

SECTION 4. Section 40-5-13 of the General Laws in Chapter 40-5 entitled "Support of the Needy" is hereby amended to read as follows:

{add}**40-5-13. Obligation of kindred for support. --** (a) The kindred of any poor person, if

4 any he or she shall have in the line or degree of father or grandfather, mother or grandmother,
5 children or grandchildren, by consanguinity, or children by adoption, living within this state and
6 of sufficient ability, shall be holden to support the pauper in proportion to their ability.
7 (b) The uncompensated costs of care provided by a licensed nursing facility to any patient
8 may be recovered by the nursing facility from any person who is obligated to provide support to
9 that patient under subsection (a) hereof, to the extent that:
10 (1) The individual so obligated received a transfer of any interests or assets from the
11 patient receiving such care, which transfer resulted in a period of Medicaid ineligibility imposed
12 pursuant to 42 USC 1396p(c), as amended from time to time, on a person whose assets have been
13 transferred for less than fair market value; or
14 (2) The individual so obligated is a legal guardian of that patient, or an agent under a
15 power of attorney over the patient and/or the patient's estate who fails to promptly complete and
16 fully prosecute an application for the patient for coverage under Medicaid or any other available
17 support program or insurance policy.
18 (c) Recourse under subsection (b)(l) of this section shall be limited to the fair market
19 value of the interests or assets transferred at the time of transfer. No action may be brought under
20 subsection (b)(2) until the nursing facility has first provided thirty (30) days advance written
21 notice to the person or persons to be charged thereunder of its intent to do so; and the nursing
22 facility has been providing uncompensated care to the resident for a period of at least thirty (30)
23 days. For the purposes of this section the costs of care" shall mean the costs of providing care,
24 including nursing care, personal care, meals, transportation and any other costs, charges, and
25 expenses incurred by the facility in providing care to a patient. Costs of care shall not exceed the
26 customary rate the nursing facility charges to a patient who pays for his or her care directly rather
27 than through a governmental or other third-party payor. Nothing contained in this section shall
28 prohibit or otherwise diminish any other causes of action possessed by any such nursing facility.
29 The death of the patient receiving nursing facility care shall not nullify or otherwise affect the
30 liability of the person or persons charged with the costs of care hereunder.{add}
31 SECTION 5. This act shall take effect upon passage.

	MOTION: To find harmful 2014 S 2745 & H 7558 Acts Relating to Human Services -- Medical Assistance. Motion moved by AS, seconded by JR, passed unanimously
	14 S 2774 & H 7939 Acts Relating to Behavioral Healthcare, Developmental Disabilities and Hospitals Sen. Cool in Senate Judiciary Committee Rep. Ruggerio in House Judiciary Committee This act would establish a relief from disqualifiers board to consider petitions for relief from firearms prohibitions due to mental health adjudications of commitment. This act would also allow the district court to submit individual identifying information to the NICS database of all persons subject to a civil court certification order due to a mental disability. This act would take effect on January 1, 2015.

1 SECTION 1. Chapter 11-47 of the General Laws entitled "Weapons" is hereby amended
2 by adding thereto the following section:
3 {add}**11-47-63. Relief from disqualifiers program. --** (a) Establishment of board. There is
4 hereby established a board known as the relief from disqualifiers board to consider petitions for
5 relief from a firearms prohibition due to an adjudication of commitment.
6 (1) The board shall be comprised of five (5) members to be appointed by the governor
7 subject to the following qualifications:
8 (i) One of whom shall be a licensed psychiatrist;
9 (ii) One of whom shall be a licensed psychologist;
10 (iii) One of whom shall be an active member of law enforcement in the state of Rhode
11 Island;
12 (iv) One of whom shall be the director of the department of behavioral health,

13 developmental disabilities and hospitals, or his/her designee; and
14 (v) One of whom shall be the attorney general or his/her designee.
15 (2) Each member shall serve for a term of three (3) years; provided, however, that of the
16 initial members appointed to the board by the governor, two (2) shall be appointed for a term of
17 two (2) years and three (3) shall be appointed to a term of three (3) years. As the term of office of
18 a member of the board expires, his or her successor shall be appointed in a like manner for a term

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1 of three (3) years provided that a member shall continue to serve until an appointment is made by
2 the governor. Any vacancy shall be filled by the governor for the unexpired term.
3 (b) Relief from disqualifiers program. A person who is subject to the disqualifiers of 18
4 U.S.C. 922(d)(4) and 18 U.S.C. 922(g)(4) and/or § 40.1-5-8 because of an adjudication
5 commitment under the laws of this state may petition for relief from a firearms prohibition from
6 the relief from disqualifiers board. The board shall consider the petition for relief in accordance
7 with the following:
8 (1) The board shall give the petitioner the opportunity to present evidence to the board in
9 a closed and confidential hearing on the record;
10 (2) A record of the hearing shall be maintained by the board for purposes of appellate
11 review; and
12 (3) The board shall conduct said hearing within thirty (30) days of the filing of a petition
13 for relief.
14 (c) In determining whether to grant relief, the board shall consider evidence regarding the
15 following:
16 (1) The circumstances regarding the firearms disqualifiers pursuant to 18 U.S.C.
17 922(d)(4) and 18 U.S.C. 922(g)(4);
18 (2) The petitioner's record, which must include, at a minimum, the petitioner's mental
19 health record, including a certificate of a medical doctor or psychiatrist licensed in this state
20 certifying that the person is no longer suffering from a mental disorder which interferes or
21 handicaps the person from handling deadly weapons;
22 (3) All records pertaining to the petitioner's criminal history; and
23 (4) Evidence of the petitioner's reputation through character witness statements,
24 testimony, or other character evidence.
25 (d) The board shall have the authority to require that the petitioner undergo a clinical
26 evaluation and risk assessment, the results of which may also be considered as evidence in
27 determining whether to approve or deny the petition for relief.
28 (e) After a hearing on the record, the board shall grant relief provided that it finds, by a
29 preponderance of the evidence, that:
30 (1) The petitioner is not likely to act in a manner dangerous to public safety; and
31 (2) Granting the relief will not be contrary to the public interest.
32 (f) The board shall issue a decision in writing justifying the reasons for a denial or grant
33 of relief.
34 (g) Any person whose petition for relief has been denied by the board shall have a right to

