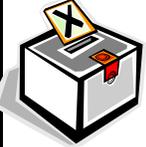


	<p align="center"><b>Governor's Commission on Disabilities</b>  <b>Legislation Committee</b>  <b>Monday, June 1, 2015 3:00 PM - 4:30 PM</b>          John O. Pastore Center, 41 Cherry Dale Court, Cranston, RI 02920-3049          (voice) 401-462-0100 (fax) 462-0106 (tty) via RI Relay 711          (e-mail) <a href="mailto:gcd.disabilities@gcd.ri.gov">gcd.disabilities@gcd.ri.gov</a> (website) <a href="http://www.disabilities.ri.gov">www.disabilities.ri.gov</a>          Follow us on <a href="https://twitter.com/ri_disabilities">twitter@ri_disabilities</a></p>
	<p><b>Attendees:</b> Linda Ward (Chair.); Jack Ringland (Vice Chair.); Rosemary C. Carmody; Regina Connor; Heather Daglieri*; Linda Deschenes; Kathleen Heren; William R. Inlow; Arthur M. Plitt; Meredith Sheehan; &amp; Angelina Stabile  <b>Absentees:</b> Timothy Flynn; Casey Gartland; Barbara Henry; Paula Parker; &amp; Msgr. Gerard O. Sabourin; Dawn Wardyga</p>
	<p><b>Guests:</b> Colleen Polselli,  <b>Staff:</b> Bob Cooper &amp; Alexander Nunnelly</p>
	<p><b>3:00 Call to Order and Acceptance of the Minutes, Linda Ward, Chair</b>          Chair calls the meeting to order at 3:02 PM          Introductions of Commissioners and guests</p>
	<p><b>MOTION:</b> To accept the minutes of the previous meeting as <i>presented</i>          Motion moved by RCo, seconded by AP, <i>passed unanimously</i></p>
<b>Action Items:</b>	
	<p><b>3:05 2015 2015 Public Forums on the Concerns of People with Disabilities and their Families, Bob Cooper, Executive Secretary</b></p>
	<p><b>Purpose/Goal:</b> To review the status of the Commission's 2015 Public Forums, July 27 - 31<sup>st</sup></p>
	<p align="center"><b>Tuesday, July 28, 2015, 2 - 4 PM</b>          Warwick Public Library, 600 Sandy Lane, Warwick          Hosted by the Ocean State Center for Independent Living          Panelists: Colleen Polselli, Meredith Sheehan</p>
	<p align="center"><b>Wednesday, July 27, 2015, 4 - 6 PM</b>          Peace Dale Library, 1057 Kingstown Rd, Peace Dale          Hosted by National Multiple Sclerosis Society RI Chapter          Panelists: Meredith Sheehan,</p>
	<p align="center"><b>Wednesday, July 29, 2015, from 4 - 6 PM<sup>1</sup></b>          Middletown Public Library, 700 West Main Rd, Middletown          Hosted by Opportunities Unlimited For People With Differing Abilities          Panelists: Colleen Polselli, Linda Ward</p>
	<p align="center"><b>Thursday, July 30, 2015, from 1:30 - 3:30 PM</b>          Zambarano Unit, Eleanor Slater Hospital, 2090 Wallum Lake Rd, Pascoag          Hosted by Zambarano Unit, Eleanor Slater Hospital          Panelists: Linda Ward, William Inlow, Rory Carmody, &amp; Kathy Heren</p>

<sup>1</sup> Time Not confirmed

	<p align="center"><b>Thursday, July 30, 2015, from 4 - 6 PM</b>  Woonsocket Harris Public Library, 303 Clinton St, Woonsocket  Hosted by RI Department of Health  Panelists: Colleen Polselli</p>
	<p align="center"><b>Friday, July 31, 2015, try moving to Monday from 3:45 - 5:45 PM</b>  South Providence Library, 441 Prairie Avenue, Providence  <b>Hosted by To be determined</b>  Panelists:</p>
	<p align="center"><b>Friday July 31, 2013 2:45- 4:45 PM</b>  <b>Riverside Public Library<sup>2</sup></b>  RI Statewide Independent Living Council &amp; National Federation for the Blind, RI</p>
	<p align="center"><b>3:15 2015 Legislative Package, Bob Cooper, Executive Secretary</b></p>
	<p><b>Purpose/Goal: To review the status of the Commission's legislative package and revise the Commission's position as warranted</b></p>

### Commission Supports

**Held for Further Study, Continued, or Heard**  
House Corporations Committee

#### 2015 H 5599 & S 0476 Acts Relating To Insurance -- Drug Coverage

Rep. Corvese Requested by the Governor's Commission on Disabilities Identical to S 0476  
House letter 3/2/2015 Testified: 3/31/2015 Senate letter Testified: Gov.  
Senate Health and Human Services Committee

Sen. Crowley Requested by the Governor's Commission on Disabilities Identical to H 5599  
House letter Testified: Senate letter 3/2/2015 Testified: 4/16/2015 Gov.

Staff was not able to convene a meeting of the interested parties: Blue Cross; United Healthcare; Express Scripts; National Multiple Sclerosis Society, RI; Mental Health Association of RI; RI Medical Society, and Amyotrophic Lateral Sclerosis Association RI Chapter, due to illness. The General Assembly appears to be racing to adjournment in the next couple of weeks. Should we try again try to bring the parties together, or submit a sub A study commission with all the parties appointed to it?



