



**Governor's Commission on Disabilities
Legislation Committee**

Monday, May 5, 2014 3:00 PM - 4:30 PM

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

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Attendees: Linda Ward (Chair.); Jack Ringland (Vice Chair.); Timothy Flynn; Casey Gartland; & Elaina Goldstein

Absentees: Nicole Bucka; Rosemary C. Carmody; Joseph Cirillo; Regina Connor; Heather Daglieri; Linda Deschenes; Kathleen Heren; William R. Inlow; Paula Parker; Arthur M. Plitt; Msgr. Gerard O. Sabourin; Meredith Sheehan; Angelina Stabile; & Dawn Wardyga

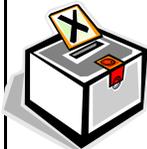
Guests: Kevin Nerney, Developmental Disabilities Council

Staff: Bob Cooper



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

Chair calls the meeting to order at 3:13 PM
Introductions of Commissioners and guests



MOTION: To accept the minutes of the previous meeting as presented
Motion moved by CG, seconded by TF, passed

Action Items:

3:05 Substitute versions of bills previously reviewed, Bob Cooper



Purpose/Goal: To review legislation, previously reviewed, determine the potential impact on people with disabilities, and revise or retain legislative impact statements

14 S 2801 Sub A An Act Relating To Insurance - Insurance Coverage for Mental Illness and Substance Use Disorders

Recommend passage 5/6/2014 # 011 Senate Calendar
Sen. Jabour Identical to H 8042

The **original** 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.

The **Substitute A** would require mandatory health insurance coverage for the treatment of mental

health and substance use disorders under the same terms and conditions that are provided for other illnesses and diseases. The act establishes and defines the concept of a "mental health or substance use disorder". This act would also require hospitals to amend their discharge plans and transition processes to address patients with opioid and other substance use disorders. The director of the department of health would be directed to develop and disseminate to all hospitals, health care clinics, urgent care centers, and emergency room diversion facilities a model discharge plan and transition process for patients with opioid and other substance use disorders. This act would take effect on October 1, 2014.

*The Legislation Committee found the **original** bill beneficial. Rhode Island has a major opioid drug problem, leading to many deaths. The key to reducing opioid addiction is proper discharge planning and follow-up services. Denying insurance coverage for follow-up visits pushes opioid dependent individuals into the underground drug marketplace.*

1 SECTION 1. Sections 27-38.2-1, 27-38.2-2 and 27-38.2-4 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. ^{delete}Mental illness coverage^{delete}~~ ^{add}Coverage for the treatment of mental
5 health and
6 substance use disorders^{add} . -- ^{delete}Every health care insurer that delivers or issues for delivery

7 ~~or~~
8 ~~renews in this state a contract, plan, or policy except contracts providing supplemental coverage~~
9 ~~to Medicare or other governmental programs, shall provide coverage for the medical treatment of~~
10 ~~mental illness and substance abuse under the same terms and conditions as that coverage is~~
11 ~~provided for other illnesses and diseases. Insurance coverage offered pursuant to this statute must~~
12 ~~include the same durational limits, amount limits, deductibles, and co-insurance factors for~~
13 ~~mental illness as for other illnesses and diseases.~~^{delete}

14 ^{add} (a) A group health plan, and an individual or group health insurance plan shall provide
15 coverage for the treatment of mental health and substance use disorders under the same terms and
16 conditions as that coverage is provided for other illnesses and diseases.

17 (b) Coverage for the treatment of mental health and substance use disorders shall not
18 impose any annual or lifetime dollar limitation.

(c) Financial requirements and quantitative treatment limitations on coverage for the
1 treatment of mental health and substance use disorders shall be no more restrictive than the
2 predominant financial requirements applied to substantially all coverage for medical conditions in
3 each treatment classification.

(d) Coverage shall not impose non-quantitative treatment limitations for the treatment of
4 mental health and substance use disorders unless the processes, strategies, evidentiary standards,
5 or other factors used in applying the non-quantitative treatment limitation, as written and in
6 operation, are comparable to, and are applied no more stringently than the processes, strategies,
7 evidentiary standards, or other factors used in applying the limitation with respect to
8 medical/surgical benefits in the classification.

(e) The following classifications shall be used to apply the coverage requirements of
9 subsections (b) and (c) of this section: (1) Inpatient, in-network; (2) Inpatient, out-of-network; (3)
10 Outpatient, in-network; (4) Outpatient, out-of-network; (5) Emergency care; and (6) Prescription
11 drugs.

(f) Medication assisted therapy, including methadone maintenance services, for the
12 treatment of substance use disorders, opioid overdoses and chronic addiction is included within
13 the appropriate classification based on the site of the service.^{add}

27-38.2-2. Definitions. -- ^{add} For the purposes of this chapter, the following words and terms
14 have the following meanings:

18 ^{add} (1) "Financial requirements" means deductibles, copayments, coinsurance, or out of
19 pocket maximums.
20 (2) "Group health plan" means an employee welfare benefit plan as defined in 29 USC
21 1002(1), to the extent that the plan provides health benefits to employees or their dependents
22 directly or through insurance, reimbursement, or otherwise. For purposes of this chapter, a group
23 health plan shall not include a plan that provides health benefits directly to employees or their
24 dependents, except in the case of a plan provided by the state or an instrumentality of the state.
25 (3) "Health insurance plan" means health insurance coverage offered, delivered, issued
26 for delivery, or renewed by a health insurer. ^{add}
~~(1)~~ ^{add} (4) "Health insurers" means all persons, firms, corporations, or other
27 organizations
28 offering and assuring health services on a prepaid or primarily expense-incurred basis, including
29 but not limited to policies of accident or sickness insurance, as defined by chapter 18 of this title,
30 nonprofit hospital or medical service plans, whether organized under chapter 19 or 20 of this title
31 or under any public law or by special act of the general assembly, health maintenance
32 organizations, or any other entity which insures or reimburses for diagnostic, therapeutic, or
33 preventive services to a determined population on the basis of a periodic premium. Provided, this
34 chapter does not apply to insurance coverage providing benefits for:

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1 (i) Hospital confinement indemnity;
2 (ii) Disability income;
3 (iii) Accident only;
4 (iv) Long-term care;
5 (v) Medicare supplement;
6 (vi) Limited benefit health;
7 (vii) Specific disease indemnity;
8 (viii) Sickness or bodily injury or death by accident or both; and
9 (ix) Other limited benefit policies.
~~(2)~~ ^{add} (5) ~~illness~~ ^{add} "Mental ~~illness~~ ^{add} health or substance use disorder" ^{add}
10 means any mental disorder and
11 substance ~~abuse~~ ^{add} ~~use~~ ^{add} disorder that is listed in the most recent revised
12 publication or the most
13 updated volume of either the Diagnostic and Statistical Manual of Mental Disorders (DSM)
14 published by the American Psychiatric Association or the International Classification of Disease
15 Manual (ICO) published by the World Health Organization ~~and that substantially limits the~~
~~life~~
~~activities of the person with the illness~~ ^{delete}; provided, that tobacco and caffeine are excluded
16 from the
17 definition of "substance" for the purposes of this chapter. ~~"Mental illness" shall not include:~~
~~(i)~~
~~mental retardation, (ii) learning disorders, (iii) motor skills disorders, (iv) communication~~
~~disorders, and (v) mental disorders classified as "V" codes. Nothing shall preclude persons with~~
~~these conditions from receiving benefits provided under this chapter for any other diagnoses~~
~~covered by this chapter.~~ ^{delete}
21 ^{add} (6) "Non-quantitative treatment limitations" means: (i) Medical management standards;
22 (ii) Formulary design and protocols; (iii) Network tier design; (iv) Standards for provider
23 admission to participate in a network; (v) Reimbursement rates and methods for determining
24 usual, customary and reasonable charges; and (vi) Other criteria that limit scope or duration of
25 coverage for services in the treatment of mental health and substance use disorders, including
26 restrictions based on geographic location, facility type, and provider specialty.

