



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

**Monday, June 2, 2014 3:00 PM - 4:30 PM**

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

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**Attendees:** Jack Ringland (Vice Chair.); *Rosemary C. Carmody; Joseph Cirillo;* Regina Connor; Heather Daglieri; Linda Deschenes; *Casey Gartland;* Kathleen Heren; William R. Inlow; Arthur M. Plitt; *Meredith Sheehan;* & Angelina Stabile

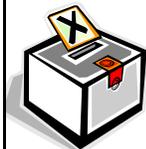
**Absentees:** Linda Ward (Chair.); Nicole Bucka; Timothy Flynn; Elaina Goldstein; Paula Parker; Msgr. Gerard O. Sabourin; & Dawn Wardyga

**Staff:** Bob Cooper



***3:00 Call to Order and Acceptance of the Minutes, Jack Ringland, Vice Chair***

Chair calls the meeting to order at 3:02 PM.  
Introductions of Commissioners and guests



**MOTION:** To accept the minutes of the previous meeting as *presented*

Motion moved by AS, seconded by AP, *passed unanimously*

**Action Items:**



***3:05 2014 Bills tabled at the last meeting that may impact people with disabilities, Executive Secretary***

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

**14 H 7979 An Act Relating to Insurance - Medical - Insurance Coverage for Mental Illness and Substance Abuse**

Rep, Naughton Passed and referred to the Senate Health and Human Services Committee

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.

Questions at the May meeting: Does this shift costs from Medicaid to Insurers? Who pays?

Craig Stenning's Answer: "This is our Bill. It is a parity Bill."

- 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 (ICD) 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 mental  
19 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.



**MOTION: To find beneficial 2014 H 7979 An Act Relating to Insurance - Medical - Insurance Coverage For Mental Illness And Substance Abuse,**  
Motion moved by AP\_, seconded by HD, *passed abstained LD*

**14 S 2583 & H 7732 Acts Relating to Human Services - Medical Assistance - Long-Term Care Service and Finance Reform**

Sen. Doyle Held for Further Study in the Senate Finance Committee  
Rep. Ferri Held for Further Study in the House Finance Committee  
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.
	<u>Questions at the May meeting:</u> Cost, impact on the nursing home, home health & adult day care providers? <u>Answer:</u> No fiscal note has been issued.

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 and executive office of health and human services 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 ~~(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.~~

31 <sup>add</sup>(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. <sup>add</sup>

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.

	<p><b>MOTION:</b> To find beneficial if amended expance to all Medicaid home &amp; community care long care 2014- S 2583 &amp; H 7732 Acts Relating to Human Services - Medical Assistance - Long-Term Care Service And Finance Reform Motion moved by KH, seconded by BI, passed, abstained <i>LD, HD</i></p>
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*3:30 Amended bills that may impact people with disabilities, Bob Cooper*

	<p><b>Purpose/Goal:</b> To review revised legislation, determine the potential impact on people with disabilities, and adopt legislative impact statements</p>
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**2014 S 2351 Sub A as Amended An Act Relating the Uniformed Controlled Substance Act**

This act would redirect substance abuse prevention funds to "Student Assistance Programs". The funding issued would be expended on counseling and education. This act would take effect upon passage.

The Substitute A as Amended would:

- 1) require minor offenders in possession of one ounce (1 oz.) or less of marijuana to complete a drug awareness program approved by the department of behavioral healthcare, developmental disabilities and hospitals and community service as determined by the court, in addition to a civil fine of \$150;
- 2) Maintain the substance abuse prevention programs and authorize BHDDH to (i) Identify funding distribution criteria; (ii) Identify criteria for effective substance abuse prevention programs; and (iii) Provide grants to assist in the planning, establishment, and operation and reporting of substance abuse prevention programs that incorporate such criteria;
- 3) Fund the Rhode Island substance abuse prevention program from state general revenues collected by the Rhode Island traffic tribunal from civil penalties issued pursuant to §§ 21-28-4.01(c)(2)(iii) and 21-28-4.01(c)(2)(iv) in accordance with the distribution criteria identified by the department of behavioral healthcare, developmental disabilities and hospitals identified in § 16-21.2-4(a);
- 4) Change the name of "The Rhode Island Student Assistance Junior High/ Middle School Act" to the "High School/junior high/middle school student assistance program" and expand the program to include High School students.

Floor Amendment corrects a typographical error.

1 SECTION 1. Section 21-28-4.1 of the General Laws in Chapter 21-28 entitled "Uniform  
2 Controlled Substances Act" is hereby amended to read as follows:  
3 **21-28-4.01. Prohibited acts A -- Penalties.** -- (a) (1) Except as authorized by this  
4 chapter, it shall be unlawful for any person to manufacture, deliver, or possess with intent to  
5 manufacture or deliver a controlled substance.  
6 (2) Any person who is not a drug addicted person, as defined in section 21-28-1.02(18),  
7 who violates this subsection with respect to a controlled substance classified in schedule I or II,  
8 except the substance classified as marijuana, is guilty of a crime and upon conviction may be  
9 imprisoned to a term up to life, or fined not more than five hundred thousand dollars (\$500,000)  
10 nor less than ten thousand dollars (\$10,000), or both.  
11 (3) Where the deliverance as prohibited in this subsection shall be the proximate cause of  
12 death to the person to whom the controlled substance is delivered, it shall not be a defense that  
13 the person delivering the substance was at the time of delivery, a drug addicted person as defined  
14 in section 21-28-1.02(18).  
15 (4) Any person, except as provided for in subdivision (2) of this subsection, who violates

16 this subsection with respect to:

17 (i) A controlled substance classified in schedule I or II, is guilty of a crime and upon  
18 conviction may be imprisoned for not more than thirty (30) years, or fined not more than one  
19 hundred thousand dollars (\$100,000) nor less than three thousand dollars (\$3,000), or both;

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1 (ii) A controlled substance classified in schedule III or IV, is guilty of a crime and upon  
2 conviction may be imprisoned for not more than twenty (20) years, or fined not more than forty  
3 thousand dollars (\$40,000), or both; provided, with respect to a controlled substance classified in  
4 schedule III(d), upon conviction may be imprisoned for not more than five (5) years, or fined not  
5 more than twenty thousand dollars (\$20,000), or both.

6 (iii) A controlled substance classified in schedule V, is guilty of a crime and upon  
7 conviction may be imprisoned for not more than one year, or fined not more than ten thousand  
8 dollars (\$10,000), or both.

9 (b) (1) Except as authorized by this chapter, it is unlawful for any person to create,  
10 deliver, or possess with intent to deliver, a counterfeit substance.

11 (2) Any person who violates this subsection with respect to:

12 (i) A counterfeit substance classified in schedule I or II, is guilty of a crime and upon  
13 conviction may be imprisoned for not more than thirty (30) years, or fined not more than one  
14 hundred thousand dollars (\$100,000), or both;

15 (ii) A counterfeit substance classified in schedule III or IV, is guilty of a crime and upon  
16 conviction may be imprisoned for not more than twenty (20) years, or fined not more than forty  
17 thousand dollars (\$40,000), or both; provided, with respect to a controlled substance classified in  
18 schedule III(d), upon conviction may be imprisoned for not more than five (5) years, or fined not  
19 more than twenty thousand dollars (\$20,000) or both.

20 (iii) A counterfeit substance classified in schedule V, is guilty of a crime and upon  
21 conviction may be imprisoned for not more than one year, or fined not more than ten thousand  
22 dollars (\$10,000), or both.

23 (c) (1) It shall be unlawful for any person knowingly or intentionally to possess a  
24 controlled substance, unless the substance was obtained directly from or pursuant to a valid  
25 prescription or order of a practitioner while acting in the course of his or her professional  
26 practice, or except as otherwise authorized by this chapter.

27 (2) Any person who violates this subsection with respect to:

28 (i) A controlled substance classified in schedules I, II and III, IV, and V, except the  
29 substance classified as marijuana, is guilty of a crime and upon conviction may be imprisoned for  
30 not more than three (3) years or fined not less than five hundred dollars (\$500) nor more than five  
31 thousand dollars (\$5,000), or both;

32 (ii) More than one ounce (1 oz.) of a controlled substance classified in schedule I as  
33 marijuana is guilty of a misdemeanor except for those persons subject to subdivision 21-28-  
34 4.01(a)(1) and upon conviction may be imprisoned for not more than one year or fined not less

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1 than two hundred dollars (\$200) nor more than five hundred dollars (\$500), or both.

2 (iii) Notwithstanding any public, special or general law to the contrary, the possession of  
3 one ounce (1 oz.) or less of marijuana by a person who is eighteen (18) years of age or older and  
4 who is not exempted from penalties pursuant to chapter 21-28.6 shall constitute a civil offense,  
5 rendering the offender liable to a civil penalty in the amount of one hundred fifty dollars (\$150)  
6 and forfeiture of the marijuana, but not to any other form of criminal or civil punishment or  
7 disqualification. Notwithstanding any public, special or general law to the contrary, this civil  
8 penalty of one hundred fifty dollars (\$150) and forfeiture of the marijuana shall apply if the  
9 offense is the first (1st) or second (2nd) violation within the previous eighteen (18) months.

10 (iv) Notwithstanding any public, special or general law to the contrary, possession of one  
11 ounce (1 oz.) or less of marijuana by a person who is under the age of eighteen (18) years and  
12 who is not exempted from penalties pursuant to chapter 21-28.6 shall constitute a civil offense,  
13 rendering the offender liable to a civil penalty in the amount of one hundred fifty dollars (\$150)  
14 and forfeiture of the marijuana; provided the minor offender completes ~~an~~ <sup>delete</sup> approved ~~delete~~ <sup>delete</sup> a drug

15 awareness program <sup>add</sup> approved by the department of behavioral healthcare, developmental  
16 disabilities and hospitals<sup>add</sup> and community service as determined by the court. If the person under  
17 the age of eighteen (18) years fails to complete an approved drug awareness program and  
18 community service within one year of the offense, the penalty shall be a three hundred dollar  
19 (\$300) civil fine and forfeiture of the marijuana, except that if no drug awareness program or  
20 community service is available, the penalty shall be a fine of one hundred fifty dollars (\$150) and  
21 forfeiture of the marijuana. The parents or legal guardian of any offender under the age of  
22 eighteen (18) shall be notified of the offense and the availability of a drug awareness and  
23 community service program. The drug awareness program <sup>delete</sup> ~~must be approved by the court, but~~ <sup>delete</sup>  
24 shall, at a minimum, provide four (4) hours of instruction or group discussion, and ten (10) hours  
25 of community service. Notwithstanding any other public, special or general law to the contrary,  
26 this civil penalty shall apply if the offense is the first (1st) or second (2nd) violation within the  
27 previous eighteen (18) months.

28 (v) Notwithstanding any public, special, or general law to the contrary, a person not  
29 exempted from penalties pursuant to chapter 21-28.6 found in possession of one ounce (1 oz.) or  
30 less of marijuana is guilty of a misdemeanor and upon conviction may be imprisoned for not  
31 more than thirty (30) days or fined not less than two hundred dollars (\$200) nor more than five  
32 hundred dollars (\$500), or both, if that person has been previously adjudicated on a violation for  
33 possession of less than one ounce (1 oz.) of marijuana under subparagraphs 21-28-4.01(c)(2)(iii)  
34 or 21-28-4.01(c)(2)(iv) two (2) times in the eighteen (18) months prior to the third (3rd) offense.

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1 (vi) Any unpaid civil fine issued under subparagraphs 21-28-4.01(c)(2)(iii) or 21-28-  
2 4.01(c)(2)(iv) shall double to three hundred dollars (\$300) if not paid within thirty (30) days of  
3 the offense. The civil fine shall double again to six hundred dollars (\$600) if it has not been paid  
4 within ninety (90) days.

5 (vii) No person may be arrested for a violation of subparagraphs 21-28-4.01(c)(2)(iii) or  
6 21-28-4.01(c)(2)(iv) except as provided in this subparagraph. Any person in possession of an  
7 identification card, license, or other form of identification issued by the state or any state, city or  
8 town, or any college or university, who fails to produce the same upon request of a police officer  
9 who informs the person that he or she has been found in possession of what appears to the officer  
10 to be one ounce (1 oz.) or less of marijuana, or any person without any such forms of  
11 identification that fails or refuses to truthfully provide his or her name, address, and date of birth  
12 to a police officer who has informed such person that the officer intends to provide such  
13 individual with a citation for possession of one ounce (1 oz.) or less of marijuana, may be  
14 arrested.

15 (viii) No violation of subparagraphs 21-28-4.01(c)(2)(iii) or 21-28-4.01(c)(2)(iv) shall be  
16 considered a violation of parole or probation.

17 (ix) Any records collected by any state agency or tribunal that include personally  
18 identifiable information about violations of subparagraphs 21-28-4.01(c)(2)(iii) or 21-28-  
19 4.01(c)(2)(iv) shall be sealed eighteen (18) months after the payment of said civil fine.

20 (3) Jurisdiction. - Any and all violations of subparagraphs 21-28-4.01(c)(2)(iii) and 21-  
21 28-4.01(c)(2)(iv) shall be the exclusive jurisdiction of the Rhode Island traffic tribunal. All  
22 money associated with the civil fine issued under subparagraphs 21-28-4.01(c)(2)(iii) or 21-28-  
23 4.01(c)(2)(iv) shall be payable to the Rhode Island traffic tribunal. Fifty percent (50%) of all fines  
24 collected by the Rhode Island traffic tribunal from civil penalties issued pursuant to  
25 subparagraphs 21-28-4.01(c)(2)(iii) or 21-28-4.01(c)(2)(iv) shall be <sup>delete</sup> ~~expended on drug awareness~~  
26 ~~and treatment~~ <sup>delete</sup> <sup>add</sup> determined by the department of behavioral healthcare, developmental disabilities  
27 and hospitals (BHDDH), used to fund substance abuse prevention programs and student  
28 assistance programs for youth pursuant to chapters 21.2 and 21.3 of title 16, and in accordance  
29 with the criteria identified in §§ 16-21.2-4(a) and 16-12.3-2(a) <sup>add</sup>.

30 (4) Additionally every person convicted or who pleads nolo contendere under paragraph  
31 (2)(i) of this subsection or convicted or who pleads nolo contendere a second or subsequent time  
32 under paragraph (2)(ii) of this subsection, who is not sentenced to a term of imprisonment to  
33 serve for the offense, shall be required to:

34 (i) Perform, up to one hundred (100) hours of community service;

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1 (ii) Attend and complete a drug counseling and education program as prescribed by the  
2 director of the department of ~~mental health, retardation~~ <sup>add</sup> behavioral healthcare, developmental  
3 disabilities <sup>add</sup> and hospitals and pay the sum of four hundred dollars (\$400) to help defray the costs  
4 of this program which shall be deposited as general revenues <sup>add</sup> as determined by the department of  
5 behavioral healthcare, developmental disabilities and hospitals (BHDDH) to fund substance  
6 abuse prevention programs and student assistance programs for youth pursuant to chapters 21.2  
7 and 21.3 of title 16 and in accordance with the criteria identified in §§ 16-21.2-4(a) and 16-21.3-  
8 2(a) <sup>add</sup>. Failure to attend may result after hearing by the court in jail sentence up to one year;

9 (iii) The court shall not suspend any part or all of the imposition of the fee required by  
10 this subsection, unless the court finds an inability to pay;

11 (iv) If the offense involves the use of any automobile to transport the substance or the  
12 substance is found within an automobile, then a person convicted or who pleads nolo contendere  
13 under paragraphs (2)(i) and (ii) of this subsection shall be subject to a loss of license for a period  
14 of six (6) months for a first offense and one year for each offense after this.

15 (5) All fees assessed and collected pursuant to paragraph ~~(3)(4)~~ <sup>add</sup> (ii) of this subsection  
16 shall be deposited as general revenues <sup>add</sup> as determined by the department of behavioral healthcare,  
17 developmental disabilities and hospitals (BHDDH) to fund substance abuse prevention programs  
18 and student assistance programs for youth pursuant to chapter 21.2 and 21.3 of title 16 and in  
19 accordance with the criteria identified in §§ 16-21.2-4(a) and 16-21.3-2(a) <sup>add</sup> and shall be collected  
20 from the person convicted or who pleads nolo contendere before any other fines authorized by  
21 this chapter.

22 (d) It shall be unlawful for any person to manufacture, distribute, or possess with intent  
23 to manufacture or distribute, an imitation controlled substance. Any person who violates this  
24 subsection is guilty of a crime, and upon conviction shall be subject to the same term of  
25 imprisonment and/or fine as provided by this chapter for the manufacture or distribution of the  
26 controlled substance which the particular imitation controlled substance forming the basis of the  
27 prosecution was designed to resemble and/or represented to be; but in no case shall the  
28 imprisonment be for more than five (5) years nor the fine for more than twenty thousand dollars  
29 (\$20,000).

30 (e) It shall be unlawful for a practitioner to prescribe, order, distribute, supply, or sell an  
31 anabolic steroid or human growth hormone for: (1) enhancing performance in an exercise, sport,  
32 or game, or (2) hormonal manipulation intended to increase muscle mass, strength, or weight  
33 without a medical necessity. Any person who violates this subsection is guilty of a misdemeanor  
34 and upon conviction may be imprisoned for not more than six (6) months or a fine of not more  
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1 than one thousand dollars (\$1,000), or both.

2 SECTION 2. Sections 16-21.2-4 and 16-21.2-5 of the General Laws in Chapter 16-21.2  
3 entitled "The Rhode Island Substance Abuse Prevention Act" are hereby amended to read as  
4 follows:

5 **16-21.2-4. Substance abuse prevention program.** -- (a) The department of behavioral  
6 healthcare, developmental disabilities and hospitals shall be charged with the administration of  
7 this chapter and shall:

8 <sup>add</sup> (i) Identify funding distribution criteria;

9 (ii) Identify criteria for effective substance abuse prevention programs; and

10 (iii) Provide <sup>add</sup> ~~provide~~ <sup>delete</sup> grants to assist in the planning, establishment, ~~and~~ <sup>delete</sup> operation  
<sup>add</sup> and

11 <sup>add</sup> reporting <sup>add</sup> of substance abuse prevention programs <sup>add</sup> that incorporate such criteria <sup>add</sup>. Grants under this  
12 section shall be made to municipal governments or their designated agents according to the  
13 following guidelines:

14 (1) The maximum grant shall be one hundred twenty-five thousand dollars (\$125,000);  
15 provided, however, in the event that available funding exceeds \$1.6 million in a fiscal year, those

16 surplus funds are to be divided proportionately among the cities and towns on a per capita basis  
17 but in no event shall the city of Providence exceed a maximum grant cap of \$175,000.00.

18 (2) In order to obtain a grant, the municipality or its designated agent must in the first  
19 year:

20 (i) Demonstrate the municipality's need for a comprehensive substance abuse program in  
21 the areas of prevention and education.

22 (ii) Demonstrate that the municipality <sup>add</sup>to be served<sup>add</sup> has established by appropriate  
23 legislative or executive action, a substance abuse prevention council which shall assist in  
24 assessing the needs and resources of the community, developing a three (3) year plan of action  
25 addressing the identified needs, the operation and implementation of the overall substance abuse  
26 prevention program; coordinating existing services such as law enforcement, prevention,  
27 treatment, and education; consisting of representatives of the municipal government,  
28 representatives of the school system, parents, and human service providers.

29 (iii) Demonstrate the municipality's ability to develop a plan of implementation of a  
30 comprehensive three (3) year substance abuse prevention program based on the specific needs of  
31 the community to include high risk populations of adolescents, children of substance abusers, and  
32 primary education school aged children.

33 (iv) Agree to conduct a survey/questionnaire of the student population designed to  
34 establish the extent of the use and abuse of drugs and alcohol in students throughout the local

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1 community's school population.

2 (v) Demonstrate that at least twenty percent (20%) of the cost of the proposed program  
3 will be contributed either in cash or in-kind by public or private resources within the  
4 municipality.

5 <sup>add</sup>(3) Each municipality that receives a grant must demonstrate in an annual written report  
6 submitted to the department of behavioral healthcare, developmental disabilities and hospitals  
7 that the funding issued is expended on substance abuse prevention programs that reflect the  
8 criteria pursuant to subsection (a) of this section.<sup>add</sup>

9 (b) The department of behavioral healthcare, developmental disabilities and hospitals  
10 shall adopt rules and regulations necessary and appropriate to carry out the purposes of this  
11 section.

12 **16-21.2-5. Funding of substance abuse prevention program.** – (a)(1) Money to fund  
13 the Rhode Island Substance Abuse Prevention Act shall be appropriated from state general  
14 revenues and shall be raised by assessing an additional penalty of thirty dollars (\$30.00) for all  
15 speeding violations as set forth in section 31-43-5.1.

16 <sup>add</sup>(2) Money to fund the Rhode Island substance abuse prevention program shall be  
17 appropriated from state general revenues collected by the Rhode Island traffic tribunal from civil  
18 penalties issued pursuant to §§ 21-28-4.01(c)(2)(iii) and 21-28-4.01(c)(2)(iv) in accordance with  
19 the distribution criteria identified by the department of behavioral healthcare, developmental  
20 disabilities and hospitals identified in § 16-21.2-4(a).<sup>add</sup>

21 (b) The money shall be deposited as general revenues. The department of behavioral  
22 healthcare, developmental disabilities and hospitals may utilize up to ten percent (10%) of the  
23 sums appropriated for the purpose of administering the substance abuse prevention program.

24 ~~(b)(e)~~ Grants made under this chapter shall not exceed money available in the substance  
25 abuse prevention program.

26 SECTION 3. Sections 16-21.3-2 and 16-21.3-3 of the General Laws in Chapter 16-21.3  
27 entitled "The Rhode Island Student Assistance Junior High/ Middle School Act" are hereby  
28 amended to read as follows:

29 **16-21.3-2.** ~~Junior high/middle school student assistance program~~ <sup>delete</sup> <sup>add</sup> High School/junior  
30 high/middle school student assistance program<sup>add</sup>. -- (a) The department of behavioral healthcare,  
31 developmental disabilities and hospitals shall be charged with the administration of this chapter  
32 and shall <sup>add</sup>:

33 (1) Identify funding distribution criteria;

1 [\(3\) Contract](#)<sup>add</sup> ~~contract~~<sup>delete</sup> with appropriate substance abuse prevention/intervention agencies  
 2 to provide student assistance services [that incorporate such criteria](#) in [high school/](#)<sup>add</sup> junior  
 3 high/middle schools.

4 (b) Following the first complete year of operation, school systems receiving [high](#)<sup>add</sup>  
 5 [school/](#)<sup>add</sup> junior high/middle school student assistance services will be required to contribute twenty  
 6 percent (20%) of the costs of student assistance counselors to the service provider agency in order  
 7 to continue the services.

8 ~~16-21.3-3. Funding of junior high/middle school student assistance program~~<sup>delete</sup>  
 9 <sup>add</sup> [Funding of high school/junior high/middle school student assistance program.](#) -- (a) (1) <sup>add</sup>

10 Money to fund this program shall be raised by assessing an additional substance abuse prevention  
 11 assessment of thirty dollars (\$30.00) for all moving motor vehicle violations handled by the  
 12 traffic tribunal including, but not limited to, those violations set forth in section 31-41.1-4, except  
 13 for speeding. The money shall be deposited in a restricted purpose receipt account separate from  
 14 all other accounts within the department of behavioral healthcare, developmental disabilities and  
 15 hospitals. The restricted purpose receipt account shall be known as the [high school/](#) junior  
 16 high/middle school student assistance fund and the traffic tribunal shall transfer money from the  
 17 [high school/](#) junior high/middle school student assistance fund to the department of behavioral  
 18 healthcare, developmental disabilities and hospitals for the administration of the Rhode Island  
 19 Student Assistance [High School/Junior High/Middle School Act](#).

20 <sup>add</sup> (2) [Money to fund the student assistance programs shall be appropriated from state](#)  
 21 [general revenues collected by the Rhode Island traffic tribunal from civil penalties issued](#)  
 22 [pursuant to §§ 21-28-4.01\(c\)\(2\)\(iii\) and 21-28-4.01\(c\)\(2\)\(iv\) in accordance with the distribution](#)  
 23 [criteria identified by the department of behavioral healthcare, developmental disabilities and](#)  
 24 [hospitals identified in § 16-21.2-4\(a\).](#)<sup>add</sup>

25 (b) The department of behavioral healthcare, developmental disabilities and hospitals  
 26 may utilize up to ten percent (10%) of the sums collected from the additional penalty for the  
 27 purpose of administering the program.