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1 a de novo judicial review in the superior court. The superior court shall consider the record of the
2 board hearing on the petition for relief, the decision of the board, and, at the court's discretion,
3 any additional evidence it deems necessary to conduct its review.
4 (h) Upon notice that a petition for relief has been granted, the district court shall, as soon
5 as practicable:
6 (1) Cause the petitioner's record to be updated, corrected, modified, or removed from any
7 database maintained and made available to the National Instant Criminal Background Check
8 System (NICS) and reflect that the petitioner is no longer subject to a firearms prohibition as it
9 relates to 18 U.S.C. 922(d)(4) and 18 U.S.C. 922 (g)(4); and
10 (2) Notify the attorney general of the United States that the petitioner is no longer subject
11 to a firearms prohibition pursuant to 18 U.S.C. 922(d)(4) and 18 U.S.C. 922 (g)(4).
12 (i) The district court shall adopt rules relating to compliance with National Instant

13 Criminal Background Check System (NICS) including, without limitation, issues relating to the
14 transmission of data, the transfer of existing data in the existing state criminal background check
15 database and the relief from disqualifiers process as set forth herein. In preparing such rules, the
16 district court shall consult with the department of behavioral health, developmental disabilities
17 and hospitals, the attorney general, and such other entities as may be necessary or advisable. Such
18 regulations shall include provisions to protect the identity, confidentiality and security of all
19 records and data provided pursuant to this section.
20 (j) Any member of the relief from firearms disqualifications board, its agents, servants,
21 and employees shall be immune from suit in any action, civil or criminal, based upon any official
22 act or decision, related to this section, performed or made in good faith.{add}
23 SECTION 2. Sections 40.1-5-2, 40.1-5-8 and 40.1-5-26 of the General Laws in Chapter
24 40.1-5 entitled "Mental Health Law" are hereby amended to read as follows:
25 **40.1-5-2. Definitions. --** Whenever used in this chapter, or in any order, rule, or
26 regulation made or promulgated pursuant to this chapter, or in any printed forms prepared by the
27 department or the director, unless otherwise expressly stated, or unless the context or subject
28 matter otherwise requires:

[NOTE No additional changes on pages 3-4]

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5 {add}(10) "NICS database" means the National Instant Criminal Background Check System as
6 created pursuant to section 103(h) of the Brady Handgun Violence Prevention Act (Brady Act),
7 Pub. L. 103-159, 107 Stat. 1536 as established by 28 CFR 25.1.{add}
8 {delete}~~(10)~~{delete} {add} (11) {add} "Patient" means a person certified or admitted to a facility according to the
9 provisions of this chapter.
10 {delete}~~(11)~~{delete} {add} (12) {add} "Physician" means a person duly licensed to practice medicine or osteopathy in
11 this state.
12 {delete}~~(12)~~{delete} {add}(13) {add} "Psychiatric nurse clinician" means a licensed professional registered nurse with
13 a master's degree in psychiatric nursing or related field who is currently working in the mental
14 health field as defined by the American Nurses Association.
15 {delete}~~(13)~~{delete} {add}(14){add} "Psychiatrist" means a person duly licensed to practice medicine or osteopathy
16 in this state who has in addition completed three (3) years of graduate psychiatric training in a
17 program approved by the American Medical Association or American Osteopathic Association.
18 {delete}~~(14)~~{delete} {add}(15){add} "Psychologist" means a person certified pursuant to chapter 44 of title 5.
19 {delete}~~(15)~~{delete} {add}(16){add} "Social worker" means a person with a masters or further advanced degree from
20 a school of social work, which is accredited by the council of social work education.
21 **40.1-5-8. Civil court certification. --** (a) Petitions.

