



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

Monday, May 4, 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
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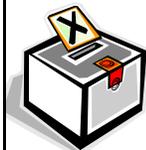
Attendees: Linda Ward (Chair.); Jack Ringland (Vice Chair.); Regina Connor; Heather Daglieri; Casey Gartland; Barbara Henry; Meredith Sheehan; Angelina Stabile
Absentees: Rosemary C. Carmody; Linda Deschenes; Timothy Flynn; Kathleen Heren; William R. Inlow; Paula Parker; Arthur M. Plitt; Msgr. Gerard O. Sabourin; ; & Dawn Wardyga

Guests: Benjamin Salzillo
Staff: Bob Cooper



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

Vice Chair calls the meeting to order at 3:18 PM
 Introductions of Commissioners and guests



Potential MOTION: To accept the minutes of the previous meeting as *revised as follows Vice Chair Jack Ringland presided in the absence of the chair.*
 Motion moved by AS, seconded by RCo, *passed unanimously*

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



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

Bills tabled at the April meeting

2015 S 0270 An Act Relating to Probate Practice and Procedure - Limited Guardianship and Guardianship of Adults

Sen. Metts in Senate Judiciary Committee [Arthur Plitt]
 This act would require that legally appointed guardians, whether temporary or permanent, file for their ward, a durable power of attorney for health care and/or a living will within thirty (30) days of their appointment to the probate court or the United States Department of Veteran's Affairs. Further, they would be mandated to determine the wishes of their ward and to follow those wishes as expressed in those documents. This act would take effect upon passage.
Comments from ABLTC: I do support this bill, some of the language is so so but it does ensure that End of Life wishes are recognized. I deal with many cases that people who are dying even with a Guardian don't have a clear picture of what the person may have wanted. Guardians left on their own are sometimes not willing to make end of life decisions and want to go back to court and have the judge decide.
Best Kathy

1 SECTION 1. Chapter 33-15 of the General Laws entitled "Limited Guardianship and
2 Guardianship of Adults" is hereby amended by adding thereto the following section:

3 ^{add} **33-15-48. The Guardian Health Care Directive Act.** – (a) Any legally appointed
4 guardian, whether acting in a temporary or permanent capacity, is under duty to file the durable
5 power of attorney for health care and/or living will of their appointed ward, with either the
6 probate court or the United States Department of Veteran's Affairs, within thirty (30) days of
7 his/her appointment.

8 (b) Any legally appointed guardian is to actively inquire of any agent named within the
9 durable power of attorney for health care and/or living will, as to the wishes of the ward within
10 their charge and named within said document and is then required to report his/her findings to the
11 appointed authority.

12 (c) Any legally appointed guardian is to be bound by any and all statements contained
13 within the durable power of attorney for health care and/or living will, of the ward within their
14 charge, and/or any additional directions given to the agent named therein.^{add}

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

	<p>MOTION: To find <i>beneficial</i> 2015 S 0270 An Act Relating to Probate Practice and Procedure - Limited Guardianship and Guardianship of Adults Motion moved by AS, seconded by RCo, <i>passed abstained HD</i></p>
	<p>15 H 5697 An Act Relating to Education -- Instruction for Deaf or Hard-of-Hearing Students</p>
	<p>Rep. Handy Held in House Health, Education, & Welfare Committee [Casey Gartland] This act would mandate that the department of education in conjunction with the department of human services develop programs to assess and monitor developmental language benchmarks for deaf and hard-of-hearing children and would require that Individual Education Plans and Individual Family Service Plans include recommendations and plans to assist the child in becoming linguistically age-appropriate and kindergarten ready. Language experts would be part of the IEP and IFSP teams. This act would take effect on July 1, 2017. <i>Comment from CDHH: Yes, HB 5697 is a CDHH-sponsored bill. We need to make an amendment to this bill per concern that was heard at the hearing. The language is being worked on right now. At the hearing a couple of weeks ago, all witnesses including RICDHH are in favor and no one is opposing it. Please let me know if you have questions or concerns.</i> <i>Steve</i></p>

1 SECTION 1. Section 16-25.2-3 of the General Laws in Chapter 16-25.2 entitled
2 "Instruction for Deaf or Hard of Hearing Students [See Title 16 Chapter 97 - The Rhode Island
3 Board of Education Act]" is hereby amended to read as follows:

4 **16-25.2-3. Assessment.** – (a) Individuals involved in administering assessment tools to
5 students who are deaf or hard of hearing shall be proficient in the student's primary
6 communication mode, style, or language as determined by a language assessment consistent with
7 the requirements of § 16-25.2-2. All assessments shall be delivered in the student's primary
8 communication mode, style, or language as determined by a language assessment consistent with
9 the requirements of § 16-25.2-2, shall have been validated for the specific purposes for which
10 they are used, and shall be appropriately normed.

11 ^{add} (b) The Rhode Island department of elementary and secondary education shall develop
12 language assessments to monitor deaf and hard-of-hearing children's developmental language
13 benchmarks in American Sign Language (ASL) and English literacy and, if applicable, spoken
14 English and visual supplements. Language benchmarks must include data and tracking that
15 provides information as to the individual child's receptive and expressive language comparative
16 to the child's age and cognitive abilities using ASL and English in order to be kindergarten-ready.
17 When the language assessment/benchmarks indicate that the child does not have age-appropriate
18 expressive and receptive language skills, the individualized education plan (IEP) must include as

1 much detail as possible to explain the lack of such skills and make specific recommendations as
2 to what strategies, services, and programs will be available to assist the child in becoming
3 linguistically age-appropriate. The IEP shall include recommendations and information to the
4 family or guardian of the child about being provided training, benchmark materials, and support
5 to insure appropriate language growth as well as recommendations about what the child's IEP
6 should include to assist the child in becoming linguistically age appropriate. These
7 recommendations shall be part of the child's IEP file and all recommendations shall be considered
8 by the child's IEP team in formulating the child's educational plans.

9 (c) A qualified language expert in American Sign Language and other language experts,
10 as deemed appropriate for the education of the child, shall be part of the IEP team.

11 (d) The Rhode Island department of education shall develop specific plans and
12 regulations by January 31, 2017, to fully implement the "language assessment" program.^{add}

13 SECTION 2. Chapter 23-13 of the General Laws entitled "Maternal and Child Health
14 Services for Children with Special Health Care Needs" is hereby amended by adding thereto the
15 following section:

16 ^{add} **23-13-27. Assessment for deaf and hard-of-hearing language development.** – (a) The
17 Rhode Island department of human services with assistance of the Rhode Island department of
18 education shall develop language assessments to monitor deaf and hard-of-hearing children's
19 developmental language benchmarks in American Sign Language (ASL) and English literacy
20 and, if applicable, spoken English and visual supplements. Language benchmarks must include
21 data and tracking that provides information as to the individual child's receptive and expressive
22 language comparative to the child's age and cognitive abilities using ASL and English in order to
23 be kindergarten-ready. When the language assessment/benchmarks indicate that the child does
24 not have age-appropriate expressive and receptive language skills, the individual family service
25 plan (IFSP) must include as much detail as possible to explain the lack of such skills and make
26 specific recommendations as to what strategies, services, and programs will be available to assist
27 the child in becoming linguistically age-appropriate. The IFSP shall include recommendations
28 and information to the family or guardian of the child about being provided training, benchmark
29 materials and support to insure appropriate language growth as well as recommendations about
30 what the child's IFSP should include to assist the child in becoming linguistically age-appropriate.
31 These recommendations shall be part of the child's IFSP file and all recommendations shall be
32 considered by the child's IFSP team in formulating the child's educational plans.

33 (c) A qualified language expert in American Sign Language and other language experts
34 as deemed appropriate for the education of each child, shall be part of the IFSP team.