27 (7) "Quantitative treatment limitations" means numerical limits on coverage for the
28 treatment of mental health and substance use disorders based on the frequency of treatment,
29 number of visits, days of coverage, days in a waiting period, or other similar limits on the scope
30 or duration of treatment.^{add}

31 ~~^{delete}(3) "Mental illness coverage" means inpatient hospitalization, partial hospitalization~~
32 ~~provided in a hospital or any other licensed facility, intensive out patient services, outpatient~~
33 ~~services and community residential care services for substance abuse treatment. It shall not~~
34 ~~include methadone maintenance services or community residential care services for mental~~

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1 ~~illnesses other than substance abuse disorders.~~

2 ~~(4) "Outpatient services" means office visits that provide for the treatment of mental~~
3 ~~illness and substance abuse.~~

4 ~~(5) "Community residential care services" mean those facilities as defined and licensed~~
5 ~~in accordance with chapter 24 of title 40.1.~~^{delete}

6 ~~27-38.2-4.~~^{delete} ~~Limitations of coverage~~^{delete} ^{add} Network coverage^{add}. -- (a) The health
care benefits

7 outlined in this chapter apply only to services delivered within the ~~state of Rhode~~
8 ~~Island~~^{delete} ^{add} health

9 insurer's provider network^{add}; provided, that all health insurers shall be required to provide
coverage

10 for those benefits mandated by this chapter outside of the ~~state of Rhode Island~~^{delete} ^{add}
health insurer's

11 provider network^{add} where it can be established ~~through a pre-authorization process~~^{delete}
that the required

12 services are not available ~~in the state of Rhode Island~~ from a provider in the health insurer's
network.

13 ~~^{delete}(b) For the purposes of this chapter, outpatient services, with the exception of outpatient~~
14 ~~medication visits, shall be provided for up to thirty (30) visits in any calendar year; outpatient~~
15 ~~services for substance abuse treatment shall be provided for up to thirty (30) hours in any~~
16 ~~calendar year; community residential care services for substance abuse treatment shall be~~
17 ~~provided for up to thirty (30) days in any calendar year; and detoxification benefits shall be~~
18 ~~provided for up to five (5) detoxification occurrences or thirty (30) days in any calendar year,~~
19 ~~whichever comes first.~~^{delete}

20 SECTION 2. Section 27-38.2-5 of the General Laws in Chapter 27-38.2 entitled
21 "Insurance Coverage for Mental Illness and Substance Abuse" is hereby repealed.

22 ~~^{delete}27-38.2-5. Credentialing or contracting practices.~~ -- ~~Nothing in this chapter shall be~~
23 ~~construed to require a change in the credentialing or contracting practices of health insurers for~~
24 ~~mental health or substance abuse providers.~~^{delete}

25 SECTION 3. Sections 23-17.26-2 and 23-17.26-3 of the General Laws in Chapter 23-
26 17.26 entitled "Comprehensive Discharge Planning" are hereby amended to read as follows:

27 23-17.26-2. Definitions. -- As used in this chapter:

28 (1) "Director" means the director of department of health.

29 (2) "Department" means the department of health.

30 ^{add}(3) "Emergency room diversion facility" means a health care facility approved by the
31 Rhode Island department of behavioral healthcare, developmental disabilities and hospitals to act
32 as an immediate alternative to a hospital or emergency room, and which concentrates on treating
33 non-urgent substance use disorders that can be appropriately treated in alternative settings.

34 (4) "Health care clinic" means a health care facility licensed in accordance with chapter

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1 17 of this title and which primarily delivers ambulatory care on an out-patient basis.

~~(3)~~ ~~(5)~~ ⁽⁵⁾ "Hospital" means a person or governmental entity licensed in accordance with chapter 17 of this title to establish, maintain and operate a hospital.

⁽⁶⁾ "Urgent care center" means a health care facility licensed in accordance with chapter 17 of this title that primarily provides emergent health care services and urgent health care services as defined in § 23-17.12-2. ^(add)

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) The discharge plan and transition process shall also be made for patients with opioid and other substance use disorders, which plan and transition process shall include the elements contained in subsections (a)(1) or (a)(2) of this section, as applicable. In addition, such discharge plan and transition process shall also include:

- (i) Assistance, with patient consent, in securing at least one follow-up appointment for the patient within seven (7) days of discharge, as clinically appropriate: (A) With a facility licensed by the department of behavioral healthcare, developmental disabilities and hospitals to provide treatment of substance use disorders; (B) With a certified recovery coach; or (C) With a licensed clinician with expertise in the treatment of substance use disorders. The patient shall be informed of said appointment prior to the patient being discharged from the hospital;
- (ii) In the absence of a scheduled follow-up appointment pursuant to subsection (a)(3)(i),

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- (i) every reasonable effort shall be made to contact the patient within thirty (30) days post-discharge to provide the patient with a referral and other such assistance as the patient needs to obtain a follow-up appointment; and
- (iii) That the patient receives information about the real-time availability of appropriate in-patient and out-patient services in Rhode Island.

(4) On or before November 1, 2014, the director of the department of health shall develop and disseminate to all hospitals, health care clinics, urgent care centers, and emergency room diversion facilities a model discharge plan and transition process for patients with opioid and other substance use disorders. This model plan may be used as a guide, but may be amended and modified to meet the specific needs of each hospital, health care clinic, urgent care center and emergency room diversion facility. ^(add)

SECTION 4. This act shall take effect on October 1, 2014.

	<p>MOTION: To find beneficial 2014 S 2801 Sub A An Act Relating To Insurance - Insurance Coverage for Mental Illness and Substance Use Disorders Motion moved by CG, seconded by TF, passed</p>
<p>14 S 2355, H 7346 & H 7324 Draft Sub A Acts Relating To Behavioral Healthcare, Developmental Disabilities and Hospitals - Developmental Disabilities Ombudsperson Act of 2014</p>	
<p>Rep. Naughton Requested by the Developmental Disabilities Council Identical to S 2355, Similar to House Finance Committee letter 3/12/2014 Testified: 4/30/2014 Sen. Ottiano Requested by the Developmental Disabilities Council Identical to H 7346 Similar to Testified to Senate Health and Human Services Committee on: 3/4/2014 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 Finance Committee letter 3/12/2014</p>	
<p><i>The Legislation Committee found the original bill harmful. The bill creates overlapping jurisdiction amongst the: Mental Health Advocate; Long Term Care Ombudsperson; Department of Behavioral Healthcare, Development Disabilities, and Hospitals' Quality Assurance program; Elder Protective Services, and RI Disability Law Center. These overlaps could result in dueling advocates fighting in different arenas over the same adult. Increase resources to the existing advocate/ombudspersons rather than adding an additional agency.</i></p>	
<p>[On April 30, 2013 representatives of the Attorney General, the Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals, the Long Term Care Ombudsperson, the Governor's Commission on Disabilities, the Rhode Island Developmental Disabilities Council, and the Rhode Island Disability Law Center met: identified many concerns regarding the bill as drafted; the need for better coordination amongst their agencies; the need to clarify missions of each agency; and improve public outreach of the protection and advocacy agencies. The parties are working on a draft substitute which will be submitted to the sponsors soon.]</p>	
	<p>MOTION: To find beneficial the draft sub A 2014 S 2355, H 7346 & H 7324 Draft Sub A Acts Relating To Behavioral Healthcare, Developmental Disabilities and Hospitals - Developmental Disabilities Ombudsperson Act of 2014 Motion moved by TF, seconded by JR, passed, abstained CG & LW</p>
	<p>3:20 Bills tabled for more information, Bob Cooper Purpose/Goal: To review legislation, tabled at the last meeting, determine the potential impact on people with disabilities, and adopt legislative impact statements</p>
<p>2014 H 7979 An Act Relating To Insurance - Medical - Insurance Coverage for Mental Illness and Substance Abuse</p>	
<p>Recommend Passage on House Desk Rep. Naughton This act would remove "methadone maintenance services" from being excluded from the definition of mental illness coverage for medical insurance purposes. This act would take effect upon passage.</p>	