**MOTION: To revise 2015 H 5599 & S 0476 Acts Relating To Insurance -- Drug Coverage to create a joint study commission that includes all the interested parties.**  
Motion moved by RCa, seconded by RCo, *passed, Abstained LD*

### Commission Opposes

**Withdrawn by sponsor**  
House Finance Committee

15 H 5900 Art. 18 RELATING TO DIVISION OF ADVOCACY

Rep. Gallison Requested by the Governor  
House letter Testified: 4/2/2015 Senate letter Testified: Gov.

#### Commission Opposes unless amended

**Held for Further Study, Continued, or Heard**  
House Finance Committee

15 H 5900 Art. 19 RELATING TO CONSOLIDATION OF DEPARTMENT OF HEALTH BOARDS

Rep. Gallison Requested by the Governor  
House letter 4/24/2015 Testified: Senate letter 4/24/2015 Testified: Gov.

#### 2015 H 5900 Art. 20 Governor's Amendment Relating To Professional Licenses

Rep. Gallison Requested by the Governor  
House letter 4/24/2015 Testified: Senate letter 4/24/2015 Testified: Gov.

This Article would abolish the license, certification, or registration for:

<sup>2</sup> Time not confirmed

- (1) Sanitation line cleaners in section 3-7-25 Sanitary conditions for dispensing of malt beverages or wine, (abolish the license fee and \$50);
- (2) Apprentice barbers, instructors, or demonstrators in chapter 5-10 Barbers, Hairdressers, Cosmeticians, Manicurists (and repeal of the section 5-10-13 Demonstrator's permit);
- (3) Apprentice electrologists and instructions in chapter 5-32 Electrolysis (the department of health could issue regulations on the course of training);
- (4) Acupuncture assistants in chapter 5-37.2 Healing Art of Acupuncture;
- (5) Physical therapist assistants in chapter 5-40 Physical Therapists (and repeal sections 5-40-6.1. Qualifications of physical therapist assistants; 5-40-7.1. Licensing of physical therapist assistants, and 5-40-8.1. Application fee for physical therapists assistants);
- (6) Occupational therapy aides and occupational therapy assistants in chapter 5-40.1 Occupational Therapy (the department of health could issue regulations concerning other personnel in the occupational therapy field, including occupational therapist assistant" and "occupational therapy aide);
- (7) Audiology support personnel and speech language support personnel in chapter 5-48 Speech Pathology and Audiology;
- (8) Chapter 5-58 Auctioneers would be repealed in its entirety;
- (9) Chapter 5-59.1 Rhode Island Orthotics and Prosthetics Practices would be repealed in its entirety;
- (10) Chapter 5-60 Athletic Trainers would be repealed in its entirety;
- (11) Radiologist assistants in chapter 5-68.1 Radiologic Technologists (and repeal in its entirety 5-68.1-9. Special requirements pertaining to licensure of radiologist assistants);
- (12) Athletic Coaches in chapter 16-11.1 Athletic Coaches (The department of elementary and secondary education would issue regulations requiring first aid certification for any person who coaches in any athletic program in any school);
- (13) Fur buyers in section 20-2-30. Fur trapping and buying licenses;
- (14) Chapter 23-16.3 Clinical Laboratory Science Practice would be repealed in its entirety;
- (15) Chapter 23-19.3 Sanitarians" would be repealed in its entirety;
- (16) Chapter 23-20.8.1 Registration of Music Therapists would be repealed in its entirety;
- (17) Lifeguard certification in chapter 23-22.5 Drowning Prevention and Lifesaving (repeal of the annual \$10 certification fee for lifeguards)
- (18) Kickboxing in chapter 41-5 Boxing and Wrestling (deleting all references to kickboxing; This article would take effect upon passage.

#### **The Commission Opposes unless amended**

Individuals with chronic medical conditions assume healthcare practitioners are qualified to practice, based on a government certification or license. With the passage of P.L. 2014, ch. 347 & 399, licensed/certified health and home care practitioners (especially physical and occupational therapy assistants/aide) must undergo a national criminal background check.

The repeal of minimum standards of proficiency or orthotic and prosthetic practitioners undermines consumer protection in a field that can be critical to maintaining or regaining independence for individuals who have lost one or more limbs. This is a highly technical field.

The Article should be amended to:

- 1) Not repeal the minimum professional standards:
  - a) Chapter 5-59.1 entitled "Rhode Island Orthotics and Prosthetics Practices" (Section 15);
  - b) Chapter 5-68.1 entitled "Radiologic Technologists" (Section 17); and
  - c) Chapter 23-16.3 entitled "Clinical Laboratory Science Practice" (Section 20), and
- 2) Not deregulate in:
  - a) Chapter 5-40, Physical therapist assistants; and
  - b) Chapter 5-40.1, Occupational therapy aides and occupational therapy assistants.

#### **Governor's Amendment 26** would revised the following

After current Section 10 (amending Chapter 5-40 entitled "Physical Therapists") and in current Sections 12 (amending Chapter 5-40. 1 entitled "Occupational Therapy") and 17 (amending Chapter 5-68. 1 entitled " Radiologic Technologists"), the requirement for successful completion of a national certification examination for Physical Therapist Assistants, Occupational Therapy Assistants, and Radiologist Assistants is added to the General Laws to address concerns regarding the protection of public health.

(The change for Physical Therapist Assistant requires that a new section 11 be added and all subsequent sections renumbered.)

The second new article section (now Section 22) amends Chapter 23- 16.2 entitled "Laboratories" to require national certifications of clinical laboratory practitioners as part of the existing laboratory facility license to address concerns regarding the protection of public health.