1 (d) The Rhode Island department of education shall develop specific plans and
2 regulations by January, 31, 2017, to fully implement the "language assessment" program for the
3 benefit of children who are deaf or hard-of-hearing and under three (3) years of age.^{add}

4 SECTION 3. This act shall take effect on July 1, 2017.

	MOTION: To find <i>beneficial</i> 2015 H 5697 An Act Relating to Education -- Instruction for Deaf or Hard-of-Hearing Students Motion moved by RCo, seconded by AS, <i>passed abstained HD</i>
	Professional Standards Bills
	2015 S 0753 & H 5893 Acts Relating to Businesses and Professions - Confidentiality of Health Care Communications and Information Act
	Sen. Miller Requested by the Office of Health and Human Services in Senate Health and Human Services Committee Rep. Canario in House Health, Education, & Welfare Committee [Bob Cooper] This act would authorize the department of behavioral healthcare, developmental

disabilities and hospitals to receive medical information in cases of abuse, neglect, mistreatment or exploitation and access mental health records of elderly and disabled residents in a timely and efficient manner without a release.
This act would take effect upon passage.

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

5-37.3-4. Limitations on and permitted disclosures. -- (a) (1) Except as provided in subsection (b) of this section, or as specifically provided by the law, a patient's confidential health care information shall not be released or transferred without the written consent of the patient, or his or her authorized representative, on a consent form meeting the requirements of subsection (d) of this section. A copy of any notice used pursuant to subsection (d) of this section, and of any signed consent shall, upon request, be provided to the patient prior to his or her signing a consent form. Any and all managed care entities and managed care contractors writing policies in the state shall be prohibited from providing any information related to enrollees that is personal in nature and could reasonably lead to identification of an individual and is not essential for the compilation of statistical data related to enrollees, to any international, national, regional, or local medical information database. This provision shall not restrict or prohibit the transfer of information to the department of health to carry out its statutory duties and responsibilities.

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

(3) The court may award a reasonable attorney's fee at its discretion to the prevailing

Page 1 of 10

party in any civil action under this section.

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

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

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

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

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

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

(4) (i) By a health care provider to appropriate law enforcement personnel, or to a person if the health care provider believes that person, or his or her family, is in danger from a patient; or to appropriate law enforcement personnel if the patient has, or is attempting to obtain, narcotic drugs from the health care provider illegally; or to appropriate law enforcement personnel, or appropriate child protective agencies, if the patient is a minor child or the parent or guardian of said child and/or the health care provider believes, after providing health care services to the patient, that the child is, or has been, physically, psychologically, or sexually abused and neglected as reportable pursuant to § 40-11-3; or to appropriate law enforcement personnel or the division of elderly affairs if the patient is an elder person and the healthcare provider believes, after providing healthcare services to the patient, that the elder person is, or has been, abused, neglected, or exploited as reportable pursuant to § 42-66-8; or to law enforcement personnel in the case of a gunshot wound reportable under § 11-47-48; ^(add) or to appropriate law enforcement personnel the department of behavioral healthcare, developmental disabilities and hospitals, office of quality assurance, if the patient is an adult with severe impairments and/or if the health

32 [care provider believes, after providing services to the patient, that the person with severe](#)
33 [impairments is, or has been, abused, neglected, mistreated, or exploited as reportable pursuant to](#)
34 [§§ 40.1-27-2 and/or 40-8.5-2.](#)^{add}

Page 2 of 10

23 SECTION 2. Section 40.1-5-26 of the General Laws in Chapter 40.1-5 entitled "Mental
24 Health Law" is hereby amended to read as follows:

25 **40.1-5-26. Disclosure of confidential information and records. [Effective January 1,**
26 **2015.] --** (a) The fact of admission or certification, and all information and records compiled,

27 obtained, or maintained in the course of providing services to persons under this chapter, shall be
28 confidential.

29 (b) Information and records may be disclosed only:

30 (1) To any person, with the written consent of the patient or his or her guardian.

31 (2) In communications among qualified medical or mental health professionals in the
32 provision of services or appropriate referrals, or in the course of court proceedings. The consent
33 of the patient, or his or her guardian, must be obtained before information or records may be
34 disclosed by a professional person employed by a facility to a professional person not employed

Page 8 of 10

1 by the facility who does not have the medical responsibility for the patient's care.

2 (3) When the person receiving services, or his or her guardian, designates persons to
3 whom information or records may be released, or if the person is a minor, when his or her parents
4 or guardian make the designation.

5 (4) To the extent necessary for a recipient to make a claim, or for a claim to be made on
6 behalf of a recipient for aid, insurance, or medical assistance to which he or she may be entitled.

7 (5) To proper medical authorities for the purpose of providing emergency medical
8 treatment where the person's life or health are in immediate jeopardy.

9 (6) For program evaluation and/or research, provided that the director adopts rules for
10 the conduct of the evaluations and/or research. The rules shall include, but need not be limited to,
11 the requirement that all evaluators and researchers must sign an oath of confidentiality, agreeing
12 not to divulge, publish, or otherwise make known, to unauthorized persons or the public, any
13 information obtained in the course of the evaluation or research regarding persons who have
14 received services such that the person who received the services is identifiable.

15 (7) To the courts, and persons designated by judges thereof, in accordance with
16 applicable rules of procedure. The records and files maintained in any court proceeding pursuant
17 to this chapter shall be confidential and available only to the person who was the subject of the
18 proceeding or his or her attorney.

19 (8) To the state medical examiner in connection with the investigation of a fatality of a
20 current or former patient to the extent necessary to assist the medical examiner in determining the
21 cause of death.

22 (9) To the director of health in accordance with, and to the extent authorized by, the
23 provisions of chapter 37.3 of title 5 and all applicable federal laws and regulations; provided,
24 however, that with respect to any information obtained, the department complies with all state
25 and federal confidentiality laws, including, but not limited to, chapter 37.3 of title 5 and
26 specifically § 5-37.3-4(c), and that the name, or names, of the patient or patients who is or are
27 determined by the director of health to be immaterial to the request, inquiry, or investigation
28 remain unidentifiable. Any treatment facility that provides information to the director of health in
29 accord with a request under this subsection is not liable for wrongful disclosure arising out of any
30 subsequent disclosure by the director of health.

31 (10) To a probate court of competent jurisdiction, petitioner, respondent, and/or their
32 attorneys, when the information is contained within a decision-making assessment tool that
33 conforms to the provisions of § 33-15-47.

34 (11) To the department of children, youth, and families and/or the department's

Page 9 of 10

1 contracted designee for the purpose of facilitating effective care planning pursuant to § 42-72-
2 5.2(2) and in accordance with applicable state and federal laws, for a child hospitalized for

3 psychiatric services and such services are paid for in whole or in part by the state, or for a child
4 who may be discharged from an acute-care facility to an out-of-home mental or behavioral health
5 agency for services and when such services will be paid for in whole or in part by the state.

6 (12) To the RItE Care health plans for any child enrolled in RItE Care.

7 (13) To the NICS database for firearms disqualifying information provided that only
8 individual identifying information required by § 40.1-5-8-(1) is submitted.

9 ^{add}(14) To the department of behavioral healthcare, developmental disabilities and
10 hospitals, in order to carry out its functions as described in this title, and rules promulgated
11 pursuant to this title. These functions include, but are not restricted to, enforcement of the mental
12 health law and investigations into reportable incidents and complaints. ^{add}

13 SECTION 3. This act shall take effect upon passage.

	MOTION: To find <i>beneficial</i> (w/ Sub A) 2015 S 0753 & H 5893 Acts Act Relating to Businesses and Professions - Confidentiality of Health Care Communications and Information Act Motion moved by LW, seconded by RCo, <i>passed unanimously</i>
	Housing Bills
	2015 S 0820 An Act Relating to Towns and Cities -- Rhode Island Comprehensive Planning and Land Use Act
	Sen. Cote held in Senate Housing and Municipal Government Committee [Bob Cooper] This act would provide an opt-out provision for cities and towns regarding the provision in the state guide plan regarding affordable housing, and any related land use provisions by providing timely written notice of declination with the chief of the division of planning.