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

	No position taken
	<b>2014 H 7091 Sub A An Act Relating To Businesses And Professions - Confidentiality of Healthcare Communications and Information Act</b>
	This act would allow the release of patient records for investigation and prosecution if a healthcare provider believes, after providing healthcare services to an elder patient, that the patient is or has been physically, psychologically or sexual abused, neglected or exploited and would require the reporting of any such abuse to the local or state law enforcement agencies. This act would take effect upon passage. The Substitute A would amend Section 42-66-8. Elderly Affairs Department - Abuse, neglect, exploitation and self-neglect of elderly persons -- Duty to report., instead of creating a new Section 42-9.2-4. Office of Elder Justice Prosecution Unit - Abuse, neglect, and exploitation of elder persons - Duty to report.
	The Legislation found this bill to be beneficial if amended to ensure appropriate follow-up services are provided to the victim, "the duty to report" provision in the proposed Section 42-9.2-4, should be expanded to include reporting to the division of elderly affairs. On page 9 line 22 after the word "to" insert the words "division of elderly affairs and".

1 SECTION 1. Section 5-37.3-4 of the General Laws in Chapter 5-37.3 entitled  
 2 "Confidentiality of Health Care Communications and Information Act" is hereby amended to read  
 3 as follows:

4 **5-37.3-4. Limitations on and permitted disclosures.** -- (a) (1) Except as provided in

5 subsection (b) of this section or as specifically provided by the law, a patient's confidential health  
6 care information shall not be released or transferred without the written consent of the patient or  
7 his or her authorized representative, on a consent form meeting the requirements of subsection (d)  
8 of this section. A copy of any notice used pursuant to subsection (d) of this section, and of any  
9 signed consent shall, upon request, be provided to the patient prior to his or her signing a consent  
10 form. Any and all managed care entities and managed care contractors writing policies in the state  
11 shall be prohibited from providing any information related to enrollees which is personal in  
12 nature and could reasonably lead to identification of an individual and is not essential for the  
13 compilation of statistical data related to enrollees, to any international, national, regional, or local  
14 medical information data base. This provision shall not restrict or prohibit the transfer of  
15 information to the department of health to carry out its statutory duties and responsibilities.

16 (2) Any person who violates the provisions of this section may be liable for actual and  
17 punitive damages.

18 (3) The court may award a reasonable attorney's fee at its discretion to the prevailing  
Page 2  
1 party in any civil action under this section.

2 (4) Any person who knowingly and intentionally violates the provisions of this section  
3 shall, upon conviction, be fined not more than five thousand (\$5,000) dollars for each violation,  
4 or imprisoned not more than six (6) months for each violation, or both.

5 (5) Any contract or agreement which purports to waive the provisions of this section  
6 shall be declared null and void as against public policy.

7 (b) No consent for release or transfer of confidential health care information shall be  
8 required in the following situations:

9 (1) To a physician, dentist, or other medical personnel who believes, in good faith, that  
10 the information is necessary for diagnosis or treatment of that individual in a medical or dental  
11 emergency;

12 (2) To medical and dental peer review boards, or the board of medical licensure and  
13 discipline, or board of examiners in dentistry;

14 (3) To qualified personnel for the purpose of conducting scientific research, management  
15 audits, financial audits, program evaluations, actuarial, insurance underwriting, or similar studies;  
16 provided, that personnel shall not identify, directly or indirectly, any individual patient in any  
17 report of that research, audit, or evaluation, or otherwise disclose patient identities in any manner;

18 (4) (i) By a health care provider to appropriate law enforcement personnel, or to a person  
19 if the health care provider believes that person or his or her family is in danger from a patient; or  
20 to appropriate law enforcement personnel if the patient has or is attempting to obtain narcotic  
21 drugs from the health care provider illegally; or to appropriate law enforcement personnel or  
22 appropriate child protective agencies if the patient is a minor child or the parent or guardian of  
23 said child and/or the health care provider believes, after providing health care services to the  
24 patient, that the child is or has been physically, psychologically or sexually abused and neglected  
25 as reportable pursuant to section 40-11-3; add or to appropriate law enforcement personnel or the  
26 division of elderly affairs if the patient is an elder person and the healthcare provider believes,  
27 after providing healthcare services to the patient, that the elder person is or has been abused,  
28 neglected or exploited as reportable pursuant to § 42-66-8,<sup>add</sup> or to law enforcement personnel in  
the

29 case of a gunshot wound reportable under section 11-47-48;

30 (ii) A health care provider may disclose protected health information in response to a law  
31 enforcement official's request for such information for the purpose of identifying or locating a  
32 suspect, fugitive, material witness, or missing person, provided that the health care provider may  
33 disclose only the following information:

34 (A) Name and address;

- 1 (B) Date and place of birth;
- 2 (C) Social security number;
- 3 (D) ABO blood type and rh factor;
- 4 (E) Type of injury;
- 5 (F) Date and time of treatment;
- 6 (G) Date and time of death, if applicable; and
- 7 (H) A description of distinguishing physical characteristics, including height, weight,
- 8 gender, race, hair and eye color, presence or absence of facial hair (beard or moustache), scars,
- 9 and tattoos.
- 10 (I) Except as permitted by this subsection, the health care provider may not disclose for
- 11 the purposes of identification or location under this subsection any protected health information
- 12 related to the patient's DNA or DNA analysis, dental records, or typing, samples or analysis of
- 13 body fluids or tissue.
- 14 (iii) A health care provider may disclose protected health information in response to a
- 15 law enforcement official's request for such information about a patient who is or is suspected to
- 16 be a victim of a crime, other than disclosures that are subject to subsection (b)(4)(vii) of this
- 17 section, if:
  - 18 (A) The patient agrees to the disclosure; or
  - 19 (B) The health care provider is unable to obtain the patient's agreement because of
  - 20 incapacity or other emergency circumstances provided that:
    - 21 (1) The law enforcement official represents that such information is needed to determine
    - 22 whether a violation of law by a person other than the victim has occurred, and such information is
    - 23 not intended to be used against the victim;
    - 24 (2) The law enforcement official represents that immediate law enforcement activity that
    - 25 depends upon the disclosure would be materially and adversely affected by waiting until the
    - 26 patient is able to agree to the disclosure; and
    - 27 (3) The disclosure is in the best interests of the patient as determined by the health care
    - 28 provider, in the exercise of professional judgment.
  - 29 (iv) A health care provider may disclose protected health information about a patient
  - 30 who has died to a law enforcement official for the purpose of alerting law enforcement of the
  - 31 death of the patient if the health care provider has a suspicion that such death may have resulted
  - 32 from criminal conduct.
  - 33 (v) A health care provider may disclose to a law enforcement official protected health
  - 34 information that the health care provider believes in good faith constitutes evidence of criminal

- 1 conduct that occurred on the premises of the health care provider.
- 2 (vi) (A) A health care provider providing emergency health care in response to a medical
- 3 emergency, other than such emergency on the premises of the covered health care provider, may
- 4 disclose protected health information to a law enforcement official if such disclosure appears
- 5 necessary to alert law enforcement to:
  - 6 (1) The commission and nature of a crime;
  - 7 (2) The location of such crime or of the victim(s) of such crime; and
  - 8 (3) The identity, description, and location of the perpetrator of such crime.
- 9 (B) If a health care provider believes that the medical emergency described in subsection
- 10 (b)(vi)(A) of this section is the result of abuse, neglect, or domestic violence of the individual in
- 11 need of emergency health care, subsection (b)(vi)(A) of this section does not apply and any
- 12 disclosure to a law enforcement official for law enforcement purposes is subject to subsection
- 13 (b)(4)(vii) of this section.
- 14 (vii) (A) Except for reports permitted by subsection (b)(4)(i) of this section, a health care

15 provider may disclose protected health information about a patient whom the health care provider  
16 reasonably believes to be a victim of abuse, neglect, or domestic violence to law enforcement or a  
17 government authority, including a social service or protective services agency, authorized by law  
18 to receive reports of such abuse, neglect, or domestic violence:

19 (1) To the extent the disclosure is required by law and the disclosure complies with and  
20 is limited to the relevant requirements of such law;

21 (2) If the patient agrees to the disclosure; or

22 (3) To the extent the disclosure is expressly authorized by statute or regulation and:

23 (i) The health care provider, in the exercise of professional judgment, believes the  
24 disclosure is necessary to prevent serious harm to the patient or other potential victims; or

25 (ii) If the patient is unable to agree because of incapacity, a law enforcement or other  
26 public official authorized to receive the report represents that the protected health information for  
27 which disclosure is sought is not intended to be used against the patient and that an immediate  
28 enforcement activity that depends upon the disclosure would be materially and adversely affected  
29 by waiting until the patient is able to agree to the disclosure.

30 (B) A health care provider that makes a disclosure permitted by subsection (b)(4)(vii)(A)  
31 of this section must promptly inform the patient that such a report has been or will be made,  
32 except if:

33 (1) The health care facility, in the exercise of professional judgment, believes informing  
34 the patient would place the individual at risk of serious harm; or

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1 (2) The health care provider would be informing a personal representative, and the health  
2 care provider reasonably believes the personal representative is responsible for the abuse, neglect,  
3 or other injury, and that informing such person would not be in the best interests of the individual  
4 as determined by the covered entity, in the exercise of professional judgment.

5 (viii) The disclosures authorized by this subsection shall be limited to the minimum  
6 amount of information necessary to accomplish the intended purpose of the release of  
7 information.

8 (5) Between or among qualified personnel and health care providers within the health  
9 care system for purposes of coordination of health care services given to the patient and for  
10 purposes of education and training within the same health care facility; or

11 (6) To third party health insurers including to utilization review agents as provided by  
12 section 23-17.12-9(c)(4), third party administrators licensed pursuant to chapter 20.7 of title 27  
13 and other entities that provide operational support to adjudicate health insurance claims or  
14 administer health benefits;

15 (7) To a malpractice insurance carrier or lawyer if the health care provider has reason to  
16 anticipate a medical liability action; or

17 (8) (i) To the health care provider's own lawyer or medical liability insurance carrier if  
18 the patient whose information is at issue brings a medical liability action against a health care  
19 provider.

20 (ii) Disclosure by a health care provider of a patient's health care information which is  
21 relevant to a civil action brought by the patient against any person or persons other than that  
22 health care provider may occur only under the discovery methods provided by the applicable  
23 rules of civil procedure (federal or state). This disclosure shall not be through ex parte contacts  
24 and not through informal ex parte contacts with the provider by persons other than the patient or  
25 his or her legal representative. Nothing in this section shall limit the right of a patient or his or her  
26 attorney to consult with that patient's own physician and to obtain that patient's own health care  
27 information;

28 (9) To public health authorities in order to carry out their functions as described in this  
29 title and titles 21 and 23, and rules promulgated under those titles. These functions include, but

30 are not restricted to, investigations into the causes of disease, the control of public health hazards,  
31 enforcement of sanitary laws, investigation of reportable diseases, certification and licensure of  
32 health professionals and facilities, review of health care such as that required by the federal  
33 government and other governmental agencies;

34 (10) To the state medical examiner in the event of a fatality that comes under his or her  
Page 6

1 jurisdiction;

2 (11) In relation to information that is directly related to current claim for workers'  
3 compensation benefits or to any proceeding before the workers' compensation commission or  
4 before any court proceeding relating to workers' compensation;

5 (12) To the attorneys for a health care provider whenever that provider considers that  
6 release of information to be necessary in order to receive adequate legal representation;

7 (13) By a health care provider to appropriate school authorities of disease, health  
8 screening and/or immunization information required by the school; or when a school age child  
9 transfers from one school or school district to another school or school district;

10 (14) To a law enforcement authority to protect the legal interest of an insurance  
11 institution, agent, or insurance-support organization in preventing and prosecuting the  
12 perpetration of fraud upon them;

13 (15) To a grand jury or to a court of competent jurisdiction pursuant to a subpoena or  
14 subpoena duces tecum when that information is required for the investigation or prosecution of  
15 criminal wrongdoing by a health care provider relating to his or her or its provisions of health  
16 care services and that information is unavailable from any other source; provided, that any  
17 information so obtained is not admissible in any criminal proceeding against the patient to whom  
18 that information pertains;

19 (16) To the state board of elections pursuant to a subpoena or subpoena duces tecum  
20 when that information is required to determine the eligibility of a person to vote by mail ballot  
21 and/or the legitimacy of a certification by a physician attesting to a voter's illness or disability;

22 (17) To certify, pursuant to chapter 20 of title 17, the nature and permanency of a  
23 person's illness or disability, the date when that person was last examined and that it would be an  
24 undue hardship for the person to vote at the polls so that the person may obtain a mail ballot;

25 (18) To the central cancer registry;

26 (19) To the Medicaid fraud control unit of the attorney general's office for the  
27 investigation or prosecution of criminal or civil wrongdoing by a health care provider relating to  
28 his or her or its provision of health care services to then Medicaid eligible recipients or patients,  
29 residents, or former patients or residents of long term residential care facilities; provided, that any  
30 information obtained shall not be admissible in any criminal proceeding against the patient to  
31 whom that information pertains;

32 (20) To the state department of children, youth, and families pertaining to the disclosure  
33 of health care records of children in the custody of the department;

34 (21) To the foster parent or parents pertaining to the disclosure of health care records of  
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1 children in the custody of the foster parent or parents; provided, that the foster parent or parents  
2 receive appropriate training and have ongoing availability of supervisory assistance in the use of  
3 sensitive information that may be the source of distress to these children;

4 (22) A hospital may release the fact of a patient's admission and a general description of  
5 a patient's condition to persons representing themselves as relatives or friends of the patient or as  
6 a representative of the news media. The access to confidential health care information to persons  
7 in accredited educational programs under appropriate provider supervision shall not be deemed  
8 subject to release or transfer of that information under subsection (a) of this section; or

9 (23) To the workers' compensation fraud prevention unit for purposes of investigation

10 under sections 42-16.1-12 -- 42-16.1-16. The release or transfer of confidential health care  
11 information under any of the above exceptions is not the basis for any legal liability, civil or  
12 criminal, nor considered a violation of this chapter; or

13 (24) To a probate court of competent jurisdiction, petitioner, respondent, and/or their  
14 attorneys, when the information is contained within a decision-making assessment tool which  
15 conforms to the provisions of section 33-15-47.

16 (c) Third parties receiving and retaining a patient's confidential health care information  
17 must establish at least the following security procedures:

18 (1) Limit authorized access to personally identifiable confidential health care  
19 information to persons having a "need to know" that information; additional employees or agents  
20 may have access to that information which does not contain information from which an individual  
21 can be identified;

22 (2) Identify an individual or individuals who have responsibility for maintaining security  
23 procedures for confidential health care information;

24 (3) Provide a written statement to each employee or agent as to the necessity of  
25 maintaining the security and confidentiality of confidential health care information, and of the  
26 penalties provided for in this chapter for the unauthorized release, use, or disclosure of this  
27 information. The receipt of that statement shall be acknowledged by the employee or agent, who  
28 signs and returns the statement to his or her employer or principal, who retains the signed  
29 original. The employee or agent shall be furnished with a copy of the signed statement;

30 (4) Take no disciplinary or punitive action against any employee or agent solely for  
31 bringing evidence of violation of this chapter to the attention of any person.

32 (d) Consent forms for the release or transfer of confidential health care information shall  
33 contain, or in the course of an application or claim for insurance be accompanied by a notice  
34 containing, the following information in a clear and conspicuous manner:

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1 (1) A statement of the need for and proposed uses of that information;

2 (2) A statement that all information is to be released or clearly indicating the extent of  
3 the information to be released; and

4 (3) A statement that the consent for release or transfer of information may be withdrawn  
5 at any future time and is subject to revocation, except where an authorization is executed in  
6 connection with an application for a life or health insurance policy in which case the  
7 authorization expires two (2) years from the issue date of the insurance policy, and when signed  
8 in connection with a claim for benefits under any insurance policy the authorization shall be valid  
9 during the pendency of that claim. Any revocation shall be transmitted in writing.

10 (e) Except as specifically provided by law, an individual's confidential health care  
11 information shall not be given, sold, transferred, or in any way relayed to any other person not  
12 specified in the consent form or notice meeting the requirements of subsection (d) of this section  
13 without first obtaining the individual's additional written consent on a form stating the need for  
14 the proposed new use of this information or the need for its transfer to another person.

15 (f) Nothing contained in this chapter shall be construed to limit the permitted disclosure  
16 of confidential health care information and communications described in subsection (b) of this  
17 section.

18 SECTION 2. Section 42-66-8 of the General Laws in Chapter 42-66 entitled "Elderly  
19 Affairs Department" is hereby amended to read as follows:

20 **42-66-8. Abuse, neglect, exploitation and self-neglect of elderly persons -- Duty to**  
21 **report.** -- Any person who has reasonable cause to believe that any person sixty (60) years of age  
22 or older has been abused, neglected, or exploited, or is self-neglecting, shall make an immediate  
23 report to the director of the department of elderly affairs or his or her designee <sup>add</sup> or appropriate  
law

24 enforcement personnel<sup>add</sup>. In cases of abuse, neglect or exploitation, any person who fails to make  
 25 the report shall be punished by a fine of not more than one thousand dollars (\$1,000). Nothing in  
 26 this section shall require an elder who is a victim of abuse, neglect, exploitation or who is self-  
 27 neglecting to make a report regarding such abuse, neglect, exploitation or self-neglect to the  
 28 director or his or her designee <sup>add</sup>or appropriate law enforcement personnel<sup>add</sup>.  
 29 SECTION 3. This act shall take effect upon passage.

	<p>MOTION: To find beneficial if amended on page 8 lines 23 &amp; 28 replacing “or” with “and” 2014 H 7091 Sub A An Act Relating To Businesses And Professions - Confidentiality of Healthcare Communications and Information Act          Motion moved by BI, seconded by AP passed/ abstained HD, LD</p>
<p><i>3:30 Recently filed bills that may impact people with disabilities, Bob Cooper</i></p>	
	<p>Purpose/Goal: To review recently introduced legislation, determine the potential impact on people with disabilities, and adopt legislative impact statements</p>
<p><b>2014 S 2972 An Act Relating to State Affairs and Government – Office of Health and Human Services</b></p>	
<p>This act would create a Health and Human Service System Performance Improvement Task Force to establish performance measures expectations and outcomes for the departments in the office of health and human services and to remove the department of health from the OHHS.)          This act would take effect on January 10, 2015.</p>	

1 SECTION 1. Sections 42-6-2 and 42-6-3 of the General Laws in Chapter 42-6 entitled  
 2 "Departments of State Government" are hereby amended to read as follows:  
 3 **42-6-2. Heads of departments.** -- The governor, secretary of state, attorney general, and  
 4 general treasurer, hereinafter called general officers, shall each be in charge of a department.  
 5 There shall also be a director of administration, a director of revenue, a director of public safety, a  
 6 secretary of health and human services,<sup>add</sup> ~~a director of human services, a director of mental~~  
 7 ~~health,~~  
 8 ~~retardation, and hospitals,~~<sup>delete</sup> a director of transportation, a director of business regulation, a  
 9 director  
 10 of labor and training, a director of environmental management<sup>delete</sup>, ~~a director for children, youth,~~  
 11 ~~and~~  
 12 ~~families~~<sup>delete</sup>, a director of elderly affairs, and a director of corrections. Each director shall hold  
 13 office  
 14 at the pleasure of the governor and he or she shall serve until his or her successor is duly  
 15 appointed and qualified unless the director is removed from office by special order of the  
 16 governor.  
 17 **42-6-3. Appointment of directors.** -- (a) At the January session following his or her  
 18 election to office, the governor shall appoint a director of administration, a director of revenue, a  
 19 director of public safety, <sup>delete</sup>~~a director of human services, a director of mental health, retardation,~~  
 20 ~~and~~  
 21 ~~hospitals,~~<sup>delete</sup> a director of transportation, a director of business regulation, a director of labor and  
 22 training, a director of environmental management, a secretary of the executive office of health

18 and human services<sup>add</sup> ~~director for children, youth, and families~~<sup>delete</sup>, a director of elderly  
affairs, and a

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1 director of corrections. The governor shall, in all cases of appointment of a director while the  
2 senate is in session, notify the senate of his or her appointment and the senate shall, within sixty  
3 (60) legislative days after receipt of the notice, act upon the appointment. If the senate shall,  
4 within sixty (60) legislative days, vote to disapprove the appointment it shall so notify the  
5 governor, who shall forthwith appoint and notify the senate of the appointment of a different  
6 person as director and so on in like manner until the senate shall fail to so vote disapproval of the  
7 governor's appointment. If the senate shall fail, for sixty (60) legislative days next after notice, to  
8 act upon any appointment of which it has been notified by the governor, the person so appointed  
9 shall be the director. The governor may withdraw any appointment of which he or she has given  
10 notice to the senate, at any time within sixty (60) legislative days thereafter and before action has  
11 been taken thereon by the senate.

12 (b) Except as expressly provided in section 42-6-9, no director of any department shall  
13 be appointed or employed pursuant to any contract of employment for a period of time greater  
14 than the remainder of the governor's current term of office. Any contract entered into in violation  
15 of this section after July 1, 1994 is hereby declared null and void.

16 SECTION 2. Sections 42-7.2-1, 42-7.2-2, 42-7.2-4 and 42-7.2-5 of the General Laws in  
17 Chapter 42-7.2 entitled "Office of Health and Human Services" are hereby amended to read as  
18 follows:

19 **42-7.2-1. Statement of intent.** -- The purpose of this Chapter is to develop a consumer-  
20 centered system of publicly-financed state administered health and human services that supports  
21 access to effective and<sup>add</sup> high quality services delivered through the most efficient means<sup>add</sup>  
possible<sup>add</sup>,

22 protects the safety of the state's most vulnerable citizens, and ensures the efficient use of all  
23 available resources by the ~~four (4)~~<sup>delete</sup> three (3)<sup>add</sup> departments responsible for the health  
and human

24 services programs serving all Rhode Islanders and providing direct assistance and support  
25 services to more than 250,000 individuals and families: the department of children, youth, and  
26 families; ~~the department of health;~~<sup>delete</sup> the department of human services; and the department  
of

27 behavioral healthcare, developmental disabilities and hospitals, collectively referred to within as  
28 "departments". It is recognized that the executive office of health and human services and the  
29 departments have undertaken a variety of initiatives to further this goal and that they share a  
30 commitment to continue to work in concert to preserve and promote each other's unique missions  
31 while striving to attain better outcomes for all the people and communities they serve. However,  
32 recent and expected changes in federal and state policies and funding priorities that affect the  
33 financing, organization, and delivery of health and human services programs pose new challenges  
34 and opportunities that have created an even greater need for structured and formal

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1 interdepartmental cooperation and collaboration. To meet this need while continuing to build on  
2 the achievements that have already been made, the interests of all Rhode Islanders will best be  
3 served by codifying in the state's general laws the purposes and responsibilities of the executive  
4 office of health and human services and the position of secretary of health and human services.

5 **42-7.2-2. Executive office of health and human services.** -- There is hereby established  
6 within the executive branch of state government an executive office of health and human services  
7 to serve as the principal agency of the executive branch of state government for managing the  
8 departments of children, youth and families, ~~health;~~<sup>delete</sup> ~~human services;~~<sup>delete</sup> and behavioral

healthcare,

9 developmental disabilities and hospitals <sup>add</sup>("the departments")<sup>add</sup>. In this capacity, the office shall:

10 (a) Lead the ~~state's four (4) health and human services~~<sup>delete</sup> departments in order to:  
11 (1) Improve the <sup>add</sup>performance,<sup>add</sup> economy, efficiency, coordination, and quality of health  
12 and human services policy and planning, budgeting and financing.

13 (2) Design strategies and implement best practices that foster service access, consumer  
14 safety and positive outcomes.

15 (3) Maximize and leverage funds from all available public and private sources, including  
16 federal financial participation, grants and awards.

17 (4) Increase public confidence by conducting independent reviews of health and human  
18 services issues in order to promote accountability and coordination across departments.

19 (5) Ensure that state health and human services policies and programs are responsive to  
20 changing consumer needs and to the network of community providers that deliver assistive  
21 services and supports on their behalf.

22 (b) Administer the federal and state medical assistance programs in the capacity of the  
23 single state agency authorized under title XIX of the U.S. Social Security act, 42 U.S.C. section  
24 1396a et seq., and exercise such single state agency authority for such other federal and state  
25 programs as may be designated by the governor. Except as provided for herein, nothing in this  
26 chapter shall be construed as transferring to the secretary the powers, duties or functions  
27 conferred upon the departments by Rhode Island general laws for the management and operations  
28 of programs or services approved for federal financial participation under the authority of the  
29 Medicaid state agency.

30 <sup>add</sup>(c) In cooperation with the health and human service system performance improvement  
31 task force established pursuant to § 42-7.2-5.1, establish performance and outcome measures for  
32 the departments and hold specific directors accountable for meeting said performance and  
33 outcome measures and expectations.<sup>add</sup>

34 **42-7.2-4. Responsibilities of the secretary.** -- (a) The secretary shall be responsible to  
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1 the governor for supervising the executive office of health and human services and for managing  
2 and providing strategic leadership and direction to the ~~four (4)~~ departments.