- 1 SECTION 1. Section 27-38.2-2 of the General Laws in Chapter 27-38.2 entitled
- 2 "Insurance Coverage for Mental Illness and Substance Abuse" is hereby amended to read as

3 follows:

4 **27-38.2-2. Definitions.** -- For the purposes of this chapter, the following words and terms
5 have the following meanings:

6 (1) "Health insurers" means all persons, firms, corporations, or other organizations
7 offering and assuring health services on a prepaid or primarily expense-incurred basis, including
8 but not limited to policies of accident or sickness insurance, as defined by chapter 18 of this title,
9 nonprofit hospital or medical service plans, whether organized under chapter 19 or 20 of this title
10 or under any public law or by special act of the general assembly, health maintenance
11 organizations, or any other entity which insures or reimburses for diagnostic, therapeutic, or
12 preventive services to a determined population on the basis of a periodic premium. Provided, this
13 chapter does not apply to insurance coverage providing benefits for:

- 14 (i) Hospital confinement indemnity;
- 15 (ii) Disability income;
- 16 (iii) Accident only;
- 17 (iv) Long-term care;
- 18 (v) Medicare supplement;

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- 1 (vi) Limited benefit health;
- 2 (vii) Specific disease indemnity;
- 3 (viii) Sickness or bodily injury or death by accident or both; and
- 4 (ix) Other limited benefit policies.

5 (2) "Mental illness" means any mental disorder and substance abuse disorder that is
6 listed in the most recent revised publication or the most updated volume of either the Diagnostic
7 and Statistical Manual of Mental Disorders (DSM) published by the American Psychiatric
8 Association or the International Classification of Disease Manual (ICO) published by the World
9 Health Organization and that substantially limits the life activities of the person with the illness;
10 provided, that tobacco and caffeine are excluded from the definition of "substance" for the
11 purposes of this chapter. "Mental illness" shall not include: (i) mental retardation, (ii) learning
12 disorders, (iii) motor skills disorders, (iv) communication disorders, and (v) mental disorders
13 classified as "V" codes. Nothing shall preclude persons with these conditions from receiving
14 benefits provided under this chapter for any other diagnoses covered by this chapter.

15 (3) "Mental illness coverage" means inpatient hospitalization, partial hospitalization
16 provided in a hospital or any other licensed facility, intensive out patient services, outpatient
17 services and community residential care services for substance abuse treatment. It shall not
18 include ~~methadone maintenance services or~~ community residential care services for
19 mental illnesses other than substance abuse disorders.

20 (4) "Outpatient services" means office visits that provide for the treatment of mental
21 illness and substance abuse.

22 (5) "Community residential care services" mean those facilities as defined and licensed
23 in accordance with chapter 24 of title 40.1.

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

	Tabled
	2014 H 7732 & S 2583 Acts Relating To Human Services - Medical Assistance - Long-Term Care Service and Finance Reform
	H 7732 Held for Further Study, Continued, or Heard by the House Finance Committee Rep. Ferri Identical to S 2583

	<p>S 2583 Scheduled for hearing and/or consideration by the Senate Finance Committee on 5/8/2014 @ Rise in rm 211 Sen. Doyle Identical to H 7732 This act would provide for an increase in the reimbursement rate for Medicaid home nursing care providers, Medicaid adult day health centers and Medicaid home behavioral healthcare service providers, by requiring a prospective base adjustment across all departments and programs of ten (10%) percent of the existing base rate, developing rate enhancements for complex adult day participants and providing for annual adjustments to the reimbursement rates by a percentage amount equal to the change in a national long-term care inflation index beginning on October 1, 2015. This act would take effect upon passage.</p>
	<p><i>The Legislation Committee tabled these bills for more information from the nursing home, home health & adult day care providers</i></p>

1 WHEREAS, Medicaid home nursing care providers have not received a reimbursement
 2 rate increase in the past six (6) consecutive years; and

3 WHEREAS, Medicaid adult day health centers have not received a reimbursement rate
 4 increase in the past six (6) consecutive years; and

5 WHEREAS, Medicaid home behavioral healthcare service providers have not received a
 6 reimbursement rate increase in the past twelve (12) years; and

7 WHEREAS, Adult day health centers provide care and services to increasingly acute and
 8 frail individuals; and

9 WHEREAS, Home health and adult day service providers have faced increasing
 10 operational costs, such as insurance, utilities, and compliance with the Affordable Care Act; and

11 WHEREAS, Adequate financial support of home healthcare services and adult day health
 12 services through the state's Integrated Care Initiative will potentially save the state significant
 13 dollars by allowing more of its elderly and disabled citizens to live at home and in the community
 14 instead of facility-based care and frequent hospitalization.

15 SECTION 1. Section 40-8.9-9 of the General Laws in Chapter 40-8.9 entitled "Medical
 16 Assistance - Long-Term Care Service and Finance Reform" is hereby amended to read as
 17 follows:

18 **40-8.9-9. Long-term care re-balancing system reform goal.** -- (a) Notwithstanding any
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1 other provision of state law, the department of human services is authorized and directed to apply
 2 for and obtain any necessary waiver(s), waiver amendment(s) and/or state plan amendments from
 3 the secretary of the United States department of health and human services, and to promulgate
 4 rules necessary to adopt an affirmative plan of program design and implementation that addresses
 5 the goal of allocating a minimum of fifty percent (50%) of Medicaid long-term care funding for
 6 persons aged sixty-five (65) and over and adults with disabilities, in addition to services for
 7 persons with developmental disabilities and mental disabilities, to home and community-based
 8 care on or before December 31, 2013; provided, further, the executive office of health and human
 9 services shall report annually as part of its budget submission, the percentage distribution
 10 between institutional care and home and community-based care by population and shall report
 11 current and projected waiting lists for long-term care and home and community-based care
 12 services. The department is further authorized and directed to prioritize investments in home and
 13 community-based care and to maintain the integrity and financial viability of all current long-
 14 term care services while pursuing this goal.

15 (b) The reformed long-term care system re-balancing goal is person-centered and
 16 encourages individual self-determination, family involvement, interagency collaboration, and
 17 individual choice through the provision of highly specialized and individually tailored home-
 18 based services. Additionally, individuals with severe behavioral, physical, or developmental

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

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

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

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

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

34 (d) The department of human services is further authorized and directed to consolidate

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

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

14 (f) To promote the expansion of home and community-based service capacity, the
15 department of human services ^{add}and executive office of health and human services^{add} is
authorized

16 and directed to pursue rate reform for homemaker, personal care (home health aide) and adult day
17 care services, as follows:

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

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

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

31 ^{add}(2) A prospective base adjustment effective not later than October 1, 2014 across all
32 departments and programs of ten (10%) percent of the existing base rate.

33 (3) Development of rate enhancements for complex adult day participants to reflect
34 participant acuity, dementia care, and other criteria as determined by the department of human

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1 services and executive office of health and human services, to be implemented on January 1,
2 2015.