1 SECTION 1. Section 45-22.2-6 of the General Laws in Chapter 45-22.2 entitled "Rhode
2 Island Comprehensive Planning and Land Use Act" is hereby amended to read as follows:

3 **45-22.2-6. Required content of a comprehensive plan.** -- (a) The comprehensive plan
4 must utilize a minimum twenty (20) year planning timeframe in considering forecasts, goals, and
5 policies.

6 (b) The comprehensive plan must be internally consistent in its policies, forecasts, and
7 standards, and shall include the content described within this section. The content described in
8 subdivisions (1) through (10) may be organized and presented as deemed suitable and appropriate
9 by the municipality. The content described in subdivisions (11) and (12) must be included as
10 individual sections of the plan.

11 (1) Goals and policies. - The plan must identify the goals and policies of the municipality
12 for its future growth and development and for the conservation of its natural and cultural
13 resources. The goals and policies of the plan shall be consistent with the goals and intent of this
14 chapter and may embody the goals and policies of the state guide plan.

15 (2) Maps. - The plan must contain maps illustrating the following as appropriate to the
16 municipality:

17 (i) Existing conditions:

18 (A) Land use, including the range of residential housing densities;

Page 1 of 4

1 (B) Zoning;

2 (C) Key infrastructure such as, but not limited to, roads, public water, and sewer;

3 (D) Service areas for public water and sewer;

4 (E) Historical and cultural resource areas and sites;

5 (F) Open space and conservation areas (public and private); and

6 (G) Natural resources such as, but not limited to, surface water, wetlands, floodplains,
7 soils, and agricultural land;

8 (ii) Future land use illustrating the desired patterns of development, density, and
9 conservation as defined by the comprehensive plan; and

10 (iii) Identification of discrepancies between future land uses and existing zoning use
11 categories.

12 (3) Natural resource identification and conservation. - The plan must be based on an
13 inventory of significant natural resource areas such as, but not limited to, water, soils, prime
14 agricultural lands, forests, wildlife, wetlands, aquifers, coastal features, and floodplains. The plan
15 must include goals, policies, and implementation techniques for the protection and management
16 of these areas.

17 (4) Open space and outdoor recreation identification and protection. - The plan must be
18 based on an inventory of outdoor recreational resources, open space areas, and recorded access to
19 these resources and areas. The plan must contain an analysis of forecasted needs, policies for the
20 management and protection of these resources and areas, and identification of areas for potential
21 expansion. The plan must include goals, policies, and implementation techniques for the
22 protection and management of existing resources and acquisition of additional resources if
23 appropriate.

24 (5) Historical and cultural resources identification and protection. - The plan must be
25 based on an inventory of significant historical and cultural resources such as historical buildings,
26 sites, landmarks, and scenic views. The plan must include goals, policies, and implementation
27 techniques for the protection of these resources.

28 (6) Housing. - The plan must include the identification of existing housing patterns, an
29 analysis of existing and forecasted housing needs, and identification of areas suitable for future
30 housing development or rehabilitation. The plan shall include an affordable housing program that
31 meets the requirements of § 42-128-8.1, the "Comprehensive Housing Production and
32 Rehabilitation Act of 2004" and chapter 45-53, the "Rhode Island Low and Moderate Income
33 Housing Act". The plan must include goals and policies that further the goal of subdivision 45-
34 22.2-3(c)(3) and implementation techniques that identify specific programs to promote the

Page 2 of 4

1 preservation, production, and rehabilitation of housing. ^{add} [Each city or town shall have the option to](#)
2 [decline to comply with any provision of the state guide plan relating to affordable housing](#)
3 [programs described in this subsection, including land use provisions related to affordable housing](#)
4 [currently or as contained in any further amendment within ninety \(90\) days of the effective date](#)
5 [of any amendment. The option shall be exercised by filing a timely notice, in writing, of](#)
6 [declination with the chief.](#) ^{add}

7 (7) Economic development. - The plan must include the identification of existing types
8 and patterns of economic activities including, but not limited to, business, commercial, industrial,
9 agricultural, and tourism. The plan must also identify areas suitable for future economic
10 expansion or revitalization. The plan must include goals, policies, and implementation techniques
11 reflecting local, regional, and statewide concerns for the expansion and stabilization of the
12 economic base and the promotion of quality employment opportunities and job growth.

13 (8) Services and facilities. - The plan must be based on an inventory of existing physical
14 infrastructure such as, but not limited to, educational facilities, public safety facilities, libraries,
15 indoor recreation facilities, and community centers. The plan must describe services provided to
16 the community such as, but not limited to, water supply and the management of wastewater,
17 storm water, and solid waste. The plan must consider energy production and consumption. The
18 plan must analyze the needs for future types and levels of services and facilities, including, in
19 accordance with § 46-15.3-5.1, water supply system management planning, which includes
20 demand management goals as well as plans for water conservation and efficient use of water
21 concerning any water supplier providing service in the municipality, and contain goals, policies,
22 and implementation techniques for meeting future demands.

23 (9) Circulation/Transportation. - The plan must be based on an inventory and analysis of
24 existing and proposed major circulation systems, including transit and bikeways; street patterns;
25 and any other modes of transportation, including pedestrian, in coordination with the land use
26 element. Goals, policies, and implementation techniques for the provision of fast, safe, efficient,
27 and convenient transportation that promotes conservation and environmental stewardship must be
28 identified.

29 (10) Natural hazards. - The plan must include an identification of areas that could be
 30 vulnerable to the effects of sea-level rise, flooding, storm damage, drought, or other natural
 31 hazards. Goals, policies, and implementation techniques must be identified that would help to
 32 avoid or minimize the effects that natural hazards pose to lives, infrastructure, and property.
 33 (11) Land use. - In conjunction with the future land use map as required in subdivision
 34 45-22.2-6(b)(2)(ii), the plan must contain a land use component that designates the proposed

1 general distribution and general location and interrelationships of land uses including, but not
 2 limited to, residential, commercial, industrial, open space, agriculture, recreation facilities, and
 3 other categories of public and private uses of land. The land use component shall be based upon
 4 the required plan content as stated in this section. It shall relate the proposed standards of
 5 population density and building intensity to the capacity of the land and available or planned
 6 facilities and services. The land use component must contain an analysis of the inconsistency of
 7 existing zoning districts, if any, with planned future land use. The land use component shall
 8 specify the process and schedule by which the zoning ordinance and zoning map shall be
 9 amended to conform to the comprehensive plan and shall be included as part of the
 10 implementation program.

11 (12) Implementation program.

12 (i) A statement which defines and schedules the specific public actions to be undertaken
 13 in order to achieve the goals and objectives of each component of the comprehensive plan.
 14 Scheduled expansion or replacement of public facilities, and the anticipated costs and revenue
 15 sources proposed to meet those costs reflected in a municipality's capital improvement program,
 16 must be included in the implementation program.

17 (ii) The implementation program identifies the public actions necessary to implement the
 18 objectives and standards of each component of the comprehensive plan that require the adoption
 19 or amendment of codes and ordinances by the governing body of the municipality.

20 (iii) The implementation program identifies other public authorities or agencies owning
 21 water supply facilities or providing water supply services to the municipality, and coordinates the
 22 goals and objectives of the comprehensive plan with the actions of public authorities or agencies
 23 with regard to the protection of watersheds as provided in § 46-15.3-1, et seq.

24 (iv) The implementation program must detail the timing and schedule of municipal
 25 actions required to amend the zoning ordinance and map to conform to the comprehensive plan.

