



**Governor's Commission on Disabilities**  
**Legislation Committee**  
**Tuesday, February 3, 2015 3:00 PM - 4:30 PM**  
 John O. Pastore Center, 41 Cherry Dale Court,  
 Cranston, RI 02920-3049  
 (voice) 401-462-0107 (fax) 462-0106 (tty) via RI Relay 711  
 (e-mail) [GCD.Disabilities@gcd.ri.gov](mailto:GCD.Disabilities@gcd.ri.gov) (website) [www.disabilities.ri.gov](http://www.disabilities.ri.gov)



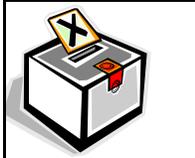
**Attendees:** Linda Ward (Chair.); Regina Connor; Heather Daglieri; & Angelina Stabile  
**Absentees:** Jack Ringland (Vice Chair); Rosemary C. Carmody; Linda Deschenes; Timothy Flynn; Casey Gartland; Kathleen Heren; William R. Inlow; Paula Parker; Arthur M. Plitt; Msgr. Gerard O. Sabourin; Meredith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



**Guest:** Debra Sharpe, Brain Injury Association of RI  
**Staff:** Bob Cooper



**3:00 Call to Order and Acceptance of the Minutes, Linda Ward, Chair**  
 Chair calls the meeting to order at 3:09 PM  
 Introductions of Commissioners and guests



**MOTION:** To accept the minutes of the previous meeting as presented  
 Motion moved by AS, seconded by RCo, passed unanimously

**Action Items:**



**3:05 2015 Legislative Package, Bob Cooper, Executive Secretary**  
**Purpose/Goal:** To review the status of the Commission's legislative package and approve draft bills



The Governor's Legislative and Policy Office asked all agencies first submit draft legislation for them to review. On Wednesday February 4<sup>th</sup> at 2 pm at the State House, they have invited state agencies to attend a meeting in room 128.

**Draft Act Relating To Insurance - Coverage For Prescription Drugs**

The Committee decided that only one bill would be introduced by the Commission this year, relating to **Coverage For Prescription Drugs**.  
 This act would require any healthcare insurance to notify authorized prescribers, network pharmacies, and pharmacists at least sixty (60) days' prior to removing a prescription drug from its plan's formulary, or making any change in the preferred or tiered cost-sharing status of a covered prescription drug. Any healthcare insurance must provide direct written notice to affected subscribers at least sixty (60) days prior to the date the change becomes effective; or at the time an affected subscriber requests a refill of the prescription drug, provide such subscriber with a sixty (60) day supply of the prescription drug under the same terms as previously allowed, and written notice of the formulary change.  
 This act would take effect on January 1, 2016

1 SECTION 1. Section 27-18-50 of Chapter 27-18 the General Laws entitled "Accident and Sickness  
2 Insurance Policies" is hereby amended to read as follows:

3 **§ 27-18-50 Drug coverage.** – (a) Any accident and sickness insurer that utilizes a formulary of  
4 medications for which coverage is provided under an individual or group plan master contract shall  
5 require any physician or other person authorized by the department of health to prescribe  
6 medication to prescribe from the formulary. A physician or other person authorized by the  
7 department of health to prescribe medication shall be allowed to prescribe medications previously  
8 on, or not on, the accident and sickness insurer's formulary if he or she believes that the prescription  
9 of the non-formulary medication is medically necessary. An accident and sickness insurer shall be  
10 required to provide coverage for a non-formulary medication only when the non-formulary  
11 medication meets the accident and sickness insurer's medical exception criteria for the coverage of  
12 that medication.

13 (b) An accident and sickness insurer's medical exception criteria for the coverage of non-formulary  
14 medications shall be developed in accordance with § 23-17.13-3(c)(3).

15 (c) Any subscriber who is aggrieved by a denial of benefits to be provided under this section may  
16 appeal the denial in accordance with the rules and regulations promulgated by the department of  
17 health pursuant to chapter 17.12 of title 23.

18 (d) <sup>{add}</sup>Prior to removing a prescription drug from its plan's formulary, or making any change in the  
19 preferred or tiered cost-sharing status of a covered prescription drug, a accident and sickness insurer  
20 must provide at least sixty (60) days' notice to authorized prescribers, network pharmacies, and  
21 pharmacists prior to the date such change becomes effective, and must either—

22 (A) Provide direct written notice to affected subscribers at least sixty (60) days prior to the date the  
23 change becomes effective; or

24 (B) At the time an affected subscriber requests a refill of the prescription drug, provide such  
25 subscriber with a sixty (60) day supply of the prescription drug under the same terms as previously  
26 allowed, and written notice of the formulary change.