**Text of the Governor's Amendment Insert new Section 11 after Section 10**

Page 400, line 18 insert new, underlined Section 11 after Section 10:

SECTION 11. Chapter 5-40 of the General Laws entitled "Physical Therapists" is hereby amended by adding thereto the following section:

<sup>{added}</sup>§ 5-40.1-22 Other personnel. - The director may promulgate rules and regulations concerning other personnel in the physical therapy field, including, but not limited to, a role such as "physical therapist assistant." The qualifications for "physical therapist assistant" shall require successful completion of the National Physical Therapy Examination (NPTE) of the Federation of State Boards of Physical Therapy (FSBPT) or other physical therapy assistant certification examination as approved by the department in consultation with the board to determine the applicant's fitness to engage in the practice of physical therapy.<sup><added></sup>

**Amendment to previous Section 12 (now Section 13)**

Page 408, line 30: Insert the following new, underlined sentence after the word "aide.": "<sup>{added}</sup>The qualifications for "occupational therapist assistant" shall require successful completion of the National Board for Certification in Occupational Therapy (NBCOT)'s examination for the Certified Occupational Therapy Assistant certification or other occupational therapy certification examination as approved by the board.<sup><added></sup>"

**Amendments to previous Section 17 (now Section 18)**

Page 425, lines 21-24 Do not strike through the text "(15) "Radiologist assistant" means an individual, other than a licensed practitioner, who performs as an advanced level radiologic technologist and works under the general supervision of a radiologist to enhance patient care by assisting the radiologist in the medical imaging environment, and who" Page 425, line 24 Insert after the word "who" the underlined text "<sup>{added}</sup>is certified by the American Registry of Radiologic Technologists, or by a comparable national certifying board as approved by the director.<sup><added></sup>"

Page 426, line 5 Insert after line 5 new text amending Section 5-68. 1-4 (full text provided below), with all strikethrough and underline formatting as indicated. Specifically, add underlined Section 5-68. 1-4(7) as follows: "<sup>{added}</sup>(7) A radiologist assistant who is certified by the American Registry of Radiologic Technologists, or by a comparable national certifying board as approved by the director.<sup><added></sup>"

Amended Section 18 (was Section 17), Section 5-68.1-2 entitled 'Definitions' by restoring item (15) and adding underline and strikeout as shown below:

(15) "Radiologist assistant" means an unlicensed individual, other than a licensed practitioner, who performs as an advanced level radiologic technologist and works under the general supervision of a radiologist to enhance patient care by assisting the radiologist in the medical imaging environment and ~~who has met and continues to meet the licensure standards of this chapter~~ <sup>{added}</sup>is certified by the American Registry of Radiologic Technologists, or by a comparable national certifying board as approved by the director.<sup><added></sup>

SECTION 22. Sections 23-16.2-2, 23-16.2-6 and 23-16.2-7 of the General Laws in Chapter 23-16.2 entitled "Laboratories" are hereby amended to read as follows:

§ 23-16.2-2 Definitions. -When used in this chapter:

<sup>{added}</sup> (7) "Clinical laboratory test" or "laboratory test" means a microbiological, serological, chemical, hematological, radioassay, cytological, immunological, or other pathological examination which is performed on material derived from the human body, the test or procedure conducted by a clinical laboratory which provides information for the diagnosis, prevention, or treatment of a disease or assessment of a medical condition.

<sup>{added}</sup> (8) "Nationally recognized certification examination" means an appropriate examination, as determined by the director, covering both academic and practical knowledge, including, but not limited to, those offered by the American Society of Clinical Pathologists (ASCP), American Medical Technologists (AMT), National Credentialing Agency (NCA), or the American Association of Bioanalysts Board of Registry (CAAB), and including any appropriate categorical or specialty examinations.<sup><added></sup>



**MOTION:** To find 2015 H 5900 Article 20 as Amended Relating To Professional Licenses, does address most of the objections of the Commission. It still needs to reinstate regulations of orthotics and prosthetics.

Motion moved by BI, seconded by KH, *passed, Abstained LD*

# 15 H 5900 New Art Governor's Amendment (2) Relating To The Reinventing Medicaid Act Of 2015

Rep. Gallison  
House letter

Requested by the Governor  
Testified: 5/19/2015 Senate letter

Testified: Gov.

The new article consists of statute changes to implement the recommendations of the Reinventing Medicaid Working Group.

Section 1 establishes the hospital licensing fee for FY2016 to be 5.846% of the net patient services revenue of every hospital for the hospital's first fiscal year ending on or after January 1, 2014, Subject to federal approval the license fee for all hospitals located in Washington County, RI shall be discounted by 37%.

Section 2 removes the health insurance coverage cap of \$5,000 per dependent child per policy or calendar year for early intervention services for children. The section makes further technical changes to the statute.

Section 3 removes the health insurance coverage cap of \$32,000 for applied behavior analysis for individuals with autism.

Section 4 establishes a \$465 state supplemental payment for individuals receiving supplementary and security income (SSI) payments who are eligible to receive Medicaid-funded long-term services and supports, living in a Medicaid-certified state-licensed assisted living or adult supportive housing residence, and participating in the program established by Section 13.

Section 5 eliminates the scheduled increase to Medicaid reimbursement rates to hospitals and further reduces Medicaid hospital rates (through fee-for-service and managed care) by 2.5 percent.

Section 5 authorizes the Secretary of Health and Human Services to create a Hospital Incentive Program (HIP) to provide participating licensed hospitals the ability to obtain certain payments for achieving performance goals established by the Secretary. Payments from the Hospital Incentive Program may commence no earlier than July 1, 2016. The Secretary is further authorized to seek all necessary federal waiver and state plan authorities to implement the program.