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

	<p>MOTION: To find <i>harmful</i> 2015 S 0820 An Act Relating to Towns and Cities -- Rhode Island Comprehensive Planning and Land Use Act Motion moved by LW, seconded by AS, <i>passed abstained HD</i></p>
	<p>Human Services</p>
	<p>15 S 0838 An Act Relating to State Affairs And Government - Establishment of The Community Senior Services Grant Program</p>
	<p>Sen. DiPalma in Senate Finance Committee This act would establish the community senior services grant program within the division of elderly affairs of the department of human services, to provide financial assistance and incentives to local governments and nonprofit agencies to operate senior centers and other senior services programs that help older residents to remain living in the community. This act would take effect on July 1, 2015.</p>

1 SECTION 1. Chapter 42-66 of the General Laws entitled "Elderly Affairs Department"
 2 is hereby amended by adding thereto the following section:
 3 ^[add] **42-66-18. Community senior services grant program. -- (a) Establishment and**
 4 **purpose. In recognition of the continued growth in the number of persons age sixty-five (65) and**

5 over living in the community, there is established within the division of elderly affairs of the
 6 department of human services, the community senior services grant program to provide financial
 7 assistance and incentives to local governments and nonprofit agencies to operate senior centers
 8 and other senior services programs that help older residents to remain living in the community.
 9 Such services include, but are not limited to, outreach, social services, health promotion, physical
 10 fitness, recreation, life-long learning, transportation assistance and caregiver support services for
 11 persons age sixty-five (65) and over.

12 (b) Appropriations. For fiscal year 2016, the total amount of funds appropriated for the
 13 community senior services grant program shall be that amount needed to award each municipality
 14 the sum of five dollars (\$5.00) per each non-institutionalized person age sixty-five (65) and over
 15 as reported by the 2010 U.S. Bureau of the Census or an amount equal to its fiscal year 2015 state
 16 senior services grant awarded by the division, whichever is greater, as its basic grant. In the event
 17 that the municipality does not directly operate local senior centers and programs, the division
 18 shall, in consultation with the municipality's chief elected or appointed official or the official's

Page 1 of 2

1 designee, distribute and award the municipality's basic grant to community nonprofit agencies
 2 which are operating senior centers and/or senior programs. However, for fiscal year 2016 no
 3 municipal or nonprofit community senior center or senior program shall receive an award which
 4 is less than the amount of their fiscal year 2015 state grant from the division. For fiscal years
 5 2017 through 2021, the general assembly shall increase funding for the community senior
 6 services grant program by an amount needed to increase the minimum basic grant by one dollar
 7 (\$1.00) each year until the minimum basic grant reaches an amount of ten dollars (\$10.00) per
 8 each non-institutionalized person age sixty-five (65) and over within the municipality.

9 (c) Eligibility. To be eligible for the community senior services grant program, a
 10 municipality or nonprofit agency must contribute an equal amount of cash or in-kind resources
 11 for senior program support that it provided in state fiscal year 2015 and submit to the division for
 12 its approval a plan detailing the services and/or programs to be provided with grant funds, how
 13 the proposed plan meets the needs of local seniors and how the local share match will be met. In
 14 addition, the grantee must demonstrate that there exists within the local senior center or
 15 municipality, or there are plans to establish, a local senior advisory committee whose membership
 16 shall include a majority of persons age sixty-five (65) and over. The purpose of the local senior
 17 advisory committee shall be to provide advice to local officials and members of the legislature
 18 whose districts lie within the municipality on the service needs and interests of persons age sixty-
 19 five (65) and over. In approving grant proposals, the division shall take into consideration how
 20 the spending plan addresses the municipality's comprehensive plan as it relates to services and
 21 programs for seniors and the goals and objectives of the state plan on aging as submitted to the
 22 federal administration on aging.^{add}

23 SECTION 2. This act shall take effect on July 1, 2015.

	Take no position 2015 S 0838 An Act Relating to State Affairs And Government - Establishment of The Community Senior Services Grant Program
	Medicaid
	2015 S 0839 An Act Relating To Human Services - Medical Assistance
	Sen. DiPalma in Senate Finance Committee [Kathy Heren] This act would provide for annual adjustments to the provider reimbursement rates and development of rate enhancements for complex adult day participants. A 10% increase by October 1, 2015 and annual adjustments equal to the change in a recognized national long-term care inflation index. This act would take effect upon passage.

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

3 follows:

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

19 (b) The reformed long-term care system re-balancing goal is person-centered and

Page 1 of 5

1 encourages individual self-determination, family involvement, interagency collaboration, and
2 individual choice through the provision of highly specialized and individually tailored home-
3 based services. Additionally, individuals with severe behavioral, physical, or developmental
4 disabilities must have the opportunity to live safe and healthful lives through access to a wide
5 range of supportive services in an array of community-based settings, regardless of the
6 complexity of their medical condition, the severity of their disability, or the challenges of their
7 behavior. Delivery of services and supports in less costly and less restrictive community settings,
8 will enable children, adolescents and adults to be able to curtail, delay or avoid lengthy stays in
9 long-term care institutions, such as behavioral health residential treatment facilities, long-term
10 care hospitals, intermediate care facilities and/or skilled nursing facilities.

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

25 (1) The department shall apply pre-waiver level of care criteria for any Medicaid
26 recipient eligible for a nursing facility, hospital, or intermediate care facility for the mentally
27 retarded as of June 30, 2009, unless the recipient transitions to home and community based
28 services because he or she: (a) Improves to a level where he/she would no longer meet the pre-
29 waiver level of care criteria; or (b) The individual chooses home and community based services
30 over the nursing facility, hospital, or intermediate care facility for the mentally retarded. For the
31 purposes of this section, a failed community placement, as defined in regulations promulgated by
32 the department, shall be considered a condition of clinical eligibility for the highest level of care.
33 The department shall confer with the long-term care ombudsperson with respect to the
34 determination of a failed placement under the ombudsperson's jurisdiction. Should any Medicaid

Page 2 of 5

1 recipient eligible for a nursing facility, hospital, or intermediate care facility for the mentally

2 retarded as of June 30, 2009 receive a determination of a failed community placement, the
3 recipient shall have access to the highest level of care; furthermore, a recipient who has
4 experienced a failed community placement shall be transitioned back into his or her former
5 nursing home, hospital, or intermediate care facility for the mentally retarded whenever possible.
6 Additionally, residents shall only be moved from a nursing home, hospital, or intermediate care
7 facility for the mentally retarded in a manner consistent with applicable state and federal laws.

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

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

19 (d) The department of human services is further authorized and directed to consolidate
20 all home and community-based services currently provided pursuant to § 1915(c) of title XIX of
21 the United States Code into a single system of home and community-based services that include
22 options for consumer direction and shared living. The resulting single home and community-
23 based services system shall replace and supersede all § 1915(c) programs when fully
24 implemented. Notwithstanding the foregoing, the resulting single program home and community-
25 based services system shall include the continued funding of assisted living services at any
26 assisted living facility financed by the Rhode Island housing and mortgage finance corporation
27 prior to January 1, 2006, and shall be in accordance with chapter 66.8 of title 42 of the general
28 laws as long as assisted living services are a covered Medicaid benefit.

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

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

Page 3 of 5

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

3 (1) A prospective base adjustment effective, not later than July 1, 2008, across all
4 departments and programs, of ten percent (10%) of the existing standard or average rate,
5 contingent upon a demonstrated increase in the state-funded or Medicaid caseload by June 30,
6 2009;

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

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

16 ^{add}(2) A prospective base adjustment effective not later than October 1, 2015 across all
17 departments and programs of ten percent (10%) of the existing base rate.

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

20 [services and executive office of health and human services, to be implemented on January 1,](#)
 21 [2016.](#)
 22 [\(4\) Annual adjustments to the provider reimbursement rates by a percentage amount](#)
 23 [equal to the change in a recognized national long-term care inflation index to begin on October 1,](#)
 24 [2016.^{\(add\)}](#)

25 (g) The department, in collaboration with the executive office of human services, shall
 26 implement a long-term care options counseling program to provide individuals or their
 27 representatives, or both, with long-term care consultations that shall include, at a minimum,
 28 information about: long-term care options, sources and methods of both public and private
 29 payment for long-term care services and an assessment of an individual's functional capabilities
 30 and opportunities for maximizing independence. Each individual admitted to or seeking
 31 admission to a long-term care facility regardless of the payment source shall be informed by the
 32 facility of the availability of the long-term care options counseling program and shall be provided
 33 with long-term care options consultation if they so request. Each individual who applies for
 34 Medicaid long-term care services shall be provided with a long-term care consultation.