3 (b) ~~Notwithstanding the provisions set forth in this chapter, the governor shall appoint the~~  
4 ~~directors of the departments within the executive office of health and human services. Directors~~  
5 ~~appointed to those departments shall continue to be subject to the advice and consent of the~~  
6 ~~senate~~

7 ~~and shall continue to hold office as set forth in sections 42-6-1 et seq. and 42-72-1(c).~~ <sup>delete</sup> <sup>add</sup> The  
8 secretary shall establish performance and outcome measures for the departments and hold  
9 directors accountable for meeting said performance and outcome measures and expectations.

10 (c) The secretary shall be authorized to appoint the directors of the departments with the  
11 consent of the governor.<sup>add</sup>

12 **42-7.2-5. Duties of the secretary.** -- The secretary shall be subject to the direction and  
supervision of the governor for the <sup>add</sup>operation,<sup>add</sup> management,<sup>add</sup> oversight, coordination and  
cohesive

13 direction of state administered health and human services and in ensuring the laws are faithfully  
14 executed, notwithstanding any law to the contrary. In this capacity, the Secretary of Health and  
15 Human Services shall be authorized to:

16 (1) Coordinate the administration and financing of health care benefits, human services  
17 and programs including those authorized by the Global Consumer Choice Compact Waiver and,  
18 as applicable, the Medicaid State Plan under Title XIX of the US Social Security Act. However,  
19 nothing in this section shall be construed as transferring to the secretary the powers, duties or

20 functions conferred upon the departments by Rhode Island public and general laws for the  
21 administration of federal/state programs financed in whole or in part with Medicaid funds or the  
22 administrative responsibility for the preparation and submission of any state plans, state plan  
23 amendments, or authorized federal waiver applications, once approved by the secretary.

24 (2) Serve as the governor's chief advisor and liaison to federal policymakers on Medicaid  
25 reform issues as well as the principal point of contact in the state on any such related matters.

26 (3) Review and ensure the coordination of any Global Consumer Choice Compact  
27 Waiver requests <sup>add</sup> or subsequent waiver requests <sup>add</sup> and renewals as well as any initiatives and  
28 proposals requiring amendments to the Medicaid state plan or category two (II) or three (III)  
29 changes, as described in the special terms and conditions of the Global Consumer Choice  
30 Compact Waiver with the potential to affect the scope, amount or duration of publicly-funded  
31 health care services, provider payments or reimbursements, or access to or the availability of  
32 benefits and services as provided by Rhode Island general and public laws. The secretary shall  
33 consider whether any such changes are legally and fiscally sound and consistent with the state's  
34 policy and budget priorities. The secretary shall also assess whether a proposed change is capable

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1 of obtaining the necessary approvals from federal officials and achieving the expected positive  
2 consumer outcomes. Department directors shall, within the timelines specified, provide any  
3 information and resources the secretary deems necessary in order to perform the reviews  
4 authorized in this section;

5 (4) Beginning in 2006, prepare and submit to the governor, the chairpersons of the house  
6 and senate finance committees, the caseload estimating conference, and to the joint legislative  
7 committee for health care oversight, by no later than March 15 of each year, a comprehensive  
8 overview of all Medicaid expenditures outcomes, and utilization rates. The overview shall  
9 include, but not be limited to, the following information:

10 (i) Expenditures under Titles XIX and XXI of the Social Security Act, as amended;

11 (ii) Expenditures, outcomes and utilization rates by population and sub-population  
12 served (e.g. families with children, children with disabilities, children in foster care, children  
13 receiving adoption assistance, adults with disabilities, and the elderly);

14 (iii) Expenditures, outcomes and utilization rates by each state department or other  
15 municipal or public entity receiving federal reimbursement under Titles XIX and XXI of the  
16 Social Security Act, as amended; and

17 (iv) Expenditures, outcomes and utilization rates by type of service and/or service  
18 provider.

19 The directors of the departments, as well as local governments and school departments,  
20 shall assist and cooperate with the secretary in fulfilling this responsibility by providing whatever  
21 resources, information and support shall be necessary.

22 (5) Resolve administrative, jurisdictional, operational, program, or policy conflicts  
23 among departments and their executive staffs and make necessary recommendations to the  
24 governor.

25 (6) Assure continued progress toward improving the quality, the economy, the  
26 accountability and the efficiency of state-administered health and human services. In this  
27 capacity, the secretary shall:

28 (i) Direct implementation of reforms in the human resources practices of the departments  
29 that streamline and upgrade services, achieve greater economies of scale and establish the  
30 coordinated system of the staff education, cross-training, and career development services  
31 necessary to recruit and retain a highly-skilled, responsive, and engaged health and human  
32 services workforce;

33 (ii) Encourage the departments to utilize consumer-centered approaches to service design  
34 and delivery that expand their capacity to respond efficiently and responsibly to the diverse and

1 changing needs of the people and communities they serve;  
2 (iii) Develop all opportunities to maximize resources by leveraging the state's purchasing  
3 power, centralizing fiscal service functions related to budget, finance, and procurement,  
4 centralizing communication, policy analysis and planning, and information systems and data  
5 management, pursuing alternative funding sources through grants, awards and partnerships and  
6 securing all available federal financial participation for programs and services provided through  
7 the departments;  
8 (iv) Improve the coordination and efficiency of health and human services legal  
9 functions by centralizing adjudicative and legal services and overseeing their timely and judicious  
10 administration;  
11 (v) Facilitate the rebalancing of the long term system by creating an assessment and  
12 coordination organization or unit for the expressed purpose of developing and implementing  
13 procedures across departments that ensure that the appropriate publicly-funded health services are  
14 provided at the right time and in the most appropriate and least restrictive setting; and  
15 (vi) Strengthen health and human services program integrity, quality control and  
16 collections, and recovery activities by consolidating functions within the office in a single unit  
17 that ensures all affected parties pay their fair share of the cost of services and are aware of  
18 alternative financing.  
19 (vii) Broaden access to publicly funded food and nutrition services by consolidating  
20 agency programs and initiatives to eliminate duplication and overlap and improve the availability  
21 and quality of services; and  
22 (viii) Assure protective services are available to vulnerable elders and adults with  
23 developmental and other disabilities by reorganizing existing services, establishing new services  
24 where gaps exist and centralizing administrative responsibility for oversight of all related  
25 initiatives and programs.  
26 (7) Prepare and integrate comprehensive budgets for the health and human services  
27 departments and any other functions and duties assigned to the office. The budgets shall be  
28 submitted to the state budget office by the secretary, for consideration by the governor, on behalf  
29 of the state's health and human services in accordance with the provisions set forth in section 35-  
30 3-4 of the Rhode Island general laws.  
31 (8) ~~Utilize objective data to evaluate health and human services policy goals, resource~~  
32 ~~use and outcome evaluation~~ <sup>delete</sup> In cooperation with the health and human service system  
33 performance improvement task force established pursuant to § 42-7.2-5.1, establish a  
34 comprehensive data collection and performance evaluation system ~~and to perform~~ <sup>add</sup> assist in short  
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1 and long-term policy planning and development, and increase department accountability. Said  
2 performance evaluation system shall:  
3 (i) Engage department directors in the development of mutually-agreed upon goals,  
4 measures, and desired outcomes;  
5 (ii) Provide guidance on what outcomes the department can reasonably be expected to  
6 influence, how departments will use measures to manage programs and achieve desired  
7 outcomes, and how directors will be held accountable in achieving desired outcomes;  
8 (iii) Develop and use timely and accurate performance data to set targets and inform  
9 programmatic and budgetary decisions;  
10 (iv) Encourage and support candor in identifying and diagnosing barriers to achieving  
11 desired outcomes, with a focus on removing and/or overcoming said barriers; and  
12 (v) Provide continuous follow-up and accountability for results. <sup>add</sup>  
13 (9) Establishment of an integrated approach to interdepartmental information and data

14 management that complements and furthers the goals of the CHOICES initiative and that will  
15 facilitate the transition to consumer-centered system of state administered health and human  
16 services.

17 (10) At the direction of the governor or the general assembly, conduct independent  
18 reviews of state-administered health and human services programs, policies and related agency  
19 actions and activities and assist the department directors in identifying strategies to address any  
20 issues or areas of concern that may emerge thereof. The department directors shall provide any  
21 information and assistance deemed necessary by the secretary when undertaking such  
22 independent reviews.

23 (11) Provide regular and timely reports to the governor and make recommendations with  
24 respect to the state's health and human services agenda.

25 (12) Employ such personnel and contract for such consulting services as may be required  
26 to perform the powers and duties lawfully conferred upon the secretary.

27 (13) Implement the provisions of any general or public law or regulation related to the  
28 disclosure, confidentiality and privacy of any information or records, in the possession or under  
29 the control of the executive office or the departments assigned to the executive office, that may be  
30 developed or acquired for purposes directly connected with the secretary's duties set forth herein.

31 <sup>add</sup>(14) Assure effective and efficient management of state agencies through direct  
32 supervision of the directors of the departments. <sup>add</sup>

33 ~~(14)~~ <sup>delete</sup> (15) <sup>delete</sup> ~~Utilizing the performance evaluation system established pursuant to § 42-~~  
~~7.2-~~

34 <sup>delete</sup> (8), <sup>delete</sup> ~~Hold~~ <sup>delete</sup> hold the director of each <sup>delete</sup> ~~health and human services~~ <sup>delete</sup> <sup>add</sup> of the  
<sup>delete</sup> ~~department~~ <sup>add</sup> departments

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1 accountable for their administrative, fiscal and program actions in the conduct of the respective  
2 powers and duties of their agencies.

3 SECTION 3. Section 42-7.2-12.1 of the General Laws in Chapter 42-7.2 entitled "Office  
4 of Health and Human Services" is hereby repealed.

5 <sup>delete</sup> ~~**42-7.2-12.1. Human services call center study (211).**~~ ~~--- (a) The secretary of the~~  
6 ~~executive office of health and human services shall conduct a feasibility and impact study of the~~  
7 ~~potential to implement a statewide 211 human services call center and hotline. As part of the~~  
8 ~~process, the study shall catalog existing human service information hotlines in Rhode Island,~~  
9 ~~including, but not limited to, state-operated call centers and private and not-for-profit information~~  
10 ~~hotlines within the state.~~

11 ~~-(1) The study shall include analysis of whether consolidation of some or all call centers~~  
12 ~~into a centralized 211 human services information hotline would be economically and practically~~  
13 ~~advantageous for both the public users and agencies that currently operate separate systems.~~

14 ~~-(2) The study shall include projected cost estimates for any recommended actions,~~  
15 ~~including estimates of cost additions or savings to private service providers.~~

16 ~~-(b) The directors of all state departments and agencies shall cooperate with the secretary~~  
17 ~~in preparing this study and provide any information and/or resources the secretary deems~~  
18 ~~necessary to assess fully the short and long term implications of the operations under review both~~  
19 ~~for the state and the people and the communities the departments serve.~~

20 ~~-(c) The secretary shall submit a report and recommendations based on the findings of the~~  
21 ~~study to the general assembly, the governor, and the house and senate fiscal advisors no later than~~  
22 ~~February 1, 2007.~~ <sup>delete</sup>

23 SECTION 4. Chapter 42-7.2 of the General Laws entitled "Office of Health and Human  
24 Services" is hereby amended by adding thereto the following section:

25 <sup>add</sup> **42-7.2-5.1. Office of Health & Human Service's System Performance Improvement**  
26 **Task Force.** ~~--- (a) There is hereby established a health and human service system performance~~

27 improvement task Force which shall establish performance measures, expectations, and outcomes  
28 for the department. The task force shall consist of the director of the department of  
29 administration, the director of the office of management and budget, the secretary of health and  
30 human services, and two (2) of whom shall represent the staff of the general assembly, one each  
31 appointed by the speaker of the house and the president of the senate.

32 (b) The purpose of the task force shall be to establish performance measures,  
33 expectations, and outcomes for the departments.

34 (c) The task force shall submit a report on the measures and outcomes developed, and  
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1 recommendations concerning their use, to the governor, the speaker of the house of  
2 representatives, and the president of the senate, no later than November 1, 2014.<sup>add</sup>

3 SECTION 5. Section 42-12-1 of the General Laws in Chapter 42-12 entitled "Department  
4 of Human Services" is hereby amended to read as follows:

5 **42-12-1. Department of human services.** -- (1) There is hereby established within the  
6 executive branch of state government a department which shall be known as the department of  
7 human services. The department shall be headed by a director of human services who shall be  
8 appointed by the <sup>add</sup>secretary of the executive office of health and human services with the  
9 consent  
10 of the<sup>add</sup> governor ~~with the advice and consent of the senate and who shall serve at the~~  
11 ~~pleasure of~~  
12 ~~the governor~~<sup>delete</sup>.

11 (2) The director shall carry out all of the provisions of all of the general and public laws  
12 heretofore carried out by the department of education and the director of social welfare with  
13 relation to:

14 (a) Vocational rehabilitation;

15 (b) Division of correctional services; and

16 (c) Division of community services, whose several functions are by this chapter  
17 transferred to the department of human services.

18 SECTION 6. Section 42-12.1-1 of the General Laws in Chapter 42-12.1 entitled  
19 "Department of Mental Health, Retardation, and Hospitals" is hereby amended to read as follows:

20 **42-12.1-1.** ~~Department of mental health, retardation, and hospitals.~~ <sup>delete add</sup> Department  
21 of

22 behavioral healthcare, developmental disabilities and hospitals.<sup>add</sup> -- (1) There is hereby  
23 established within the executive branch of state government a department which shall be known  
24 as the department of ~~mental health, retardation,~~ <sup>delete add</sup> behavioral healthcare, developmental  
25 disabilities<sup>add</sup>

26 and hospitals. The department shall be headed by a director of ~~mental health, retardation,~~ <sup>delete</sup>  
27 <sup>add</sup> behavioral healthcare, developmental disabilities<sup>add</sup> and hospitals who shall be appointed by  
28 the

29 <sup>add</sup> secretary of the executive office of health and humans services with the consent of the<sup>add</sup>  
30 governor

31 ~~with the advice and consent of the senate and who shall serve at the pleasure of the governor.~~  
32

33 (2) The director shall carry out all of the provisions of all of the general and public laws  
34 ~~heretofore carried out by the director of health and the director of social welfare~~<sup>delete</sup> with  
35 relation to:

36 (a) Office of ~~mental retardation~~ <sup>delete add</sup> developmental disabilities<sup>add</sup>;

37 (b) Division of ~~curative services~~ <sup>delete add</sup> behavioral health<sup>add</sup>;

38 (c) ~~Division of business services with the exception of the licensing of homes for aged~~  
39 ~~and convalescent persons; and~~ <sup>delete add</sup> Eleanor Slater Hospital; and<sup>add</sup>

1 ~~whose several functions are by this chapter transferred to the department of mental~~  
 2 ~~health, retardation, and hospitals.~~

3 SECTION 7. Section 42-72-1 of the General Laws in Chapter 42-72 entitled "Department  
 4 of Children, Youth, and Families" is hereby amended to read as follows:

5 **42-72-1. Establishment of department -- Director.** -- (a) There is established within the  
 6 executive branch of state government a department of children, youth, and families.

7 (b) The head of the department shall be the director of children, youth, and families, who  
 8 shall be a person qualified by training and experience to perform the duties of the office, in  
 9 accordance with section 42-72-4.

10 (c) The director shall be in the unclassified service, appointed by the <sup>add</sup>secretary of the  
 11 executive office of health and human services with the consent of the <sup>add</sup>governor ~~with the~~  
~~advice~~

12 ~~and consent of the senate~~, and shall hold office for a term of four (4) years and shall continue  
 to

13 hold office until his or her successor is appointed and qualified. The director shall receive a salary  
 14 as provided by law.

15 The director is further authorized and directed to provide to the governor, the speaker of  
 16 the house and the president of the senate, no later than October 1, 1991, a comprehensive and  
 17 detailed plan to restructure the department of children, youth, and families. The plan will be  
 18 developed in close cooperation with the special legislative task force to investigate the  
 19 department of children, youth, and families.

20 SECTION 8. This act shall take effect on January 10, 2015.

	<p><b>MOTION: To find harmful 2014 S 2972 An Act Relating to State Affairs and Government - Office of Health and Human Services</b>                  Motion moved by BI, seconded by AP, passed abstained HD,LD</p>
	<p><b>2014 H 8158 An Act Relating to Health and Safety -- Lead Poisoning Prevention Act</b></p>
	<p>Rep. Handy Held for Further Study by the House Corporations Committee                  This act would amend The Lead Poisoning Prevention Act to provide for a longer licensing period, making the licensing process less labor intensive by eliminating the requirement for annual refresher courses. The act would clarify language used to distinguish licensure and certification. The act would also establish a penalty or fining authority in line with E.P.A. requirements for the program to acquire delegation of authority. This act would provide for administrative penalties of up to five thousand dollars (\$5,000) per day for violations.                  This act would take effect upon passage.</p>

1 SECTION 1. Sections 23-24.6-15, 23-24.6-20, 23-24.6-26 and 23-24.6-27 of the General  
 2 Laws in Chapter 23-24.6 entitled "Lead Poisoning Prevention Act" are hereby amended to read as  
 3 follows:

4 **23-24.6-15. Inspections of rental property.** -- (a) The director shall, in conjunction with  
 5 the housing resources commission, promulgate regulations permitting state inspectors to conduct  
 6 such lead inspections as may be appropriate in response to any complaint to the department or the  
 7 housing resources commission, by an occupant or the parent or guardian of any child under the  
 8 age of six (6) years who is an occupant renting or leasing a dwelling, dwelling unit, or premises  
 9 of the existence of a lead exposure hazard for a child under the age of six (6) years in that  
 10 dwelling, dwelling unit, or premises. These regulations will allow for response to the complaints  
 11 to be prioritized based upon the age of the structure and the nature and degree of hazard present.

12 (b) Whenever a comprehensive environmental lead inspection has been performed either  
13 pursuant to a complaint or otherwise, the owner and/or any real estate agent or property manager  
14 involved in renting or leasing the dwelling, dwelling unit, or premises shall provide the results of  
15 the inspection to occupants pursuant to regulations promulgated by the department, as follows:

16 (1) Those persons occupying the dwelling, dwelling unit, or premises at the time the  
17 inspection is performed shall be notified of the results within five (5) business days after the  
18 owner receives the results;

19 (2) All persons who are prospective occupants shall be notified of the inspection results  
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1 if a significant lead hazard exists, before any lease is signed or before occupancy begins in cases  
2 where no lease is signed;

3 (3) This notice provision terminates with the performance of the necessary lead  
4 reduction actions required to reach at least the "lead safe" level. The department shall provide the  
5 owner with a certification of lead reduction for the dwelling.

6 (c) Failure to provide inspection results and/or educational materials pursuant to this  
7 chapter ~~shall~~ <sup>add</sup> may <sup>add</sup> subject the lessor or his or her agent to ~~a civil penalty of not less than~~  
8 ~~one~~ ~~hundred dollars (\$100) nor more than five hundred dollars (\$500) for each violation~~ <sup>add</sup> an  
9 administrative fine pursuant to § 23-24.6-27 of this chapter <sup>add</sup>.

10 ~~23-24.6-20. <sup>delete</sup> Licensure or certification of environmental lead inspectors and lead~~  
11 ~~contractors, supervisors, and workers~~ <sup>delete</sup> <sup>add</sup> Licensure of environmental lead inspectors and  
12 lead

13 contractors, supervisors, and workers <sup>add</sup> . -- (a) The department shall provide for the certification  
14 of training programs for environmental lead inspectors and for lead contractors, supervisors,  
15 workers, and other persons engaged in environmental lead hazard reduction pursuant to the  
16 provisions of this chapter. The department shall establish standards and specifications for training  
17 courses including, at a minimum, the required length of different training programs, mandatory  
18 topics of instruction, and required qualifications for training programs and instructors. Hands on  
19 instruction shall be a component of the required training.

20 (b) The department shall establish procedures and issue regulations requiring the  
21 ~~certification~~ <sup>delete</sup> <sup>add</sup> licensure <sup>add</sup> of environmental lead inspectors ~~and the licensure or certification,~~  
22 ~~as~~

23 ~~appropriate, of all~~ <sup>delete</sup> lead contractors, supervisors, workers, and other persons engaged in  
24 environmental lead <sup>add</sup> inspection and/or <sup>add</sup> hazard reduction pursuant to the provisions of this chapter.  
25 These regulations:

26 (1) Shall prescribe the requirements for licensure ~~and certification~~ <sup>delete</sup> and the conditions and  
27 restrictions governing the renewal, revocation, and suspension of licenses ~~and certificates~~ <sup>delete</sup> ;  
28 requirements for licensure and for renewal of licensure shall include, but not be limited to, the  
29 following:

30 (i) Compliance with the lead hazard reduction regulations in section 23-24.6-17; and

31 (ii) Required training of environmental lead inspectors and of lead contractors,  
32 supervisors, workers, and other persons engaged in environmental lead hazard reduction in  
33 subjects including but not limited to safe work practices, instruction in health risks, precautionary  
34 measures, protective equipment, and other practices including practices to prevent contamination  
35 of the residential premises, ambient discharges and ground contamination, respiratory protection,  
36 new lead hazard reduction techniques and technologies, applicable federal and state regulation,  
Page 3

1 and hands on instruction for equipment and techniques to be used; a minimum of twenty (20)  
2 hours of training shall be required as a condition of licensure for workers; additional hours of  
3 training shall be required for supervisors and contractors; ~~annual~~ <sup>delete</sup> <sup>delete</sup> a refresher training course shall  
4 also be required;

5 (2) May provide for Rhode Island to reciprocally ~~certify and/or~~ <sup>delete</sup> license persons certified  
6 and/or licensed by other states with comparable requirements.

7 (c) No person shall enter into, engage in, or conduct comprehensive environmental lead  
8 inspections or environmental lead hazard reduction activities covered by department regulations  
9 ~~once those regulations have been promulgated as specified in section 23-24.6-12~~ without having  
10 successfully completed a certified training program and without having been ~~certified or~~ licensed,  
11 ~~as appropriate,~~ by the department. Each trained and ~~certified or~~ licensed person shall be issued  
12 a photo identity card.

13 (d) The department shall, in conjunction with the housing resources commission,  
14 develop and periodically update lists of all licensed ~~and certified~~ inspectors, contractors,  
15 supervisors, workers' and other persons who perform environmental lead hazard reduction in  
16 Rhode Island and make those lists available to interested parties and the public.

17 (e)(1) The department shall enforce the provisions of this section as appropriate and shall  
18 have all necessary powers for enforcement.

19 (2) The department may revoke, suspend, cancel, or deny ~~any certification or~~ any  
20 license, at any time, in accordance with chapter 35 of title 42 if it believes that the terms or  
21 conditions of these are being violated or that the holder of, or applicant for, ~~the certification or~~  
22 license has violated any regulation of the department or any other state law or regulation. Any  
23 person aggrieved by a determination by the department to issue, deny, revoke or suspend any  
24 ~~certification or~~ license may request an adjudicatory hearing.

25 (3) When any person violates the terms or conditions of any ~~certification or~~ license  
26 issued under this section or any state law or regulation, the director shall have the power by  
27 written notice to order the violator to cease and desist immediately. The department may file a  
28 written complaint with the district court in the jurisdiction in which the violation occurred.  
29 Punishment by add an administrative add fine ~~not to exceed one thousand dollars (\$1,000) under this~~  
30 ~~section~~ add pursuant to § 23-24.6-27 add may be in addition to the suspension of any license ~~or~~  
31 ~~certification~~.

32 (4) Any state inspector may issue an immediate cease work order to any person who  
33 violates the terms or conditions of any license ~~or certification~~ issued under this section or any  
34 provision of this chapter or any regulation or order issued under this chapter if the violation will

1 endanger or materially impair the health or well being of any occupant, any environmental lead  
2 inspector, or any contractor, supervisor, worker, or other person engaged in environmental lead  
3 hazard reduction.

4 (f) Nothing in this section shall be construed to limit the authority of the department of  
5 health, the department of labor and training, or the department of environmental management  
6 under the provisions of any other law.

7 **23-24.6-26. Rules and regulations.** -- The director is authorized to adopt, modify, or  
8 repeal and promulgate rules and regulations as are in accord with the purposes of sections 23-  
9 24.6-1 -- 23-24.6-27, and shall be subject to the Administrative Procedures Act, chapter 35 of title  
10 42. All rules and regulations promulgated by the director shall provide for the use of "lead safe"  
11 reduction as the preferred method where possible to meet the requirements of this chapter. The  
12 rules shall provide for notification, pursuant to the provisions of section 23-24.6-12, to occupants  
13 of a premise, of lead hazards following a comprehensive environmental lead inspection at the  
14 premises when there is a reasonable likelihood that given the age, type, and condition of the  
15 premises that significant lead hazards are present in other dwelling units. add The rules shall also  
16 specify the required frequency for all refresher training courses. add

17 **23-24.6-27. Administrative fines.** -- (a) In addition to any other enforcement authority  
18 granted under this chapter, whenever on the basis of any information, the department determines  
19 that a person has violated or is in violation of section 23-24.6-12, 23-24.6-13, 23-24.6-14 or 23-  
20 24.6-15 regarding inspections, section 23-24.6-17 regarding lead hazard reduction, or section 23-  
21 24.6-20 regarding licensure ~~or certification~~, any rule or regulation promulgated pursuant to any of  
22 these sections, or any orders issued under any of these sections, rules or regulations, the director  
23 may issue an order ~~civilly~~ fining the person ~~one hundred dollars (\$100)~~ add an amount not  
to exceed

24 five thousand dollars (\$5,000)<sup>add</sup> per day for ~~any~~<sup>delete</sup> each<sup>add</sup> current or past violation, requiring  
25 compliance immediately or within a specified time period, or both. Each day of continued  
26 violation may be considered a separate violation. Each violation in any premises may be  
27 considered a separate violation.