3 (4) Annual adjustments to the provider reimbursement rates by a percentage amount
4 equal to the change in a recognized national long-term care inflation index to begin on October 1,
5 of 2015. ^{add}

6 (g) The department, in collaboration with the executive office of human services, shall
7 implement a long-term care options counseling program to provide individuals or their
8 representatives, or both, with long-term care consultations that shall include, at a minimum,
9 information about: long-term care options, sources and methods of both public and private
10 payment for long-term care services and an assessment of an individual's functional capabilities
11 and opportunities for maximizing independence. Each individual admitted to or seeking
12 admission to a long-term care facility regardless of the payment source shall be informed by the

13 facility of the availability of the long-term care options counseling program and shall be provided
 14 with long-term care options consultation if they so request. Each individual who applies for
 15 Medicaid long-term care services shall be provided with a long-term care consultation.

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

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

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

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

	Tabled
---	2014 H 7993 An Act Relating To Health And Safety - Freedom From Life-Threatening Physical Restraint Act
	Held for Further Study, Continued, or Heard by the House Health, Education, & Welfare Committee Rep. Gallison This act would prevent service providers at covered facilities from using life-threatening physical restraint at any time upon persons serviced by the agency. "Covered facility" means any agency, organization, or public or private entity, regardless of the state agency under whose authority its license or certification is established, that provides support or care, residential support, education, healthcare, treatment, or direct supervision. "Covered facility" does not include any law enforcement department, the department of corrections, the training school for youth, or the forensic unit at the Eleanor Slater hospital. If any restraint is used the act would require incident reports, medical care and law enforcement involvement as well as development of policies and procedures and staff training. This act would take effect upon passage.
	<i>The Legislation Committee tabled these bills and offered to set up a meeting on the relationship of the bill to BHDDH licensing regulations, & protocols for permission to use restrains.</i>

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

3 ^{add} CHAPTER 17.27

4 FREEDOM FROM LIFE-THREATENING PHYSICAL RESTRAINT ACT

5 23-17.27-1. Short title.-- This chapter shall be known and may be cited as the "Freedom
 6 from Life-Threatening Physical Restraint Act."

7 23-17.27-2. Fundamental purpose.-- This chapter is enacted to protect and promote the
 8 right of each person who is served by a covered facility to be free from life-threatening physical
 9 restraint.

10 23-17.27-3. Definitions.-- For the purposes of this chapter:

11 (1) "Service provider" means any person employed or contracted by a covered facility to

12 provide support or care, residential support, education, healthcare, treatment, or direct
13 supervision.

14 (2) "Covered facility" means any agency, organization, or public or private entity,
15 regardless of the state agency under whose authority its license or certification is established, that
16 provides support or care, residential support, education, healthcare, treatment, or direct
17 supervision. "covered facility" does not include any law enforcement department, the department
18 of corrections, the training school for youth, or the forensic unit at the Eleanor Slater hospital.

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1 (3) "Life-threatening physical restraint" means any physical restraint or hold on a person
2 that may cause death, including prone restraint or any restraint that is contraindicated by a
3 person's physical or mental health.

4 **23-17.27-4. Use of restraints.--** No service provider of any covered facility may use a
5 life-threatening physical restraint, at any time.

6 **23-17.27-5. Recording and data collection.--** (a) Any use of restraint on a person must
7 be documented. This documentation must be maintained by the covered facility and shall be
8 submitted electronically to the licensing agency within four (4) days of the use of a restraint. The
9 following information must be included:

10 (1) The name of the person restrained;

11 (2) The name of the covered facility;

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

13 (4) The names of other staff present (including medical professionals);

14 (5) The date and time of the restraint;

15 (6) The length of time of the restraint;

16 (7) The location of the restraint;

17 (8) The nature of the emergency and what steps were taken to prevent the emergency

18 from arising if there were indications that such an emergency was likely to arise;

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

20 (10) If, when, and how the family or advocate was contacted;

21 (11) Who attended the debriefing and when the debriefing occurred; and

22 (12) The outcome of the debriefing.

23 (b) If the use of restraint results in serious physical injury or death to the person, the
24 covered facility shall immediately contact emergency rescue responders and report the incident to
25 law enforcement. The covered facility shall then report the incident to the director of the state
26 agency that has jurisdiction or supervisory control over the covered facility. The director shall
27 report any incidence of serious injury or death to the attorney general, and if a child, to the child
28 advocate.

29 **23-17.27-6. Training and policies.--** Each covered facility shall:

30 (1) Develop policies and procedures that establish monitoring, documentation, reporting
31 and internal review of the use of restraint in accordance with this chapter;

32 (2) Require nationally recognized training of all service providers in the
33 reduction/elimination of restraint and seclusion. The training shall be approved by the director of
34 the state agency that has supervisory control over the covered facility. The training shall include,

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1 but not be limited to:

2 (i) Leadership towards organizational change;

3 (ii) Use of data to inform practice;

4 (iii) Workforce development;

5 (iv) Use of prevention tools, including positive behavior interventions and de-escalation;

6 (v) Inclusion of individuals, families, and advocates; and

7 (vi) Debriefing techniques and outcomes.

8 [\(3\) Make the policies and procedures required under subdivision \(1\) available to the](#)
 9 [director of the state agency that has jurisdiction or supervisory control over the covered facility.](#)
 10 [\[add\]](#)

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

	<p>MOTION: To find the draft Sub A <i>beneficial</i> 2014 H 7993 An Act Relating To Health And Safety - Freedom From Life-Threatening Physical Restraint Act Motion moved by CG, seconded by JR, <i>passed unanimously</i></p>
	<p>2014 H 7981 An Act Relating To Food and Drugs - The Edward O. Hawkins and Thomas C. Slater Medical Marijuana Act</p>
	<p>Held for Further Study, Continued, or Heard by the House Judiciary Committee Rep. Slater This act would add post-traumatic stress disorder to the definition of "debilitating medical condition" for purposes of qualifying for medical marijuana. It would also accelerate the issuance of an approved medical marijuana use application if the patient is eligible for hospice care. This act would take effect upon passage.</p>
	<p><i>The Legislation Committee tabled this bill for more information and suggested the bill be split - hospice services separate from Post Traumatic Stress Disorder.</i></p>

1 SECTION 1. Section 21-28.6-3 of the General Laws in Chapter 21-28.6 entitled "The
 2 Edward O. Hawkins and Thomas C. Slater Medical Marijuana Act" is hereby amended to read as
 3 follows:

4 **21-28.6-3. Definitions.** -- For the purposes of this chapter:

5 (1) "Cardholder" means a qualifying patient, a primary caregiver, or a principal officer,
 6 board member, employee, volunteer, or agent of a compassion center who has been issued and
 7 possesses a valid registry identification card.

8 (2) "Compassion center" means a not-for-profit corporation subject to the provisions of
 9 chapter 7-6, and registered under section 21-28.6-12 that acquires, possesses, cultivates,
 10 manufactures, delivers, transfers, transports, supplies or dispenses marijuana, and/or related
 11 supplies and educational materials, to registered qualifying patients and/or their registered
 12 primary caregivers who have designated it as one of their primary caregivers.

13 (3) "Debilitating medical condition" means:

14 (i) Cancer, glaucoma, positive status for human immunodeficiency virus, acquired
 15 immune deficiency syndrome, Hepatitis C, [\[add\] post-traumatic stress disorder, \[add\]](#) or the treatment
 of

16 these conditions;

17 (ii) A chronic or debilitating disease or medical condition or its treatment that produces
 18 one or more of the following: cachexia or wasting syndrome; severe, debilitating, chronic pain;

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1 severe nausea; seizures, including but not limited to, those characteristic of epilepsy; or severe
 2 and persistent muscle spasms, including but not limited to, those characteristic of multiple
 3 sclerosis or Crohn's disease; or agitation of Alzheimer's Disease; or

4 (iii) Any other medical condition or its treatment approved by the department, as
 5 provided for in section 21-28.6-5.

6 (4) "Department" means the Rhode Island department of health or its successor agency.

7 (5) "Marijuana" has the meaning given that term in section 21-28-1.02(26).