Page 4 of 5

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

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

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

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

	<i>Take no position</i> 2015 S 0839 An Act Relating To Human Services - Medical Assistance
	Professional Standards
	15 H 6150 & S 0481 Acts Relating to Health and Safety - Caregiver Advise, Record and Enable Act
	Rep. Naughton in House Health, Education & Welfare Committee Sen. Goldin in Senate Health & Human Services Committee This act would create the "Caregiver Advise, Record and Enable Act" to provide support and assistance to individuals with post hospital care. This act would take effect upon passage.

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

3 ^(add) **CHAPTER 17.27**

4 **CAREGIVER ADVISE, RECORD AND ENABLE ACT**

5 **23-17.27-1. Legislative findings and purpose.** – An estimated 148,000 Rhode Islanders
 6 provide varying degrees of unreimbursed care to adults with limitations in daily activities. The
 7 total value of the unpaid care provided to individuals in need of long-term services and supports
 8 amounts to an estimated \$1.9 billion every year, based on 2009 data. Caregivers are often
 9 members of the individual's immediate family, but friends and other community members also
 10 serve as caregivers. While most caregivers are asked to assist an individual with basic activities
 11 of daily living, such as mobility, eating, and dressing, many are expected to perform complex

12 tasks on a daily basis such as administering multiple medications, providing wound care, and
13 operating medical equipment.

14 Despite the vast importance of caregivers in the individual's day-to-day care, many
15 caregivers find that they are often left out of discussions involving a patient's care while in the
16 hospital and, upon the patient's discharge, receive little to no instruction on the tasks they are
17 expected to perform. The federal Centers for Medicare & Medicaid Services (CMS) estimates
18 that \$17 billion in Medicare funds or spent each year on unnecessary hospital readmissions.

Page 1 of 5

1 Additionally, hospitals desire to avoid the imposition of new readmission penalties under the
2 federal Patient Protection and Affordable Care Act (ACA).

3 In order to successfully address the challenges of a surging population of older adults and
4 others living with chronic conditions and who have significant needs for long-term services and
5 supports, the purpose of the state must be to develop methods to enable caregivers to continue to
6 support their loved ones at home and in the community, and avoid costly hospital readmissions.
7 Therefore, it is the intent that this chapter enables caregivers to provide competent post-hospital
8 care to their family and other loved ones, at minimal cost to the taxpayers of this state.

9 **23-17.27-2. Definitions.** – As used in this chapter:

10 (1) "After-care" means any assistance provided by a caregiver to a patient under this
11 chapter after the patient's discharge from a hospital. Such assistance may include, but is not
12 limited to, assisting with basic activities of daily living (ADLs), instrumental activities of daily
13 living (IADLs), or carrying out medical/nursing tasks, such as managing wound care, assisting in
14 administering medications, and operating medical equipment.

15 (2) "Caregiver" means any individual duly designated as a caregiver by a patient under
16 this chapter who provides after-care assistance to a patient living in his or her residence. A
17 designated caregiver may include, but is not limited to, a relative, partner, friend, or neighbor who
18 has a significant relationship with the patient.

19 (3) "Discharge" means a patient's exit or release from a hospital to the patient's residence
20 following an inpatient admission.

21 (4) "Entry" means a patient's admission into a hospital for the purposes of medical care.

22 (5) "Hospital" means a facility licensed under Rhode Island statute.

23 (6) "Residence" means a dwelling that the patient considers to be his or her home. A
24 "residence" for the purposes of this chapter shall not include any rehabilitation facility, hospital,
25 nursing home, assisted living facility, or group home licensed by Rhode Island.

26 **23-17.27-3. Caregiver designation.** – (a) Any hospital licensed pursuant to this title
27 shall provide each patient or, if applicable, the patient's legal guardian with at least one
28 opportunity to designate at least one caregiver under this chapter, no later than twenty-four (24)
29 hours following the patient's entry into a hospital and prior to the patient's discharge or transfer to
30 another facility.

31 (1) In the event that the patient is unconscious or otherwise incapacitated upon his or her
32 entry into a hospital, the hospital shall provide such patient or his/her legal guardian with an
33 opportunity to designate a caregiver within twenty-four (24) hours following the patient's
34 recovery of his or her consciousness of capacity.

Page 2 of 5

1 (2) In the event that the patient or the patient's legal guardian declines to designate a
2 caregiver under this chapter, the hospital shall promptly document this in the patient's medical
3 record.

4 (3) In the event that the patient or the patient's legal guardian designates an individual as
5 a caregiver under this chapter:

6 (i) The hospital shall promptly request the written consent of the patient or the patient's
7 legal guardian to release medical information to the patient's designated caregiver following the
8 hospital's established procedures for releasing personal health information and in compliance
9 with all federal and state laws.

10 (A) If the patient or the patient's legal guardian declines to consent to release medical
11 information to the patient's designated caregiver the hospital is not required to provide notice to

12 the caregiver under § 23-17.27-4 or provide information contained in the patient's discharge plan
13 under § 23-17.27-5.

14 (ii) The hospital shall record the patient's designation of the caregiver, the relationship of
15 the designated caregiver to the patient, and the name, telephone number, and the address of the
16 patient's designated caregiver in the patient's medical record.

17 (4) A patient may elect to change his or her designated caregiver at any time, and the
18 hospital must record this change in the patient's medical record within twenty-four (24) hours.

19 (b) A designation of a caregiver by a patient or patient's legal guardian under this section
20 does not obligate any individual to perform any after-care tasks for any patient.

21 (c) This section shall not be construed to require a patient or a patient's legal guardian to
22 designate any individual as a caregiver as defined by this chapter.

23 **23-17.27-4. Notice to Designated Caregiver.** – (a) Any hospital licensed pursuant to this
24 title shall notify the patient's designated caregiver of the patient's discharge or transfer to another
25 hospital or facility licensed by the state as soon as possible, which may be after the patient's
26 physician issues a discharge order, and not later than four (4) hours prior to the patient's actual
27 discharge or transfer to such facility.

28 **23-17.27-5. Instruction to Designated Caregiver.** – (a) As soon as possible and not later
29 than twenty than twenty-four (24) hours prior to a patient's discharge from a hospital, the hospital
30 shall consult with the designated caregiver along with the patient regarding the caregiver's
31 capabilities and limitations and issue a discharge plan that describes a patient's after-care needs at
32 his or her residence.

33 (1) At minimum, a discharge plan shall include:

34 (i) The name and contact information of the caregiver designated under this chapter;

Page 3 of 5

1 (ii) A description of all after-care tasks necessary to maintain the patient's ability to
2 reside home, taking into account the capabilities and limitations of the caregiver;

3 (iii) Contact information for any health care, community resources, and long-term
4 services and support necessary to successfully carry out the patient's discharge plan.

5 (b) The hospital issuing the discharge plan must provide caregivers with instruction in all
6 after-care tasks described in the discharge plan.

7 (1) At minimum, such instruction shall include:

8 (i) A live demonstration of the tasks performed by the hospital employee or individual
9 with whom the hospital has a contractual relationship authorized to perform the after-care task,
10 provided in a culturally competent manner and in accordance with the hospital's requirements to
11 provide language access under state and federal law;

12 (ii) An opportunity for the caregiver and patient to ask questions about the after-care
13 tasks; and

14 (iii) Answers to the caregiver's and the patient's questions provided in a culturally
15 competent manner and in accordance with the hospital's requirements to provide language access
16 services under state and federal law.

17 (2) Any instruction required under this chapter shall be documented in the patient's
18 medical record, including, at minimum, the date, time, and contents of the instruction.