28 (b) Within thirty (30) days after any order issued pursuant to this section is served, the  
29 order shall become final unless the person or persons named in the order request a hearing. Upon  
30 that request, the director shall conduct a hearing as soon as reasonably possible.

31 (c) In connection with any proceeding under this section the director may issue  
32 subpoenas for attendance and testimony of witnesses and the production of papers, books,  
33 documents, and other materials.

34 (d) If any person liable to pay any civil fine neglects or refuses to pay after demand, the  
Page 5

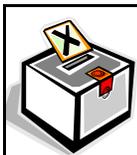
1 amount together with interest and any other costs that may accrue shall be a lien in favor of the  
2 state upon only the real property of the person which is subject to the order only after the lien has  
3 been entered and recorded in the city/town in which the property is situated.

4 (e) In determining the amount of any civil fine pursuant to this section, the director shall  
5 consider the willfulness of the violation, the circumstances and severity of the violation,<sup>add</sup> the  
6 ability of the violator to comply, damage or injury to public health and welfare including elevated<sup>add</sup>  
7 blood levels of impacted children, environmental damage to the premises and neighborhood,  
8 possible economic benefits realized by the violator<sup>add</sup>, the costs incurred by the state, and any other  
9 relevant factors.

10 (f) The director shall issue regulations to implement this section. At a minimum, the  
11 regulations shall set forth how long after receiving any order from the director or any other notice  
12 of a violation a person has to comply with the law before civil fines will be assessed, the  
13 circumstances in which no grace period will apply, the circumstances in which any grace period  
14 may be extended, and the procedure and times frames to request an extension. The regulations<sup>add</sup>  
15 shall also include a penalty matrix to be used as a guide in the calculation of a fine levied  
16 pursuant to this section.<sup>add</sup>

17 (g) Any fines levied pursuant to this section shall be done in lieu of any civil penalties  
18 issued pursuant to section 45-24.3-18(a), and no housing authority shall issue any civil penalty for  
19 the same violation.

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



**MOTION: To find harmful if not amended to retain the annual refresher training H 8158 An Act Relating to Health and Safety -- Lead Poisoning Prevention Act**  
Motion moved by AP, seconded by KH, passed abstained LD,HD

**2014 S 2660 Sub A An Act Relating to Food and Drugs - Uniform Controlled Substances Act**

Sen. McCaffrey Requested by the Attorney General Scheduled for consideration by the Senate Judiciary Committee 5/29/2014 @ Rise in rm 313  
This act would transfer the jurisdiction of possession of one ounce (1 oz.) or less of marijuana by a person who is under the age of eighteen (18) years from the Rhode Island traffic tribunal to the Rhode Island family court. The act would also require the family court to order a substance abuse assessment and, if recommended, substance abuse treatment, for such violations.

This act would take effect on September 1, 2014.

The Substitute A would retain the existing penalties for possession of one 10 ounce (1 oz.) or less of marijuana by a person who is under the age of eighteen (18) years, but only for persons who are sixteen (16) years of age or older, but under the age of eighteen (18) years. The traffic tribunal would retain jurisdiction for those 16 & 17 year olds.

A new subsection would be created for the possession of one ounce (1 oz.) or less of marijuana by a person who is under the age of sixteen (16) years administered by the family court. The under 16 year old offender would have a civil penalty in the amount of one hundred fifty dollars (\$150) and the minor offender has to complete an approved drug awareness program and community service. The family court would order a substance abuse assessment and, if recommended, substance abuse treatment. If the person under the age of sixteen (16) years fails to complete an approved drug awareness program and community service within one year of the offense, the penalty the civil fine would increase to three hundred dollars (\$300). The drug awareness program must at a minimum, provide four (4) hours of instruction or group discussion, and ten (10) hours of community service.

1 SECTION 1. Section 21-28-4.01 of the General Laws in Chapter 21-28 entitled "Uniform  
2 Controlled Substances Act" is hereby amended to read as follows:

3 **21-28-4.01. Prohibited acts A -- Penalties. --** (a) (1) Except as authorized by this  
4 chapter, it shall be unlawful for any person to manufacture, deliver, or possess with intent to  
5 manufacture or deliver a controlled substance.

6 (2) Any person who is not a drug addicted person, as defined in section 21-28-1.02(18),  
7 who violates this subsection with respect to a controlled substance classified in schedule I or II,  
8 except the substance classified as marijuana, is guilty of a crime and upon conviction may be  
9 imprisoned to a term up to life, or fined not more than five hundred thousand dollars (\$500,000)  
10 nor less than ten thousand dollars (\$10,000), or both.

11 (3) Where the deliverance as prohibited in this subsection shall be the proximate cause of  
12 death to the person to whom the controlled substance is delivered, it shall not be a defense that  
13 the person delivering the substance was at the time of delivery, a drug addicted person as defined  
14 in section 21-28-1.02(18).

15 (4) Any person, except as provided for in subdivision (2) of this subsection, who violates  
16 this subsection with respect to:

17 (i) A controlled substance classified in schedule I or II, is guilty of a crime and upon  
18 conviction may be imprisoned for not more than thirty (30) years, or fined not more than one  
19 hundred thousand dollars (\$100,000) nor less than three thousand dollars (\$3,000), or both;  
Page 2

1 (ii) A controlled substance classified in schedule III or IV, is guilty of a crime and upon  
2 conviction may be imprisoned for not more than twenty (20) years, or fined not more than forty  
3 thousand dollars (\$40,000), or both; provided, with respect to a controlled substance classified in  
4 schedule III(d), upon conviction may be imprisoned for not more than five (5) years, or fined not  
5 more than twenty thousand dollars (\$20,000), or both.

6 (iii) A controlled substance classified in schedule V, is guilty of a crime and upon  
7 conviction may be imprisoned for not more than one year, or fined not more than ten thousand  
8 dollars (\$10,000), or both.

9 (b) (1) Except as authorized by this chapter, it is unlawful for any person to create,  
10 deliver, or possess with intent to deliver, a counterfeit substance.

11 (2) Any person who violates this subsection with respect to:

12 (i) A counterfeit substance classified in schedule I or II, is guilty of a crime and upon  
13 conviction may be imprisoned for not more than thirty (30) years, or fined not more than one  
14 hundred thousand dollars (\$100,000), or both;

15 (ii) A counterfeit substance classified in schedule III or IV, is guilty of a crime and upon  
16 conviction may be imprisoned for not more than twenty (20) years, or fined not more than forty  
17 thousand dollars (\$40,000), or both; provided, with respect to a controlled substance classified in  
18 schedule III(d), upon conviction may be imprisoned for not more than five (5) years, or fined not  
19 more than twenty thousand dollars (\$20,000) or both.

20 (iii) A counterfeit substance classified in schedule V, is guilty of a crime and upon

21 conviction may be imprisoned for not more than one year, or fined not more than ten thousand  
22 dollars (\$10,000), or both.

23 (c) (1) It shall be unlawful for any person knowingly or intentionally to possess a  
24 controlled substance, unless the substance was obtained directly from or pursuant to a valid  
25 prescription or order of a practitioner while acting in the course of his or her professional  
26 practice, or except as otherwise authorized by this chapter.

27 (2) Any person who violates this subsection with respect to:

28 (i) A controlled substance classified in schedules I, II and III, IV, and V, except the  
29 substance classified as marijuana, is guilty of a crime and upon conviction may be imprisoned for  
30 not more than three (3) years or fined not less than five hundred dollars (\$500) nor more than five  
31 thousand dollars (\$5,000), or both;

32 (ii) More than one ounce (1 oz.) of a controlled substance classified in schedule I as  
33 marijuana is guilty of a misdemeanor except for those persons subject to subdivision 21-28-  
34 4.01(a)(1) and upon conviction may be imprisoned for not more than one year or fined not less

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1 than two hundred dollars (\$200) nor more than five hundred dollars (\$500), or both.

2 (iii) Notwithstanding any public, special or general law to the contrary, the possession of  
3 one ounce (1 oz.) or less of marijuana by a person who is eighteen (18) years of age or older and  
4 who is not exempted from penalties pursuant to chapter 21-28.6 shall constitute a civil offense,  
5 rendering the offender liable to a civil penalty in the amount of one hundred fifty dollars (\$150)  
6 and forfeiture of the marijuana, but not to any other form of criminal or civil punishment or  
7 disqualification. Notwithstanding any public, special or general law to the contrary, this civil  
8 penalty of one hundred fifty dollars (\$150) and forfeiture of the marijuana shall apply if the  
9 offense is the first (1st) or second (2nd) violation within the previous eighteen (18) months.

10 (iv) Notwithstanding any public, special or general law to the contrary, possession of one  
11 ounce (1 oz.) or less of marijuana by a person who is <sup>add</sup>sixteen (16) years of age or older, but<sup>add</sup>  
under

12 the age of eighteen (18) years and who is not exempted from penalties pursuant to chapter 21-  
13 28.6 shall constitute a civil offense, rendering the offender liable to a civil penalty in the amount  
14 of one hundred fifty dollars (\$150) and forfeiture of the marijuana; provided the minor offender  
15 completes an approved drug awareness program and community service as determined by the  
16 court. If the person under the age of eighteen (18) years fails to complete an approved drug  
17 awareness program and community service within one year of the offense, the penalty shall be a  
18 three hundred dollar (\$300) civil fine and forfeiture of the marijuana, except that if no drug  
19 awareness program or community service is available, the penalty shall be a fine of one hundred  
20 fifty dollars (\$150) and forfeiture of the marijuana. The parents or legal guardian of any offender  
21 under the age of eighteen (18) shall be notified of the offense and the availability of a drug  
22 awareness and community service program. The drug awareness program must be approved by  
23 the court, but shall, at a minimum, provide four (4) hours of instruction or group discussion, and  
24 ten (10) hours of community service. Notwithstanding any other public, special or general law to  
25 the contrary, this civil penalty shall apply if the offense is the first (1st) or second (2nd) violation  
26 within the previous eighteen (18) months.

27 (v) Notwithstanding any public, special, or general law to the contrary, a person not  
28 exempted from penalties pursuant to chapter 21-28.6 found in possession of one ounce (1 oz.) or  
29 less of marijuana is guilty of a misdemeanor and upon conviction may be imprisoned for not  
30 more than thirty (30) days or fined not less than two hundred dollars (\$200) nor more than five  
31 hundred dollars (\$500), or both, if that person has been previously adjudicated on a violation for  
32 possession of less than one ounce (1 oz.) of marijuana under subparagraphs 21-28-4.01(c)(2)(iii),  
33 ~~or~~ 21-28-4.01(c)(2)(iv)<sup>add</sup>, or 21-28-4.01(c)(2)(x)<sup>add</sup> two (2) times in the eighteen (18) months  
prior to

34 the third (3rd) offense.

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1 (vi) Any unpaid civil fine issued under subparagraphs 21-28-4.01(c)(2)(iii), ~~or~~ 21-28-  
2 4.01(c)(2)(iv) <sup>add</sup>, or 21-28-4.01(c)(2)(x) <sup>add</sup> shall double to three hundred dollars (\$300) if not paid  
3 within thirty (30) days of the offense. The civil fine shall double again to six hundred dollars  
4 (\$600) if it has not been paid within ninety (90) days.

5 (vii) No person may be arrested for a violation of subparagraphs 21-28-4.01(c)(2)(iii), ~~or~~  
6 21-28-4.01(c)(2)(iv) <sup>add</sup>, or 21-28-4.01(c)(2)(x) <sup>add</sup> except as provided in this subparagraph. Any  
7 person  
8 in possession of an identification card, license, or other form of identification issued by the state  
9 or any state, city or town, or any college or university, who fails to produce the same upon  
10 request of a police officer who informs the person that he or she has been found in possession of  
11 what appears to the officer to be one ounce (1 oz.) or less of marijuana, or any person without any  
12 such forms of identification that fails or refuses to truthfully provide his or her name, address, and  
13 date of birth to a police officer who has informed such person that the officer intends to provide  
14 such individual with a citation for possession of one ounce (1 oz.) or less of marijuana, may be  
15 arrested.

16 (viii) No violation of subparagraphs 21-28-4.01(c)(2)(iii) or 21-28-4.01(c)(2)(iv) shall be  
17 considered a violation of parole or probation.

18 (ix) Any records collected by any state agency, ~~delete~~ ~~or~~ ~~delete~~ tribunal <sup>add</sup>, or the family court <sup>add</sup>  
19 that

20 include personally identifiable information about violations of subparagraphs 21-28-  
21 4.01(c)(2)(iii), ~~or~~ 21-28-4.01(c)(2)(iv) <sup>add</sup>, or 21-28-4.01(c)(2)(x) <sup>add</sup> shall be sealed eighteen (18)  
22 months after the payment of said civil fine.

23 <sup>add</sup> (x) Notwithstanding any public, special or general law to the contrary, possession of one  
24 ounce (1 oz.) or less of marijuana by a person who is under the age of sixteen (16) years and who  
25 is not exempted from penalties pursuant to chapter 28.6 of title 21 shall constitute a civil offense,  
26 rendering the offender liable to a civil penalty in the amount of one hundred fifty dollars (\$150)  
27 and forfeiture of the marijuana, provided the minor offender completes an approved drug  
28 awareness program and community service as determined by the court. In addition, the court shall  
29 order a substance abuse assessment and, if recommended, substance abuse treatment. If the  
30 person under the age of sixteen (16) years fails to complete an approved drug awareness program  
31 and community service within one year of the offense, the penalty shall be a civil fine of three  
32 hundred dollars (\$300) and forfeiture of the marijuana, except that if no drug awareness program  
33 or community service is available, the penalty shall be a civil fine of one hundred fifty dollars  
34 (\$150) and forfeiture of the marijuana. The parents or legal guardian of any offender under the  
age of sixteen (16) shall be notified of the offense and the availability of a drug awareness and  
community service program, and the mandatory substance abuse assessment. The drug awareness

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1 program must be approved by the court, but shall, at a minimum, provide four (4) hours of  
2 instruction or group discussion, and ten (10) hours of community service. Notwithstanding any  
3 other public, special or general law to the contrary, this civil penalty shall apply if the offense is  
4 the first (1st) or second (2nd) violation within the previous eighteen (18) months. <sup>add</sup>

5 (3) Jurisdiction. – (i) Any and all violations of subparagraphs 21-28-4.01(c)(2)(iii) and  
6 21-28-4.01(c)(2)(iv) shall be the exclusive jurisdiction of the Rhode Island traffic tribunal. All  
7 money associated with the civil fine issued under subparagraphs 21-28-4.01(c)(2)(iii) or 21-28-  
8 4.01(c)(2)(iv) shall be payable to the Rhode Island traffic tribunal. Fifty percent (50%) of all fines  
9 collected by the Rhode Island traffic tribunal from civil penalties issued pursuant to  
10 subparagraphs 21-28-4.01(c)(2)(iii) or 21-28-4.01(c)(2)(iv) ~~delete~~ ~~shall be expended on drug~~  
~~awareness~~

11 ~~and treatment programs for youth~~<sup>delete add</sup> shall be deposited with and administered by the  
12 department of  
13 behavioral healthcare, developmental disabilities and hospitals (BHDDH) to fund prevention and  
14 treatment services for youth.  
15 (ii) Any and all violations of § 21-28-4.01(c)(2)(x) shall be within the exclusive  
16 jurisdiction of the Rhode Island family court. All money associated with the civil fine issued  
17 under § 21-28-4.01(c)(2)(x) shall be payable to the Rhode Island family court. Fifty percent  
18 (50%) of all fines collected by the Rhode Island family court from civil penalties issued pursuant  
19 to § 21-28-4.01(c)(2)(x) shall be deposited with and administered by the department of behavioral  
20 healthcare, developmental disabilities and hospitals (BHDDH) to fund prevention and treatment  
21 services for youth.<sup>add</sup>  
22 (4) Additionally every person convicted or who pleads nolo contendere under paragraph  
23 (2)(i) of this subsection or convicted or who pleads nolo contendere a second or subsequent time  
24 under paragraph (2)(ii) of this subsection, who is not sentenced to a term of imprisonment to  
25 serve for the offense, shall be required to:  
26 (i) Perform, up to one hundred (100) hours of community service;  
27 (ii) Attend and complete a drug counseling and education program as prescribed by the  
28 director of the ~~department of mental health, retardation and hospitals~~<sup>delete add</sup> department of  
29 behavioral  
30 healthcare, developmental disabilities and hospitals<sup>add</sup> and pay the sum of four hundred dollars  
31 (\$400) to help defray the costs of this program which shall be deposited ~~as general~~<sup>delete add</sup>  
32 ~~revenues~~<sup>delete add</sup> with  
33 and administered by the department of behavioral healthcare, developmental disabilities and  
34 hospitals (BHDDH) to fund prevention and treatment services<sup>add</sup>. Failure to attend may result after  
35 hearing by the court in jail sentence up to one year;

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1 (iv) If the offense involves the use of any automobile to transport the substance or the  
2 substance is found within an automobile, then a person convicted or who pleads nolo contendere  
3 under paragraphs (2)(i) and (ii) of this subsection shall be subject to a loss of license for a period  
4 of six (6) months for a first offense and one year for each offense after this.  
5 (5) All fees assessed and collected pursuant to paragraph (3)(ii) of this subsection shall  
6 be deposited ~~as general revenues~~<sup>delete add</sup> with and administered by the department of behavioral  
7 healthcare, developmental disabilities and hospitals (BHDDH) to fund prevention and treatment  
8 services<sup>add</sup> and shall be collected from the person convicted or who pleads nolo contendere before  
9 any other fines authorized by this chapter.  
10 (d) It shall be unlawful for any person to manufacture, distribute, or possess with intent  
11 to manufacture or distribute, an imitation controlled substance. Any person who violates this  
12 subsection is guilty of a crime, and upon conviction shall be subject to the same term of  
13 imprisonment and/or fine as provided by this chapter for the manufacture or distribution of the  
14 controlled substance which the particular imitation controlled substance forming the basis of the  
15 prosecution was designed to resemble and/or represented to be; but in no case shall the  
16 imprisonment be for more than five (5) years nor the fine for more than twenty thousand dollars  
17 (\$20,000).  
18 (e) It shall be unlawful for a practitioner to prescribe, order, distribute, supply, or sell an  
19 anabolic steroid or human growth hormone for: (1) enhancing performance in an exercise, sport,  
20 or game, or (2) hormonal manipulation intended to increase muscle mass, strength, or weight  
21 without a medical necessity. Any person who violates this subsection is guilty of a misdemeanor  
22 and upon conviction may be imprisoned for not more than six (6) months or a fine of not more

23 than one thousand dollars (\$1,000), or both.

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

	<b>MOTION: To find beneficial 2014 S 2660 An Act Relating to Food and Drugs - Uniform Controlled Substances Act</b> Motion moved by RCa, seconded by KH, passed abstained HD, LD
	<b>2014 H 8166 An Act Relating to Insurance - Accident and Sickness Insurance Policies</b>
	Rep. Naughton Held for Further Study by the House Corporations Committee This act would add coverage for treatment of juvenile diabetes to sickness insurance policies, nonprofit hospital, medical service corporations, and HMO's plus Medicaid recipients effective 7/1/14. This act would take effect upon passage and would apply to health insurance contracts, plans, or policies delivered, issued or renewed on or after July 1, 2014.

1 SECTION 1. Section 27-18-38 of the General Laws in Chapter 27-18 entitled "Accident  
2 and Sickness Insurance Policies" is hereby amended to read as follows:

3 **27-18-38. Diabetes treatment.** -- (a) Every individual or group health insurance contract,  
4 plan, or policy delivered, issued for delivery or renewed in this state which provides medical  
5 coverage that includes coverage for physician services in a physician's office, and every policy  
6 which provides major medical or similar comprehensive-type coverage, except for supplemental  
7 policies which only provide coverage for specified diseases and other supplemental policies, shall  
8 include coverage for the following equipment and supplies for the treatment of insulin treated  
9 diabetes, non-insulin treated diabetes, juvenile diabetes, and gestational diabetes, if medically  
10 appropriate and prescribed by a physician: blood glucose monitors and blood glucose monitors  
11 for the legally blind, test strips for glucose monitors and/or visual reading, insulin, injection aids,  
12 cartridges for the legally blind, syringes, insulin pumps and appurtenances to the pumps, insulin  
13 infusion devices, and oral agents for controlling blood sugar and therapeutic/molded shoes for the  
14 prevention of amputation.

15 (b) Upon the approval of new or improved diabetes equipment and supplies by the Food  
16 and Drug Administration, all policies governed by this section shall guarantee coverage of new  
17 diabetes equipment and supplies when medically appropriate and prescribed by a physician.  
18 These policies shall also include coverage, when medically necessary, for diabetes self-  
19 management education to ensure that persons with diabetes are instructed in the self-management  
Page 2

1 and treatment of their diabetes, including information on the nutritional management of diabetes.  
2 The coverage for self-management education and education relating to medical nutrition therapy  
3 shall be limited to medically necessary visits upon the diagnosis of diabetes, where a physician  
4 diagnoses a significant change in the patient's symptoms or conditions which necessitate changes  
5 in a patient's self-management, or where reeducation or refresher training is necessary. This  
6 education when medically necessary and prescribed by a physician, may be provided only by the  
7 physician or, upon his or her referral to an appropriately licensed and certified health care  
8 provider and may be conducted in group settings. Coverage for self-management education and  
9 education relating to medical nutrition therapy shall also include home visits when medically  
10 necessary.

11 (c) Benefit plans offered by an insurer may impose add minimum add co-payment and/or add no add  
12 deductibles for the benefits mandated by this chapter; however, in no instance shall the co-  
13 payment ~~delete~~ or deductible ~~delete~~ amount be greater than the co-payment ~~delete~~ or deductible ~~delete~~ amount  
imposed for

14 other supplies, equipment or physician office visits. Benefits for services under this section shall  
15 be reimbursed in accordance with the respective principles and mechanisms of reimbursement for  
16 each insurer, hospital, or medical service corporation, or health maintenance organization.

17 SECTION 2. Section 27-19-35 of the General Laws in Chapter 27-19 entitled "Nonprofit  
18 Hospital Service Corporations" is hereby amended to read as follows:

19 **27-19-35. Diabetes treatment.** -- (a) Every individual or group health insurance contract,  
20 plan, or policy delivered, issued for delivery or renewed in this state which provides medical  
21 coverage that includes coverage for physician services in a physician's office, and every policy  
22 which provides major medical or similar comprehensive-type coverage, shall include coverage  
23 for the following equipment and supplies for the treatment of insulin treated diabetes, non-insulin  
24 treated diabetes, <sup>add</sup>juvenile diabetes,<sup>add</sup> and gestational diabetes when medically appropriate and  
25 prescribed by a physician: blood glucose monitors and blood glucose monitors for the legally  
26 blind, test strips for glucose monitors and/or visual reading, insulin, injection aids, cartridges for  
27 the legally blind, syringes, insulin pumps and appurtenances to the pumps, insulin infusion  
28 devices, and oral agents for controlling blood sugar and therapeutic/molded shoes for the  
29 prevention of amputation. Upon the approval of new or improved diabetes equipment and  
30 supplies by the Food and Drug Administration, all policies governed by this chapter shall  
31 guarantee coverage of new diabetes equipment and supplies when medically appropriate and  
32 prescribed by a physician. The policies shall also include coverage, when medically necessary,  
33 for diabetes self-management education to ensure that persons with diabetes are instructed in the  
34 self-management and treatment of their diabetes, including information on the nutritional

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1 management of diabetes. The coverage for self-management education and education relating to  
2 medical nutrition therapy shall be limited to medically necessary visits upon the diagnoses of  
3 diabetes, where a physician diagnosis a significant change in the patient's symptoms or conditions  
4 which necessitate changes in a patient's self-management, or where reeducation or refresher  
5 training is necessary. This education, when medically necessary and prescribed by a physician,  
6 may be provided only by the physician or upon his or her referral by an appropriately licensed  
7 and certified health care provider and may be conducted in group settings. Coverage for self-  
8 management education and education relating to medical nutrition therapy shall also include  
9 home visits when medically necessary.

10 (b) Benefit plans offered by an insurer may impose <sup>add</sup>minimum<sup>add</sup> co-payment and/or <sup>add</sup>no<sup>add</sup>  
11 deductibles for the benefits mandated by this chapter; however, in no instance shall the co-  
12 payment ~~delete~~ or deductible~~delete~~ amount be greater than the co-payment ~~delete~~ or deductible~~delete~~ amount  
imposed for

13 other supplies, equipment or physician office visits. Benefits for services under this section shall  
14 be reimbursed in accordance with the respective principles and mechanisms of reimbursement for  
15 each insurer, hospital, or medical service corporation, or health maintenance organization.