[NOTE No additional changes on pages 5-8]

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18 (k) Appeals. - (1) A person certified under this section shall have a right to appeal from a
19 final hearing to the supreme court of the state within thirty (30) days of the entry of an order of
20 certification. The person shall have the right to be represented on appeal by counsel of his or her
21 choice or by the mental health advocate if the supreme court finds that he or she cannot afford to
22 retain counsel. Upon a showing of indigency the supreme court shall permit an appeal to proceed
23 without payment of costs, and a copy of the transcript of the proceedings below shall be furnished
24 to the subject of the proceedings or to his or her attorney at the expense of the state. The
25 certifying court shall advise the person of all his or her rights pursuant to this section immediately
26 upon the entry of an order of certification.
27 (2) Appeals under this section shall be given precedence, insofar as practicable, on the
28 supreme court dockets. The district and family courts shall promulgate rules with the approval of
29 the supreme court to insure the expeditious transmission of the record and transcript in all appeals
30 pursuant to this chapter.
31 {add}(l) Submission to NICS database. (1) The district court shall submit the individual
32 identifying information to the NICS database of all persons subject to a civil court certification
33 order pursuant to this section within forty-eight (48) hours of certification.
34 (2) Any person affected by the provisions of this section, after the lapse of a period of

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three (3) years from the date of being civilly certified shall have the right to appear before the relief from disqualifiers board.{add}

40.1-5-26. Disclosure of confidential information and records. -- (a) The fact of admission or certification and all information and records compiled, obtained, or maintained in the course of providing services to persons under this chapter shall be confidential.

(b) Information and records may be disclosed only:

{add}(13) To the NICS database for firearms disqualifying information provided that only individual identifying information required by NICS is submitted.{add}

SECTION 3. This act shall take effect on January 1, 2015.

	MOTION: To find beneficial 2014 S 2774 & H 7939 Acts Relating to Behavioral Healthcare, Developmental Disabilities and Hospitals. Motion moved by RC, seconded by AS, passed, abstained EG
	14 H 7938 An Act Relating to Probate Practice and Procedure - Financial Exploitation of Elders and Dependent Persons Rep. Ajello in House Judiciary Committee This act would create a rebuttable presumption that any donative transfers to certain individuals by persons age sixty (60) years of age or older and any dependent persons of any age for whom a conservator, guardian or trustee has been appointed by a probate court of this state are a product of fraud or undue influence. Those individuals are persons who are in a fiduciary, legal, familial and/or caregiver relationship with the elder and/or dependent persons and utilize their relationship to effect a donative transfer by any document or commercial instrument. This act would take effect on January 1, 2015.
	Comments: We are still studying this. Kathy Heren, Erin Casey and I all participated in a discussion on this bill at a meeting of the Probate Commission last week, but did not reach a conclusion as to whether this would be beneficial. We are attempting to reach the bill's sponsors to understand their intent. Have you taken a position? Catherine Taylor, Director, Division of Elderly Affairs Like you I was waiting to hear from the sponsor. Kathy Heren, Long Term Care Ombudsperson

SECTION 1. Title 33 of the General Laws entitled "PROBATE PRACTICE AND PROCEDURE" is hereby amended by adding thereto the following chapter:

{add}**CHAPTER 19.1**

FINANCIAL EXPLOITATION OF ELDERS AND DEPENDENT PERSONS

33-19.1-1. Short title. -- This chapter shall be known and may be cited as the "Financial Exploitation of Elders and Dependent Persons Act."

33-19.1-2. Definitions. -- As used in this chapter: (1) "Care custodian" means a person who provides health or social services to a dependent adult, except that "care custodian" does not include a person who provided services without remuneration if the person had a personal relationship with the dependent adult: (i) At least ninety (90) days before providing those services; (ii) At least six (6) months before the dependent adult's death; and (iii) Before the dependent adult was admitted to hospice care, if the dependent adult was admitted to hospice care. As used in this section, "remuneration" does not include the donative transfer at issue under this chapter or the reimbursement of expenses.

(2) "Health and social services" means services provided to a dependent adult because of the person's dependent condition, including, but not limited to, the administration of medicine, medical testing, wound care, assistance with hygiene, companionship, housekeeping, shopping, cooking, and assistance with finances.

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(3) "Dependent adult" means a person who, at the time of executing the instrument at

issue under this section, was a person described in either of the following:

(i) The person was sixty-five (65) years of age or older and satisfied one or both of the following criteria:

(A) The person was unable to provide properly for his or her personal needs for physical health, food, clothing, or shelter;

(B) Due to one or more deficits in the mental functions listed in § 11-5-12(b)(2), the person had difficulty managing his or her own financial resources, or resisting fraud or undue influences.

(ii) The person was eighteen (18) years of age or older and satisfied one or both of the following criteria:

(A) The person was unable to provide properly for his or her personal needs for physical health, food, clothing, or shelter.

(B) Due to one or more deficits in the mental functions listed in § 11-5-12(b)(2), the person had substantial difficulty managing his or her own financial resources, or resisting fraud or undue influences.

(4) "Independent attorney" means an attorney who has no legal, business, financial, professional, or personal relationship with the beneficiary of a donative transfer at issue under this chapter, and who would not be appointed as a fiduciary or receive any pecuniary benefit as a result of the operation of the instrument containing the donative transfer at issue under this chapter.

(5)(i) A person who is "related by blood or affinity" to a specified person means any of the following persons:

(A) A spouse or domestic partner of the specified person;

(B) A relative within a specified degree of kinship described in §§ 33-19.1-3 or 33-19.1-4 to the specified person, or within a specified degree of kinship described in §§ 33-19.1-3 or 33-19.1-4 to the spouse or domestic partner of the specified person; or

(C) The spouse or domestic partner of a person described in subsection 5(i)(B).