27 (ii) The written notice must contain the following information-

28 (A) The name of the affected prescription drug;

29 (B) Whether the plan is removing the prescription drug from the formulary, or changing its preferred  
30 or tiered cost-sharing status;

31 (C) The reason why the plan is removing such prescription drug from the formulary, or changing its  
32 preferred or tiered cost-sharing status;

33 (D) Alternative drugs in the same therapeutic category or class or cost-sharing tier and expected cost-  
34 sharing for those drugs; and

35 (E) The means by which subscribers may obtain a coverage determination under or exception.

36 (iii) A accident and sickness insurer may immediately remove from their plan formularies covered  
37 prescription drugs deemed unsafe by the Food and Drug Administration or removed from the market  
38 by their manufacturer without meeting the requirements of paragraphs (d)(i) of this section.  
39 nonprofit dental service corporation must provide retrospective notice of any such formulary changes  
40 to affected subscribers, authorized prescribers, network pharmacies, and pharmacists consistent with  
41 the requirements of paragraphs (d)(ii)(A), (d)(ii)(B), (d)(ii)(C), and (d)(ii)(D) of this section.<sup>{add}</sup>

42 (e) This section shall not apply to insurance coverage providing benefits for: (1) hospital confinement  
43 indemnity; (2) disability income; (3) accident only; (4) long term care; (5) Medicare supplement; (6)  
44 limited benefit health; (7) specified disease indemnity; (8) sickness or bodily injury or death by  
45 accident or both; or (9) other limited benefit policies.

- 1 SECTION 2. Section 27-19-42 of Chapter 27-19 the General Laws entitled "Nonprofit Hospital Service  
 2 Corporations" is hereby amended to read the same as above.  
 3 SECTION 3. Section 27-20-37 of Chapter 27-20 the General Laws entitled "Nonprofit Medical Service  
 4 Corporations" is hereby amended to read the same as above.  
 5 SECTION 4. Section 27-20.1-15 of Chapter 27-20.1 the General Laws entitled "Nonprofit Dental  
 6 Service Corporations" is hereby amended to read the same as above.  
 7 SECTION 5. Section 27-41-51 of Chapter 27-41 the General Laws entitled " Health Maintenance  
 8 Organizations" is hereby amended to read the same as above.  
 9 SECTION 6. This act shall take effect on January 1, 2016

	<p><b>MOTION:</b> To direct staff to find sponsors and have the draft bill An Act Related to Insurance - Coverage For Prescription Drugs, introduced as written          Motion moved by RCo, seconded by AS, passed unanimously</p>
	<p><i>3:10 Recently filed legislation that may impact people with disabilities, Bob Cooper</i></p>
	<p><b>Purpose/Goal:</b> To review recently filed legislation, determine the potential impact on people with disabilities, and adopt legislative impact statements</p>
	<p><b>2015 H 5083 An Act Relating to Cities and Towns - State Aid</b></p>
	<p>By Rep. Edwards in House Finance Committee          This act would provide that if during any fiscal year the state reimbursement to cities and towns and school districts is insufficient to cover the costs of state mandates as reported by the department of revenue, those affected cities, towns and school districts may cease implementation of state mandates at their discretion up to fifty percent (50%) of the value of the reimbursement shortfall.</p>

SECTION 1. Section 45-13-9 of the General Laws in Chapter 45-13 entitled "State Aid" is hereby amended to read as follows:

**45-13-9. Reimbursement to cities and towns and school districts for the costs of state mandates.** -- (a) (1) The department of revenue shall submit to the budget office by October 1 of

each year, a report by each city and town, of the cost of state mandates established after January 1, 1979, to be reimbursed for the next preceding July 1 -- June 30 period.

(2) The budget office shall annually include the statewide total of the statement of costs of state mandates eligible to be reimbursed in the state budget for the next fiscal year for consideration by the governor in preparing a final budget proposal for submission to the general assembly in accordance with § 35-3-7 of the General Laws; provided, that any costs resulting from the rules and regulations of state departments or agencies shall be allocated to the budgets of those departments or agencies.

(b) The state treasurer shall in July of each year distribute to cities and towns the reimbursements for state mandated costs as may be appropriated by the general assembly.

<sup>{add}</sup>(c) If during any fiscal year the state reimbursement to cities and towns and school districts is insufficient to cover the costs of state mandates as reported by the department of revenue, the affected cities, towns and school districts may cease implementation of the state mandates at their discretion up to fifty percent (50%) of the value of the reimbursement shortfall, provided that:

(1) Existing personnel contracts are honored in their entirety or renegotiated to the satisfaction of both parties; and

(2) Implementation of state mandates is restored upon the full restoration of state

[reimbursements.](#) {add}

SECTION 2. This act shall take effect upon passage.