8 (6) "Mature marijuana plant" means a marijuana plant which has flowers or buds that are
 9 readily observable by an unaided visual examination.

10 (7) "Medical use" means the acquisition, possession, cultivation, manufacture, use,
11 delivery, transfer, or transportation of marijuana or paraphernalia relating to the consumption of
12 marijuana to alleviate a registered qualifying patient's debilitating medical condition or symptoms
13 associated with the medical condition.

14 (8) "Practitioner" means a person who is licensed with authority to prescribe drugs
15 pursuant to chapter 37 of title 5 or a physician licensed with authority to prescribe drugs in
16 Massachusetts or Connecticut.

17 (9) "Primary caregiver" means either a natural person who is at least twenty-one (21)
18 years old or a compassion center. A natural person primary caregiver may assist no more than
19 five (5) qualifying patients with their medical use of marijuana.

20 (10) "Qualifying patient" means a person who has been diagnosed by a practitioner as
21 having a debilitating medical condition and is a resident of Rhode Island.

22 (11) "Registry identification card" means a document issued by the department that
23 identifies a person as a registered qualifying patient, a registered primary caregiver, or a
24 registered principal officer, board member, employee, volunteer, or agent of a compassion center.

25 (12) "Seedling" means a marijuana plant with no observable flowers or buds.

26 (13) "Unusable marijuana" means marijuana seeds, stalks, seedlings, and unusable roots.

27 (14) "Usable marijuana" means the dried leaves and flowers of the marijuana plant, and
28 any mixture or preparation thereof, but does not include the seeds, stalks, and roots of the plant.

29 (15) "Written certification" means the qualifying patient's medical records, and a
30 statement signed by a practitioner, stating that in the practitioner's professional opinion the
31 potential benefits of the medical use of marijuana would likely outweigh the health risks for the
32 qualifying patient. A written certification shall be made only in the course of a bona fide
33 practitioner-patient relationship after the practitioner has completed a full assessment of the
34 qualifying patient's medical history. The written certification shall specify the qualifying patient's
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1 debilitating medical condition or conditions.

2 **21-28.6-6. Administration of regulations.** -- (a) The department shall issue registry
3 identification cards to qualifying patients who submit the following, in accordance with the
4 department's regulations:

5 (1) Written certification as defined in section 21-28.6-3(14) of this chapter;

6 (2) Application or renewal fee;

7 (3) Name, address, and date of birth of the qualifying patient; provided, however, that if
8 the patient is homeless, no address is required;

9 (4) Name, address, and telephone number of the qualifying patient's practitioner; and

10 (5) Name, address, and date of birth of each primary caregiver of the qualifying patient,
11 if any.

12 (b) The department shall not issue a registry identification card to a qualifying patient
13 under the age of eighteen (18) unless:

14 (1) The qualifying patient's practitioner has explained the potential risks and benefits of
15 the medical use of marijuana to the qualifying patient and to a parent, guardian or person having
16 legal custody of the qualifying patient; and

17 (2) A parent, guardian or person having legal custody consents in writing to:

18 (i) Allow the qualifying patient's medical use of marijuana;

19 (ii) Serve as one of the qualifying patient's primary caregivers; and

20 (iii) Control the acquisition of the marijuana, the dosage, and the frequency of the
21 medical use of marijuana by the qualifying patient.

22 (c) The department shall verify the information contained in an application or renewal
23 submitted pursuant to this section, and shall approve or deny an application or renewal within
24 fifteen (15) days of receiving it. The department may deny an application or renewal only if the

25 applicant did not provide the information required pursuant to this section, or if the department
 26 determines that the information provided was falsified. Rejection of an application or renewal is
 27 considered a final department action, subject to judicial review. Jurisdiction and venue for
 28 judicial review are vested in the superior court.

29 ^{add} (d) If the qualifying patient's practitioner notifies the department in a written statement
 30 that the qualifying patient is eligible for hospice care, the department shall verify the application
 31 information in accordance with subsection (c) and issue a registry identification card to the
 32 qualifying patient and primary caregivers named in the patient's application within seventy-two
 33 (72) hours of receipt of the completed application. The department shall not charge a registration
 34 fee to the patient or caregivers named in the application.^{add}

[No changes, other than renumbering subsections on pages 4 – 6]

	<p>MOTION: To find beneficial 2014 H 7981 An Act Relating To Food and Drugs - The Edward O. Hawkins and Thomas C. Slater Medical Marijuana Act Motion moved by TF, seconded by JR, passed unanimously</p>
	<p>2014 H 7817 & S 2740 Acts Relating To State Affairs and Government - The Rhode Island Health Benefits Exchange Act</p>
	<p>Referred to the House Finance Committee Rep. Morgan Identical to S 2740 Referred to the Senate Finance Committee Sen. Bates This act would provide that no agency, department, or political subdivision of the state would collect or expend money from any source to further create or enable the Rhode Island health benefits exchange after December 31, 2014. The governor would be directed to transfer the management and operation of the exchange to the U.S. Department of Health and Human Services and the U.S. Centers for Medicare and Medicaid Services, on or before December 31, 2014. This act would take effect upon passage.</p>
	<p><i>The Legislation Committee tabled these bills for more information</i></p>

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 155
 4 THE RHODE ISLAND HEALTH BENEFITS EXCHANGE ACT
 5 42-155-1. Short title. – This chapter shall be known and may be cited as "The Rhode
 6 Island Health Benefits Exchange Act."
 7 42-155-2. Definitions. – As used in this chapter, the following words and terms shall
 8 have the following meanings, unless the context indicates another or different meaning or intent:
 9 (1) "Exchange" means the Rhode Island health benefits exchange, a division in the
 10 executive department established by executive order number 11-09 dated September 19, 2011,
 11 issued pursuant to the provisions of the federal Patient Protection and Affordable Care Act (Pub.
 12 L. 111-148), as amended by the federal Health care and Education Reconciliation Act of 2010
 13 (Pub. L. 111-152), and any amendments to, or regulations or guidance issued under, those acts.
 14 (2) "Executive order" means executive order number 11-09 dated September 19, 2011.
 15 (3) "Unified health infrastructure project" means the integrated technology program to
 16 support the exchange.
 17 42-155-3. No state operation of health benefits exchange. – (a) On and after January 1,
 18 2015, no agency, department, or political subdivision of the state of Rhode Island, nor any private

1 entity contracted with an arm of any state agency, shall collect or expend money or funds from
 2 any source to further plan, create, participate in or enable a state-based exchange for health
 3 insurance, or contract with any private entity to do so, including, but not limited to, the Rhode
 4 Island health benefits exchange, known under the name "HealthSourceRI", and the unified health
 5 infrastructure project.

6 (b) On or before December 31, 2014, the governor shall, and is hereby authorized and
 7 directed, to take such administrative actions as are necessary to transfer all management and
 8 operation of the Rhode Island health benefits exchange to the U. S. Department of Health and
 9 Human Services and the U. S. Centers for Medicare and Medicaid Services.