19 (c) The Rhode Island department of health is authorized to promulgate regulations to
20 implement the provisions of this chapter including, but not limited to, regulations to further define
21 the content and scope of any instruction provided to caregivers under this chapter.

22 **23-17.27-6. Non-Interference with Powers of Existing Health Care Directives.** –
23 Nothing in this chapter shall be construed to interfere with the rights of an agent operating under
24 a valid health care directive pursuant to Rhode Island general law.

25 **23-17.27-7. Limitations of Actions.** – Nothing in this chapter shall be construed to create
26 a private right of action against a hospital, a hospital employee, or an individual, with whom a
27 hospital has a contractual relationship, or to otherwise supersede or replace existing rights or
28 remedies under any other provision of law.

29 **23-17.27-8. Penalties.** – Whoever violates the provision of this chapter shall, upon
30 conviction, be punished by imprisonment for not more than one year or by a fine of not more than

31 [five thousand dollars \(\\$5,000\).](#)
 32 [23-17.27-9. Severability. – If any provision of this chapter or the application of any](#)
 33 [provision to any person or circumstances is held invalid or unconstitutional, the invalidity or](#)
 34 [unconstitutionality shall not affect other provisions or applications of this chapter which can be](#)

Page 4 of 5

1 [given effect without the invalid or unconstitutional provision or application, and to this end the](#)
 2 [provisions of this chapter are declared to be severable.](#)^{add}
 3 SECTION 2. This act shall take effect upon passage.

	<p>Table for information from AARP, Hospitals, Medicaid Agency 2015 H 6150 & S 0481 Acts Relating to Health and Safety - Caregiver Advise, Record and Enable Act Motion moved by JR, seconded by RCo, <i>passed unanimously</i></p>
	<p>Special Education Bills</p>
	<p>2015 H 6105 An Act Relating to Education -- Mayoral Academies</p>
	<p>Rep. O'Grady in House Finance Committee This act would modify the funding levels for mayoral academies in the event that the combined percentage of students eligible for free or reduced cost lunch, students with limited English proficiency, and students requiring special education attending the mayoral academy in question is less than the combined percentage of those students in the sending school district as a whole. This act would take effect upon passage.</p>

1 SECTION 1. Section 16-77.4-5 of the General Laws in Chapter 16-77.4 entitled
 2 "Mayoral Academies [See Title 16 Chapter 97 - The Rhode Island Board of Education Act]" is
 3 hereby amended to read as follows:

4 **16-77.4-5. Budgets and funding.** -- (a) It is the intent of the general assembly that
 5 funding pursuant to this chapter shall be neither a financial incentive nor a financial disincentive
 6 to the establishment of a mayoral academy. Funding for each mayoral academy shall consist of
 7 state revenue and municipal or district revenue in the same proportions that funding is provided
 8 for other schools within the sending school district(s).

9 (b) The amount of funding which shall be allocated to the mayoral academy by the
 10 sending school district(s) shall be equal to a percentage of the total budgeted expenses of the
 11 sending school district(s) which is determined by dividing the number of students enrolled in the
 12 mayoral academy by the total resident average daily number of students in the sending school
 13 district(s).

14 (c)(1) Funding additional to that authorized from the sending school district(s) by
 15 subsection (b) may be allocated to the mayoral academy from the sending school district(s) to the
 16 extent that the combined percentage of students eligible for free or reduced cost lunch, students
 17 with limited English proficiency, and students requiring special education exceed the combined
 18 percentage of those students in the sending school district(s) as a whole. The commissioner shall
 19 promulgate rules and regulations consistent with this section regarding the allocation of funds

Page 1 of 2

1 from sending school districts to mayoral academies.

2 ^{add}(2) [Funding levels below those authorized from the sending school district\(s\) provided](#)
 3 [for under subsection \(b\) of this section may be allocated to the mayoral academy from the](#)
 4 [sending school district\(s\) to the extent that the combined percentage of students eligible for free](#)
 5 [or reduced cost lunch, students with limited English proficiency, and students requiring special](#)
 6 [education at the mayoral academy in question is less than the combined percentage of those](#)
 7 [students in the sending school district\(s\) as a whole. The commissioner shall promulgate rules](#)
 8 [and regulations consistent with this section regarding the allocation of funds from sending school](#)
 9 [district\(s\) to mayoral academies.](#)^{add}

10 (d) A mayoral academy shall be eligible to receive other aids, grants, Medicaid revenue,
11 and other revenue according to Rhode Island law, as though it were a school district. Federal aid
12 received by the state shall be used to benefit students in a mayoral academy, if the school
13 qualifies for the aid, as though it were a school district.

14 (e) A mayoral academy may negotiate and contract directly with third parties for the
15 purchase of books, instructional materials, and any other goods and services which are not being
16 provided by the sending school district(s) pursuant to the charter.

17 (f) Any career/technical charter public school enrolling special education students from
18 outside school districts with verifiable individual education program (IEP) designations shall
19 receive from the sending school district(s) the average per pupil special education cost of the
20 sending district(s), in accordance with standards established by the Rhode Island department of
21 elementary and secondary education.

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

	<i>take no position</i> 2015 H 6105 An Act Relating to Education -- Mayoral Academies
	Transportation Bills
	2015 H 6108 An Act Relating To Motor And Other Vehicles -- Motor Fuel Tax
	Rep. Amore in House Finance Committee [Linda Ward] This act would change how the elderly/disabled transportation program of the department of human services' one cent (\$0.01) per gallon allocation of the motor fuel tax is distributed, so that twenty-one one hundredths of one cent (\$0.0021) shall be directly transferred to the department of human services and the remaining seventy-nine one hundredths of one cent (\$0.0079) shall be directly transferred to the Rhode Island public transportation authority to pay for part of the program's expenses. This act would take effect upon passage.

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

3 **31-36-20. Disposition of proceeds.** -- (a) Notwithstanding any other provision of law to
4 the contrary, all moneys paid into the general treasury under the provisions of this chapter or
5 chapter 37 of this title, and title 46 shall be applied to and held in a separate fund and be
6 deposited in any depositories that may be selected by the general treasurer to the credit of the
7 fund, which fund shall be known as the Intermodal Surface Transportation Fund; provided, that in
8 fiscal year 2004 for the months of July through April six and eighty-five hundredth cents
9 (\$0.0685) per gallon of the tax imposed and accruing for the liability under the provisions of §
10 31-36-7, less refunds and credits, shall be transferred to the Rhode Island public transit authority
11 as provided under § 39-18-21. For the months of May and June in fiscal year 2004, the allocation
12 shall be five and five hundredth cents (\$0.0505). Thereafter, until fiscal year 2006, the allocation
13 shall be six and twenty-five hundredth cents (\$0.0625). For fiscal years 2006 through FY 2008,
14 the allocation shall be seven and twenty-five hundredth cents (\$0.0725); provided, that
15 expenditures shall include the costs of a market survey of non-transit users and a management
16 study of the agency to include the feasibility of moving the Authority into the Department of
17 Transportation, both to be conducted under the auspices of the state budget officer. The state
18 budget officer shall hire necessary consultants to perform the studies, and shall direct payment by
19 the Authority. Both studies shall be transmitted by the Budget Officer to the 2006 session of the

Page 1 of 8

1 General Assembly, with comments from the Authority. For fiscal year 2009, the allocation shall
2 be seven and seventy-five hundredth cents (\$0.0775), of which one-half cent (\$0.005) shall be
3 derived from the one cent (\$0.01) per gallon environmental protection fee pursuant to § 46-12.9-
4 11. For fiscal years 2010 and thereafter, the allocation shall be nine and seventy-five hundredth
5 cents (\$0.0975), of which of one-half cent (\$0.005) shall be derived from the one cent (\$0.01) per