Section 6 enhances the state's ability to recover assets through liens on a deceased recipient's estate by allowing liens on property regardless of whether it forms part of the probate estate. Any transfer resulting in the imposition of a penalty period is presumed to be made for the purposes of obtaining eligibility for long-term care Medicaid, unless rebutted by clear and convincing evidence. Any such transfer may create a debt from the transferor or transferee to the Executive Office.

The section further authorizes the Secretary to impose a lien against the real property of an individual receiving long-term care Medicaid and residing in an institution who, after notice and opportunity for hearing, cannot reasonably be expected to be discharged from the medical institution and return home, unless a qualified individual is residing in the home. Any recovery under the lien may not occur until the death of the individual's surviving spouse, if any, and other qualified individuals are not living in the home.

The section also makes technical changes to the penalty period provisions by disallowing changes to the penalty period for anything other than a return of the full fair market value of the asset transfer which resulted in the imposition of the penalty period. The section also establishes a 12% interest rate beginning six months after the appointment of an administrator for the estate.

Section 7 eliminates the nursing home inflation index adjustment scheduled to take place on October 1, 2015, and further reduces nursing home payment rates by 2.5 percent. The section also delays the per-diem rate increase for low-cost nursing homes resulting from the payment methodology transition that was scheduled to take place in October 2015.

The section authorizes the Secretary of Health and Human Services to create a Nursing Facility Incentive Program (NFIP) to provide participating licensed nursing facilities the ability to obtain certain payments for achieving performance goals established by the Secretary. Payments from the NFIP may commence no earlier than July 1, 2016. The Secretary is further authorized to seek all necessary federal waiver and state plan authorities to implement the program.

Section 8 makes technical changes to the Medical Assistance Fraud Law. The section makes it unlawful to intentionally refuse to provide representatives of the Office of Program Integrity upon reasonable request, access to information and data pertaining to services or merchandise rendered to eligible participants and former participants while recipients under the Rhode Island Medicaid program.

Section 9 reauthorizes Disproportionate Share Hospital (DSH) payments. The section modifies the base year used for calculating the distribution of DSH payments to use the most recent available data. The section updates the definition of "hospital" to include any premises included on a license pursuant to § 23-17-1 et seq. regardless of changes in licensure status or change in effective control.

Section 10 repeals Section 5 of Article 18 of Chapter 145 of the Public Laws of 2014 which had established supplemental state funding for Graduate Medical Education.

Section 11 authorizes the Secretary to pursue payment methodology reforms to increase access to homemaker, personal care, assisted living, adult supportive care, and adult day services by developing Medicaid

certification standards and using payment strategies designed to achieve specific quality and health outcomes, including an acuity-based tiered payment methodology.

This section gives EOHHS flexibility to create community-based supportive living programs, establish adult day services level of need criteria and acuity-based tiered payments, and implement payment reforms that encourage home- and community-based providers to provide the specialized services beneficiaries need to avoid or delay institutional care.

The section makes further technical changes to the statute {1. deleting the exception to the home and community based care goal of 50%, of persons with mental disabilities. 2 replacing the words "mentally retarded" with "persons with intellectual disabilities. 3, Eliminating the requirement of prior general assembly approval before the secretary can adopt criteria for admission to nursing facilities, hospitals, or intermediate care facilities or set levels of care criteria for long-term services.}

Section 12 eliminates reference to the Assessment and Coordination Unit (ACU) which coordinates the assessment of beneficiaries for long-term care for departments under the Executive Office, among other technical changes to the statute.

Section 13 reduces Medicaid managed long-term care payment rates by 2.5 percent.

The section also repeals language which requires managed care organizations to reimburse long-term care providers not less than the rate paid by the Executive Office for such care under the Medicaid program and which restricted flexibility in payment methodologies under any duals demonstration project.

The section creates a program for beneficiaries who choose to receive Medicaid-funded assisted living, adult supportive care, or shared living long-term services and supports, using an acuity based, tiered service and payment system that ties reimbursement to a beneficiary's level of need and specific outcome and quality measures. The section raises the cap on the amount that Medicaid-certified assisted living and adult supportive care providers are permitted to charge for room and board to include the monthly state supplement to SSL. The program will be terminated if it is not cost-effective compared to the current set of programs and services.

The section also makes enrollment in managed care mandatory for individuals eligible for long-term services and supports.

Section 14 makes technical changes to the Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals' (BHDDH) definition of an "individual program plan", also known as a "general service plan". { repealing the requirement that the "The individual program plan shall indicate developmental, supportive, or ancillary services by function and frequency, the manner of subsidy and delivery and the categories of need for services such as transportation, job training, or occupation, housing, housing adaptation, personal attendant care, homemaker, or other services. This plan shall be reviewed at least annually; provided, however, that authorizations for services and funding issued prior to July 1, 2011 are null and void. Authorizations will be paid at the rate effective in the quarter the service was provided."}

Section 15 authorizes the Secretary of Health and Human Services to pursue any state plan amendments or waivers, rules and regulations, and process and procedures required to implement any Medicaid initiatives which are approved by the General Assembly.

The Office of Program Integrity is authorized to pursue certain additional program integrity opportunities to detect fraud. The Office is also empowered to propose and execute recommendations to implement corrective action to remediate federal or state audit findings.

The section also enhances the ability of departments within the Executive Office of Health and Human Services to share data by clarifying that the Secretary will have responsibility for ensuring compliance with applicable privacy laws.