10 (c) The governor is further authorized and directed to coordinate with the appropriate
 11 federal agencies, as required, to ensure:

12 (1) That health insurance coverage obtained through the Rhode Island health benefits
 13 exchange is transferred to the management and control of the U. S. Department of Health and
 14 Human Services and the U. S. Centers for Medicare and Medicaid Services; and

15 (2) That individuals, families or businesses enrolled for health insurance through the
 16 Rhode Island benefits exchange shall retain such coverage without interruption on essentially the
 17 same terms as agreed upon in their original enrollment with an insurer through the exchange. ^{add}

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

	<p>MOTION: To find beneficial 2014 H 7817 & S 2740 Acts Relating To State Affairs and Government - The Rhode Island Health Benefits Exchange Act Motion moved by TF, seconded by CG, <i>passed unanimously</i></p>
	<p><i>3:50 Recently filed legislation that may impact people with disabilities, Bob Cooper</i></p> <p>Purpose/Goal: To review recently filed legislation, determine the potential impact on people with disabilities, and adopt legislative impact statements</p>
	<p style="text-align: center;">Disability Prevention</p>
	<p>2014 S 2924 An Act Relating To Businesses And Professions - Lyme Disease Diagnosis And Treatment</p>
	<p>Sen. Archambault Referred to the Senate Health and Human Services Committee This act would require that a written notice be given to a person who has been referred for testing for Lyme disease. It also grants physicians with civil liability immunity concerning the written notice, absent gross negligence, or willful misconduct. This act would take effect upon passage.</p>

1 SECTION 1. Chapter 5-37.5 of the General Laws entitled "Lyme Disease Diagnosis and
 2 Treatment" is hereby amended by adding thereto the following section:

3 ^{add} **5-37.5-6. Lyme disease testing information disclosure.** – (a) Every physician or his/her
 4 in-office designee who orders a laboratory test for the presence of Lyme disease shall provide to
 5 the patient or his/her legal representative the following information.

6 “ACCORDING TO THE CENTERS FOR DISEASE CONTROL AND PREVENTION,
 7 AS OF 2011 LYME DISEASE IS THE SIXTH FASTEST GROWING DISEASE IN THE
 8 UNITED STATES.

9 YOUR HEALTH CARE PROVIDER HAS ORDERED A LABORATORY TEST FOR
 10 THE PRESENCE OF LYME DISEASE FOR YOU. CURRENT LABORATORY TESTING
 11 FOR LYME DISEASE CAN BE PROBLEMATIC AND STANDARD LABORATORY TESTS
 12 OFTEN RESULT IN FALSE NEGATIVE AND FALSE POSITIVE RESULTS, AND IF DONE

13 TOO EARLY, YOU MAY NOT HAVE PRODUCED ENOUGH ANTIBODIES TO BE
 14 CONSIDERED POSITIVE BECAUSE YOU'RE YOUR IMMUNE RESPONSE REQUIRES
 15 TIME TO DEVELOP ANTIBODIES. IF YOU ARE TESTED FOR LYME DISEASE AND
 16 THE RESULTS ARE NEGATIVE THIS DOES NOT NECESSARILY MEAN YOU DO NOT
 17 HAVE LYME DISEASE. IF YOU CONTINUE TO EXPERIENCE SYMPTOMS, YOU
 18 SHOULD CONTACT YOUR HEALTH CARE PROVIDER AND INQUIRE ABOUT THE

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1 APPROPRIATENESS OF RETESTING OR ADDITIONAL TREATMENT.”

2 (b) Physicians shall be immune from civil liability for the provision of the written
 3 information required by this section absent gross negligence or willful misconduct. ^{add}

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

	The Committee took no position on 2014 S 2924 An Act Relating To Businesses And Professions - Lyme Disease Diagnosis And Treatment
	Medicaid
	2014 S 2876 An Act Relating To Human Services - Medical Assistance
	Sen. Goodwin Referred to the Senate Health and Human Services Committee This act would allow beneficiaries to decline participation in managed long-term care arrangement, remain in traditional Medicaid, Medicare, designate ombudsperson and a liaison between providers and managed care organizations realize savings whenever possible, with reports required by the executive office of health and human services every six (6) months. This act would take effect upon passage.

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

3 ^{add} **40-8-16.1. Managed care arrangements for long-term care.** – (a) Definitions. For
 4 purposes of this section, the following terms shall have the following :

5 (1) "Beneficiary" means an individual who is eligible for medical assistance under the
 6 Rhode Island Medicaid state plan established in accordance with 42 U.S.C. 1396, and includes
 7 individuals who are additionally eligible for benefits under the Medicare program (42 U.S.C. Sec.
 8 1395, et seq.) or other health plan.

9 (2) "Duals demonstration project" means a demonstration project established pursuant to
 10 the financial alignment demonstration established under § 2602 of the Patient Protection and
 11 Affordable Care Act (Pub. L. 111-148), involving a three way contract between Rhode Island, the
 12 federal Centers for Medicare and Medicaid Services ("CMS") and qualified health plans, and
 13 covering health care services provided to beneficiaries.

14 (3) "EOHHS" means the Rhode Island executive office of health and human services.

15 (4) "EOHHS level of care tool" means to a set of criteria established by EOHHS and used
 16 in January 2014 to determine the long-term care needs of a beneficiary as well as the appropriate
 17 setting for delivery of that care.

18 (5) "Long-term care services and supports" means a spectrum of services covered by the
 19 Rhode Island Medicaid program and/or the Medicare program, that are required by individuals

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1 with post acute care needs, functional impairments and/or chronic illness, and includes skilled or
 2 custodial nursing facility care, as well as various home and community based services.

3 (6) "Managed long-term care arrangement" means any arrangement under which a
 4 managed care organization is granted some or all of the responsibility for providing and/or paying

5 for long-term care services and supports that would otherwise be provided or paid under the
6 Rhode Island Medicaid program. The term includes, but is not limited to, a duals demonstration
7 project, and/or phase I and phase II of the integrated care initiative established by the executive
8 office of health and human services.

9 (7) "Managed care organization" means any health plan, health maintenance
10 organization, managed care plan, or other person or entity that enters into a contract with the state
11 under which it is granted the authority to arrange for the provision of, and/or payment for, long-
12 term care supports and services to eligible beneficiaries under a managed long-term care
13 arrangement.

14 (8) "Plan of care" means a care plan established by a nursing facility in accordance with
15 state and federal regulations, and which identifies specific problems, goals, interventions and time
16 frames for care and services provided to a beneficiary.

17 (b) Beneficiary choice. Any managed long-term care arrangement shall offer
18 beneficiaries the option to decline participation and remain in traditional Medicaid and, if a duals
19 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.

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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)(1)(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.

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1 (2) Any managed long-term care arrangement shall include a requirement that
2 participating managed care organizations use only the EOHHS level of care tool in determining
3 coverage of long-term care supports and services for beneficiaries. EOHHS may amend the level
4 of care tool provided that any changes are established upon public notice and comment; in
5 consultation with beneficiaries and providers of Medicaid-covered long-term care supports and
6 services; and are based upon reasonable medical evidence or consensus, in consideration of the
7 specific needs of Rhode Island beneficiaries. Notwithstanding anything else herein, however, in
8 the case of a duals demonstration project a managed care organization may use a different level of
9 care tool for determining coverage of services that would otherwise be covered by Medicare,
10 since the criteria established by EOHHS are directed towards Medicaid-covered services;
11 provided that such level of care tool is established upon public notice and comment; in
12 consultation with beneficiaries and providers of Medicaid-covered long-term care supports and
13 services; and is based upon reasonable medical evidence or consensus, in consideration of the
14 specific needs of Rhode Island beneficiaries.

15 (3) Any managed long-term care arrangement shall include a requirement that
16 participating managed care organizations establish a mechanism under which providers furnish
17 input into the managed care organization's long-term care policies and procedures, including case
18 management; nursing care; quality management and reporting; and claims processing and
19 payment, as well as a mechanism under which beneficiaries furnish input into the managed care
20 organization's policies and procedures regarding the delivery of long-term care services and
21 supports.

22 (e) Payment incentives. In order to encourage quality improvement and promote
23 appropriate utilization incentives for providers in a managed long-term care arrangement a
24 managed care organization may use incentive or bonus payment programs that are in addition to
25 the rates identified in subsection (e)(1).

26 (f) Any willing provider. A managed care organization must contract with and cover
27 services furnished by any nursing facility licensed under chapter 23-17, and certified by CMS that
28 provides Medicaid-covered nursing facility services pursuant to a provider agreement with the
29 state, provided that the nursing facility is not disqualified under the managed care organization's
30 quality standards that are applicable to all nursing facilities; and the nursing facility is willing to
31 accept the reimbursement rates described in subsection (e) of this section.