16 SECTION 3. Section 27-20-30 of the General Laws in Chapter 27-20 entitled "Nonprofit  
17 Medical Service Corporations" is hereby amended to read as follows:

18 **27-20-30. Diabetes treatment.** -- (a) Every individual or group health insurance contract,  
19 plan, or policy delivered, issued for delivery or renewed in this state which provides medical  
20 coverage that includes coverage for physician services in a physician's office, and every policy  
21 which provides major medical or similar comprehensive-type coverage, shall include coverage  
22 for the following equipment and supplies for the treatment of insulin treated diabetes, non-insulin  
23 treated diabetes, <sup>add</sup>juvenile diabetes,<sup>add</sup> and gestational diabetes when medically appropriate and  
24 prescribed by a physician: blood glucose monitors and blood glucose monitors for the legally  
25 blind, test strips for glucose monitors and/or visual reading, insulin, injection aids, cartridges for  
26 the legally blind, syringes, insulin pumps, and appurtenances to the pumps, insulin infusion  
27 devices, and oral agents for controlling blood sugar and therapeutic/molded shoes for the  
28 prevention of amputation. Upon the approval of new or improved diabetes equipment and  
29 supplies by the Food and Drug Administration, all policies governed by this chapter shall  
30 guarantee coverage of new diabetes equipment and supplies when medically appropriate and  
31 prescribed by a physician. These policies shall also include coverage, when medically necessary,  
32 for diabetes self-management education to ensure that persons with diabetes are instructed in the  
33 self-management and treatment of their diabetes, including information on the nutritional  
34 management of diabetes. The coverage for self-management education and education relating to

1 medical nutrition therapy shall be limited to medically necessary visits upon the diagnosis of  
2 diabetes, where a physician diagnosis a significant change in the patient's symptoms or conditions  
3 which necessitate changes in a patient's self-management, or where reeducation or refresher  
4 training is necessary. This education, when medically necessary and prescribed by a physician,  
5 may be provided only by the physician or, upon his or her referral, to an appropriately licensed  
6 and certified health care provider, and may be conducted in group settings. Coverage for self-  
7 management education and education relating to medical nutrition therapy shall also include  
8 home visits when medically necessary.

9 (b) Benefit plans offered by an insurer may impose <sup>add</sup> minimum <sup>add</sup> co-payment and/or <sup>add</sup> no <sup>add</sup>  
10 deductibles for the benefits mandated by this chapter; however, in no instance shall the co-  
11 payment ~~delete~~ or deductible ~~delete~~ amount be greater than the co-payment ~~delete~~ or deductible ~~delete~~ amount  
imposed for

12 other supplies, equipment or physician office visits. Benefits for services under this section shall  
13 be reimbursed in accordance with the respective principles and mechanisms of reimbursement for  
14 each insurer, hospital, or medical service corporation, or health maintenance organization.

15 SECTION 4. Section 27-41-44 of the General Laws in Chapter 27-41 entitled "Health  
16 Maintenance Organizations" is hereby amended to read as follows:

17 **27-41-44. Diabetes treatment.** -- (a) Every individual or group health insurance contract,  
18 plan, or policy delivered, issued for delivery or renewed in this state which provides medical  
19 coverage that includes coverage for physician services in a physician's office and every policy  
20 which provides major medical or similar comprehensive-type coverage shall include coverage for  
21 the following equipment and supplies for the treatment of insulin treated diabetes, non-insulin  
22 treated diabetes, <sup>add</sup> juvenile diabetes, <sup>add</sup> and gestational diabetes when medically appropriate and  
23 prescribed by a physician blood glucose monitors and blood glucose monitors for the legally  
24 blind, test strips for glucose monitors and visual reading, insulin, injection aids, cartridges for the  
25 legally blind, syringes, insulin pumps and appurtenances to them, insulin infusion devices, oral  
26 agents for controlling blood sugar and therapeutic/molded shoes for the prevention of amputation.  
27 Upon the approval of new or improved diabetes equipment and supplies by the Food and Drug  
28 Administration, all policies governed by this chapter shall guarantee coverage of this new  
29 diabetes equipment and supplies when medically appropriate and prescribed by a physician.  
30 These policies shall also include coverage, when medically necessary, for diabetes self-  
31 management education to ensure that persons with diabetes are instructed in the self-management  
32 and treatment of their diabetes, including information on the nutritional management of diabetes.  
33 This coverage for self-management education and education relating to medical nutrition therapy  
34 shall be limited to medically necessary visits upon the diagnosis of diabetes, where a physician

1 diagnoses a significant change in the patient's symptoms or conditions which necessitate changes  
2 in a patient's self-management, or where reeducation or refresher training is necessary. This  
3 education, when medically necessary and prescribed by a physician, may be provided only by the  
4 physician or, upon his or her referral to an appropriately licensed and certified health care  
5 provider and may be conducted in group settings. Coverage for self-management education and  
6 education relating to medical nutrition therapy shall also include home visits when medically  
7 necessary.

8 (b) Benefit plans offered by an insurer may impose <sup>add</sup> minimum <sup>add</sup> co-payment and/or <sup>add</sup> no <sup>add</sup>  
9 deductibles for the benefits mandated by this chapter; however, in no instance shall the co-  
10 payment ~~delete~~ or deductible ~~delete~~ amount be greater than the co-payment ~~delete~~ or deductible ~~delete~~ amount  
imposed for

11 other supplies, equipment or physician office visits. Benefits for services under this section shall  
12 be reimbursed in accordance with the respective principles and mechanisms of reimbursement for  
13 each insurer, hospital, or medical service corporation, or health maintenance organization.

14 SECTION 5. This act shall take effect upon passage and shall apply to health insurance  
15 contracts, plans, or policies delivered, issued or renewed on or after July 1, 2014.

	<p>MOTION: To find beneficial 2014 H 8166 An Act Relating to Insurance - Accident and Sickness Insurance Policies Motion moved by RCa, seconded by KH, passed abstained LD,HD</p>
	<p><b>2014 S 2987 An Act Relating to Food and Drugs - The Edward O. Hawkins And Thomas C. Slater Medical Marijuana Act</b></p>
	<p>Sen. McCaffrey Referred to the Senate Judiciary Committee This act would amend the Medical Marijuana Law to require that patients or caregivers living in residential neighborhoods limit the number of plants they may grow to 3 mature marijuana plants, unless they are located 1,000 feet from an existing school, and agree to certain inspections and background checks, and would authorize compassion centers to increase their plant inventory from 150 to 400 total plants with no more than 200 mature marijuana plants. This act would take effect upon passage.</p>

1 SECTION 1. Sections 21-28.6-4, 21-28.6-6, 21-28.6-9 and 21-28.6-12 of the General  
2 Laws in Chapter 21-28.6 entitled "The Edward O. Hawkins and Thomas C. Slater Medical  
3 Marijuana Act" are hereby amended to read as follows:  
4 **21-28.6-4. Protections for the medical use of marijuana.** -- (a) A qualifying patient  
5 who has in his or her possession a registry identification card shall not be subject to arrest,  
6 prosecution, or penalty in any manner, or denied any right or privilege, including but not limited  
7 to, civil penalty or disciplinary action by a business or occupational or professional licensing  
8 board or bureau, for the medical use of marijuana; provided, that the qualifying patient possesses  
9 an amount of marijuana that does not exceed ~~twelve (12)~~ <sup>add</sup> three (3) <sup>add</sup> mature marijuana plants <sup>add</sup>  
per  
10 residential dwelling unit <sup>add</sup> and two and one-half (2.5) ounces of usable marijuana. Said plants shall  
11 be stored in an indoor facility.  
12 (b) A registered qualifying patient, who has in his or her possession a registry  
13 identification card, shall not be subject to arrest, prosecution, or penalty in any manner, or denied  
14 any right or privilege, including but not limited to, civil penalty or disciplinary action by a  
15 business or occupational or professional licensing board or bureau, for selling, giving, or  
16 distributing marijuana of the type and in an amount not to exceed that set forth in subsection (a)  
17 above, that he or she has cultivated or manufactured pursuant to this chapter, to a registered  
18 compassion center.

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1 (c) No school, employer or landlord may refuse to enroll, employ or lease to or otherwise  
2 penalize a person solely for his or her status as a cardholder.  
3 (d) A primary caregiver, who has in his or her possession, a registry identification card  
4 shall not be subject to arrest, prosecution, or penalty in any manner, or denied any right or  
5 privilege, including but not limited to, civil penalty or disciplinary action by a business or  
6 occupational or professional licensing board or bureau, for assisting a qualifying patient to whom  
7 he or she is connected through the department's registration process with the medical use of  
8 marijuana; provided, that the primary caregiver possesses an amount of marijuana which does not  
9 exceed ~~twelve (12)~~ <sup>add</sup> three (3) <sup>add</sup> mature marijuana plants <sup>add</sup> per residential dwelling unit  
regardless of  
10 the number of qualified patients the caregiver is assigned to, <sup>add</sup> and two and one-half (2.5) ounces of  
11 usable marijuana for each qualifying patient to whom he or she is connected through the  
12 department's registration process.  
13 (e) Registered primary caregivers under <sup>add</sup> § 21-28.6-4(d) <sup>add</sup> and registered qualifying patients  
14 <sup>add</sup> under § 21-28.6-4(a) <sup>add</sup> shall be allowed to possess a reasonable amount of unusable marijuana,  
15 including up to ~~twelve (12)~~ <sup>add</sup> three (3) <sup>add</sup> seedlings <sup>add</sup> per residential dwelling unit regardless of  
the

16 number of qualified patients the caregiver is assigned to<sup>add</sup> which shall not be counted toward the  
17 limits in this section.

18 (f) There shall exist a presumption that a qualifying patient or primary caregiver is  
19 engaged in the medical use of marijuana if the qualifying patient or primary caregiver:

20 (1) Is in possession of a registry identification card; and

21 (2) Is in possession of an amount of marijuana that does not exceed the amount permitted  
22 under this chapter. Such presumption may be rebutted by evidence that conduct related to  
23 marijuana was not for the purpose of alleviating the qualifying patient's debilitating medical  
24 condition or symptoms associated with the medical condition.

25 (g) A primary caregiver may receive reimbursement for costs associated with assisting a  
26 registered qualifying patient's medical use of marijuana. Compensation shall not constitute sale of  
27 controlled substances.

28 (h) A natural person registered as a primary caregiver who has in his or her possession a  
29 registry identification card shall not be subject to arrest, prosecution, or penalty in any manner, or  
30 denied any right or privilege, including, but not limited to, civil penalty or disciplinary action by a  
31 business or occupational or professional licensing board or bureau, for selling, giving, or  
32 distributing marijuana, of the type and in an amount not to exceed that set forth in subsection (d)  
33 above, to a registered compassion center if:

34 (1) The registered natural person primary caregiver cultivated the marijuana pursuant to  
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1 this chapter, not to exceed the limits of paragraph (d) above; and

2 (2) Each qualified patient the caregiver is connected with through the department's  
3 registration process has been provided an adequate amount of the marijuana to meet his or her  
4 medical needs, not to exceed the limits of subsection (a) above.

5 (i) A practitioner shall not be subject to arrest, prosecution, or penalty in any manner, or  
6 denied any right or privilege, including, but not limited to, civil penalty or disciplinary action by  
7 the Rhode Island Board of Medical Licensure and Discipline or by any other business or  
8 occupational or professional licensing board or bureau solely for providing written certifications  
9 or for otherwise stating that, in the practitioner's professional opinion, the potential benefits of the  
10 medical marijuana would likely outweigh the health risks for a patient.

11 (j) Any interest in or right to property that is possessed, owned, or used in connection  
12 with the medical use of marijuana, or acts incidental to such use, shall not be forfeited.

13 (k) No person shall be subject to arrest or prosecution for constructive possession,  
14 conspiracy, aiding and abetting, being an accessory, or any other offense for simply being in the  
15 presence or vicinity of the medical use of marijuana as permitted under this chapter or for  
16 assisting a registered qualifying patient with using or administering marijuana.

17 (l) A practitioner nurse or pharmacist shall not be subject to arrest, prosecution or  
18 penalty in any manner, or denied any right or privilege, including, but not limited to, civil penalty  
19 or disciplinary action by a business or occupational or professional licensing board or bureau  
20 solely for discussing the benefits or health risks of medical marijuana or its interaction with other  
21 substances with a patient.

22 (m) A registry identification card, or its equivalent, issued under the laws of another  
23 state, U.S. territory, or the District of Columbia to permit the medical use of marijuana by a  
24 patient with a debilitating medical condition, or to permit a person to assist with the medical use  
25 of marijuana by a patient with a debilitating medical condition, shall have the same force and  
26 effect as a registry identification card issued by the department.

27 (n) Notwithstanding the provisions of subsection 21-28.6-4(d), ~~or~~ subsection 21-28.6-  
28 4(e), add or subsection 21-28.6-4(q)<sup>add</sup> no primary caregiver other than a compassion center shall  
29 possess add in total<sup>add</sup> an amount of marijuana in excess of twenty-four (24) marijuana plants and five  
30 (5) ounces of usable marijuana for qualifying patients to whom he or she is connected through the  
31 department's registration process.

32 (o) A registered qualifying patient or registered primary caregiver may give marijuana to  
33 another registered qualifying patient or registered primary caregiver to whom they are not  
34 connected by the department's registration process, provided that no consideration is paid for the

1 marijuana, and that the recipient does not exceed the limits specified in section 21-28.6-4.

2 (p) For the purposes of medical care, including organ transplants, a registered qualifying  
3 patient's authorized use of marijuana shall be considered the equivalent of the authorized use of  
4 any other medication used at the direction of a physician, and shall not constitute the use of an  
5 illicit substance.

6 <sup>add</sup> (q) A primary caregiver, who has in his or her possession, a registry identification card  
7 shall not be subject to arrest, prosecution, or penalty in any manner, or denied any right or  
8 privilege, including, but not limited to, civil penalty or disciplinary action by a business or  
9 occupational or professional licensing board or bureau, for assisting a qualifying patient to whom  
10 he or she is connected through the department's registration process with the medical use of  
11 marijuana; provided, that the primary caregiver has obtained a cultivation certificate from the  
12 department of health, and possesses an amount of marijuana which does not exceed twelve (12)  
13 mature marijuana plants, and a reasonable amount of unusable marijuana including twelve (12)  
14 seedlings, and two and one-half (2.5) ounces of usable marijuana for each qualifying patient to  
15 whom he or she is connected through the department's registration process. The cultivation  
16 certificate required pursuant to this subsection shall be issued upon the payment of two hundred  
17 dollars (\$200) to the department, and must be renewed annually; provided, the caregiver's  
18 location for the maintenance of the twelve (12) mature marijuana plants shall be located in a  
19 nonresidential zone, more than one thousand feet (1000') from the property line of any pre-  
20 existing public school, private school or daycare center. <sup>add</sup>

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

- 24 (1) Written certification as defined in section 21-28.6-3(14) of this chapter;  
25 (2) Application or renewal fee;  
26 (3) Name, address, and date of birth of the qualifying patient; provided, however, that if  
27 the patient is homeless, no address is required;  
28 (4) Name, address, and telephone number of the qualifying patient's practitioner; and  
29 (5) Name, address, and date of birth of each primary caregiver of the qualifying patient,  
30 if any.

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

- 33 (1) The qualifying patient's practitioner has explained the potential risks and benefits of  
34 the medical use of marijuana to the qualifying patient and to a parent, guardian or person having

1 legal custody of the qualifying patient; and

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

- 3 (i) Allow the qualifying patient's medical use of marijuana;  
4 (ii) Serve as one of the qualifying patient's primary caregivers; and  
5 (iii) Control the acquisition of the marijuana, the dosage, and the frequency of the  
6 medical use of marijuana by the qualifying patient.

7 (c) The department shall verify the information contained in an application or renewal  
8 submitted pursuant to this section, and shall approve or deny an application or renewal within  
9 fifteen (15) days of receiving it. The department may deny an application or renewal only if the  
10 applicant did not provide the information required pursuant to this section, or if the department  
11 determines that the information provided was falsified. Rejection of an application or renewal is  
12 considered a final department action, subject to judicial review. Jurisdiction and venue for  
13 judicial review are vested in the superior court.

14 (d) The department shall issue a registry identification card to each primary caregiver, if  
15 any, who is named in a qualifying patient's approved application, up to a maximum of two (2)  
16 primary caregivers per qualifying patient. ~~A person may not serve as a primary caregiver if he or~~  
17 ~~she has a felony drug conviction, unless the department waives this restriction in respect to a~~  
18 ~~specific individual at the department's discretion. Additionally, the department shall allow the~~

~~19 person to serve as a primary caregiver if the department determines that the offense was for  
20 conduct that occurred prior to the enactment of the Edward O. Hawkins and Thomas C. Slater  
21 Medical Marijuana Act or that was prosecuted by an authority other than the state of Rhode  
22 Island and for which the Edward O. Hawkins and Thomas C. Slater Medical Marijuana Act  
23 would otherwise have prevented a conviction.~~<sup>delete</sup>

<sup>add</sup>(1) The primary caregiver applicant shall apply to the bureau of criminal identification of  
25 the department of attorney general, state police or local police department for a national criminal  
26 records check that shall include fingerprints submitted to the Federal Bureau of Investigation.  
27 Upon the discovery of any disqualifying information as defined in § 21-28.6-6(d)(4), and in  
28 accordance with the rules promulgated by the director, the bureau of criminal identification of the  
29 department of attorney general, state police or the local police department shall inform the  
30 applicant, in writing, of the nature of the disqualifying information; and, without disclosing the  
31 nature of the disqualifying information, shall notify the department, in writing, that disqualifying  
32 information has been discovered.

(2) In those situations in which no disqualifying information has been found, the bureau  
34 of criminal identification of the department of attorney general, state police or the local police  
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1 shall inform the applicant and the department, in writing, of this fact.

2 (3) The department shall maintain on file evidence that a criminal records check has been  
3 initiated on all applicants seeking a primary caregiver registry identification card and the results  
4 of the checks.

5 (4) Information produced by a criminal records check pertaining to a conviction for any  
6 felony offense under chapter 28 of title 21 ("Rhode Island Controlled Substances Act") or a  
7 similar offense from any other jurisdiction shall result in a letter to the applicant and the  
8 department disqualifying the applicant. If disqualifying information has been found, the  
9 department may use their discretion to issue a primary caregiver card if the applicant's connected  
10 patient is an immediate family member and the card is restricted to that patient only.

11 (5) The primary caregiver applicant shall be responsible for any expense associated with  
12 the national criminal records check.

13 (6) For purposes of this section "conviction" means, in addition, to judgments of  
14 conviction entered by a court subsequent to a finding of guilty or a plea of guilty, those instances  
15 where the defendant has entered a plea of nolo contendere and has received a sentence of  
16 probation and those instances where a defendant has entered into a deferred sentence agreement  
17 with the attorney general.<sup>add</sup>

18 (e) The department shall issue registry identification cards within five (5) days of  
19 approving an application or renewal, which shall expire two (2) years after the date of issuance.  
20 Registry identification cards shall contain:

21 (1) The date of issuance and expiration date of the registry identification card;

22 (2) A random registry identification number; and

23 (3) A photograph; and

24 (4) Any additional information as required by regulation or the department.

25 (f) Persons issued registry identification cards shall be subject to the following:

26 (1) A qualifying patient who has been issued a registry identification card shall notify the  
27 department of any change in the qualifying patient's name, address, or primary caregiver; or if the  
28 qualifying patient ceases to have his or her debilitating medical condition, within ten (10) days of  
29 such change.

30 (2) A registered qualifying patient who fails to notify the department of any of these  
31 changes is responsible for a civil infraction, punishable by a fine of no more than one hundred  
32 fifty dollars (\$150). If the person has ceased to suffer from a debilitating medical condition, the  
33 card shall be deemed null and void and the person shall be liable for any other penalties that may  
34 apply to the person's nonmedical use of marijuana.

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1 (3) A registered primary caregiver, principal officer, board member, employee,  
2 volunteer, or agent of a compassion center shall notify the department of any change in his or her

3 name or address within ten (10) days of such change. A primary caregiver, principal officer,  
4 board member, employee, volunteer, or agent of a compassion center who fails to notify the  
5 department of any of these changes is responsible for a civil infraction, punishable by a fine of no  
6 more than one hundred fifty dollars (\$150).

7 (4) When a qualifying patient or primary caregiver notifies the department of any  
8 changes listed in this subsection, the department shall issue the registered qualifying patient and  
9 each primary caregiver a new registry identification card within ten (10) days of receiving the  
10 updated information and a ten dollar (\$10.00) fee. When a principal officer, board member,  
11 employee, volunteer, or agent of a compassion center notifies the department of any changes  
12 listed in this subsection, the department shall issue the cardholder a new registry identification  
13 card within ten (10) days of receiving the updated information and a ten dollar (\$10.00) fee.

14 (5) When a qualifying patient who possesses a registry identification card changes his or  
15 her primary caregiver, the department shall notify the primary caregiver within ten (10) days. The  
16 primary caregiver's protections as provided in this chapter as to that patient shall expire ten (10)  
17 days after notification by the department.

18 (6) If a cardholder loses his or her registry identification card, he or she shall notify the  
19 department and submit a ten dollar (\$10.00) fee within ten (10) days of losing the card. Within  
20 five (5) days, the department shall issue a new registry identification card with new random  
21 identification number.

22 (7) If a cardholder willfully violates any provision of this chapter as determined by the  
23 department, his or her registry identification card may be revoked.

24 (g) Possession of, or application for, a registry identification card shall not constitute  
25 probable cause or reasonable suspicion, nor shall it be used to support the search of the person or  
26 property of the person possessing or applying for the registry identification card, or otherwise  
27 subject the person or property of the person to inspection by any governmental agency.

28 (h) (1) Applications and supporting information submitted by qualifying patients,  
29 including information regarding their primary caregivers and practitioners, are confidential and  
30 protected under the federal Health Insurance Portability and Accountability Act of 1996, and shall  
31 be exempt from the provisions of the RIGL chapter 38-2 et seq. the Rhode Island access to public  
32 records act and not subject to disclosure, except to authorized employees of the department as  
33 necessary to perform official duties of the department.

34 (2) The application for qualifying patient's registry identification card shall include a  
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1 question asking whether the patient would like the department to notify him or her of any clinical  
2 studies about marijuana's risk or efficacy. The department shall inform those patients who answer  
3 in the affirmative of any such studies it is notified of, that will be conducted in Rhode Island. The  
4 department may also notify those patients of medical studies conducted outside of Rhode Island.

5 (3) The department shall maintain a confidential list of the persons to whom the  
6 department has issued registry identification cards. Individual names and other identifying  
7 information on the list shall be confidential, exempt from the provisions of Rhode Island Access  
8 to Public Information, chapter 2 of title 38, and not subject to disclosure, except to authorized  
9 employees of the department as necessary to perform official duties of the department.

10 (i) The department shall verify to law enforcement personnel whether a registry  
11 identification card is valid solely by confirming the random registry identification number.

12 (j) It shall be a crime, punishable by up to one hundred eighty (180) days in jail and a  
13 one thousand dollar (\$1,000) fine, for any person, including an employee or official of the  
14 department or another state agency or local government, to breach the confidentiality of  
15 information obtained pursuant to this chapter. Notwithstanding this provision, the department  
16 employees may notify law enforcement about falsified or fraudulent information submitted to the  
17 department.

18 (k) On or before January 1 of each odd numbered year, the department shall report to the  
19 House Committee on Health, Education and Welfare and to the Senate Committee on Health and  
20 Human Services on the use of marijuana for symptom relief. The report shall provide:

21 (1) The number of applications for registry identification cards, the number of qualifying

22 patients and primary caregivers approved, the nature of the debilitating medical conditions of the  
23 qualifying patients, the number of registry identification cards revoked, and the number of  
24 practitioners providing written certification for qualifying patients;

25 (2) An evaluation of the costs permitting the use of marijuana for symptom relief,  
26 including any costs to law enforcement agencies and costs of any litigation;

27 (3) Statistics regarding the number of marijuana-related prosecutions against registered  
28 patients and caregivers, and an analysis of the facts underlying those prosecutions;

29 (4) Statistics regarding the number of prosecutions against physicians for violations of  
30 this chapter; and

31 (5) Whether the United States Food and Drug Administration has altered its position  
32 regarding the use of marijuana for medical purposes or has approved alternative delivery systems  
33 for marijuana.

34 **21-28.6-9. Enforcement.** -- (a) If the department fails to adopt regulations to implement  
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1 this chapter within one hundred twenty (120) days of the effective date of this act, a qualifying  
2 patient may commence an action in a court of competent jurisdiction to compel the department to  
3 perform the actions mandated pursuant to the provisions of this chapter.