(ii) For the purposes of this definition, "spouse or domestic partner" includes a predeceased spouse or predeceased domestic partner.

33-19.1-3. Prohibited transaction. -- (a) A provision of any document or instrument, including commercial instruments as defined in title 6A, making a donative transfer to any of the following persons is presumed to be the product of fraud or undue influence:

(1) The person who drafted the instrument;

(2) A person in a fiduciary relationship with the transferor who transcribed the instrument or caused it to be transcribed;

(3) A care custodian of a transferor who is a dependent adult, but only if the instrument was executed during the period in which the care custodian provided services to the transferor, or within ninety (90) days before or after that period;

(4) A person who is related by blood or affinity, within the third degree, to any person described in subsections (a)(1) - (a)(3).

(5) A cohabitant or employee of any person described in subsections (a)(1) - (a)(3); or

(6) A partner, shareholder, or employee of a law firm in which a person described in subsections (a)(1) - (a)(2) has an ownership interest.

(b) The presumption created by this section is a presumption affecting the burden of proof. The presumption may be rebutted by proving, by clear and convincing evidence, that the donative transfer was not the product of fraud or undue influence.

(c) Notwithstanding the provisions of subsections (a)(1) - (a)(2), and with respect to a donative transfer to the person who drafted the donative instrument, or to a person who is related to, or associated with, the drafter as described in subsections (a)(4) - (a)(6), the presumption created by this section is conclusive.

(d) If a beneficiary is unsuccessful in rebutting the presumption, the beneficiary shall bear all costs of the proceeding, including reasonable attorney's fees.

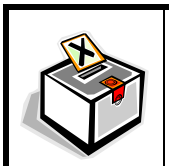
33-19.1-4. Exceptions. -- Section 33-19.1-3 does not apply to any of the following

21 instruments or transfers:
22 (1) A donative transfer to a person who is related by blood or affinity, within the fourth
23 (4th) degree, to the transferor or is the cohabitant of the transferor.
24 (2) An instrument that is drafted or transcribed by a person who is related by blood or
25 affinity, within the fourth (4th) degree, to the transferor or is the cohabitant of the transferor.
26 (3) An instrument that is approved pursuant to an order of the superior, family, district or
27 any probate court, after full disclosure of the relationships of the persons involved.
28 (4) A donative transfer to a federal, state, or local public entity, an entity that qualifies for
29 an exemption from taxation under section 501(c)(3) or 501(c)(19) of the Internal Revenue Code,
30 or a trust holding the transferred property for the entity.
31 (5) A donative transfer of property valued at five thousand dollars ($5,000) or less, if the
32 total value of the transferor's estate equals or exceeds the amount of fifty thousand dollars
33 ($50,000).
34 (6) An instrument executed outside of Rhode Island by a transferor who was not a

1 resident of Rhode Island when the instrument was executed.
2 **33-19.1-5. Review by independent attorney – Certificate of review. --** (a) A gift is not
3 subject to § 33-19.1-3 if the instrument is reviewed by an independent attorney who counsels the
4 transferor, out of the presence of any heir or proposed beneficiary, about the nature and
5 consequences of the intended transfer, including the effect of the intended transfer on the
6 transferor's heirs and on any beneficiary of a prior donative instrument, attempts to determine if
7 the intended transfer is the result of fraud or undue influence, and signs and delivers to the
8 transferor an original certificate in substantially the following form:
9 "CERTIFICATE OF INDEPENDENT REVIEW
10 I, _____, have reviewed
11 (attorney's name)
12 _____ and have counseled the transferor,
13 (name of instrument)
14 _____,on the nature and consequences of any
15 (name of transferor)
16 transfers of property to _____
17 (name of person described in § 33-19.1-3) that would be made by the instrument.
18 I am an "independent attorney" as defined in § 33-19.1-2 and I am in a position to advise
19 the transferor independently, impartially, and confidentially as to the consequences of the
20 transfer. On the basis of this counsel, I conclude that the transfers to
21 _____(name of person described in § 33-19.1-3) that
22 would be made by the instrument are not the product of fraud or undue influence.
23 _____ _____
24 (Name of Attorney) (Bar#) (Date)"
25 (b) An attorney whose written engagement, signed by the transferor, is expressly limited
26 solely to compliance with the requirements of this section, shall not be considered to otherwise
27 represent the transferor as a client.
28 (c) An attorney who drafts an instrument can review and certify the same instrument
29 pursuant to this section, but only as to a gift to a care custodian. In all other circumstances, an
30 attorney who drafts an instrument may not review and certify the instrument.
31 (d) If the certificate is prepared by an attorney other than the attorney who drafted the
32 instrument that is under review, a copy of the signed certification shall be provided to the drafting
33 attorney.
34 (e) In the event that the attorney conducting the independent review determines that the

1 proposed gift is the product of fraud or undue influence, the independent attorney shall notify the
2 Rhode Island department of elderly affairs in all circumstances where the independent attorney,
3 as a result of his or her investigation, has reason to believe that elder abuse is or may be present.
4 **33-19.1-6. Failure of gift. --** If a gift fails under this chapter, the instrument making the