32 (g) Case management/plan of care. No managed care organization acting under a
33 managed long-term care arrangement may require a provider to change a plan of care if the
34 provider reasonably believes that such an action would conflict with the provider's responsibility

- 1 [to develop an appropriate care plan under state and federal regulations.](#)
 2 [\(i\) Care transitions. In the event that a beneficiary: \(1\) Has been determined to meet level](#)
 3 [of care requirements for nursing facility coverage as of the date of his or her enrollment in a](#)
 4 [managed care organization; or \(2\) Been determined to meet level of care requirements for nursing](#)
 5 [facility coverage by a managed care organization after enrollment; and there is a change in](#)
 6 [condition whereby the managed care organization determines that the beneficiary no longer meets](#)
 7 [such level of care requirements, the nursing facility shall promptly arrange for an appropriate and](#)
 8 [safe discharge \(with the assistance of the managed care organization if the facility requests it\),](#)
 9 [and the managed care organization shall continue to pay for the beneficiary's nursing facility care](#)
 10 [at the same rate until the beneficiary is discharged.](#)
 11 [\(j\) Reporting requirements. EOHHS shall report to the general assembly and shall make](#)
 12 [available to interested persons a separate accounting of state expenditures for long-term care](#)
 13 [supports and services under any managed long-term care arrangement, specifically and separately](#)
 14 [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.

	<p>MOTION: To find beneficial 2014 S 2876 An Act Relating To Human Services - Medical Assistance Motion moved by EG, seconded by TF, <i>passed, abstained LW</i></p>
	<p>4:10 2014 Legislative Package, Bob Cooper, Executive Secretary Purpose/Goal: To review the status of the Commission's legislative package</p>
<p align="center">Commission Supports (requested) these 6 bills</p> <p>Recommend Passage <u>Senate Desk</u> 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 Identical to H 8123 House letter Testified: Senate letter Testified: 3/4 Gov.</p> <p>Held for Further Study, Continued, or Heard <u>House Corporations Committee</u> 14 H 7534 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: 3/25/2014 Senate letter Testified: Gov.</p> <p><u>House Finance Committee</u> 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: 4/1 Senate letter Testified: Gov.</p> <p><u>Senate Health and Human Services Committee</u> 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</p>	

House letter Testified: Senate letter 3/12/2014 Testified: 4/1 Gov.

Scheduled for hearing and/or consideration

House Health, Education, & Welfare Committee

5/7/2014 @ Rise in rm 101

14 H 8123 AN ACT RELATING TO STATE AFFAIRS AND GOVERNMENT - GOVERNOR'S COMMISSION ON DISABILITIES

Rep. Azzinaro Requested by the Governor's Commission on Disabilities Identical to S 2525

House letter Testified: Senate letter Testified: Gov.

Referred to Committee

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.

Commission Supports if amended this 1 budget article

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 letter Testified: 2/12/2014 Senate letter Testified: 3/6 Gov.

Commission Opposes unless amended this 1 budget article

Held for Further Study, Continued, or Heard

House Finance Committee

14 H 7133 Art. 25 Governor's Amendment
AN ARTICLE RELATING TO MEDICAL ASSISTANCE

Rep. Melo Requested by the Governor

House letter Testified: 2/12/2014 Senate letter Testified: 2/25/2014 Gov.

Legislation Committee finds these 44 bills Beneficial

Recommend Passage

House Desk

14 H 7790 AN ACT RELATING TO INSURANCE - ACCIDENT AND SICKNESS INSURANCE POLICIES

Rep. Jacquard Identical to S 2536

House letter 3/24/2014 Testified: Senate letter Testified: Gov.

Senate Desk

14 S 2646 AN ACT RELATING TO MOTOR AND OTHER VEHICLES - MOTOR VEHICLE OFFENSES

Sen. Sosnowski Requested by the Attorney General

House letter Testified: Senate letter 4/22/2014 Testified: Gov.

14 S 2678 AN ACT RELATING TO MOTOR AND OTHER VEHICLES - MISCELLANEOUS RULES

Sen. Paiva Weed Identical to H

House letter Testified: Senate letter 4/22/2014 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.

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.

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.

14 H 7933 AN ACT RELATING TO INSURANCE - INSURANCE COVERAGE FOR MENTAL ILLNESS AND SUBSTANCE

Rep. Bennett Identical to S 2801

House letter 3/24/2014 Testified: Senate letter Testified: Gov.

14 H 7970 AN ACT RELATING TO HEALTH AND SAFETY -- RHODE ISLAND BEHAVIORAL HEALTH CARE REFORM ACT OF 2014

Rep. Ferri Identical to S 2769

House letter 3/24/2014 Testified: Senate letter Testified: Gov.
14 H 8042 AN ACT RELATING TO INSURANCE - INSURANCE COVERAGE FOR MENTAL ILLNESS AND SUBSTANCE USE DISORDERS
Rep. Serpa
House letter 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
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 Testified: 2/26/2014 Senate letter Testified: Gov.
14 H 7675 AN ACT RELATING TO BEHAVIORAL HEALTHCARE, DEVELOPMENTAL DISABILITIES, AND HOSPITALS - MENTAL HEALTH LAW
Rep. Naughton Requested by the Governor Identical to S 2750
House letter 3/24/2014 Testified: Senate letter Testified: Gov.
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.
14 H 7869 AN ACT RELATING TO FOOD AND DRUGS - GOOD SAMARITAN OVERDOSE PREVENTION ACT
Rep. Ferri
House letter 4/22/2014 Testified: Senate letter Testified: Gov.
14 H 7939 AN ACT RELATING TO BEHAVIORAL HEALTHCARE, DEVELOPMENTAL DISABILITIES AND HOSPITALS
Rep. Ruggiero Identical to S 2774
House letter 3/24/2014 Testified: Senate letter Testified: Gov.
House Municipal Government Committee
14 H 7875 AN ACT RELATING TO HEALTH AND SAFETY -- COMPREHENSIVE FIRE SAFETY ACT
Rep. Morin Identical to S 2973
House letter 4/22/2014 Testified: Senate letter 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 2501 AN ACT RELATING TO INSURANCE - PRESCRIPTION DRUG COVERAGE

Sen. Nesselbush
House letter Testified: Senate letter 4/22/2014 Testified: Gov.
14 S 2505 AN ACT RELATING TO INSURANCE

Sen. Pearson
House letter Testified: Senate letter 3/24/2014 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.
14 S 2536 AN ACT RELATING TO INSURANCE - HEALTH INSURANCE

Sen. Goldin Identical to H 7790
House letter Testified: Senate letter 3/24/2014 Testified: Gov.
14 S 2769 AN ACT RELATING TO HEALTH AND SAFETY -- RHODE ISLAND BEHAVIORAL HEALTH CARE REFORM ACT OF 2014

Sen. Nesselbush Identical to H 7970
House letter Testified: Senate letter 3/24/2014 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 2591 AN ACT RELATING TO MOTOR AND OTHER VEHICLES - MISCELLANEOUS RULES

Sen. Archambault
House letter Testified: Senate letter 4/22/2014 Testified: Gov.
14 S 2631 AN ACT RELATING TO MOTOR AND OTHER VEHICLES - MOTOR VEHICLE OFFENSES

Sen. Sosnowski Requested by the Attorney General
House letter Testified: Senate letter 4/22/2014 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: 3/25/2014 Gov.
14 S 2774 AN ACT RELATING TO BEHAVIORAL HEALTHCARE, DEVELOPMENTAL DISABILITIES AND HOSPITALS

Sen. Cool Rumsey Identical to H 7939
House letter Testified: Senate letter 3/24/2014 Testified: Gov.
Referred to Committee
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 2462 AN ACT RELATING TO AFFORDABLE HOUSING - CAPITAL DEVELOPMENT PROGRAM

Sen. Pichardo
House letter Testified: Senate letter 4/22/2014 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 7803
House letter Testified: Senate letter 3/12/2014 Testified: Gov.