Section 15 also makes certain technical changes to the statute creating the Executive Office. {1. replacing references to the "Global Consumer Choice Compact Waiver" with the words "Medicaid section 1115 demonstration waiver". 2. deleting the requirement to "Broaden access to publicly funded food and nutrition services by consolidating agency programs and initiatives to eliminate duplication and overlap and improve the availability and quality of services;" 3. replaces references to "CHOICES" with "unified health and human services infrastructure project". 4. repeals the "Medicaid program study". 5. Repeals the "Human service call center study (211)". 6. eliminates the general assembly's prior approval for category II and III changes.}

Section 16 increases the attachment point for the Children's Health Account from \$7,500 per child per service per year to \$11,000. The section makes further technical changes to the statute.

Section 17 modifies the composition of the Children's Cabinet, by adding the Secretary of Health and Human Services and the Child Advocate, and removing certain other members. The Children's Cabinet shall produce a comprehensive, 5-year statewide plan for an integrated state child service system by December 1, 2015. The Cabinet shall also develop a strategic plan to coordinate and share data, including with outside research partners pursuant to data-sharing agreements. The Cabinet will be supported by staff from the Executive Office of Health and Human Services.

Section 18 increases the assessment imposed upon the gross patient revenue received by every nursing facility to 6.0 percent of services, effective January 1, 2016.

Section 19 authorizes the Secretary of Health and Human Services to undertake programmatic changes requiring the implementation or modification of a rule or regulation in existence prior to the implementation of the global consumer choice section 1115 demonstration, or any category II change or category III change as defined in the demonstration, that are integral to the appropriations for the medical assistance program and detailed in official budgetary documents supplemental thereto. { the general assembly is asked to approve:

(a) Nursing Facility Payment Rates and Incentive Program. (b) Nursing Facility Bed Tax- Increase Rate. (c) Medicaid Hospital Payments Reform - Eliminate Rate Increases for Hospital Inpatient and Outpatient Payments, Increase License Fee, Incentive Program. (d) Pilot Coordinated Care Program. (e) Medicaid Managed Care Contracts - Improved Efficiency. (f) Long-term care arrangements. (g) Integrated Care Initiative (ICI) - Enrollment. (h) Behavioral Health --Coordinated Care Management. (i) Community Health Teams and Targeted Services. (j) Implementation of Home and Health Stabilization Services. (k) Sobering Treatment Opportunity Program (STOP) Established. (l) Medicaid Eligibility Criteria and System Processes - Review and Realignment. (m) Reform of Long-term Care Eligibility Criteria. (n) Estate Recoveries and Liens. (o) Alternative Payment Arrangements. (p) Approved Authorities: Section 1115 Waiver Demonstration Extension. (q) Affordable Care Act (ACA) Opportunities.

This article would take effect upon passage, except that Section 10 shall take effect as of July 1, 2014.

#### **The Commission Opposes unless amended**

SECTION 06 should be amended to clarify the effective date and that it applies to prospective beneficiaries;

SECTION 11 should be amended to retain legislative authorized levels of care in § 40-8.9-9(c). Long-term care re-balancing system reform goal on page 39 line 1;

SECTION 11 should also be amended to remove the conflicts with Article 20 deregulating several healthcare professions and the new Medicaid certification language in § 40-8.9-9(f)(2). Long-term care re-balancing system reform goal on page 41 lines 14 - 20;

SECTION 12 should be amended to retain the Assessment & Coordinated Care standards in § 40-8.10-4(b) & (c). Long-term Care Assessment and Coordination on page 45 line 25 to page 46 line 10; and

SECTION 15 should be amended to retain the requirement for legislative authorization of categories II & III changes in § 42-7.2-16.1(c). Reinventing Medicaid Act of 2015 on page 64 lines 15 - 21

#### **Governor's Amendment 25, revised the new article.**

Section 4 Clarification necessary to meet Social Security Administration (SSA) requirements for state SSI - only supplement - No substantive change, and 5 reference corrections.

Section 6 Technical correction - missing underline; New language relating to interest charges omitted; New language relating to

transfers of assets omitted; Technical correction - Add subsection (a) designation; Clarification - Definition of "hearing" added; Technical correction - change number "4" to letter "e" to align with subsection designations.

Section 7 Clarification necessary to explain impact -- no substantive change.

Section 8 Technical correction.

Section 11 Addition of reference necessary to meet SSA requirements - no substantive change, and reference correction.

Section 13 Reference correction.

Section 14 Delete Sec 14 and renumber Sec 14-20, Agency withdraws language that repealed the requirement that the "The individual program plan shall indicate developmental, supportive, or ancillary services by function and frequency, the manner of subsidy and delivery and the categories of need for services such as transportation, job training, or occupation, housing, housing adaptation, personal attendant care, homemaker, or other services. {See Section 15 Resolution (p) below}

Section 15 Technical correction

Section 18 Resolution (a) Technical correction

Section 18 Add Resolution (p) subsection in lieu of former section 14 re DD payment methodology - re-letter (q) and (r).