5 gift shall operate as if the beneficiary had predeceased the transferor without spouse, domestic
6 partner, or issue.
7 **33-19.1-7. Liability. --** (a) A person is not liable for transferring property pursuant to an
8 instrument that is subject to the presumption created under § 33-19.1-3, unless the person is
9 served with notice, prior to transferring the property, that the instrument has been contested under
10 this section.
11 (b) A person who is served with notice that an instrument has been contested under this
12 section is not liable for failing to transfer property pursuant to the instrument, unless the person is
13 served with notice that the validity of the transfer has been conclusively determined by a court.
14 **33-19.1-8. Non-Waiveability. --** This chapter applies notwithstanding a contrary
15 provision in an instrument.
16 **33-19.1-9. Applicability to present documents. --** (a) This section shall apply to
17 instruments that become irrevocable on or after January 1, 2015. For the purposes of this section,
18 an instrument that is otherwise revocable or amendable shall be deemed to be irrevocable if, on or
19 after January 1, 2015, the transferor by reason of incapacity was unable to change the disposition
20 of the transferor's property and did not regain capacity before the date of the transferor's death.
21 (b) It is the intent of the general assembly that this chapter supplements the common law
22 on undue influence, without superseding or interfering in the operation of that law. Nothing in
23 this chapter precludes an action to contest a donative transfer under the common law or under any
24 other applicable law. This chapter is declarative of existing law.{add}
25 SECTION 2. This act shall take effect on January 1, 2015.



Tabled 2014 H 7938 An Act Relating to Probate Practice and Procedure - Financial Exploitation of Elders and Dependent Persons.
for information from the Long Term Care Ombudsperson & Director of Elderly Affairs

4:20 2014 Legislative Package, Bob Cooper, Executive Secretary

Purpose/Goal: To review the status of the Commission's legislative package

Commission Supports

Referred to Committee

House Finance Committee

14 H 7818 AN ACT RELATING TO STATE AFFAIRS AND GOVERNMENT -- RHODE ISLAND HOUSING RESOURCES ACT OF 1998

Rep. Ferri Requested by the Governor's Commission on Disabilities Identical to S 2696

House letter 3/12/2014 Testified: Senate letter Testified: Gov.

Senate Finance Committee

14 S 2696 AN ACT RELATING TO STATE AFFAIRS AND GOVERNMENT - RHODE ISLAND HOUSING RESOURCES ACT OF 1998

Sen. Goodwin Requested by the Governor's Commission on Disabilities Identical to H 7818

House letter Testified: Senate letter 3/12/2014 Testified: Gov.

Senate Health and Human Services Committee

Next Action on:

14 S 2358 AN ACT RELATING TO INSURANCE - COVERAGE FOR PRESCRIPTION DRUGS

Sen. Crowley Requested by the Governor's Commission on Disabilities Identical to H 7534

House letter Testified: Senate letter 3/12/2014 Testified: Gov.

Scheduled for hearing and/or consideration

House Corporations Committee on: 3/25/2014 @ Rise in rm 205

14 34534 AN ACT RELATING TO INSURANCE - COVERAGE FOR PRESCRIPTION DRUGS

Rep. Cimini Requested by the Governor's Commission on Disabilities Identical to S 2358

House letter 3/12/2014 Testified: Senate letter Testified: Gov.

Held for Further Study, Continued, or Heard

Senate Health and Human Services Committee

14 S 2525 AN ACT RELATING TO STATE AFFAIRS AND GOVERNMENT - GOVERNOR'S COMMISSION ON

DISABILITIES
Sen. Jabour Requested by the Governor's Commission on Disabilities
House letter Testified: Senate Testimony: 3/4/2014 Gov.
Commission Supports if amended
Held for Further Study, Continued, or Heard
House Finance Committee
14 H 7133 Art. 26 AN ARTICLE RELATING TO CHILDREN, YOUTH, AND FAMILIES
Rep. Melo Requested by the Governor
House Testimony: 2/12/2014 Senate Testimony: 3/6/2014 Gov.
Commission Opposes unless amended
Held for Further Study, Continued, or Heard
House Finance Committee
14 H 7133 Art. 25 AN ARTICLE RELATING TO MEDICAL ASSISTANCE
Rep. Melo Requested by the Governor
House Testimony: 2/12/2014 Senate Testimony: 2/25/2014 Gov.
Legislation Committee finds these bills Beneficial
Referred to Committee
House Corporations Committee
14 H 7649 AN ACT RELATING TO INSURANCE - ACCESS TO ABUSE-DETERRENT PAIN MEDICATIONS
Rep. Ferri Requested by the RI Medical Society Identical to S 2534 & 7477
House letter 3/12/2014 Testified: Senate letter Testified: Gov.
House Finance Committee
14 H 7413 AN ACT RELATING TO CRIMINAL PROCEDURE
Rep. Naughton Requested by the Attorney General Identical to S 2652
House letter 3/12/2014 Testified: Senate letter Testified: Gov.
14 H 7735 AN ACT RELATING TO STATE AFFAIRS AND GOVERNMENT - RHODE ISLAND HOUSING RESOURCES ACT OF 1998
Rep. Slater Identical to S 2497
House letter 3/12/2014 Testified: Senate letter Testified: Gov.
14 H 7803 AN ACT RELATING TO HEALTH AND SAFETY - LEAD POISONING PREVENTION ACT
Rep. Handy Identical to S 2200 & Similar to S 2674
House letter 3/12/2014 Testified: Senate letter Testified: Gov.
House Health, Education, & Welfare Committee
14 H 7679 AN ACT RELATING TO HUMAN SERVICES - HOMELESS BILL OF RIGHTS
Rep. Tomasso Identical to S 2552
House letter 3/12/2014 Testified: Senate letter Testified: Gov.
14 H 7936 AN ACT RELATING TO HEALTH AND SAFETY - HEALTH CARE SERVICES - UTILIZATION REVIEW ACT
Rep. Bennett Identical to S 2359
House letter 3/20/2014 Testified: Senate letter Testified: Gov.
House Judiciary Committee
14 H 7297 AN ACT RELATING TO PROPERTY - RHODE ISLAND FAIR HOUSING PRACTICES
Rep. Ajello
House letter 3/12/2014 Testified: Senate letter Testified: Gov.
14 H 7450 AN ACT RELATING TO LABOR - LABOR RELATIONS AND HOUSING DISCRIMINATION
Rep. Shekarchi Requested by the Commission for Human Rights
House letter 3/12/2014 Testified: Senate letter Testified: Gov.
14 H 7767 AN ACT RELATING TO ELECTIONS - CONDUCT OF ELECTION AND VOTING EQUIPMENT, AND SUPPLIES
Rep. Valencia Identical to S 2641
House letter 3/12/2014 Testified: Senate letter Testified: Gov.
Senate Finance Committee
14 S 2200 AN ACT RELATING TO HEALTH AND SAFETY - LEAD POISONING PREVENTION ACT
Sen. Goodwin Identical to H 7803 & Similar
House letter Testified: Senate letter 3/12/2014 Testified: Gov.
14 S 2461 AN ACT RELATING TO TAXATION -- REAL ESTATE CONVEYANCE TAX
Sen. Crowley
House letter Testified: Senate letter 3/12/2014 Testified: Gov.
14 S 2497 AN ACT RELATING TO STATE AFFAIRS AND GOVERNMENT - RHODE ISLAND HOUSING