4 (b) If the department fails to issue a valid registry identification card in response to a  
5 valid application submitted pursuant to this chapter within thirty-five (35) days of its submission,  
6 the registry identification card shall be deemed granted and a copy of the registry identification  
7 application shall be deemed valid registry identification card.

8 <sup>add</sup> (c) The department shall revoke and shall not reissue the registry identification card of  
9 any cardholder who is convicted of, placed on probation, whose case is filed pursuant to § 12-10-  
10 12 where the defendant pleads nolo contendere or whose case is deferred pursuant to § 12-19-19  
11 where the defendant pleads nolo contendere for any felony offense under chapter 28 of title 21  
12 ("Rhode Island Controlled Substances Act") or a similar offense from any other jurisdiction. <sup>add</sup>

13 **21-28.6-12. Compassion centers.** -- (a) A compassion center registered under this  
14 section may acquire, possess, cultivate, manufacture, deliver, transfer, transport, supply, or  
15 dispense marijuana, or related supplies and educational materials, to registered qualifying patients  
16 and their registered primary caregivers who have designated it as one of their primary caregivers.  
17 A compassion center is a primary caregiver. Except as specifically provided to the contrary, all  
18 provisions of the Edward O. Hawkins and Thomas C. Slater Medical Marijuana Act, sections 21-  
19 28.6-1 -- 21-28.6-11, apply to a compassion center unless they conflict with a provision contained  
20 in section 21-28.6-12.

21 (b) Registration of compassion centers--department authority:

22 (1) Not later than ninety (90) days after the effective date of this chapter, the department  
23 shall promulgate regulations governing the manner in which it shall consider applications for  
24 registration certificates for compassion centers, including regulations governing:

25 (i) The form and content of registration and renewal applications;

26 (ii) Minimum oversight requirements for compassion centers;

27 (iii) Minimum record-keeping requirements for compassion centers;

28 (iv) Minimum security requirements for compassion centers; and

29 (v) Procedures for suspending, revoking or terminating the registration of compassion  
30 centers that violate the provisions of this section or the regulations promulgated pursuant to this  
31 subsection.

32 (2) Within ninety (90) days of the effective date of this chapter, the department shall  
33 begin accepting applications for the operation of a single compassion center.

34 (3) Within one hundred fifty (150) days of the effective date of this chapter, the

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1 department shall provide for at least one public hearing on the granting of an application to a  
2 single compassion center.

3 (4) Within one hundred ninety (190) days of the effective date of this chapter, the  
4 department shall grant a single registration certificate to a single compassion center, providing at  
5 least one applicant has applied who meets the requirements of this chapter.

6 (5) If at any time after fifteen (15) months after the effective date of this chapter, there is  
7 no operational compassion center in Rhode Island, the department shall accept applications,  
8 provide for input from the public, and issue a registration certificate for a compassion center if a  
9 qualified applicant exists.

10 (6) Within two (2) years of the effective date of this chapter, the department shall begin  
11 accepting applications to provide registration certificates for two (2) additional compassion  
12 centers. The department shall solicit input from the public, and issue registration certificates if  
13 qualified applicants exist.

14 (7) Any time a compassion center registration certificate is revoked, is relinquished, or  
15 expires, the department shall accept applications for a new compassion center.

16 (8) If at any time after three (3) years after the effective date of this chapter, fewer than  
17 three (3) compassion centers are holding valid registration certificates in Rhode Island, the  
18 department shall accept applications for a new compassion center. No more than three (3)  
19 compassion centers may hold valid registration certificates at one time.

20 (9) Any compassion center application selected for approval by the department prior to  
21 January 1, 2012, shall remain in full force and effect, notwithstanding any provisions of this  
22 chapter to the contrary, and shall be subject to state law adopted herein and rules and regulations  
23 adopted by the department subsequent to passage of this legislation.

24 (c) Compassion center and agent applications and registration:

25 (1) Each application for a compassion center shall include:

26 (i) A non-refundable application fee paid to the department in the amount of two  
27 hundred fifty dollars (\$250);

28 (ii) The proposed legal name and proposed articles of incorporation of the compassion  
29 center;

30 (iii) The proposed physical address of the compassion center, if a precise address has  
31 been determined, or, if not, the general location where it would be located. This may include a  
32 second location for the cultivation of medical marijuana;

33 (iv) A description of the enclosed, locked facility that would be used in the cultivation of  
34 marijuana;

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1 (v) The name, address, and date of birth of each principal officer and board member of  
2 the compassion center;

3 (vi) Proposed security and safety measures which shall include at least one security  
4 alarm system for each location, planned measures to deter and prevent the unauthorized entrance  
5 into areas containing marijuana and the theft of marijuana, as well as a draft employee instruction  
6 manual including security policies, safety and security procedures, personal safety and crime  
7 prevention techniques; and

8 (vii) Proposed procedures to ensure accurate record keeping;

9 (2) Any time one or more compassion center registration applications are being  
10 considered, the department shall also allow for comment by the public and shall solicit input from  
11 registered qualifying patients, registered primary caregivers; and the towns or cities where the  
12 applicants would be located;

13 (3) Each time a compassion center certificate is granted, the decision shall be based upon  
14 the overall health needs of qualified patients and the safety of the public, including, but not  
15 limited to, the following factors:

16 (i) Convenience to patients from throughout the state of Rhode Island to the compassion  
17 centers if the applicant were approved;

18 (ii) The applicants' ability to provide a steady supply to the registered qualifying patients  
19 in the state;

20 (iii) The applicants' experience running a non-profit or business;

21 (iv) The interests of qualifying patients regarding which applicant be granted a  
22 registration certificate;

23 (v) The interests of the city or town where the dispensary would be located;

24 (vi) The sufficiency of the applicant's plans for record keeping and security, which

25 records shall be considered confidential health care information under Rhode Island law and are  
26 intended to be deemed protected health care information for purposes of the Federal Health  
27 Insurance Portability and Accountability Act of 1996, as amended; and

28 (vii) The sufficiency of the applicant's plans for safety and security, including proposed  
29 location, security devices employed, and staffing;

30 (4) After a compassion center is approved, but before it begins operations, it shall submit  
31 the following to the department:

32 (i) A fee paid to the department in the amount of five thousand dollars (\$5,000);

33 (ii) The legal name and articles of incorporation of the compassion center;

34 (iii) The physical address of the compassion center; this may include a second address

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1 for the secure cultivation of marijuana;

2 (iv) The name, address, and date of birth of each principal officer and board member of  
3 the compassion center;

4 (v) The name, address, and date of birth of any person who will be an agent of, employee  
5 or volunteer of the compassion center at its inception;

6 (5) The department shall track the number of registered qualifying patients who  
7 designate each compassion center as a primary caregiver, and issue a written statement to the  
8 compassion center of the number of qualifying patients who have designated the compassion  
9 center to serve as a primary caregiver for them. This statement shall be updated each time a new  
10 registered qualifying patient designates the compassion center or ceases to designate the  
11 compassion center and may be transmitted electronically if the department's regulations so  
12 provide. The department may provide by regulation that the updated written statements will not  
13 be issued more frequently than twice each week;

14 (6) Except as provided in subdivision (7), the department shall issue each principal  
15 officer, board member, agent, volunteer and employee of a compassion center a registry  
16 identification card or renewal card within ten (10) days of receipt of the person's name, address,  
17 date of birth; a fee in an amount established by the department; and notification to the department  
18 by the state police that the registry identification card applicant has not been convicted of a felony  
19 drug offense or has not entered a plea of nolo contendere for a felony drug offense and received a  
20 sentence of probation. Each card shall specify that the cardholder is a principal officer, board  
21 member, agent, volunteer, or employee of a compassion center and shall contain the following:

22 (i) The name, address, and date of birth of the principal officer, board member, agent,  
23 volunteer or employee;

24 (ii) The legal name of the compassion center to which the principal officer, board  
25 member, agent, volunteer or employee is affiliated;

26 (iii) A random identification number that is unique to the cardholder;

27 (iv) The date of issuance and expiration date of the registry identification card; and

28 (v) A photograph, if the department decides to require one;

29 (7) Except as provided in this subsection, the department shall not issue a registry  
30 identification card to any principal officer, board member, agent, volunteer, or employee of a  
31 compassion center who has been convicted of a felony drug offense or has entered a plea of nolo  
32 contendere for a felony drug offense and received a sentence of probation. The department shall  
33 notify the compassion center in writing of the purpose for denying the registry identification card.  
34 The department may grant such person a registry identification card if the department determines

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1 that the offense was for conduct that occurred prior to the enactment of the Edward O. Hawkins  
2 and Thomas C. Slater Medical Marijuana Act or that was prosecuted by an authority other than  
3 the state of Rhode Island and for which the Edward O. Hawkins and Thomas C. Slater Medical  
4 Marijuana Act would otherwise have prevented a conviction;

5 ~~(i) All registry identification card applicants shall apply to the state police for a national~~  
6 ~~criminal identification records check that shall include fingerprints submitted to the federal~~  
7 ~~bureau of investigation. Upon the discovery of a felony drug offense conviction or a plea of nolo~~  
8 ~~contendere for a felony drug offense with a sentence of probation, and in accordance with the~~

~~9 rules promulgated by the director, the state police shall inform the applicant, in writing, of the  
10 nature of the felony and the state police shall notify the department, in writing, without disclosing  
11 the nature of the felony, that a felony drug offense conviction or a plea of nolo contendere for a  
12 felony drug offense with probation has been found.~~

~~13 (ii) In those situations in which no felony drug offense conviction or plea of nolo  
14 contendere for a felony drug offense with probation has been found, the state police shall inform  
15 the applicant and the department, in writing, of this fact.~~

~~16 (iii) All registry identification card applicants shall be responsible for any expense  
17 associated with the criminal background check with fingerprints.~~<sup>delete</sup>

(8) A registry identification card of a principal officer, board member, agent, volunteer, or employee shall expire one year after its issuance, or upon the expiration of the registered organization's registration certificate, or upon the termination of the principal officer, board member, agent, volunteer or employee's relationship with the compassion center, whichever occurs first.

(d) Expiration or termination of compassion center:

(1) A compassion center's registration shall expire two (2) years after its registration certificate is issued. The compassion center may submit a renewal application beginning sixty (60) days prior to the expiration of its registration certificate;

(2) The department shall grant a compassion center's renewal application within thirty (30) days of its submission if the following conditions are all satisfied:

(i) The compassion center submits the materials required under subdivision (c)(4), including a five thousand dollar (\$5,000) fee;

(ii) The compassion center's registration has never been suspended for violations of this chapter or regulations issued pursuant to this chapter;

(iii) The legislative oversight committee's report, if issued pursuant to subsection (4)(j), indicates that the compassion center is adequately providing patients with access to medical  
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marijuana at reasonable rates; and

(iv) The legislative oversight committee's report, if issued pursuant to subsection (4)(j), does not raise serious concerns about the continued operation of the compassion center applying for renewal.

(3) If the department determines that any of the conditions listed in paragraphs (d)(2)(i) - (iv) have not been met, the department shall begin an open application process for the operation of a compassion center. In granting a new registration certificate, the department shall consider factors listed in subdivision (c)(3) of this section;

(4) The department shall issue a compassion center one or more thirty (30) day temporary registration certificates after that compassion center's registration would otherwise expire if the following conditions are all satisfied:

(i) The compassion center previously applied for a renewal, but the department had not yet come to a decision;

(ii) The compassion center requested a temporary registration certificate; and

(iii) The compassion center has not had its registration certificate revoked due to violations of this chapter or regulations issued pursuant to this chapter.

(5) A compassion center's registry identification card shall be subject to revocation if the compassion center:

(i) Possesses an amount of marijuana exceeding the limits established by this chapter;

(ii) Is in violation of the laws of this state;

(iii) Is in violation of other departmental regulations; or

(iv) Employs or enters into a business relationship with a medical practitioner who provides written certification of a qualifying patient's medical condition.

(e) Inspection. - Compassion centers are subject to reasonable inspection by the department of health, division of facilities regulation. During an inspection, the department may review the compassion center's confidential records, including its dispensing records, which shall track transactions according to qualifying patients' registry identification numbers to protect their

28 confidentiality.

29 (f) Compassion center requirements:

30 (1) A compassion center shall be operated on a not-for-profit basis for the mutual benefit  
31 of its patients. A compassion center need not be recognized as a tax-exempt organization by the  
32 Internal Revenue Services;

33 (2) A compassion center may not be located within one thousand feet (1000') of the  
34 property line of a preexisting public or private school;

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1 (3) A compassion center shall notify the department within ten (10) days of when a  
2 principal officer, board member, agent, volunteer or employee ceases to work at the compassion  
3 center. His or her card shall be deemed null and void and the person shall be liable for any  
4 penalties that may apply to any nonmedical possession or use of marijuana by the person;

5 (4) A compassion center shall notify the department in writing of the name, address, and  
6 date of birth of any new principal officer, board member, agent, volunteer or employee and shall  
7 submit a fee in an amount established by the department for a new registry identification card  
8 before that person begins his or her relationship with the compassion center;

9 (5) A compassion center shall implement appropriate security measures to deter and  
10 prevent the unauthorized entrance into areas containing marijuana and the theft of marijuana and  
11 shall insure that each location has an operational security alarm system. Each compassion center  
12 shall request that the Rhode Island state police visit the compassion center to inspect the security  
13 of the facility and make any recommendations regarding the security of the facility and its  
14 personnel within ten (10) days prior to the initial opening of each compassion center. Said  
15 recommendations shall not be binding upon any compassion center, nor shall the lack of  
16 implementation of said recommendations delay or prevent the opening or operation of any center.  
17 If the Rhode Island state police do not inspect the compassion center within the ten (10) day  
18 period there shall be no delay in the compassion center's opening.

19 (6) The operating documents of a compassion center shall include procedures for the  
20 oversight of the compassion center and procedures to ensure accurate record keeping;

21 (7) A compassion center is prohibited from acquiring, possessing, cultivating,  
22 manufacturing, delivering, transferring, transporting, supplying, or dispensing marijuana for any  
23 purpose except to assist registered qualifying patients with the medical use of marijuana directly  
24 or through the qualifying patient's other primary caregiver;

25 (8) All principal officers and board members of a compassion center must be residents of  
26 the state of Rhode Island;

27 (9) Each time a new registered qualifying patient visits a compassion center, it shall  
28 provide the patient with frequently asked questions sheet designed by the department, which  
29 explains the limitations on the right to use medical marijuana under state law;

30 (10) Each compassion center shall develop, implement, and maintain on the premises  
31 employee, volunteer and agent policies and procedures to address the following requirements:

32 (i) A job description or employment contract developed for all employees and agents and  
33 a volunteer agreement for all volunteers, which includes duties, authority, responsibilities,  
34 qualifications, and supervision; and

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1 (ii) Training in and adherence to state confidentiality laws.

2 (11) Each compassion center shall maintain a personnel record for each employee, agent  
3 and volunteer that includes an application and a record of any disciplinary action taken;

4 (12) Each compassion center shall develop, implement, and maintain on the premises an  
5 on-site training curriculum, or enter into contractual relationships with outside resources capable  
6 of meeting employee training needs, which includes, but is not limited to, the following topics:

7 (i) Professional conduct, ethics, and patient confidentiality; and

8 (ii) Informational developments in the field of medical use of marijuana.

9 (13) Each compassion center entity shall provide each employee, agent and volunteer, at  
10 the time of his or her initial appointment, training in the following:

11 (i) The proper use of security measures and controls that have been adopted; and

12 (ii) Specific procedural instructions on how to respond to an emergency, including  
13 robbery or violent accident;

14 (14) All compassion centers shall prepare training documentation for each employee and  
15 volunteer and have employees and volunteers sign a statement indicating the date, time, and place  
16 the employee and volunteer received said training and topics discussed, to include name and title  
17 of presenters. The compassion center shall maintain documentation of an employee's and a  
18 volunteer's training for a period of at least six (6) months after termination of an employee's  
19 employment or the volunteer's volunteering.

20 (g) Maximum amount of usable marijuana to be dispensed:

21 (1) A compassion center or principal officer, board member, agent, volunteer or  
22 employee of a compassion center may not dispense more than two and one half ounces (2.5 oz) of  
23 usable marijuana to a qualifying patient directly or through a qualifying patient's other primary  
24 caregiver during a fifteen (15) day period;

25 (2) A compassion center or principal officer, board member, agent, volunteer or  
26 employee of a compassion center may not dispense an amount of usable marijuana or marijuana  
27 plants to a qualifying patient or a qualifying patient's other primary caregiver that the compassion  
28 center, principal officer, board member, agent, volunteer, or employee knows would cause the  
29 recipient to possess more marijuana than is permitted under the Edward O. Hawkins and Thomas  
30 C. Slater Medical Marijuana Act.

31 (h) Immunity:

32 (1) No registered compassion center shall be subject to prosecution; search, except by  
33 the department pursuant to subsection (e); seizure; or penalty in any manner or denied any right  
34 or privilege, including, but not limited to, civil penalty or disciplinary action by a business,

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1 occupational, or professional licensing board or entity, solely for acting in accordance with this  
2 section to assist registered qualifying patients to whom it is connected through the department's  
3 registration process with the medical use of marijuana;

4 (2) No registered compassion center shall be subject to prosecution; seizure or penalty in  
5 any manner or denied any right or privilege, including, but not limited to, civil penalty or  
6 disciplinary action by a business, occupational, or professional licensing board or entity, for  
7 selling, giving or distributing marijuana in whatever form and within the limits established by the  
8 department to another registered compassion center;

9 (3) No principal officers, board members, agents, volunteers, or employees of a  
10 registered compassion center shall be subject to arrest, prosecution, search, seizure, or penalty in  
11 any manner or denied any right or privilege, including, but not limited to, civil penalty or  
12 disciplinary action by a business, occupational, or professional licensing board or entity, solely  
13 for working for or with a compassion center to engage in acts permitted by this section.

14 (4) No state employee shall be subject to arrest, prosecution or penalty in any manner, or  
15 denied any right or privilege, including, but not limited to, civil penalty, disciplinary action,  
16 termination, or loss of employee or pension benefits, for any and all conduct that occurs within  
17 the scope of his or her employment regarding the administration, execution and/or enforcement of  
18 this act, and the provisions of Rhode Island general laws, sections 9-31-8 and 9-31-9 shall be  
19 applicable to this section.

20 (i) Prohibitions:

21 (1) A compassion center shall not possess an amount of marijuana at any given time that  
22 exceeds the following limitations:

23 (i) ~~One hundred fifty (150)~~ <sup>delete add</sup> Four hundred (400) <sup>add</sup> marijuana plants of which no more than  
24 ~~ninety-nine (99)~~ <sup>delete add</sup> two hundred (200) <sup>add</sup> shall be mature; and

25 (ii) One thousand five hundred ounces (1500 oz.) of usable marijuana.

26 (2) A compassion center may not dispense, deliver, or otherwise transfer marijuana to a  
27 person other than a qualifying patient who has designated the compassion center as a primary  
28 caregiver or to such patient's other primary caregiver;

29 (3) A person found to have violated paragraph (2) of this subsection may not be an  
30 employee, agent, volunteer, principal officer, or board member of any compassion center;

31 (4) An employee, agent, volunteer, principal officer or board member of any compassion  
 32 center found in violation of paragraph (2) above shall have his or her registry identification  
 33 revoked immediately; and  
 34 (5) No person who has been convicted of a felony drug offense or has entered a plea of  
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1 nolo contendere for a felony drug offense with a sentence or probation may be the principal  
 2 officer, board member, agent, volunteer, or employee of a compassion center unless the  
 3 department has determined that the person's conviction was for the medical use of marijuana or  
 4 assisting with the medical use of marijuana in accordance with the terms and conditions of this  
 5 chapter. A person who is employed by or is an agent, volunteer, principal officer, or board  
 6 member of a compassion center in violation of this section is guilty of a civil violation punishable  
 7 by a fine of up to one thousand dollars (\$1,000). A subsequent violation of this section is a  
 8 misdemeanor:

9 (j) Legislative oversight committee:

10 (1) The general assembly shall appoint a nine (9) member oversight committee  
 11 comprised of: one member of the house of representatives; one member of the senate; one  
 12 physician to be selected from a list provided by the Rhode Island medical society; one nurse to be  
 13 selected from a list provided by the Rhode Island state nurses association; two (2) registered  
 14 qualifying patients; one registered primary caregiver; one patient advocate to be selected from a  
 15 list provided by the Rhode Island patient advocacy coalition; and the superintendent of the Rhode  
 16 Island state police or his/her designee.

17 (2) The oversight committee shall meet at least six (6) times per year for the purpose of  
 18 evaluating and making recommendations to the general assembly regarding:

- 19 (i) Patients' access to medical marijuana;
- 20 (ii) Efficacy of compassion center;
- 21 (iii) Physician participation in the Medical Marijuana Program;
- 22 (iv) The definition of qualifying medical condition;
- 23 (v) Research studies regarding health effects of medical marijuana for patients.

24 (3) On or before January 1 of every even numbered year, the oversight committee shall  
 25 report to the general assembly on its findings.

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

	<p><b>MOTION: To find beneficial 2014 S 2987 An Act Relating to Food and Drugs - The Edward O. Hawkins and Thomas C. Slater Medical Marijuana Act</b>          Motion moved by AS, seconded by BI passed abstained RCa, HD, LD</p>
	<p><b>2014 H 8159 An Act Relating to Health and Safety - Determination of Need for New Healthcare Equipment and Services</b></p>
	<p>Rep. Tomasso Held for Further Study by the House Health, Education, &amp; Welfare Committee          This act removes home care providers from the requirement of a certificate of need review prior to expansion under determination of need for new healthcare and services act.          This act would take effect upon passage.</p>

1 SECTION 1. Section 23-15-2 of the General Laws in Chapter 23-15 entitled  
 2 "Determination of Need for New Health Care Equipment and New Institutional Health Services"  
 3 is hereby amended to read as follows:

4 **23-15-2. Definitions. --** As used in this chapter:

5 (1) "Affected person" means and includes the person whose proposal is being reviewed,  
 6 or the applicant, health care facilities located within the state which provide institutional health  
 7 services, the state medical society, the state osteopathic society, those voluntary nonprofit area-  
 8 wide planning agencies that may be established in the state, the state budget office, the office of

9 health insurance commissioner, any hospital or medical service corporation organized under the  
10 laws of the state, the statewide health coordinating council, contiguous health systems agencies,  
11 and those members of the public who are to be served by the proposed new institutional health  
12 services or new health care equipment.

13 (2) "Cost impact analysis" means a written analysis of the effect that a proposal to offer  
14 or develop new institutional health services or new health care equipment, if approved, will have  
15 on health care costs and shall include any detail that may be prescribed by the state agency in  
16 rules and regulations.

17 (3) "Director" means the director of the Rhode Island state department of health.

18 (4) (i) "Health care facility" means any institutional health service provider, facility or  
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1 institution, place, building, agency, or portion of them, whether a partnership or corporation,  
2 whether public or private, whether organized for profit or not, used, operated, or engaged in  
3 providing health care services, which are limited to hospitals, nursing facilities, home nursing  
4 care provider, ~~delete~~ home care provider, ~~delete~~ hospice provider, inpatient rehabilitation centers (including  
5 drug and/or alcohol abuse treatment centers), certain facilities providing surgical treatment to  
6 patients not requiring hospitalization (surgi-centers, multi-practice physician ambulatory surgery  
7 centers and multi-practice podiatry ambulatory surgery centers) and facilities providing inpatient  
8 hospice care. Single-practice physician or podiatry ambulatory surgery centers (as defined in  
9 subdivisions 23-17-2(13) and 23-17-2(14), respectively) are exempt from the requirements of  
10 chapter 15 of this title; provided, however, that such exemption shall not apply if a single-  
11 practice physician or podiatry ambulatory surgery center is established by a medical practice  
12 group (as defined in section 5-37-1) within two (2) years following the formation of such  
13 medical practice group, when such medical practice group is formed by the merger or  
14 consolidation of two (2) or more medical practice groups or the acquisition of one medical  
15 practice group by another medical practice group. The term "health care facility" does not include  
16 Christian Science institutions (also known as Christian Science nursing facilities) listed and  
17 certified by the Commission for Accreditation of Christian Science Nursing  
18 Organizations/Facilities, Inc.

19 (ii) Any provider of hospice care who provides hospice care without charge shall be  
20 exempt from the provisions of this chapter.

21 (5) "Health care provider" means a person who is a direct provider of health care  
22 services (including but not limited to physicians, dentists, nurses, podiatrists, physician assistants,  
23 or nurse practitioners) in that the person's primary current activity is the provision of health care  
24 services for persons.

25 (6) "Health services" means organized program components for preventive, assessment,  
26 maintenance, diagnostic, treatment, and rehabilitative services provided in a health care facility.

27 (7) "Health services council" means the advisory body to the Rhode Island state  
28 department of health established in accordance with chapter 17 of this title, appointed and  
29 empowered as provided to serve as the advisory body to the state agency in its review functions  
30 under this chapter.