#### **Text of the Governor's Amendment – withdrawn Section 14:**

SECTION 14. Section 40.1-21-4.3 of the General Laws in Chapter 40.1 entitled "department of behavioral healthcare developmental disabilities and hospitals" is hereby amended to read as follows:

**§ 40.1-21-4.3 Definitions.** – As used in this chapter and in chapter 22 of this title the words:

(7) "Individualized program plan" or "general service plan" means a plan, however named, which includes, but shall not be limited to, the following:

(i) An evaluation of the strengths, difficulties, needs, and goals of the individual;

- (ii) A description of those services found to be necessary or appropriate to assist the individual in realizing his or her potential for self-sufficiency in major life activities;
- (iii) A description of the agencies and/or individuals, which are proposed to provide each of the recommended services;
- (iv) The intermediate and long-range objectives for the individual's development and habilitation;
- (v) The expected duration for the provision of the services;
- (vi) A description of the tests and other evaluative devices used and their results;
- (vii) Proposed criteria for monitoring and evaluating the success of the services in meeting the individual's needs; ~~and~~
- (viii) The signatures of the preparers of the plan and the date; and
- (ix) The plan shall be written annually.

~~The individual program plan shall indicate developmental, supportive, or ancillary services by function and frequency, the manner of subsidy and delivery and the categories of need for services such as transportation, job training, or occupation, housing, housing adaptation, personal attendant care, homemaker, or other services. This plan shall be reviewed at least annually; provided, however, that authorizations for services and funding issued prior to July 1, 2011 are null and void. Authorizations will be paid at the rate effective in the quarter the service was provided.~~

**Text of the new Section 18 Resolution**

SECTION 18. Rhode Island Medicaid Reform Act of 2008.

(p) Payment Methodology for Services to Adults with Developmental Disabilities. The department of behavioral healthcare developmental disabilities and hospitals proposes to revise the payment methodology and/or rates for services provided to adults with developmental disabilities pursuant to the individual services plans defined in §40.1-2, 1-4.3. Amendments to the section 1115 waiver and/or the Medicaid state plan may be required to implement any alternative payment methodology, arrangements or rates. New and amended rules, regulations and procedures may also be required.

**Legislation Committee finds this bill Beneficial**

**Passed and Referred to**

House Finance Committee

15 S 0652 AN ACT RELATING TO STATE AFFAIRS AND GOVERNMENT - OFFICE OF HEALTH AND HUMAN SERVICES

Sen. Miller

House letter 4/10/2015 Testified: Senate letter Testified: Gov.

House Judiciary Committee

15 S 0248 AN ACT RELATING TO MOTOR AND OTHER VEHICLES - OPERATORS' AND CHAUFFEURS' LICENSES - SCHOOL BUS DRIVER ANNUAL TRAINING

Sen. Metts

House letter Testified: Senate letter 3/6/2015 Testified: Gov.

15 S 0572 AN ACT RELATING TO DELINQUENT AND DEPENDENT CHILDREN -- PROCEEDINGS IN FAMILY COURT

Sen. McCaffrey

House letter Testified: Senate letter 4/10/2015 Testified: Identical to H 6016 Gov.

**Scheduled for consideration**

Senate Health and Human Services Committee

Next Action on: 6/2/2015 @ Rise in Senate Lounge

15 S 0753 AN ACT RELATING TO BUSINESSES AND PROFESSIONS - CONFIDENTIALITY OF HEALTH CARE COMMUNICATIONS AND INFORMATION ACT

Sen. Miller Requested by the Office of Health and Human Services Identical to H 5893

House letter Testified: Senate letter 5/19/2015 Testified: Gov.

Senate Judiciary Committee

Next Action on: 6/2/2015 @ Rise in rm 313

15 S 0714 AN ACT RELATING TO CRIMINAL OFFENSES -- CHILDREN

Sen. Ruggiero Requested by the Attorney General Identical to H 5493

House letter Testified: Senate letter 4 /13/2015 Testified: Gov.

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

House Corporations Committee

15 H 5176 AN ACT RELATING TO INSURANCE -- ACCIDENT AND SICKNESS INSURANCE POLICIES

Rep. Casey  
House letter 2/10/2015 Testified: Senate letter Testified: Gov.  
15 H 5219 AN ACT RELATING TO INSURANCE - ACCESS TO OPIOID ANALGESICS WITH ABUSE-  
DETERRENT PROPERTIES

Rep. Edwards Identical to S 0167  
House letter 2/10/2015 Testified: Senate letter Testified: Gov.  
15 H 5837 AN ACT RELATING TO INSURANCE - INSURANCE COVERAGE FOR MENTAL ILLNESS AND  
SUBSTANCE

Rep. Serpa  
House letter Testified: Senate letter Testified: Gov.  
House Finance Committee  
15 H 5144 AN ACT RELATING TO PUBLIC UTILITIES AND CARRIERS - PUBLIC TRANSIT AUTHORITY

Rep. Chippendale  
House letter 2/10/2015 Testified: 2 /26/2015 Senate letter Testified: Gov.  
15 H 5201 AN ACT RELATING TO HUMAN SERVICES -- MEDICAL ASSISTANCE

Rep. Ajello  
House letter 4/7/2015 Testified: Senate letter Testified: Gov.  
15 H 5349 AN ACT RELATING TO HIGHWAYS - SIDEWALKS

Rep. Blazejewski Identical to S 0195, S 189, H  
House letter 3/6/2015 Testified: Senate letter Testified: Gov.  
15 H 5514 AN ACT RELATING TO STATE AFFAIRS AND GOVERNMENT - RHODE ISLAND HOUSING  
RESOURCES ACT OF 1998

Rep. Slater Identical to S 0306  
House letter 3/6/2015 Testified: Senate letter Testified: Gov.  
15 H 5564 AN ACT RELATING TO HUMAN SERVICES -- ABLE ACCOUNTS

Rep. Nardolillo Identical to S 0413 & S 0465  
House letter 3/5/2015 Testified: Senate letter Testified: Gov.  
House Health, Education, & Welfare Committee  
15 H 5493 AN ACT RELATING TO CRIMINAL OFFENSES -- CHILDREN