6 gallon environmental protection fee pursuant to § 46-12.9-11. One cent (\$0.01) per gallon shall
7 be ~~transferred to~~ ^{delete} ^{add} allocated for ^{add} the Elderly/Disabled Transportation Program of the
8 department of
9 human services ^{add}; from that one cent (\$0.01), twenty-one one hundredths of one cent (\$0.0021)
10 shall be directly transferred to the department of human services, and the remaining seventy-nine
11 one hundredths of one cent (\$0.0079) shall be transferred to the Rhode Island public transit
12 authority as payment, in part, for the program's expense. Funds transferred to the authority
13 pursuant to this provision shall not extinguish any obligation the department of human services
14 and/or the state has in making additional payments to the Rhode Island public transit authority in
15 support of said program. ^{add} ~~and the~~ ^{delete} ^{add} The ^{add} remaining cents per gallon shall be
16 available for general

17 revenue as determined by the following schedule:

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

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

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

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

26 (v) For the months of July through April in fiscal year 2004, one and four-tenths cents
27 (\$0.014) shall be available for general revenue. For the months of May through June in fiscal year
28 2004, three and two-tenths cents (\$0.032) shall be available for general revenue, and thereafter,
29 until fiscal year 2006, two cents (\$0.02) shall be available for general revenue. For fiscal year
30 2006 through fiscal year 2009 one cent (\$0.01) shall be available for general revenue.

31 SECTION 2. Sections 39-18-4 and 39-18-22 of the General Laws in Chapter 39-18
32 entitled "Rhode Island Public Transit Authority" are hereby amended to read as follows:

33 **39-18-4. Powers and duties of the authority.** -- (a) The authority is hereby authorized
34 and empowered:

35 (1) To adopt bylaws for the regulation of its affairs and the conduct of its business;

36 (2) To adopt an official seal and alter the seal at pleasure;

37 (3) To maintain an office at such place or places within the state as it may designate;

38 (4) To sue and be sued in its own name, plead and to be implead; provided, however,
39 that any and all actions against the authority shall be brought only in the county in which the
40 principal office of the authority shall be located;

41 (5) To acquire, purchase, hold, use, and dispose of any property, real, personal, or mixed,
42 tangible or intangible, or any interest therein necessary or desirable for carrying out the purposes
43 of the authority, and, to lease as lessee or lessor any property, real, personal or mixed, or any
44 interest therein for such term and at such rental as the authority may deem fair and reasonable,
45 and to sell, transfer, convey, mortgage, or give a security interest in any property, real, personal,
46 or mixed, tangible or intangible, or any interest therein, at any time acquired by the authority;

47 (6) To employ, in its discretion, planning, architectural, and engineering consultants,
48 attorneys, accountants, construction, financial, transportation, and traffic experts and consultants,
49 superintendents, managers, and such other officers, employees, and agents as may be necessary in
50 its judgment, and to fix their compensation;

51 (7) (i) To fix from time to time, subject to the provisions of this chapter, schedules and
52 such rates of fare and charges for service furnished or operated as in its judgment are best adopted
53 to insure sufficient income to meet the cost of service; provided, however, the authority is not
54 empowered to operate a passenger vehicle under its control in competition with passenger
55 vehicles of a private carrier over routes which the private carrier operates pursuant to a certificate
56 of public convenience and necessity issued to the private carrier by the division of public utilities
57 and carriers; and provided further that ^{add} in consideration of payments made through the
58 elderly/disabled transportation program established by the department of human services pursuant
59 to § 31-36-20, ^{add} the authority shall not require any person who meets the means test criteria as

33 defined by the Rhode Island Department of Elderly Affairs and who is either sixty-five (65) years
34 of age, or over, or who is disabled to pay any fare or charge for bus rides during ^{add}off-^{add}peak hours,

1 ^{add}nor pay more than one-half (1/2) of any fare or charge for bus rides during peak hours^{add};
2 provided,
3 however, that ~~(A) to~~ ^{delete}such exclusion for^{delete} ^{add}under no circumstances shall^{add} fares or charges
4 ~~(B) during periods and~~ ^{delete}routes of overcrowded^{delete}
5 ~~conditions~~ ^{delete}and^{delete} Any person who is either sixty-five (65) years of age, or over, or who is disabled,
6 ~~who meets the means test criteria as heretofore provided, shall not be required to pay any fare or~~
7 ~~charge for bus rides during off peak hours, and any person who is either sixty five (65) years of~~
8 ~~age, or over, or who is disabled, and~~ ^{delete}who does not satisfy the means test criteria as heretofore
9 provided, shall only be required to pay one-half (1/2) of the fare or charge for bus rides during
10 off-peak hours^{add}, ~~but shall not be eligible for a reduction during peak hours~~ ^{add}. For the purposes of
11 this chapter, ~~"overcrowded conditions,"~~ ^{delete} "peak hours," "off-peak hours" and "special service
12 routes" shall be determined annually by the authority. The authority^{add}, in conjunction with the
13 department of human services, ^{add} shall establish an advisory committee comprised of
14 seniors/persons with disabilities constituent users of the authority's services to assist in the
15 implementation of this section ^{add}within the financial framework of the program's funding
16 mechanism^{add};

17 (ii) Any person who accompanies and is assisting a person with a disability when the
18 person with a disability uses a wheelchair shall be eligible for the same price exemptions
19 extended to a person with a disability by subsection (7)(i) ^{delete}. ~~The cost to the authority for providing~~
20 ~~the service to the elderly shall be paid by the state~~ ^{delete};

21 (iii) Any person who accompanies and is assisting a passenger who is blind or visually
22 impaired shall be eligible for the same price exemptions extended to the passenger who is blind or
23 visually impaired by subsection (7)(i) ^{delete}. ~~The cost to the authority for providing the service to the~~
24 ~~elderly shall be paid by the state~~ ^{delete};

25 ^{add}(iv) The cost to the authority for providing the services to the elderly/disabled provided
26 for within this subsection that exceeds the seventy-nine one hundredths of one cent (\$0.0079)
27 provided for in § 31-36-20 shall be paid by the state in addition to those monies already allocated
28 in the state budget for the authority's operating expenses. ^{add}

29 ~~(v)~~ ^{delete}(v) The authority shall be authorized and empowered to charge a fare for any
30 paratransit services required by the Americans with Disabilities Act, 42 U.S.C. § 12101 et seq., in
31 accordance with 49 C.F.R. Part 37.

32 (8) To borrow money and to issue bonds of the authority for any of its purposes
33 including, without limitation, the borrowing of money in anticipation of the issuance of bonds or
34 the receipt of any operating revenues or other funds or property to be received by the authority,
and the financing of property to be owned by others and used, in whole or substantial part, by the

1 authority for any of its purposes, all as may from time to time, be authorized by resolution of the
2 authority; the bonds to contain on their face a statement to the effect that neither the state nor any
3 municipality or other political subdivision of the state shall be obligated to pay the same or the
4 interest thereon;

5 (9) To enter into management contracts for the operation, management, and supervision
6 of any or all transit properties under the jurisdiction of the authority, and to make and enter into
7 all contracts and agreements necessary or incidental to the performance of its duties and the
8 execution of its powers under this chapter;

9 (10) Without limitation of the foregoing, to borrow money from, to receive and accept
10 grants for or in aid of the purchase, leasing, improving, equipping, furnishing, maintaining,
11 repairing, constructing, and operating of transit property, and to enter into contracts, leases, or
12 other transactions with any federal agency; and to receive and accept from the state, from any

13 municipality, or other political subdivision thereof, and from any other source, aid or
14 contributions of either money, property, labor, or other things of value, to be held, used and
15 applied only for the purposes for which the grants and contributions may be made;

16 (11) To acquire in the name of the authority, by negotiated purchase or otherwise, on
17 such terms and conditions and in such manner as it may deem proper, or by the exercise of the
18 power of condemnation to the extent only and in the manner as provided in this chapter, such
19 public and private lands, including public parks, playgrounds or reservations, or parts thereof, or
20 rights therein, rights-of-way, property rights, easements, and interests as it may deem necessary
21 for carrying out the provisions of this chapter; provided, however, that all public property
22 damaged in carrying out the powers granted by this chapter shall be restored or repaired and
23 placed in its original condition as nearly as practicable;

24 (12) To contract with any municipality, public or private company or organization,
25 whereby the authority will receive a subsidy to avoid discontinuance of service, and each
26 municipality within the state is hereby authorized to make and enter into such contracts and to
27 make, grant, or give to the authority a subsidy in such amount and for such period of time as it
28 may deem advisable;

29 (13) To operate service to nearby Massachusetts and nearby Connecticut terminals for
30 the purpose of deboarding Rhode Island passengers at major traffic generating locations for the
31 benefit of passengers and to board Rhode Islanders for the return trip, provided, however, that the
32 authority operate closed door in Massachusetts and nearby Connecticut to and from its
33 destination; and

34 (14) To do all things necessary, convenient, or desirable to carry out the purpose of this

Page 6 of 8

1 chapter.