31 (8) "Institutional health services" means health services provided in or through health  
32 care facilities and includes the entities in or through which the services are provided.

33 (9) "New health care equipment" means any single piece of medical equipment (and any  
34 components which constitute operational components of the piece of medical equipment)  
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1 proposed to be utilized in conjunction with the provision of services to patients or the public, the  
2 capital costs of which would exceed two million two hundred fifty thousand dollars (\$2,250,000);  
3 provided, however, that the state agency shall exempt from review any application which  
4 proposes one for one equipment replacement as defined in regulation. Further, beginning July 1,  
5 2012 and each July thereafter the amount shall be adjusted by the percentage of increase in the  
6 consumer price index for all urban consumers (CPI-U) as published by the United States  
7 department of labor statistics as of September 30 of the prior calendar year.

8 (10) "New institutional health services" means and includes:

- 9 (i) Construction, development, or other establishment of a new health care facility.
- 10 (ii) Any expenditure except acquisitions of an existing health care facility which will not  
11 result in a change in the services or bed capacity of the health care facility by or on behalf of an  
12 existing health care facility in excess of five million two hundred fifty thousand dollars  
13 (\$5,250,000) which is a capital expenditure including expenditures for predevelopment activities;  
14 provided further, beginning July 1, 2012 and each July thereafter the amount shall be adjusted by  
15 the percentage of increase in the consumer price index for all urban consumers (CPI-U) as  
16 published by the United States department of labor statistics as of September 30 of the prior  
17 calendar year.
- 18 (iii) Where a person makes an acquisition by or on behalf of a health care facility or  
19 health maintenance organization under lease or comparable arrangement or through donation,  
20 which would have required review if the acquisition had been by purchase, the acquisition shall  
21 be deemed a capital expenditure subject to review.
- 22 (iv) Any capital expenditure which results in the addition of a health service or which  
23 changes the bed capacity of a health care facility with respect to which the expenditure is made,  
24 except that the state agency may exempt from review by rules and regulations promulgated for  
25 this chapter any bed reclassifications made to licensed nursing facilities and annual increases in  
26 licensed bed capacities of nursing facilities that do not exceed the greater of ten (10) beds or ten  
27 percent (10%) of facility licensed bed capacity and for which the related capital expenditure does  
28 not exceed two million dollars (\$2,000,000).
- 29 (v) Any health service proposed to be offered to patients or the public by a health care  
30 facility which was not offered on a regular basis in or through the facility within the twelve (12)  
31 month period prior to the time the service would be offered, and which increases operating  
32 expenses by more than one million five hundred thousand dollars (\$1,500,000), except that the  
33 state agency may exempt from review by rules and regulations promulgated for this chapter any  
34 health service involving reclassification of bed capacity made to licensed nursing facilities.

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- 1 Further beginning July 1, 2012 and each July thereafter the amount shall be adjusted by the  
2 percentage of increase in the consumer price index for all urban consumers (CPI-U) as published  
3 by the United States department of labor statistics as of September 30 of the prior calendar year.
- 4 (vi) Any new or expanded tertiary or specialty care service, regardless of capital expense  
5 or operating expense, as defined by and listed in regulation, the list not to exceed a total of twelve  
6 (12) categories of services at any one time and shall include full body magnetic resonance  
7 imaging and computerized axial tomography; provided, however, that the state agency shall  
8 exempt from review any application which proposes one for one equipment replacement as  
9 defined by and listed in regulation. Acquisition of full body magnetic resonance imaging and  
10 computerized axial tomography shall not require a certificate of need review and approval by the  
11 state agency if satisfactory evidence is provided to the state agency that it was acquired for under  
12 one million dollars (\$1,000,000) on or before January 1, 2010 and was in operation on or before  
13 July 1, 2010.
- 14 (11) "Person" means any individual, trust or estate, partnership, corporation (including  
15 associations, joint stock companies, and insurance companies), state or political subdivision, or  
16 instrumentality of a state.
- 17 (12) "Predevelopment activities" means expenditures for architectural designs, plans,  
18 working drawings and specifications, site acquisition, professional consultations, preliminary  
19 plans, studies, and surveys made in preparation for the offering of a new institutional health  
20 service.
- 21 (13) "State agency" means the Rhode Island state department of health.
- 22 (14) "To develop" means to undertake those activities which, on their completion, will  
23 result in the offering of a new institutional health service or new health care equipment or the  
24 incurring of a financial obligation, in relation to the offering of that service.
- 25 (15) "To offer" means to hold oneself out as capable of providing, or as having the  
26 means for the provision of, specified health services or health care equipment.
- 27 SECTION 2. This act shall take effect upon passage.

	<p><b>MOTION: To find harmful 2014 H 8159 An Act Relating to Health and Safety - Determination of Need for New Healthcare Equipment and Services</b>  Motion moved by AP, seconded by KH, passed, opposed by BI abstained HD, LD</p>
	<p><b>2014 S 2985 An Act Relating to Health and Safety -- Licensing of Health Care Facilities</b></p>
	<p>Sen. Lynch Senate Health and Human Services Committee Meeting Postponed  This act would provide that a licensed ambulatory care facility may provide services at other locations operated by that facility without having to obtain a separate license for such locations.  This act would take effect upon passage.</p>

1 SECTION 1. Section 23-17-4 of the General Laws in Chapter 23-17 entitled "Licensing  
2 of Health Care Facilities" is hereby amended to read as follows:  
3 **23-17-4. License required for health care facility operation.** -- (a) No person acting  
4 severally or jointly with any other person shall establish, conduct, or maintain a health care  
5 facility in this state without a license under this chapter; provided, however, that any person, firm,  
6 corporation or other entity which provides volunteer registered and licensed practical nurses to  
7 the public shall not be required to have a license as a health care facility.  
8 (b) Each location at which a health care facility provides services shall be licensed;  
9 provided, however, that a hospital or organized ambulatory care facility shall be permitted to  
10 provide, solely on an ambulatory basis, limited physician services, other limited professional  
11 health care services, and/or other limited professional mental health care services in conjunction  
12 with services provided by and at community health centers, community mental health centers,  
13 organized ambulatory care facilities or other licensed health care facilities, physicians' offices,  
14 and facilities operated by the department of corrections without establishing such locations as  
15 additional licensed premises of the hospital or organized ambulatory care facility.  
16 <sup>add</sup> Notwithstanding any of the foregoing, a health care facility licensed as an organized ambulatory  
17 care facility may provide services at other locations operated by that licensed organized  
18 ambulatory care facility without having to obtain a separate organized ambulatory care facility  
19 license for such locations, and, therefore, no initial licensure application is required.<sup>add</sup> The

Page 2

1 department is further authorized to adopt rules and regulations to accomplish the purpose of this  
2 section, including, but not limited to, defining "limited physician services, other limited  
3 professional health care services, and/or other limited professional mental health care services."

4 (c) The reimbursement rates for the services rendered in the settings listed in subsection  
5 (b) of this chapter shall be subject to negotiations between the hospitals, organized ambulatory  
6 care facilities, and the payors, respectively, as defined in section 23-17.12-2.

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

	<p><b>MOTION: To find beneficial 2014 S 2985 An Act Relating to Health and Safety -- Licensing of Health Care Facilities</b>  Motion moved by BI, seconded by KH, <i>passed, abstained RCa, LD, HD</i></p>
	<p><b>4:00 2014 Legislative Package, Bob Cooper, Executive Secretary</b></p> <p><b>Purpose/Goal: To review the status of the Commission's legislative package</b></p>

**Commission Supports 6 bills (50% favorable)**

**1 Recommend Passage in Concurrence**

Senate Desk

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 5/27/2014 Testified: Gov.

**2 Scheduled for Consideration**

House Health, Education, & Welfare Committee

Next Action on: 6 /4 /2014 @ Rise in rm 101

14 S2525 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 5/19/2014 Testified: Senate letter Testified: 3/4/2014 Gov.

Senate Health and Human Services Committee

Next Action on 06/03/2014 @ Rise in rm 211

14 S 2358 AN ACT RELATING TO INSURANCE - COVERAGE FOR PRESCRIPTION DRUGS

Sen. Crowley Requested by the Governor's Commission on Disabilities Identical to H 7534  
House letter Testified: Senate letter 3/12/2014 Testified: 4/1/2014 Gov.

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

House Corporations Committee

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.

House Finance Committee

14 H 7818 AN ACT RELATING TO STATE AFFAIRS AND GOVERNMENT -- RHODE ISLAND HOUSING RESOURCES ACT OF 1998

Rep. Ferri Requested by the Governor's Commission on Disabilities Identical to S 2696  
House letter 3/12/2014 Testified: 4/1/2014 Senate letter Testified: Gov.

**1 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 1 budget article (100% favorable)**

**1 Withdrawn by sponsor**

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: 3/6/2014 Gov.

This article would authorize the department of children, youth, and families, in the case of a person aged 19 years or older with a "functional developmental disability", who is receiving services under this section may, at the discretion of the director, to be transferred to the developmental disabilities program of the department of behavioral healthcare, developmental disabilities and hospitals, provided that he or she qualifies as eligible for services through the department of behavioral healthcare, developmental disabilities and hospitals.

This article results in \$1.1 million in general revenue savings for DCYF (\$1.5 million all funds) due to the transfer of eligible youth ages 19 to 21 to BHDDH. It is anticipated that the cost of care will be less in the adult (BHDDH) system versus the youth (DCYF) system, resulting in \$529,392 net general revenue savings to the State. It is expected that transferred youth will continue to qualify for federal Medicaid matching funds (50.03 percent match in FY 2015).

This article shall take effect upon passage.

Governor's Budget Amendment # 15: requests that the Article 26 - Relating to Children, Youth and Families be withdrawn in its entirety.

The Governor's recommended budget estimated net savings of \$529,392, which was comprised

or savings in the Department of Children, Youth and Families (DCYF) of \$1,130,832, offset by an increase in funding in the Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals (BHDDH) of \$601,440. As shown on the attached, the Governor requests that the savings in DCYF be restored and the additional funding added to the BHDDH budget be withdrawn.

These restored savings will be onset by a plan for DCYF, in cooperation with the Office of Health and Human Services, to obtain new Medicaid reimbursement for certain services provided by the Department to its clients. These new savings, totaling \$529,547, are also reflected in the attached and would impact the DCYF budget only. The eligible services provided by the Department to children and families are "wraparound" services intended to ensure a coordinated approach to improve outcomes for children residing in residential programs and to provide support to their families to maintain a stable environment within their home setting as children are returning home. These services, which involve teams comprised of Care Coordinators, Family Support Partners and a Supervisor/Coach, will receive Medicaid matching funds as of July 1, 2014. The estimated savings are based on the additional Medicaid match that will offset general revenue expenditures.

### Legislative Testimony

#### Commission Supports if amended

Transitioning young adults with developmental disabilities to the Department of Behavioral Healthcare, Developmental Disabilities and Hospitals could provide greater opportunities for employment and community integration. But an increased caseload without adequate funding would be detrimental to both the current consumers and these young adults. Funding of services for adults with developmental disabilities has decreased 6% since FY 2011. The addition of \$1,770,716\* between the FY 2014 revised and the FY 2015 recommended funding level is only 0.8% and doesn't even keep up with the 1.5 % change in the Consumer Price Index in 2013, let alone fund the proposed caseload expansion.

The Director of Behavioral Healthcare, Developmental Disabilities and Hospitals should also have to approve any transfers. As written the transfers are "at the discretion of the director" of DCYF. The article needs to be amended to read "at the discretion of the director of DCYF and consent of the director of BHDDH".

The Interagency Transition Council was created to "draft and propose periodic revisions to the cooperative agreement among the state departments and offices for the provisions of services in the transition of young persons with disabilities from school to self-sufficient adult life. The directors of the state departments and agencies shall sign the cooperative agreement and any revisions, prior to their implementation. The transition council shall oversee the implementation of the cooperative agreement. The council shall issue guidelines or instructions and recommend to the state departments and agencies appropriate directives necessary to effectuate the implementation of the cooperative agreement. The transition council shall develop joint plans for state departments and agencies and local school districts for providing transition services to assist young persons with disabilities." {RIGL 16-24-18, see attached}

\*All funds

Consideration of 2014 S 3046 An Act Relating To Delinquent and Dependent Children -- Proceedings in Family Court as a substitute for 2014 H 7133 Article 26 An Article Relating to Children, Youth, and Families

This act would mandate the development of a transition plan by the department of children, youth and families for all children under the jurisdiction of the family court prior to the child turning eighteen (18) years of age addressing housing, health insurance, education, employment, mentors and continuing support services as well as children with educational, emotional or developmental disabilities under the department's care. The act would also limit jurisdiction of the family court over delinquent and wayward children up to age nineteen (19) rather than age twenty-one (21).

This act would take effect upon passage.

## 2014 -- S 3046

=====  
LC005771

STATE OF RHODE ISLAND  
IN GENERAL ASSEMBLY  
JANUARY SESSION, A.D. 2014

A N A C T

RELATING TO DELINQUENT AND DEPENDENT CHILDREN -- PROCEEDINGS IN  
FAMILY COURT

**Introduced By:** Senators Miller, Lynch, Jabour, Goodwin, and Cool Rumsey

**Date Introduced:** May 29, 2014

**Referred To:** Senate Health & Human Services

*It is enacted by the General Assembly as follows*

1 SECTION 1. Section 14-1-6 of the General Laws in Chapter 14-1 entitled "Proceedings  
2 in Family Court" is hereby amended to read as follows:  
3 **14-1-6. Retention of jurisdiction.** -- (a) When the court shall have obtained jurisdiction  
4 over any child prior to the child having attained the age of eighteen (18) years by the filing of a  
5 petition alleging that the child is wayward or delinquent pursuant to section 14-1-5, the child  
6 shall, except as specifically provided in this chapter, continue under the jurisdiction of the court  
7 until he or she becomes nineteen (19) years of age, unless discharged prior to turning nineteen  
8 (19). When the court shall have obtained jurisdiction over any child prior to the child's eighteenth  
9 (18th) birthday by the filing of a <sup>{add}</sup>miscellaneous petition or a <sup>{add}</sup>petition alleging that the child  
is  
10 dependent, neglected ~~{delete}~~ and ~~{delete}~~ <sup>{add}</sup>or <sup>{add}</sup>abused pursuant to ~~{delete}~~sections ~~{delete}~~ <sup>{add}</sup>§§ <sup>{add}</sup>  
11 14-1-5, ~~{delete}~~ and ~~{delete}~~ 40-11-7 <sup>{add}</sup>, or 42-72-14 <sup>{add}</sup>,  
12 including any child under the jurisdiction of the family court on petitions filed and/or pending  
13 before the court prior to July 1, 2007, the child shall, except as specifically provided in this  
14 chapter, continue under the jurisdiction of the court until he or she becomes eighteen (18) years of  
15 age; provided, that prior to a child turning eighteen (18) years of age, the court shall require the  
16 department of children, youth, and families to provide a description of the transition services  
17 afforded the child in placement or a detailed explanation as to the reason those services were not  
18 offered; <sup>{add}</sup>including the youth's housing, health insurance, education and/or employment plan  
available mentors and continuing support services. The details of a youth's transition plan shall be  
Page 2  
1 provided and approved by the court prior to the dismissal of a family court petition.  
2 (b) Additionally, the department of children, youth and families shall work  
3 collaboratively with the department of behavioral healthcare, developmental disabilities and  
4 hospitals, in accordance with § 14-1-59 to provide the family court with a transition plan for those  
5 individuals who come under the court's jurisdiction pursuant to § 14-1-5 and who are seriously  
6 emotionally disturbed or developmentally delayed pursuant to § 42-72-5(24)(v); this plan shall be  
7 a joint plan presented to the court by the department of children, youth and families and the  
8 department of behavioral healthcare, developmental disabilities and hospitals. The plan shall  
9 identify the specific placement for the youth, as well as include the behavioral healthcare,  
10 developmental disabilities and hospitals' community or residential service level, health insurance  
11 option, education plan, available mentors, continuing support services, workforce supports and  
12 employment services and shall be provided to the court at least twelve (12) months prior to  
13 discharge, and the court shall monitor the transition plan. In the instance when the department of  
14 behavioral healthcare, developmental disabilities and hospitals has not made timely referrals to  
15 placements the department of children, youth and families may initiate referrals to adult

16 placements.  
17 (c) Provided<sup>{add}</sup> ~~{delete}~~ provided<sup>{delete}</sup> further that any youth who comes within the jurisdiction  
18 of the  
19 court by the filing of a wayward or delinquent petition based upon an offense which was  
20 committed prior to July 1, 2007, including youth who are adjudicated and committed to the  
21 Rhode Island Training School and who are placed in a temporary community placement as  
22 authorized by the family court, may continue under the jurisdiction of the court until he or she  
23 turns ~~{delete}~~ twenty one (21)<sup>{delete}</sup> nineteen (19)<sup>{add}</sup> years of age.

24 (d) The parent and/or guardian and/or Guardian ad litem of a child who is seriously  
25 emotionally disturbed or developmentally delayed pursuant to § 42-72-5(24)(v) and who is before  
26 the court pursuant to §§ 14-1-5(1)(iii)--14-1-5 (1)(v), 40-11-7 or 42-72-14, shall be entitled to a  
27 transition hearing when his or her child reaches the age of twenty (20) and no appropriate plan or  
28 placement has been submitted to the court by the department of children, youth and families and  
29 the department of behavioral healthcare, developmental disabilities and hospitals. The family  
30 court shall require that an immediate transition plan be submitted if the following facts are found:

- 31 (1) No suitable placement and/or services have been identified for the child; or  
32 (2) No suitable transition plan has been presented to the court addressing the levels of  
33 service appropriate to meet the needs of the child identified by the department of behavioral  
34 healthcare, developmental disabilities and hospitals; or  
(3) No suitable health insurance, educational plan, available mentors, continuing support

Page 3

1 services, workforce supports and employment services have been provided.<sup>{add}</sup>  
2 ~~{delete}~~ ~~(b)~~<sup>{delete}</sup> (e)<sup>{add}</sup> In any case where the court shall not have acquired jurisdiction over  
3 any person  
4 prior to the person's eighteenth (18th) birthday by the filing of a petition alleging that the person  
5 had committed an offense, but a petition alleging that the person had committed an offense which  
6 would be punishable as a felony if committed by an adult has been filed before that person attains  
7 the age of nineteen (19) years of age, that person shall, except as specifically provided in this  
8 chapter, be subject to the jurisdiction of the court until he or she becomes nineteen (19) years of  
9 age, unless discharged prior to turning nineteen (19).

10 ~~{delete}~~ ~~(e)~~<sup>{delete}</sup> (f)<sup>{add}</sup> In any case where the court shall not have acquired jurisdiction over  
11 any person  
12 prior to the person attaining the age of nineteen (19) years by the filing of a petition alleging that  
13 the person had committed an offense prior to the person attaining the age of eighteen (18) years  
14 which would be punishable as a felony if committed by an adult, that person shall be referred to  
15 the court which would have had jurisdiction over the offense if it had been committed by an adult.  
16 The court shall have jurisdiction to try that person for the offense committed prior to the person  
17 attaining the age of eighteen (18) years and, upon conviction, may impose a sentence not  
18 exceeding the maximum penalty provided for the conviction of that offense.

19 ~~{delete}~~ ~~(e)~~<sup>{delete}</sup> (g)<sup>{add}</sup> In any case where the court has certified and adjudicated a child in  
20 accordance  
21 with the provisions of sections 14-1-7.2 and 14-1-7.3, the jurisdiction of the court shall  
22 encompass the power and authority to sentence the child to a period in excess of the age of  
23 nineteen (19) years. However, in no case shall the sentence be in excess of the maximum penalty  
24 provided by statute for the conviction of the offense.

25 ~~{delete}~~ ~~(e)~~<sup>{delete}</sup> (h)<sup>{add}</sup> Nothing in this section shall be construed to affect the jurisdiction of  
other courts

26 over offenses committed by any person after he or she reaches the age of eighteen (18) years.  
27 SECTION 2. Section 42-72-5 of the General Laws in Chapter 42-72 entitled "Department  
28 of Children, Youth, and Families" is hereby amended to read as follows:

26 **42-72-5. Powers and scope of activities.** -- (a) The department is the principal agency of  
27 the state to mobilize the human, physical and financial resources available to plan, develop, and  
28 evaluate a comprehensive and integrated statewide program of services designed to ensure the  
29 opportunity for children to reach their full potential. The services include prevention, early  
30 intervention, out-reach, placement, care and treatment, and after-care programs; provided,  
31 however, that the department notifies the state police and cooperates with local police  
32 departments when it receives and/or investigates a complaint of sexual assault on a minor and  
33 concludes that probable cause exists to support the allegations(s). The department also serves as  
34 an advocate for the needs of children.

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- 1 (b) To accomplish the purposes and duties, as set forth in this chapter, the director is  
2 authorized and empowered:
- 3 (1) To establish those administrative and operational divisions of the department that the  
4 director determines is in the best interests of fulfilling the purposes and duties of this chapter;
  - 5 (2) To assign different tasks to staff members that the director determines best suit the  
6 purposes of this chapter;
  - 7 (3) To establish plans and facilities for emergency treatment, relocation and physical  
8 custody of abused or neglected children which may include, but are not limited to,  
9 homemaker/educator child case aides, specialized foster family programs, day care facilities,  
10 crisis teams, emergency parents, group homes for teenage parents, family centers within existing  
11 community agencies, and counseling services;
  - 12 (4) To establish, monitor, and evaluate protective services for children including, but not  
13 limited to, purchase of services from private agencies and establishment of a policy and  
14 procedure manual to standardize protective services;
  - 15 (5) To plan and initiate primary and secondary treatment programs for abused and  
16 neglected children;
  - 17 (6) To evaluate the services of the department and to conduct periodic comprehensive  
18 needs assessment;
  - 19 (7) To license, approve, monitor, and evaluate all residential and non-residential child  
20 care institutions, group homes, foster homes, and programs;
  - 21 (8) To recruit and coordinate community resources, public and private;
  - 22 (9) To promulgate rules and regulations concerning the confidentiality, disclosure and  
23 expungement of case records pertaining to matters under the jurisdiction of the department;
  - 24 (10) To establish a minimum mandatory level of twenty (20) hours of training per year  
25 and provide ongoing staff development for all staff; provided, however, all social workers hired  
26 after June 15, 1991, within the department shall have a minimum of a bachelor's degree in social  
27 work or a closely related field, and must be appointed from a valid civil service list;
  - 28 (11) To establish procedures for reporting suspected child abuse and neglect pursuant to  
29 chapter 11 of title 40;
  - 30 (12) To promulgate all rules and regulations necessary for the execution of departmental  
31 powers pursuant to the Administrative Procedures Act, chapter 35 of title 42;
  - 32 (13) To provide and act as a clearinghouse for information, data and other materials  
33 relative to children;
  - 34 (14) To initiate and carry out studies and analysis which will aid in solving local,

Page 5

- 1 regional and statewide problems concerning children;
- 2 (15) To represent and act on behalf of the state in connection with federal grant programs  
3 applicable to programs for children in the functional areas described in this chapter;
  - 4 (16) To seek, accept, and otherwise take advantage of all federal aid available to the

5 department, and to assist other agencies of the state, local agencies, and community groups in  
6 taking advantage of all federal grants and subventions available for children;  
7 (17) To review and coordinate those activities of agencies of the state and of any  
8 political subdivision of the state which affect the full and fair utilization of community resources  
9 for programs for children, and initiate programs that will help assure utilization;  
10 (18) To administer the pilot juvenile restitution program, including the overseeing and  
11 coordinating of all local community based restitution programs, and the establishment of  
12 procedures for the processing of payments to children performing community service; and  
13 (19) To adopt rules and regulations which:  
14 (i) For the twelve (12) month period beginning on October 1, 1983, and for each  
15 subsequent twelve (12) month period, establish specific goals as to the maximum number of  
16 children who will remain in foster care for a period in excess of two (2) years; and  
17 (ii) Are reasonably necessary to implement the child welfare services and foster care  
18 programs;  
19 (20) May establish and conduct seminars for the purpose of educating children regarding  
20 sexual abuse;  
21 (21) To establish fee schedules by regulations for the processing of requests from  
22 adoption placement agencies for adoption studies, adoption study updates, and supervision related  
23 to interstate and international adoptions. The fee shall equal the actual cost of the service(s)  
24 rendered, but in no event shall the fee exceed two thousand dollars (\$2,000);  
25 (22) To be responsible for the education of all children who are placed, assigned, or  
26 otherwise accommodated for residence by the department in a state operated or supported  
27 community residence licensed by a Rhode Island state agency. In fulfilling this responsibility the  
28 department is authorized to enroll and pay for the education of students in the public schools or,  
29 when necessary and appropriate, to itself provide education in accordance with the regulations of  
30 the board of regents for elementary and secondary education either directly or through contract;  
31 (23) To develop multidisciplinary service plans, in conjunction with the department of  
32 health, at hospitals prior to the discharge of any drug-exposed babies. The plan requires the  
33 development of a plan using all health care professionals.  
34 (24) To be responsible for the delivery of appropriate mental health services to seriously  
Page 6

1 emotionally disturbed children and children with functional developmental disabilities.  
2 Appropriate mental health services may include hospitalization, placement in a residential  
3 treatment facility, or treatment in a community based setting. The department is charged with the  
4 responsibility for developing the public policy and programs related to the needs of seriously  
5 emotionally disturbed children and children with functional developmental disabilities.  
6 In fulfilling its responsibilities the department shall:  
7 (i) Plan a diversified and comprehensive network of programs and services to meet the  
8 needs of seriously emotionally disturbed children and children with functional developmental  
9 disabilities;  
10 (ii) Provide the overall management and supervision of the state program for seriously  
11 emotionally disturbed children and children with functional developmental disabilities;  
12 (iii) Promote the development of programs for preventing and controlling emotional or  
13 behavioral disorders in children;  
14 (iv) Coordinate the efforts of several state departments and agencies to meet the needs of  
15 seriously emotionally disturbed children and children with functional developmental disabilities  
16 and to work with private agencies serving those children;  
17 (v) Promote the development of new resources for program implementation in providing  
18 services to seriously emotionally disturbed children and children with functional developmental  
19 disabilities.