RESOURCES ACT OF 1998
Sen. Crowley Identical to H 7735
House letter Testified: Senate letter 3/12/2014 Testified: Gov.
14 S 2674 AN ACT RELATING TO HEALTH AND SAFETY - LEAD POISONING PREVENTION ACT
Sen. Goodwin Similar to S 2200 & H
House letter Testified: Senate letter 3/12/2014 Testified: Gov.
Senate Health and Human Services Committee
14 S 2359 AN ACT RELATING TO HEALTH AND SAFETY - HEALTH CARE SERVICES - UTILIZATION REVIEW ACT
Sen. Miller Identical to H 7936
House letter Testified: Senate letter 3/12/2014 Testified: Gov.
14 S 2429 AN ACT RELATING TO EDUCATION - CAPTIONING OF ELECTRONIC VIDEO MATERIALS
Sen. Walaska
House letter Testified: Senate letter 3/12/2014 Testified: Gov.
14 S 2534 AN ACT RELATING TO INSURANCE - ACCESS TO ABUSE-DETERRENT PAIN MEDICATIONS
Sen. Miller Requested by the RI Medical Society Identical to H 7649 & H 7477
House letter Testified: Senate letter 3/12/2014 Testified: Gov.
Senate Housing and Municipal Government Committee
14 S 2552 AN ACT RELATING TO STATE AFFAIRS AND GOVERNMENT - HOMELESS SHELTERS
Sen. Crowley Identical to H 7679
House letter Testified: Senate letter 3/12/2014 Testified: Gov.
Senate Judiciary Committee
14 S 2233 AN ACT RELATING TO COURTS AND CIVIL PROCEDURE--COURTS
Sen. Miller
House letter Testified: Senate letter 3/12/2014 Testified: Gov.
14 S 2385 AN ACT RELATING TO STATE AFFAIRS AND GOVERNMENT - DEPARTMENT OF CHILDREN, YOUTH, AND
FAMILIES
Sen. Goldin
House letter Testified: Senate letter 3/12/2014 Testified: Gov.
14 S 2641 AN ACT RELATING TO ELECTIONS - CONDUCT OF ELECTION AND VOTING EQUIPMENT, AND SUPPLIES
Sen. Goldin Identical to H 7767
House letter Testified: Senate letter 3/12/2014 Testified: Gov.
14 S 2652 AN ACT RELATING TO CRIMINAL PROCEDURE
Sen. Lombardi Requested by the Attorney General Identical to H 7413
House letter Testified: Senate letter 3/12/2014 Testified: Gov.
Scheduled for hearing and/or consideration
House Corporations Committee on: 3/25/2014 @ Rise in rm 203
14 H 7477 AN ACT RELATING TO INSURANCE - ACCESS TO ABUSE-DETERRENT PAIN MEDICATIONS
Rep. Ferri Requested by the RI Medical Society Identical to S 2534 & H 7649
House letter 3/12/2014 Testified: Senate letter Testified: Gov.
Held for Further Study, Continued, or Heard
House Corporations Committee
14 H 7318 AN ACT RELATING TO INSURANCE -- ACCIDENT AND SICKNESS INSURANCE POLICIES
Rep. Casey By request
House letter 3/12/2014 Testified: Senate letter Testified: Gov.
House Health, Education, & Welfare Committee
14 H 7068 AN ACT RELATING TO PUBLIC UTILITIES COMMISSION - INFORMATION ACCESSIBILITY SERVICE FOR
PERSONS WITH DISABILITIES
Rep. Naughton
House letter 2/6/2014 Testified: 2/26/2014 Senate letter Testified: Gov.
Legislation Committee finds this bill Beneficial if amended
Referred to Committee
House Finance Committee
14 H 7242 AN ACT RELATING TO HUMAN SERVICES -- THE RHODE ISLAND WORKS PROGRAM
Rep. Cimini Identical to S 2476

House letter 3/12/2014 Testified: Senate letter Testified: Gov.