2 (b) To effectuate the purposes of this chapter the authority shall have the following
3 duties:

4 (1) To participate in and contribute to transportation planning initiatives that are relevant
5 to the purposes of the authority;

6 (2) To plan, coordinate, develop, operate, maintain and manage a statewide public transit
7 system consistent with the purposes of the authority, including plans to meet demands for public
8 transit where such demand, current or prospective, exceeds supply and/or availability of public
9 transit services;

10 (3) To work with departments, agencies, authorities and corporations of federal, state and
11 local government, public and private institutions, businesses, non-profit organization, users of the
12 system and other entities and persons to coordinate public transit services and provide a seamless
13 network of mobility options.

14 **39-18-22. State appropriations.** -- The general assembly shall appropriate annually a
15 sum for the financial support of the operating expenses of the Rhode Island public transit
16 authority from certain proceeds of the motor fuel tax reserved for this purpose pursuant to § 31-
17 36-20. ^{add} Monies directly transferred to the authority pursuant to the funding of the elderly/disabled
18 transportation program of the department of human services as provided for in § 31-36-20 are
19 payments in part for that program's cost to the authority and do not extinguish any obligation the
20 department of human services and/or state has under § 39-18-4(7) to make any additional
21 payments necessary to fund the program. ^{add} The total amount of state subsidy disbursements in any
22 fiscal year shall not exceed the appropriation for that year. In the event that dedicated motor fuel
23 tax revenues received during a fiscal year are not sufficient to support the appropriation for that
24 year, the difference shall be transferred from the proceeds of the motor fuel tax imposed by
25 chapter 36 of title 31. Funds appropriated to the authority pursuant to this section shall be
26 administered by the department of transportation in accordance with procedures established
27 jointly by the departments of transportation and administration. The authority shall annually
28 submit to the department of transportation a comprehensive budget request for funds for the
29 ensuing fiscal year. Prior to the beginning of each fiscal year the authority shall enter into an
30 agreement with the departments of administration and transportation establishing the conditions
31 for payment of the available state and federal subsidies. The director of administration is

32 authorized from time to time to advance funds from the general fund to the Rhode Island public
33 transit authority to be used for the purpose of this section, in anticipation of transfers from the
34 revenues reserved pursuant to § 31-36-20, provided that^{add}, notwithstanding any payment made by

Page 7 of 8

1 the state to cover the remainder of the elderly/disabled transportation program not funded by §
2 31-36-20,^{add} the aggregate of all advances less transfers, at any one time, shall not exceed the total
3 amount of the annual appropriation.

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

	MOTION: To find <i>beneficial</i> 2015 H 6108 An Act Relating To Motor And Other Vehicles -- Motor Fuel Tax Motion moved by AS, seconded by CG, <i>passed abstained BH, BH, HD</i>
	2015 H 5759 An Act Relating To Motor And Other Vehicles -- Operators' And Chauffeurs' Licenses
	Rep. Craven held in House Judiciary Committee [Bob Cooper] This act would provide for a civil cause of action against physicians or optometrists for failing to report a patient's condition, which would significantly impair the patient's ability to operate a motor vehicle. This act would take effect upon passage

1 SECTION 1. Section 31-10-44 of the General Laws in Chapter 31-10 entitled "Operators'
2 and Chauffeurs' Licenses" is hereby amended to read as follows:
3 **31-10-44. Medical advisory board.** -- (a) There shall be established within the division
4 of motor vehicles a medical advisory board to function solely as an advisory panel to the
5 administrator of the division of motor vehicles on the subjects of physical and mental fitness
6 standards for licensure to operate a motor vehicle and eligibility standards for disability parking
7 privileges. When any person's eligibility or continuing eligibility for a license is questioned on the
8 grounds of physical or mental fitness, the administrator of the division of motor vehicles may
9 consult with relevant specialist members of the medical advisory board in determining that
10 person's qualifications to operate a motor vehicle. The administrator of the division of motor
11 vehicles may also consult with relevant specialist members of the medical advisory board in
12 making determinations of eligibility for disability parking privileges.

13 (b) In accordance with chapter 35 of title 42, the administrator of the division of motor
14 vehicles shall establish by regulations functional standards for determining physical and mental
15 fitness for motor vehicle licensure. The promulgated standards will be based on current medical
16 knowledge and objective data regarding fitness to safely operate motor vehicles, and will conform
17 to the requirements of the Americans With Disabilities Acts and chapter 87 of title 42. In
18 developing those functional standards the administrator of the division of motor vehicles shall

Page 1 of 2

1 consult with knowledgeable health and rehabilitation professionals including the Medical Society
2 of Rhode Island and the medical advisory board.

3 (c) The medical board shall consist of a physician in general practice, a neurologist, a
4 psychiatrist, an optometrist, and an orthopedic physician who shall be appointed by the governor;
5 a physician from the Rhode Island department of health designated by the director of health who
6 shall serve ex officio; and two (2) members of the general public approved by the governor, one
7 of whom shall be representative of the elderly, and one of whom shall be representative of the
8 people who are disabled. These members shall be appointed for a period of three (3) years.

9 (d) Any physician or optometrist who diagnoses a physical or mental condition which in
10 the physician's or optometrist's judgment will significantly impair the person's ability to operate
11 safely a motor vehicle may voluntarily report the person's name and other information relevant to
12 the condition to the medical advisory board within the division of motor vehicles.

13 (e) Any physician or optometrist reporting in good faith and exercising due care shall

14 have immunity from any liability, civil or criminal, that otherwise might result by reason of his or
 15 her actions pursuant to this section. ^(delete)~~No cause of action may be brought against any physician or~~
 16 ~~optometrist for not making a report pursuant to this section.~~^(delete)
 17 (f) For the purposes of this section, a "physician" is any person practicing medicine
 18 requiring a license pursuant to chapter 37 of title 5, and an "optometrist" is any person as defined
 19 in § 5-35-1.
 20 (g) Members of the medical board shall not be compensated for their services on the
 21 board. They shall meet at the request of the administrator of the division of motor vehicles at a
 22 time convenient to them.
 23 SECTION 2. This act shall take effect upon passage.

	<p>MOTION: To find <i>harmful</i> 2015 H 5759 An Act Relating To Motor And Other Vehicles -- Operators' And Chauffeurs' Licenses Motion moved by AS, seconded by RCo, <i>passed, abstained BH</i></p>
	<p><i>4:25 Agenda for the Next Meeting, Linda Ward</i></p> <p>Purpose/Goal: To set the agenda for the next meeting.</p> <p>Discussion: The Legislation Committee meetings in 2015 will be on the 1st Monday 3 - 4:30 PM: 06/01st; 07/06th; 08/10th; 09/21st; 11/02nd; and 12/07th.</p>
	<p><i>4:30 Adjournment, Linda Ward</i></p> <p>MOTION: To adjourn at 4:40 PM Motion moved by CG, seconded by AS, passed unanimously</p>