20 The department shall adopt rules and regulations, which are reasonably necessary to  
21 implement a program of mental health services for seriously emotionally disturbed children.  
22 Each community, as defined in chapter 7 of title 16, shall contribute to the department, at  
23 least in accordance with rules and regulations to be adopted by the department, at least its average  
24 per pupil cost for special education for the year in which placement commences, as its share of  
25 the cost of educational services furnished to a seriously emotionally disturbed child pursuant to  
26 this section in a residential treatment program which includes the delivery of educational services.  
27 "Seriously emotionally disturbed child" means any person under the age of eighteen (18)  
28 years or any person under the age of twenty-one (21) years who began to receive services from  
29 the department prior to attaining eighteen (18) years of age and has continuously received those  
30 services thereafter who has been diagnosed as having an emotional, behavioral or mental disorder  
31 under the current edition of the Diagnostic and Statistical Manual and that disability has been on-  
32 going for one year or more or has the potential of being ongoing for one year or more, and the  
33 child is in need of multi-agency intervention, and the child is in an out-of-home placement or is at  
34 risk of placement because of the disability.

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1 A child with a "functional developmental disability" means any person under the age of  
2 eighteen (18) years or any person under the age of twenty-one (21) years who began to receive  
3 services from the department prior to attaining eighteen (18) years of age and has continuously  
4 received those services thereafter.

5 The term "functional developmental disability" includes autism spectrum disorders and  
6 means a severe, chronic disability of a person which:

7 (a) Is attributable to a mental or physical impairment or combination of mental physical  
8 impairments;

9 (b) Is manifested before the person attains age eighteen (18);

10 (c) Is likely to continue indefinitely;

11 (d) Results in age- appropriate substantial functional limitations in three (3) or more of  
12 the following areas of major life activity.

13 (i) Self-care;

14 (ii) Receptive and expressive language;

15 (iii) Learning;

16 (iv) Mobility;

17 (v) Self-direction;

18 (vi) Capacity for Independent Living; and

19 (vii) Economic self-sufficiency; and

20 (e) Reflects the person's need for a combination and sequence of special,  
21 interdisciplinary, or generic care, treatment, or other services which are of life-long or extended  
22 duration and are individually planned and coordinated.

23 Funding for these clients shall include funds that are transferred to the Department of  
24 Human Services as part of the Managed Health Care program transfer. However, the expenditures  
25 relating to these clients shall not be part of the Department of Human Services' Caseload  
26 estimated for the semi-annual Caseload Estimating Conference. The expenditures shall be  
27 accounted for separately.

28 (25) To provide access to services to any person under the age of eighteen (18) years or  
29 any person under the age of twenty-one (21) years who began to receive child welfare services  
30 from the department prior to attaining eighteen (18) years of age, has continuously received those  
31 services thereafter and elects to continue to receive such services after attaining the age of  
32 eighteen (18) years. The assembly has included funding in the FY 2008 Department of Children,  
33 Youth and Families budget in the amount of \$10.5 million from all sources of funds and \$6.0  
34 million from general revenues to provide a managed system to care for children serviced between

1 18 to 21 years of age. The department shall manage this caseload to this level of funding.  
2 <sup>{add}</sup> (26) To initiate transition planning in cooperation with the department of behavioral  
3 healthcare, developmental disabilities and hospitals for any person who receives services through  
4 the department of children, youth and families, is seriously emotionally disturbed or  
5 developmentally delayed pursuant to § 42-72-5(24)(v), and whose care may or shall be  
6 administered by the department of behavioral healthcare, developmental disabilities and hospitals  
7 after the age of twenty-one (21) years. The transition planning shall commence at least twelve  
8 (12) months prior to the person's twenty-first (21st) birthday and shall result in a collaborative  
9 plan submitted to the family court by both the department of behavioral healthcare,  
10 developmental disabilities and hospitals and the department of children, youth and families and  
11 shall require the approval of the court prior to the dismissal of the abuse, neglect, dependency or  
12 miscellaneous petition. <sup>{add}</sup>  
13 ~~{delete}~~ ~~(26)~~ ~~{delete}~~ (27) To develop and maintain, in collaboration with other state and private  
14 agencies,  
15 a comprehensive continuum of care in this state for children in the care and custody of the  
16 department or at risk of being in state care. This continuum of care should be family-centered and  
17 community-based with the focus of maintaining children safely within their families or, when a  
18 child cannot live at home, within as close proximity to home as possible based on the needs of the  
19 child and resource availability. The continuum should include community-based prevention,  
20 family support and crisis intervention services as well as a full array of foster care and residential  
21 services, including residential services designed to meet the needs of children who are seriously  
22 emotionally disturbed, children who have a functional developmental disability and youth who  
23 have juvenile justice issues. The director shall make reasonable efforts to provide a  
24 comprehensive continuum of care for children in the care and custody of the DCYF, taking into  
25 account the availability of public and private resources and financial appropriations and the  
26 director shall submit an annual report to the general assembly as to the status of his or her efforts  
27 in accordance with the provisions of subsection 42-72-4(b)(13).  
28 ~~{delete}~~ ~~(27)~~ ~~{delete}~~ (28) To administer funds under the John H. Chafee Foster Care Independence  
29 and  
30 Educational And Training Voucher (ETV) Programs of Title IV-E of the Social Security Act, and  
31 the DCYF Higher Education Opportunity Grant Program as outlined in RIGL section 42-72.8, in  
32 accordance with rules and regulations as promulgated by the director of the department.  
33 (c) In order to assist in the discharge of his or her duties, the director may request from  
34 any agency of the state information pertinent to the affairs and problems of children.  
(d) [Deleted by P.L. 2008, ch. 9, art. 16, section 2.]  
(e) [Deleted by P.L. 2008, ch. 9, art. 16, section 2.]

1 SECTION 3. Section 40.1-5.4-4 of the General Laws in Chapter 40.1-5.4 entitled  
2 "Division of Mental Health" is hereby amended to read as follows:  
3 **40.1-5.4-4. Powers and duties of director of mental health, retardation and hospitals.**  
4 **--** The director of mental health, retardation, and hospitals shall, subject to available  
5 appropriations, have the following powers and duties:  
6 (1) To be responsible for planning and developing a complete, comprehensive and  
7 integrated statewide system of mental health services; provided that the department's highest  
8 priorities shall be to provide services to residents with serious mental illness, early and ongoing  
9 treatment and support for serious mental illness and research into the causes and treatment of  
10 serious mental illness in the development of the system, the department shall consult with all  
11 facilities and agencies, both public and private, concerned with the mental health of the residents

12 of Rhode Island;

13 (2) To implement the system in cooperation with providers of mental health services;

14 (3) To coordinate the efforts of the department of mental health, retardation, and  
15 hospitals with those of other state departments and agencies, municipal governments as well as  
16 the federal government and private agencies concerned with and providing services for persons  
17 with serious mental illness;

18 (4) To be responsible for the administration of state operated facilities established for the  
19 diagnosis, care and rehabilitation of adults with serious mental illness and to ensure that there are  
20 adequate state facilities to provide these services;

21 (5) To have general supervision of all private facilities as that term is defined in section  
22 40.1-5-2(3) and to exercise the powers and duties provided for in section 40.1-5-1 et seq.;

23 (6) To establish standards in conformance with generally accepted professional practice  
24 and to provide technical assistance to all state supported diagnostic facilities, rehabilitation  
25 centers, community residences, community mental health centers, and other facilities for the  
26 persons with serious mental illness licensed by the department pursuant to section 40.1-24-1 et  
27 seq.;

28 (7) To monitor and inspect to insure compliance with the standards. Provided, however,  
29 that none of the foregoing shall be applicable to any of the facilities wholly within the control of  
30 any other department of state government;

31 (8) To stimulate research by public and private agencies, institutions of higher learning,  
32 and hospitals, in the interest of the elimination and amelioration of serious mental illness, and  
33 care and treatment of persons with serious mental illness;

34 (9) To provide funding to the various community agencies and private nonprofit  
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1 agencies, in amounts, which will enable adults with serious mental illness to receive services  
2 appropriate to their individual's needs;

3 (10) To take, hold and administer in trust for the state any grant, devise, gift or bequest  
4 made either to the state or to the department for the use of persons under its care or for the  
5 expenditure upon any work which the department is authorized to undertake;

6 (11) To establish and maintain a comprehensive program of community mental health  
7 services, utilizing the community mental health centers and other community mental health  
8 agencies and to establish standards for the development of these community programs;

9 (12) To exercise the powers and duties relating to community mental health centers in  
10 accordance with section 40.1-8.5-1 et seq.;

11 (13) To exercise the powers and duties relating to the licensing of community mental  
12 health facilities in accordance with section 40.1-24-1 et seq.;

13 (14) To consult with and assist the governor's council on behavioral health in accordance  
14 with the requirements of section 40.1-29;

15 (15) To exercise the powers and duties relating to care and treatment of forensic patients  
16 in accordance with section 40.1-5.3-1 et seq.;

17 (16) To cooperate with the department of corrections, the courts and local and state law  
18 enforcement authorities to ensure adequate, fair and humane treatment of persons with serious  
19 mental illness involved in the criminal justice system.

20 <sup>{add}</sup> [\(17\) To collaborate with the department of children, youth and families in the](#)  
21 [development of transition plans pursuant of § 42-72-5\(b\)\(26\) and with the department of](#)  
22 [elementary and secondary education in the development of transition plans for those children](#)  
23 [over the age of fourteen \(14\) years whose Individualized Education Program \(IEP\) indicates a](#)  
24 [need for services from the department of behavioral healthcare, developmental disabilities and](#)  
25 [hospitals after the age of twenty-one \(21\) years, and to submit those plans to the family court for](#)  
26 [review and approval.](#)

27 [\(18\) To initiate transition planning in cooperation with the department of children, youth](#)  
 28 [and families for any person who receives services through the department of children, youth and](#)  
 29 [families, is seriously emotionally disturbed or developmentally delayed pursuant § 42-72-](#)  
 30 [5\(24\)\(v\), and whose care may or shall be administered by the department of behavioral](#)  
 31 [healthcare, developmental disabilities and hospitals after the age of twenty-one \(21\) years. The](#)  
 32 [transition planning shall commence at least twelve \(12\) months prior to the person's twenty-first](#)  
 33 [\(21st\) birthday and shall result in a collaborative plan submitted to the family court by both](#)  
 34 [behavioral healthcare, developmental disabilities and hospitals and the department of children,](#)

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1 [youth and families and shall require the approval of the court prior to the dismissal of the abuse,](#)  
 2 [neglect, dependency or miscellaneous petition.](#) <sup>{add}</sup>  
 3 ~~(17)~~ <sup>{add}</sup> (19) To act in the capacity of "state mental health authority" as that  
 4 term has  
 5 meaning for a coordination of state mental health planning and policy, and as it also relates to  
 6 requirements set forth in pertinent federal mental health laws and regulations.  
 7 ~~(18)~~ <sup>{add}</sup> (20) To propose, review, and/or approve, as appropriate, proposals,  
 8 policies, or plans  
 9 involving insurance or managed care systems for mental health services in Rhode Island or those  
 10 aimed at improving the overall mental health of Rhode Island residents when the proposals,  
 11 policies or plans relate to the publicly administered integrated state mental health service system.  
 12 SECTION 4. This act shall take effect upon passage.



**MOTION: To find a beneficial if amended to start transition planning at 14 years old 2014 S 3046 An Act Relating to Delinquent and Dependent Children -- Proceedings in Family Court, as a substitute for 2014 H 7133 Article 26 An Article Relating to Children, Youth, and Families**  
 Motion moved by KH, seconded by RCa, passed abstained LD

**Commission Opposes unless amended 1 budget article (100% not favorable)**

**1 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 51 bills Beneficial (19.6% favorable)**

**5 Passed and Referred to**

House Desk (not transferred to Senate)

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.

House Health, Education & Welfare Committee

14 S2385 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.

House Judiciary Committee

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

Sen. Sosnowski

Requested by the Attorney General

House letter

5/19/2014 Testified:

Senate letter

4/22/2014 Testified:

Gov.

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

Sen. Paiva Weed

House letter

5/19/2014 Testified:

Senate letter

4/22/2014 Testified:

Gov.

Senate Health and Human Services Committee

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.

**1 Recommend Passage**

Senate Desk

14 S2652 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.

**4 Scheduled for consideration**

House Corporations Committee

Next Action on: 6/3/2014 @ Rise in rm 203

14 S 2801 Sub A as Amended AN ACT RELATING TO INSURANCE - INSURANCE COVERAGE FOR MENTAL ILLNESS AND SUBSTANCE USE DISORDERS

Sen. Jabour Identical to H 8042

House letter 5/19/2014 Testified: Senate letter 3/27/2014 Testified: Gov.

House Judiciary Committee

Next Action on: 6/3/2014 @ Rise in rm 101

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.

Senate Finance Committee

Next Action on: 6/03/2014 @ Rise in rm 211

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.

Senate Health & Human Services Committee

Next Action on: 6/03/2014 @ Rise in rm 211

14 S 2505 AN ACT RELATING TO INSURANCE

Sen. Pearson

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

**1 Scheduled for hearing and/or consideration**

14 H 8042 Sub A AN ACT RELATING TO INSURANCE - INSURANCE COVERAGE FOR MENTAL ILLNESS AND SUBSTANCE USE DISORDERS

Rep. Serpa Identical to S 2801

House letter 5/6/2014 Testified: Senate letter Testified: Gov.

**36 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 8201 AN ACT RELATING TO INSURANCE - PRESCRIPTION DRUG COVERAGE

Rep. O'Grady Identical to S 2501  
House letter 5/27/2014 Testified: Senate letter Testified: Gov.  
House Finance Committee  
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.  
14 H 7817 AN ACT RELATING TO STATE AFFAIRS AND GOVERNMENT - THE RHODE ISLAND HEALTH BENEFITS EXCHANGE ACT  
Rep. Morgan Identical to S 2740  
House letter 5/19/2014 Testified: Senate letter Testified: Gov.  
House Health, Education, & Welfare Committee  
14 H 7068 AN ACT RELATING TO PUBLIC UTILITIES COMMISSION - INFORMATION ACCESSIBILITY SERVICE FOR PERSONS WITH DISABILITIES  
Rep. Naughton  
House letter 2/6/2014 Testified: 2/26/2014 Senate letter Testified: Gov.  
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 7981 AN ACT RELATING TO FOOD AND DRUGS - THE EDWARD O. HAWKINS AND THOMAS C. SLATER MEDICAL MARIJUANA ACT  
Rep. Slater  
House letter 5/19/2014 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 Finance Committee  
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.

Senate Health and Human Services Committee

14 S 2501 AN ACT RELATING TO INSURANCE - PRESCRIPTION DRUG COVERAGE

Sen. Nesselbush Identical to H 8201

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

14 S 2876 AN ACT RELATING TO HUMAN SERVICES - MEDICAL ASSISTANCE

Sen. Goodwin

House letter                      Testified:                      Senate letter                      5/19/2014 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 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.

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.

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                      5/19/2014 Testified:                      Gov.

**6 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 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 2740 AN ACT RELATING TO STATE AFFAIRS AND GOVERNMENT - THE RHODE ISLAND HEALTH BENEFITS EXCHANGE ACT

Sen. Bates Identical to H 7817

House letter 14 S 2741 AN ACT RELATING TO PUBLIC UTILITIES AND CARRIERS - TAXICABS AND LIMITED PUBLIC MOTOR	Testified:	Senate letter 5/19/2014	Testified:	Gov.
Sen. DaPonte	Requested by the RI Public Transit Authority			
House letter	Testified:	Senate letter 4/22/2014	Testified:	Gov.
<u>Senate Health and Human Services Committee</u>				
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.
<u>Senate Judiciary Committee</u>				
14 S 2233 AN ACT RELATING TO COURTS AND CIVIL PROCEDURE--COURTS				
Sen. Miller				
House letter	Testified:	Senate letter 3/12/2014	Testified:	Gov.
<b>Legislation Committee finds these 18 bills Beneficial if amended (0.0% favorable)</b>				
<b>1 Recommend Passage</b>				
<u>House Calendar</u>				
Next Action on: 6/04/2014 # 008				
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	5/22/2014	Testified:	Senate letter	Testified: Gov.
<b>1 Scheduled for hearing and/or consideration</b>				
<u>House Health, Education, &amp; Welfare Committee</u>				
14 H 7577 AN ACT RELATING TO INSURANCE - HEARING AIDS				
Rep. Jacquard				
House letter	3/24/2014	Testified:	Senate letter	Testified: Gov.
<b>15 Held for Further Study, Continued, or Heard</b>				
<u>House Finance Committee</u>				
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.
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.
<u>House Health, Education, &amp; Welfare Committee</u>				
14 H 7168 AN ACT RELATING TO STATE AFFAIRS AND GOVERNMENT -- ELDERLY AFFAIRS DEPARTMENT				
Rep. Ucci				
House letter	2/6/2014	Testified:	Senate letter	Testified: Gov.
14 H 7367 AN ACT RELATING TO EDUCATION - SCHOOL AND YOUTH PROGRAMS CONCUSSION ACT				
Rep. Gallison	Identical to S 2181			
House letter	3/12/2014	Testified:	Senate letter	Testified: Gov.
14 H 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	3/12/2014	Testified:	Senate letter	Testified: Gov.
14 H 7993 AN ACT RELATING TO HEALTH AND SAFETY - FREEDOM FROM LIFE-THREATENING PHYSICAL RESTRAINT ACT				
Rep. Gallison				

House letter	Testified:	Senate letter	Testified:	Gov.
<u>House Veterans Affairs Committee</u>				
14 H 7155 AN ACT RELATING TO MILITARY AFFAIRS AND DEFENSE - BURIAL OF VETERANS				
Rep. Gallison				
House letter	2/6/2014	Testified:	Senate letter	Testified: Gov.
<u>Senate Education Committee</u>				
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.
<u>Senate Finance Committee</u>				
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.
14 S2484 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.
<u>Senate Health and Human Services Committee</u>				
14 S2701 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.
<u>Senate Judiciary Committee</u>				
14 S2094 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	5/22/2014	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	5/23/2014	Testified: 5 /27/2014 Gov.
<b>1 Referred to Committee</b>				
<u>Senate Judiciary Committee</u>				
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.
<b>Legislation Committee finds these 20 bills Harmful (100% favorable)</b>				
<b>1 Withdrawn by sponsor</b>				
<u>House Finance Committee</u>				
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.
<b>15 Held for Further Study, Continued, or Heard</b>				
<u>House Finance Committee</u>				
14 H 7040 AN ACT RELATING TO TOWNS AND CITIES -- STATE AID				
Rep. Edwards				
House letter	2/6/2014	Testified:	Senate letter	Testified: Gov.
14 H 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.
<u>House Health, Education, &amp; Welfare Committee</u>				
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 to H 7661  
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 2/6/2014 Testified: Gov.  
14 S 2117 AN ACT RELATING TO MOTOR AND OTHER VEHICLES -- PARKING FACILITIES AND PRIVILEGES  
Sen. Doyle  
House letter Testified: Senate letter 2/6/2014 Testified: Gov.  
Senate Education Committee  
14 S 2057 AN ACT RELATING TO HUMAN SERVICES -- RHODE ISLAND WORKS PROGRAM-- COMPULSORY  
Sen. Picard By Request Identical to H 7355  
House letter Testified: Senate letter 3/12/2014 Testified: Gov.  
Senate Finance Committee  
14 S 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.  
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.  
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 5/6/2014 Testified: Gov.

**5 Referred to Committee**  
House Finance 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 S2027 AN ACT RELATING TO MOTOR AND OTHER VEHICLES -- MOTOR FUEL TAX  
Sen. Felag  
House letter Testified: Senate letter 2/6/2014 Testified: Gov.  
14 S2745 AN ACT RELATING TO HUMAN SERVICES -- MEDICAL ASSISTANCE  
Sen. Goodwin Identical to H 7558  
House letter Testified: Senate letter 3/24/2014 Testified: Gov.

**Legislation Committee finds these 4 bill Harmful unless amended (100% favorable)**

**1 Scheduled for consideration**

Senate Health and Human Services Committee

Next action on 06/03/2014 @ Rise in rm 211

14 S 2355 AN ACT RELATING TO BEHAVIORAL HEALTHCARE, DEVELOPMENTAL DISABILITIES AND HOSPITALS - DEVELOPMENTAL DISABILITIES OMBUDSPERSON ACT OF 2014

Sen. Ottiano Requested by the Developmental Disabilities Council Identical to H 7346 Similar to H 7324  
House letter                      Testified:                      Senate letter                      Testified: 3/4/2014    Gov.

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

House Finance Committee

14 H 7324 AN ACT RELATING TO BEHAVIORAL HEALTHCARE, DEVELOPMENTAL DISABILITIES AND HOSPITALS - DEVELOPMENTAL DISABILITIES OMBUDSPERSON ACT OF 2014

Rep. Blazejewski Similar to H 7346 & S 2355

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

14 H 7346 AN ACT RELATING TO BEHAVIORAL HEALTHCARE, DEVELOPMENTAL DISABILITIES AND HOSPITALS - DEVELOPMENTAL DISABILITIES OMBUDSPERSON ACT OF 2014

Rep. Naughton Requested by the Developmental Disabilities Council Identical to S 2355, Similar to H 7324

House letter    3/12/2014 Testified: 4 /30/2014 Senate letter                      Testified:                      Gov.

House Judiciary Committee

14 H 7505 AN ACT RELATING TO BUSINESSES AND PROFESSIONS -- CRIMINAL RECORD BACKGROUND CHECKS

Rep. Ajello

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

**Monitor these 4 bills**

**3 Scheduled for hearing and./or consideration**

House Finance Committee

Next Action on: 6/03/2014 @ Rise in Senate Lounge

14 H 7361 AN ACT RELATING TO STATE AFFAIRS AND GOVERNMENT - THE AGING IN COMMUNITY OF 2014

Rep. Blazejewski Identical to S 2215

Senate Finance Committee

Next Action on: 6/05/2014 @ Rise in rm 211

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

**1 Referred to Committee**

House Finance Committee

14 H 7251 AN ACT RELATING TO HUMAN SERVICES -- PUBLIC ASSISTANCE

Rep. Gallison Identical to S 2471



***4:15 July Public Forums on the Concerns of People with Disabilities and their Families, Linda Ward***

**Purpose/Goal: To plan the July Public Forums.**

Discussion: Recommend

A. Shifting 2 forum locations: Bristol Public Library instead of East Providence Senior, & Charlestown Police Station instead of South Kingstown Public Library.

B. Conducting a mini-forum at Zambarano Hospital.

Host	Date/Time	Location
	Monday July 21 <sup>st</sup>	
O.S.C.I.L.	Tuesday, July 22 <sup>nd</sup> 2 to 4 PM	Warwick Public Library
	Wednesday July 23 <sup>rd</sup>	

	Thursday July 24 <sup>th</sup>	
	Friday July 25 <sup>th</sup>	
	<b><i>4:25 Agenda for the Next Meeting, Jack Ringland</i></b>	
	<b>Purpose/Goal: To set the agenda for the next meeting.</b>	
	Discussion: The Legislation Committee meetings in 2014 will be on the 1 <sup>st</sup> Monday 3 - 4:30 PM: 02/03 <sup>rd</sup> ; 03/03 <sup>rd</sup> ; 04/07 <sup>th</sup> ; 05/5 <sup>th</sup> ; 06/02 <sup>nd</sup> ; 07/07 <sup>th</sup> ; 08/04 <sup>th</sup> ; 09/08 <sup>th</sup> ; 10/27 <sup>th</sup> ; and 12/01 <sup>st</sup> .	
	<b><i>4:30 Adjournment, Jack Ringland</i></b>	
	Potential MOTION: To adjourn at 4:29 PM Motion moved by RCa, seconded by AS, passed unanimously	