14 S 2741 AN ACT RELATING TO PUBLIC UTILITIES AND CARRIERS - TAXICABS AND LIMITED PUBLIC MOTOR

Sen. DaPonte Requested by the RI Public Transit Authority
House letter Testified: Senate letter 4/22/2014 Testified: Gov.
Senate Health and Human Services Committee

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.
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 2750 AN ACT RELATING TO BEHAVIORAL HEALTHCARE, DEVELOPMENTAL DISABILITIES, AND HOSPITALS - MENTAL HEALTH LAW

Sen. Goodwin Identical to H 7675
House letter Testified: Senate letter 3/24/2014 Testified: Gov.
Senate Labor Committee

14 S 2973 AN ACT RELATING TO HEALTH AND SAFETY -- COMPREHENSIVE FIRE SAFETY ACT

Sen. Goodwin Requested by the State Police Identical to H 7875
House letter Testified: Senate letter 5/5/2014 Testified: Gov.

Legislation Committee finds these 17 bills Beneficial if amended

Held for Further Study, Continued, or Heard

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.
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
House letter 3/24/2014 Testified: Senate letter Testified: Gov.
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.
14 H 7168 AN ACT RELATING TO STATE AFFAIRS AND GOVERNMENT -- ELDERLY AFFAIRS DEPARTMENT
Rep. Ucci

House letter 2/6 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 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 7575 AN ACT RELATING TO STATE AFFAIRS AND GOVERNMENT -- COMMISSION ON STANDARDS AND TRAINING
Rep. Lombardi Identical to S 2815

House letter Testified: 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 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.

Senate Finance Committee

14 S 2484 AN ACT AN ACT RELATING TO HEALTH AND SAFETY -- EQUITABLE FUNDING FOR ESSENTIAL HEALTH SERVICES

Sen. Felag Identical to H 7886

House letter Testified: Senate letter 3/24/2014 Testified: Gov.

Senate Health and Human Services Committee

14 S 2701 AN ACT RELATING TO INSURANCE -- INSURANCE COVERAGE FOR MENTAL ILLNESS AND SUBSTANCE ABUSE

Sen. Cool Rumsey

House letter Testified: Senate letter 4/22/2014 Testified: Gov.

Meeting Postponed

House Health, Education, & Welfare Committee

14 H 7577 AN ACT RELATING TO INSURANCE - HEARING AIDS

Rep. Jacquard

House letter 3/24/2014 Testified: Senate letter Testified: Gov.

Scheduled for hearing and/or consideration

House Finance Committee

Next Action on: 5/7/2014@ 2 PM in rm 35

14 H 7886 AN ACT RELATING TO HEALTH AND SAFETY -- EQUITABLE FUNDING FOR ESSENTIAL HEALTH SERVICES

Rep. Silva Identical to S 2484

House letter 3/24/2014 Testified: Senate letter Testified: Gov.

Referred to Committee

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.

14 S 2815 AN ACT RELATING TO STATE AFFAIRS AND GOVERNMENT -- COMMISSION ON STANDARDS AND TRAINING

Sen. Jabour Identical to H 7575

House letter Testified: Senate letter Testified: Gov.

Legislation Committee finds these 20 bills Harmful

Withdrawn by sponsor

House Finance Committee

14 H 7558 AN ACT RELATING TO HUMAN SERVICES -- MEDICAL ASSISTANCE

Rep. Serpa Identical to S 2745

House letter 3/24/2014 Testified: Senate letter Testified: Gov.

Held for Further Study, Continued, or Heard

House Finance Committee

14 H 7040 AN ACT RELATING TO TOWNS AND CITIES -- STATE AID

Rep. Edwards

House letter 2/6 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.
House Health, Education, & Welfare Committee
14 H 7144 AN ACT RELATING TO EDUCATION - CHILDREN WITH DISABILITIES
Rep. Craven
House letter Testified: 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 letter Testified: 3/12/2014 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 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 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 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.
14 S 2616 AN ACT RELATING TO MOTOR AND OTHER VEHICLES - OPERATORS' AND CHAUFFEURS' LICENSES
Sen, McCaffrey
House letter Testified: Senate letter 4/22/2014 Testified: Gov.
Scheduled for hearing and/or consideration
Senate Finance Committee
Next Action on: 5/6/2014 @ 3 PM in rm 211
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.
Referred to Committee.
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 7819 AN ACT RELATING TO HEALTH AND SAFETY - THE RHODE ISLAND HEALTHCARE AUTHORITY
Rep. Ferri Identical to S 2533
House letter 4/22/2014 Testified: Senate letter Testified: Gov.
House Health, Education, & Welfare Committee
14 H 7833 HOUSE RESOLUTION CREATING A SPECIAL HOUSE COMMISSION TO STUDY AND MAKE RECOMMENDATIONS ON THE DEVELOPMENT OF A UNIVERSAL ONLINE APPLICATION FOR MULTIPLE ASSISTANCE PROGRAMS IN THE STATE OF RHODE ISLAND
Rep. Finn
House letter 4/22/2014 Testified: Senate letter 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 Testified: Gov.

<p>14 S 2745 AN ACT RELATING TO HUMAN SERVICES -- MEDICAL ASSISTANCE Sen. Goodwin Identical to H 7558 House letter Testified: Senate letter 3/24/2014 Testified: Gov. <u>Senate Judiciary Committee</u></p> <p>14 S 2884 AN ACT RELATING TO PROBATE PRACTICE AND PROCEDURE - FINANCIAL EXPLOITATION OF ELDERS AND DEPENDENT PERSONS Sen. Conley Identical to H House letter Testified: Senate letter Testified: Gov.</p>	
<p>Legislation Committee finds this 1 bill Harmful unless amended</p>	
<p>Held for Further Study, Continued, or Heard <u>House Judiciary Committee</u> 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.</p>	
<p>Monitor these 4 bills</p>	
<p>Referred to Committee <u>House Finance Committee</u> 14 H 7251 AN ACT RELATING TO HUMAN SERVICES -- PUBLIC ASSISTANCE Rep. Gallison Identical to S 2471 14 H 7361 AN ACT RELATING TO STATE AFFAIRS AND GOVERNMENT - THE AGING IN COMMUNITY OF 2014 Rep. Blazejewski Identical to S 2215 <u>Senate Finance Committee</u> 14 S 2215 AN ACT RELATING TO STATE AFFAIRS AND GOVERNMENT - THE AGING IN COMMUNITY OF 2014 Sen. Goodwin Identical to H 7361 14 S 2471 AN ACT RELATING TO HUMAN SERVICES - PUBLIC ASSISTANCE ACT Sen. DiPalma Identical to H 7251</p>	
<p>General Assembly Deadlines</p>	
<ul style="list-style-type: none"> • All bills and resolutions shall be filed no later than February 13, 2014 • 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 	
<p>4:25 Agenda for the Next Meeting, Linda Ward</p>	
	<p>Purpose/Goal: To set the agenda for the next meeting.</p>
	<p>Discussion: The Legislation Committee meetings in 2014 will be on the 1st Monday 3 - 4:30 PM: 02/03rd; 03/03rd; 04/07th; 05/5th; 06/02nd; 07/07th; 08/04th; 09/08th; 10/27th; and 12/01st.</p>
<p>4:30 Adjournment, Linda Ward</p>	
	<p>MOTION: To adjourn at 4:38 PM</p>
	<p>Motion moved by CG, seconded by JR, passed unanimously</p>