	<b>MOTION: To find harmful 2015 H 5083 An Act Relating to Cities and Towns - State Aid</b> Motion moved by AS, seconded by RCo, passed unanimously
	<b>2015 H 5219 An Act Relating To Insurance - Access To Opioid Analgesics With Abuse-Deterrent Properties</b>
	By Rep. Edwards in House Corporations This act would require policies and plans issued by health insurers to cover abuse-deterrent drug formulations of opioid analgesics in the same manner in which the policies and plans cover non-abuse deterrent drugs formations. This act would take effect upon passage.

SECTION 1. Title 27 of the General Laws entitled "INSURANCE" is hereby amended by adding thereto the following chapter:

{add} **CHAPTER 81**

**ACCESS TO OPIOID ANALGESICS WITH ABUSE-DETERRENT PROPERTIES**

**27-81-1. Findings.** -- The general assembly hereby finds and declares that:

- (1) The abuse of opioids is a serious problem that affects the health, social and economic welfare of the state.
  - (2) An estimated four million five hundred thousand (4,500,000) people in the United States suffered from substance use disorders related to prescription opioid pain relievers in 2012.
  - (3) The number of unintentional overdose deaths involving prescription pain relievers has more than quadrupled since 1999.
  - (4) It is imperative for people suffering from pain to get the relief they need while minimizing the potential for negative consequences from pain treatment.
- 21-81-2. Definitions.**-- (a) "Abuse-deterrent opioid analgesic drug product" means a brand or generic opioid analgesic drug product approved by the United States Food and Drug Administration (FDA) with abuse-deterrence labeling claims that indicate the drug product is expected to result in a meaningful reduction in abuse.
- (b) "Cost sharing" means any coverage limit, copayment, coinsurance, deductible, or other out-of-pocket patient expense requirements.
- (c) "Healthcare services" means any services included in the furnishing to any individual of medical, podiatric, or dental care, or hospitalization, or incident to the furnishing of that care or hospitalization, and the furnishing to any person of any and all other services for the purpose of preventing, alleviating, curing, or healing human illness, injury, or physical disability.
- (d) "Health maintenance organization" means a health maintenance organization as defined in chapter 41 of this title.
- (e) "Insurer" means any person, firm or corporation offering and/or insuring health services on a prepaid basis, including, but not limited to, a nonprofit service corporation, a health maintenance organization, or an entity offering a policy of accident and sickness insurance. It includes all persons, firms, or corporations providing health benefits coverage for employees on a self-insurance basis without the intervention of other entities.
- (f) "Nonprofit service corporation" means a nonprofit hospital service corporation as defined in chapter 19 of this title or a nonprofit medical service corporation as defined in chapter 20 of this title.
- (g) "Opioid analgesic drug product" means a drug product in the opioid analgesic drug class prescribed to treat moderate to severe pain or other conditions, whether in immediate release

or extended release/long-acting form and whether or not combined with other drug substances to form a single drug product or dosage form.

(h) "Policy of accident and sickness insurance" means a policy of accident and sickness insurance as defined in chapter 18 of this title.

21-81-3. Coverage. -- (a) Each insurer that issues individual or group accident and sickness insurance policies for health care services and/or provides health plans for health care services shall provide coverage for abuse-deterrent opioid analgesic drug products as preferred drug products on formulary, or a preferred drug list, or other lists of similar construct.

(b) Cost-sharing for abuse-deterrent opioid analgesic drug products shall not exceed the lowest cost-sharing level applied to prescription drugs under the applicable health plan or policy.

(c) An increase in patient cost-sharing or disincentives for prescribers or dispensers shall not be allowed to achieve compliance with this section.

21-81-4. Utilization Management.-- (a) Any prior authorization requirements or other utilization review measures for opioid analgesics, and any service denials made pursuant thereto, shall not require the use of non-abuse-deterrent opioid analgesic drug products in order for the patient to access abuse-deterrent opioid analgesic drug products.

(b) This section shall not be construed to prevent an insurer or health plan from applying prior authorization requirements to abuse-deterrent opioid analgesic drug products, provided that such requirements are applied to non-abuse-deterrent versions of that opioid. <sup>{add}</sup>

SECTION 2. This act shall take effect upon passage.