Rep. Melo Requested by the Attorney General Identical to S 0714  
House letter 4/13/2015 Testified: Senate letter Testified: Gov.  
15 H 5697 AN ACT RELATING TO EDUCATION -- INSTRUCTION FOR DEAF OR HARD-OF-HEARING  
STUDENTS

Rep. Handy  
House letter 5/19/2015 Testified: Senate letter Testified: Gov.  
15 H 5893 AN ACT RELATING TO BUSINESSES AND PROFESSIONS - CONFIDENTIALITY OF HEALTH  
CARE COMMUNICATIONS AND INFORMATION ACT

Rep. Canario Requested by the Office of Health & Human Services Identical to S 0753  
House letter 5/19/2015 Testified: Senate letter Testified: Gov.  
House Judiciary Committee  
15 S 0628 AN ACT RELATING TO MOTOR AND OTHER VEHICLES - MOTOR VEHICLE OFFENSES

Sen. Sosnowski Requested by the Attorney General  
House letter Testified: Senate letter Testified: Gov.  
15 H 5862 AN ACT RELATING TO EDUCATION -- CHILDREN WITH DISABILITIES

Rep. Blazejewski Identical to S 0589  
House letter 4/7/2015 Testified: Senate letter Testified: Gov.  
15 H 6016 AN ACT RELATING TO DELINQUENT AND DEPENDENT CHILDREN -- PROCEEDINGS IN  
FAMILY COURT

Rep. Azzinaro Identical to S 0572  
House letter 4/10/2015 Testified: Senate letter Testified: Gov.  
Senate Finance Committee  
15 S 0306 AN ACT RELATING TO STATE AFFAIRS AND GOVERNMENT - RHODE ISLAND HOUSING  
RESOURCES ACT OF 1998

Sen. Crowley Identical to H 5514  
House letter Testified: Senate letter 3/6/2015 Testified: Gov.  
15 S 0465 AN ACT RELATING TO HUMAN SERVICES -- ABLE ACCOUNTS

Sen. Satchell Identical to H 5564 & S 0413  
House letter Testified: Senate letter 3/6/2015 Testified: Gov.

15 S 0615 AN ACT RELATING TO TAXATION -- RHODE ISLAND LIVABLE HOME TAX CREDIT ACT  
Sen. Nesselbush Identical to H 6204  
House letter Testified: Senate letter 4/7/2015 Testified: Gov.  
Senate Health and Human Services Committee

15 S 0167 **Sub A** AN ACT RELATING TO INSURANCE - ACCESS TO ABUSE-DETERRENT PAIN  
MEDICATIONS  
Sen. Miller Identical to H 5219  
House letter Testified: Senate letter 2/10/2015 Testified: Gov.

This act would prevent health insurance policies, plans or contracts that provide coverage for prescription drugs, from requiring a beneficiary to use an opioid drug not indicated by the FDA for the condition being treated prior to the use of a non-opioid drug that is approved by the FDA for the condition being treated, or to use a non-abuse-deterrent formulation prior to using an abuse-deterrent formulation.  
The Substitute A 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.

Senate Housing and Municipal Government Committee  
15 S 0195 AN ACT RELATING TO HIGHWAYS - SIDEWALKS  
Sen. Goodwin Identical to H 5349, H 5392,  
House letter Testified: Senate letter 3/6/2015 Testified: Gov.  
Senate Judiciary Committee

15 S 0270 AN ACT RELATING TO PROBATE PRACTICE AND PROCEDURE - LIMITED GUARDIANSHIP  
AND GUARDIANSHIP OF ADULTS  
Sen. Metts

House letter Testified: Senate letter 5/19/2015 Testified: Gov.

15 S 0589 AN ACT RELATING TO EDUCATION - CHILDREN WITH DISABILITIES  
Sen. McCaffery By request Identical to H 5862

House letter Testified: Senate letter 4/7/2015 Testified: Gov.

15 S 0629 AN ACT RELATING TO MOTOR AND OTHER VEHICLES - MOTOR VEHICLE OFFENSES

Sen. Sosnowski Requested by the Attorney General

House letter Testified: Senate letter Testified: Gov.

**Referred to Committee**

House Finance Committee

15 H 5392 AN ACT RELATING TO HIGHWAYS - SIDEWALKS  
Rep. McLaughlin Identical to S 0195 & H 5349  
House letter 3/6/2015 Testified: Senate letter Testified: Gov.

15 H 6104 AN ACT RELATING TO TAXATION -- RHODE ISLAND LIVABLE HOME TAX CREDIT ACT  
Rep. Naughton Identical to S 0615  
House letter Testified: Senate letter Testified: Gov.

15 H 6108 AN ACT RELATING TO MOTOR AND OTHER VEHICLES -- MOTOR FUEL TAX

Rep. Amore

House letter 5/19/2015 Testified: Senate letter Testified: Gov.

Senate Finance Committee

15 S 0413 AN ACT RELATING TO HUMAN SERVICES -- ABLE ACCOUNTS  
Sen. Kettle Identical to H 5564 & S 465  
House letter Testified: Senate letter 3/6/2015 Testified: Gov.

**Legislation Committee finds this bill Beneficial if amended**

**Withdrawn by sponsor**

House Municipal Government Committee

15 H 5529 AN ACT RELATING TO HIGHWAYS -- CONSTRUCTION AND MAINTENANCE OF STATE  
ROADS  
Rep. Williams Replaced by H 5801  
House letter Testified: Senate letter Testified: Gov.