Senate Finance Committee

14 S 2476 AN ACT RELATING TO HUMAN SERVICES -- THE RHODE ISLAND WORKS PROGRAM

Sen. Pichardo Identical to H 7242

House letter Testified: Senate letter 3/12/2014 Testified: Gov.

Senate Judiciary Committee

14 S 2094 AN ACT RELATING TO BUSINESSES AND PROFESSIONS - CONFIDENTIALITY OF HEALTHCARE COMMUNICATIONS AND INFORMATION ACT

Sen. Cool Rumsey Requested by the Attorney General Identical to H 7091

House letter Testified: Senate letter Testified: Gov.

14 S 2665 AN ACT RELATING TO HUMAN SERVICES -- PERSONAL CARE ATTENDANT PROGRAM

Sen. Lombardi Requested by the Attorney General Identical to H 7442

House letter Testified: Senate letter 3/12/2014 Testified: Gov.

Held for Further Study, Continued, or Heard

House Health, Education, & Welfare Committee

14 H 7442 AN ACT RELATING TO HUMAN SERVICES -- PERSONAL CARE ATTENDANT PROGRAM

Rep. Naughton Requested by the Attorney General Identical to S 2665

House letter 3/12/2014 Testified: Senate letter Testified: Gov.

14 H 7168 AN ACT RELATING TO STATE AFFAIRS AND GOVERNMENT -- ELDERLY AFFAIRS DEPARTMENT

Rep. Ucci

House letter 2/6/2014 Testified: Senate letter Testified: Gov.

14 H 7367 AN ACT RELATING TO EDUCATION - SCHOOL AND YOUTH PROGRAMS CONCUSSION ACT

Rep. Gallison Identical to S 2181

House letter 3/12/2014 Testified: Senate letter Testified: Gov.

14 H 7575 AN ACT RELATING TO STATE AFFAIRS AND GOVERNMENT -- COMMISSION ON STANDARDS AND TRAINING

Rep. Lombardi

House Testimony: 3/12/2014 Senate letter Testified: Gov.

House Veterans Affairs Committee

14 H 7155 AN ACT RELATING TO MILITARY AFFAIRS AND DEFENSE - BURIAL OF VETERANS

Rep. Gallison

House letter 2/6/2014 Testified: Senate letter Testified: Gov.

Senate Education Committee

14 S 2181 AN ACT RELATING TO EDUCATION - SCHOOL AND YOUTH PROGRAMS CONCUSSION ACT

Sen. Felag Identical to H 7367

House letter Testified: Senate letter 3/12/2014 Testified: Gov.

Postponed by sponsor

House Health, Education, & Welfare Committee

14 H 7091 AN ACT RELATING TO BUSINESSES AND PROFESSIONS - CONFIDENTIALITY OF HEALTHCARE
COMMUNICATIONS AND INFORMATION ACT

Rep. Coderre Requested by the Attorney General Identical to S 2094

House letter Testified: Senate letter Testified: Gov.

Legislation Committee finds these bills Harmful

Referred to Committee

House Finance Committee

14 H 7040 AN ACT RELATING TO TOWNS AND CITIES -- STATE AID

Rep. Edwards

House letter 2/6/2014 Testified: Senate letter Testified: Gov.

14 H 7324 AN ACT RELATING TO BEHAVIORAL HEALTHCARE, DEVELOPMENTAL DISABILITIES AND HOSPITALS - DEVELOPMENTAL DISABILITIES OMBUDSPERSON ACT OF 2014

Rep. Blazejewski Similar to H 7346 & S 2355

House letter 3/12/2014 Testified: Senate letter Testified: Gov.

14 H 7346 AN ACT RELATING TO BEHAVIORAL HEALTHCARE, DEVELOPMENTAL DISABILITIES AND HOSPITALS - DEVELOPMENTAL DISABILITIES OMBUDSPERSON ACT OF 2014

Rep. Naughton Requested by the Developmental Disabilities Council Identical to S 2355, Similar to H 7324

House letter 3/12/2014 Testified: Senate letter Testified: Gov.

14 H 7355 AN ACT RELATING TO HUMAN SERVICES -- RHODE ISLAND WORKS PROGRAM--COMPULSORY
Rep. Casey By request Identical to S 2057
House letter 3/12/2014 Testified: Senate letter Testified: Gov.
14 H 7661 AN ACT RELATING TO HUMAN SERVICES - PUBLIC ASSISTANCE-FRAUD PREVENTION
Rep. Messier Similar to S 2382 & H 7314
House letter 3/12/2014 Testified: Senate letter Testified: Gov.
14 H 7664 AN ACT RELATING TO MOTOR AND OTHER VEHICLES -- MOTOR FUEL TAX
Rep. Naughton Requested by RIPTA Identical to S 2489
House letter 3/12/2014 Testified: Senate letter Testified: Gov.