	MOTION: To find beneficial 2015 H 5219 An Act Relating To Insurance - Access To Opioid Analgesics With Abuse-Deterrent Properties Motion moved by AS, seconded by RCo, passed unanimously
-----	2015 H 5176 An Act Relating To Insurance - Accident And Sickness Insurance Policies
	By Rep. Casey in House Corporations This act would require that health insurance policies include coverage for temporomandibular joint disorder (TMJ). This act would take effect upon passage.

SECTION 1. Chapter 27-18 of the General Laws entitled "Accident and Sickness Insurance Policies" is hereby amended by adding thereto the following section:

<sup>{add}</sup> **27-18-82. Mandatory coverage for temporomandibular joint disorder. – Every individual or group hospital or medical expense insurance policy or individual or group hospital or medical services plan contract delivered, issued for delivery, or renewed in this state on or after January 1, 2015 shall provide coverage for diagnostic testing and treatment of temporomandibular joint disorder; provided, however, this section shall not apply to insurance coverage providing benefits for:**

- (1) Hospital confinement indemnity;
- (2) Disability income;
- (3) Accident only;
- (4) Long-term care;
- (5) Medicare supplement;
- (6) Limited benefit health;
- (7) Specified disease indemnity;
- (8) Sickness or bodily injury or death by accident or both; and
- (9) Other limited benefit policies. <sup>{add}</sup>

SECTION 2. Chapter 27-19 of the General Laws entitled "Nonprofit Hospital Service Corporations" is hereby amended to read as above.

SECTION 3. Chapter 27-20 of the General Laws entitled "Nonprofit Medical Service Corporations" is hereby amended to read as above.

SECTION 4. Chapter 27-20.1 of the General Laws entitled "Nonprofit Dental Service Corporations" is hereby amended to read as above.

SECTION 5. Chapter 27-41 of the General Laws entitled "Health Maintenance Organizations" is hereby amended to read as above.

SECTION 6. This act shall take effect upon passage.

	<p><b>MOTION: To find beneficial 2015 H 5176 An Act Relating To Insurance - Accident And Sickness Insurance Policies</b> Motion moved by RCo, seconded by AS, passed unanimously</p>
	<p>2015 H 5014 An Act Relating To State Affairs And Government -- Commission On Standards And Training</p>
	<p>Rep. Lombardi in House Health, Education, &amp; Welfare Committee Scheduled for hearing 2/4/15 @ Rise in rm 101 This act would add to General Laws entitled "Police Commission on Standards and Training" requiring mandatory training standards to be prepared and published for police officers and trainees, in identifying, responding, and handling all incidents involving any person with a developmental disability with new language defined as manifested at any age, not as previously defined as regarding persons manifesting before age 22. This act would take effect upon passage.</p>

SECTION 1. Chapter 42-28.2 of the General Laws entitled "Police Officers - Commission on Standards and Training" is hereby amended by adding thereto the following section:

<sup>{add}</sup> **42-28.2-8.3. Educational requirements -- Development disability recognition training.** -- The commission on standards and training shall prepare and publish mandatory training standards to provide instruction for police officers in identifying, responding to, handling, investigating and reporting all incidents involving any person with a "developmental disability" as defined in § 40.1-1-8.1. The commission shall include this training in all curricula for recruits and in-service trainees, in all police academies operated or certified by the commission. <sup>{add}</sup>

SECTION 2. Section 40.1-1-8.1 of the General Laws in Chapter 40.1-1 entitled "Department of Behavioral Healthcare, Developmental Disabilities and Hospitals" is hereby amended to read as follows:

**40.1-1-8.1. "Developmental disability" defined.** -- The term "developmental disability" means a severe, chronic disability of a person which:

- (1) Is attributable to a mental or physical impairment or combination of mental and physical impairments;
- (2) Is manifested <sup>{delete}</sup> ~~before the person attains age twenty two (22)~~ <sup>{delete}</sup> ~~(22)~~ <sup>{add}</sup> at any age <sup>{add}</sup>;
- (3) Is likely to continue indefinitely;
- (4) Results in substantial functional limitations in three (3) or more of the following areas of major life activity:
  - (i) Self-care;
  - (ii) Receptive and expressive language;

- (iii) Learning;
  - (iv) Mobility;
  - (v) Self-direction;
  - (vi) Capacity for independent living; and
  - (vii) Economic self-sufficiency; and
- (5) Reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services which are of life-long or extended duration and are individually planned and coordinated.

SECTION 3. This act shall take effect upon passage.