Senate Special Legislation and Veterans' Affairs Committee

14 S 2109 AN ACT RELATING TO MOTOR AND OTHER VEHICLES - PARKING FACILITIES AND PRIVILEGES
Sen. Fogarty
House letter Testified: Senate letter 2/6/2014 Testified: Gov.
14 S 2117 AN ACT RELATING TO MOTOR AND OTHER VEHICLES -- PARKING FACILITIES AND PRIVILEGES
Sen. Doyle
House letter Testified: Senate letter 2/6/2014 Testified: Gov.

Senate Education Committee

14 S 2057 AN ACT RELATING TO HUMAN SERVICES -- RHODE ISLAND WORKS PROGRAM--COMPULSORY
Sen. Picard By Request Identical to H 7355
House letter Testified: Senate letter 3/12/2014 Testified: Gov.

Senate Finance Committee

14 S 2027 AN ACT RELATING TO MOTOR AND OTHER VEHICLES -- MOTOR FUEL TAX
Sen. Felag
House letter Testified: Senate letter 2/6/2014 Testified: Gov.
14 S 2489 AN ACT RELATING TO MOTOR AND OTHER VEHICLES -- MOTOR FUEL TAX
Sen. Goldin Requested by RIPTA Identical to H 7664
House letter Testified: Senate letter 3/12/2014 Testified: Gov.

Held for Further Study, Continued, or Heard

House Health, Education, & Welfare Committee

14 H 7144 AN ACT RELATING TO EDUCATION - CHILDREN WITH DISABILITIES
Rep. Craven
House Testimony: 2/26/2014 Senate letter Testified: Gov.
14 H 7314 AN ACT RELATING TO HUMAN SERVICES -- PUBLIC ASSISTANCE ACT
Rep. Morgan Identical to S 2382 & Similar
House letter 3/12/2014 Testified: Senate letter Testified: Gov.
14 H 7365 AN ACT RELATING TO HEALTH AND SAFETY -- SAFE PATIENT HANDLING
Rep. Phillips
House Testimony: 3/12/2014 Senate letter Testified: Gov.

Senate Health and Human Services Committee

14 S 2355 AN ACT RELATING TO BEHAVIORAL HEALTHCARE, DEVELOPMENTAL DISABILITIES AND HOSPITALS - DEVELOPMENTAL DISABILITIES OMBUDSPERSON ACT OF 2014
Sen. Ottiano Requested by the Developmental Disabilities Council Identical to H 7346 Similar to H 7324
House letter Testified: Senate Testimony: 3/4/2014 Gov.

Senate Judiciary Committee

14 S 2382 AN ACT RELATING TO HUMAN SERVICES -- PUBLIC ASSISTANCE ACT
Sen. Kettle Identical to H 7314 & Similar
House letter Testified: Senate letter 3/12/2014 Testified: Gov.

Legislation Committee finds these bills Harmful unless amended

Held for Further Study, Continued, or Heard

House Judiciary Committee

14 H 7505 AN ACT RELATING TO BUSINESSES AND PROFESSIONS -- CRIMINAL RECORD BACKGROUND CHECKS
Rep. Ajello
House letter 3/12/2014 Testified: Senate letter Testified: Gov.

Tabled for more information

Held for Further Study, Continued, or Heard

House Health, Education, & Welfare Committee

14 H 7368 AN ACT RELATING TO HEALTH AND SAFETY

Rep. McNamara Identical to S 2526

House letter Testified: Senate letter Testified: Gov.

Monitor these bills

Referred to Committee

House Finance Committee

14 H 7251 AN ACT RELATING TO HUMAN SERVICES -- PUBLIC ASSISTANCE

Rep. Gallison Identical to S 2471

House letter Testified: Senate letter Testified: Gov.

14 H 7361 AN ACT RELATING TO STATE AFFAIRS AND GOVERNMENT - THE AGING IN COMMUNITY OF 2014

Rep. Blazejewski Identical to S 2215

House letter Testified: Senate letter Testified: Gov.

Senate Finance Committee

14 S 2215 AN ACT RELATING TO STATE AFFAIRS AND GOVERNMENT - THE AGING IN COMMUNITY OF 2014

Sen. Goodwin Identical to H 7361

House letter Testified: Senate letter Testified: Gov.

14 S 2471 AN ACT RELATING TO HUMAN SERVICES - PUBLIC ASSISTANCE ACT

Sen. DiPalma Identical to H 7251

House letter Testified: Senate letter Testified: Gov.

General Assembly Deadlines

No public bill which originated in the House/Senate shall be considered by a House / Senate committee unless the committee has held a hearing on that bill by April 10, in the case of 2014

4:25 Agenda for the Next Meeting, Linda Ward

Purpose/Goal: To set the agenda for the next meeting.

Discussion: The Legislation Committee meetings in 2014 will be on the 1st Monday 3 – 4:30 PM: 05/5th; 06/02nd; 07/07th; 08/04th; 09/08th; 10/27th; and 12/01st.

4:30 Adjournment, Linda Ward

MOTION: To adjourn at 4:13 PM

Motion moved by AS, seconded by RC, passed unanimously.