	<p><b>MOTION: To find harmful if not amended to remove Section 2 2015 H 5014 An Act Relating To State Affairs And Government -- Commission On Standards And Training and merged with 2015 H 5015</b>  <b>Motion moved by AS, seconded by RCo, passed/unanimously</b></p>
	<p>2015 H 5015 An Act Relating To State Affairs And Government -- Commission On Standards And Training</p>
	<p>Rep. Lombardi in House Health, Education, &amp; Welfare Committee Scheduled for hearing 2/4/15 @ Rise in rm 101  This act would require for Police Officer Commission on Standards and Training to establish, prepare, and publish mandatory training standards for police officers and trainees in all incidents involving mental health literacy. The commission shall include certification in the Mental Health First Aid USA curriculum for recruits and subsequently annually for all state police departments.  The commission shall appoint at least one member from the mental health advocacy community as an advisor.  This act would take effect upon passage.</p>

SECTION 1. Chapter 42-28.2 of the General Laws entitled "Police Officers - Commission on Standards and Training" is hereby amended by adding thereto the following section:

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

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

SECTION 2. This act shall take effect upon passage.

	<p><b>MOTION To reconsider 2015 H 5014 An Act Relating To State Affairs And Government -- Commission On Standards And Training.</b>  <b>Motion moved by AS, seconded by RCo, passed, Abstain HD.</b></p>
---	--

	<p><b>2015 H 5015 An Act Relating To State Affairs And Government -- Commission On Standards And Training</b></p>
	<p>Rep. Lombardi in House Health, Education, &amp; Welfare Committee Scheduled for hearing 2/4/15 @ Rise in rm 101  This act would require for Police Officer Commission on Standards and Training to establish, prepare, and publish mandatory training standards for police officers and trainees in all incidents involving mental health literacy. The commission shall include certification in the Mental Health First Aid USA curriculum for recruits and subsequently annually for all state police departments.  The commission shall appoint at least one member from the mental health advocacy community as an advisor.  This act would take effect upon passage.</p>

SECTION 1. Chapter 42-28.2 of the General Laws entitled "Police Officers - Commission on Standards and Training" is hereby amended by adding thereto the following section:

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

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

SECTION 2. This act shall take effect upon passage.

	<p>MOTION To find harmful if not amended 2015 H 5014 An Act Relating To State Affairs And Government -- Commission On Standards And Training to remove Section 2 and merged with 2015 H 5015 , to remove the Emergency Certification (BHDDH), add advisory committee representatives DD &amp; BH.  Motion moved by AS, seconded by RCo, passed, Abstain HD.</p>
	<p><b>2015 H 5144 An Act Relating To Public Utilities And Carriers - Public Transit Authority</b></p>
	<p>Rep. Chippendale in House Finance Committee  This act would mandate the Rhode Island public transit authority provide basic public transit services to all cities and towns except for the town of New Shoreham.  This act would take effect upon passage.</p>

SECTION 1. Chapter 39-18 of the General Laws entitled "Rhode Island Public Transit Authority" is hereby amended by adding thereto the following section:

<sup>{add}</sup>**39-18-25. Basic service.** – The Rhode Island public transit authority shall provide basic public transit services to all cities and towns with the exception of the town of New Shoreham. <sup>{add}</sup>

SECTION 2. This act shall take effect upon passage.



**MOTION: To find beneficial 2015 5144 An Act Relating To Public Utilities And Carriers - Public Transit Authority**  
 Motion moved by AS, seconded by RCo, passed abstained HD

***General Assembly Deadlines***

Last Day for Senate Public Bill Introduction	Thursday, --, 2015
Last Day for House Public Bill Introduction	Thursday, February 12, 2015
Winter Recess	February 16-20, 2015
Reconvene	Tuesday, February 24, 2015
Last Day for Senate Committee Consideration of Senate Bills	Thursday, --, 2015
Initial House Bill hearing Deadline for House Committees	Tuesday, April 15, 2015
Spring Recess	April 20-24, 2015
Reconvene	Tuesday, April 28, 2015



***4:25 Agenda for the Next Meeting, Linda Ward***

**Purpose/Goal: To set the agenda for the next meeting.**

Discussion: The Legislation Committee meetings in 2015 will be on the 1<sup>st</sup> Monday 3 - 4:30 PM: 03/02<sup>nd</sup>; 04/06<sup>th</sup>; 05/4<sup>th</sup>; 06/01<sup>st</sup>; 07/06<sup>th</sup>; 08/10<sup>th</sup>; 09/21<sup>st</sup>; 11/02<sup>nd</sup>; and 12/07<sup>th</sup>.



***4:30 Adjournment, Linda Ward***

**MOTION: To adjourn at 3:49 PM**  
 Motion moved by AS, seconded by RCo, passed unanimously