**Scheduled for consideration**

Senate Health and Human Services Committee

Next Action on: 6/2/2015 @ Rise in Senate Lounge

15 S 0895 AN ACT RELATING TO INSURANCE -- ACCIDENT AND SICKNESS INSURANCE POLICIES  
Sen. Coynes Identical to H 5605



15 H 5083 AN ACT RELATING TO TOWNS AND CITIES -- STATE AID

Rep. Edwards

House letter 2/10/2015 Testified: Senate letter Testified: Gov.

15 H 5327 AN ACT RELATING TO TAXATION - CIGARETTE TAX-MINIMUM PRICE OF CIGARETTES

Rep. Phillips Identical to S 0209

House letter 4/7/2015 Testified: Senate letter Testified: Gov.

15 H 5347 AN ACT RELATING TO HUMAN SERVICES -- RHODE ISLAND WORKS PROGRAM--  
COMPULSORY ATTENDANCE

Rep. Casey

House letter 3/6/2015 Testified: Senate letter Testified: Gov.

House Judiciary Committee

15 H 5759 AN ACT RELATING TO MOTOR AND OTHER VEHICLES -- OPERATORS' AND CHAUFFEURS' LICENSES

Rep. Craven Identical to S 0564

House letter 5/19/2015 Testified: Senate letter Testified: Gov.

**Referred to Committee**

Senate Finance Committee

15 S 0209 AN ACT RELATING TO TAXATION - CIGARETTE TAX-MINIMUM PRICE OF CIGARETTES

Sen. Raptakis Identical to H 5327

House letter Testified: Senate letter 4/7/2015 Testified: Gov.

**Legislation Committee finds this bill Harmful unless amended**

**Meeting Postponed**

Senate Judiciary Committee

15 S 0336 AN ACT RELATING TO STATE AFFAIRS AND GOVERNMENT - DEPARTMENT OF CHILDREN, YOUTH, AND FAMILIES

Sen. Kettle

House letter Testified: Senate letter 3/6/2015 Testified: Gov.

Senate Labor Committee

15 S 0532 AN ACT RELATING TO STATE AFFAIRS AND GOVERNMENT -- GOVERNOR'S WORKFORCE BOARD RHODE ISLAND

Sen. Nesselbush

House letter Testified: Senate letter 3/6/2015 Testified: Gov.

**Scheduled for consideration**

Senate Labor Committee

Next Action on: 6/3/2015 @ Rise in rm 212

15 S 0534 AN ACT RELATING TO STATE AFFAIRS AND GOVERNMENT - GOVERNOR'S WORKFORCE BOARD by Sen. Conley

House letter Testified: Senate letter 3/6/2015 Testified: Gov.

	<p><b>3:35 Legislation tabled at the last meeting Bob Cooper, Executive Secretary</b></p>
	<p><b>Purpose/Goal: To review recently filed legislation, determine the potential impact on people with disabilities, and adopt legislative impact statements</b></p>
	<p><b>2015 S 0481 Sub A &amp; 15 H 6150 Acts Relating To Health And Safety - Caregiver Advise, Record And Enable Act</b></p>
	<p>Sen. Goldin <b>Scheduled for consideration</b> 6/2/2015 @ Rise in Senate Lounge by the Senate Health and Human Services Committee Rep. Naughton <b>Scheduled for consideration</b> 6/3/2015 @ Rise in rm 101 by the House Health, Education, &amp; Welfare Committee This act would create the "Caregiver Advise, Record and Enable Act" to provide support and assistance to individuals with post hospital care. The Substitute A would create the "Caregiver Advise, Record and Enable Act" to provide support and assistance to individuals with post hospital care, and to provide caregivers with proper training.</p>

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

CHAPTER 17.27

CAREGIVER ADVISE, RECORD AND ENABLE ACT

**23-17.27-1. Legislative findings and purpose.** – An estimated 148,000 Rhode Islanders provide varying degrees of unreimbursed care to adults with limitations in daily activities. According to the AARP Public Policy Institute, the total value of the unpaid care provided to individuals in need of long-term services and supports amounts to an estimated \$1.9 billion every year, based on 2009 data. Caregivers are often members of the individual's immediate family, but friends and other community members also serve as caregivers. While most caregivers are asked to assist an individual with basic activities of daily living, such as mobility, eating, and dressing, many are expected to perform complex tasks on a daily basis such as administering multiple medications, providing wound care, and operating medical equipment.

Despite the vast importance of caregivers in the individual's day-to-day care, and despite the fact that according to AARP's 2012 "Home Alone" report, seventy-eight percent (78%) percent of caregivers report managing multiple medications, administering injections, and performing other health maintenance tasks, the "Home Alone" research has shown that many caregivers find that they are often left out of discussions involving a patient's care while in the

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hospital and, upon the patient's discharge, receive little to no instruction on the tasks they are expected to perform. The federal Centers for Medicare & Medicaid Services (CMS) estimates that \$17 billion in Medicare funds or spent each year on unnecessary hospital readmissions. Additionally, hospitals desire to avoid the imposition of new readmission penalties under the federal Patient Protection and Affordable Care Act (ACA).

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

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

(1) "After-care" means any assistance provided by a caregiver to a patient under this chapter after the patient's discharge from a hospital that is related to the patient's condition at the time of discharge. Such assistance may include, but is not limited to, assisting with basic activities of daily living (ADLs), instrumental activities of daily living (IADLs), or other tasks as determined to be appropriate by the discharging physician or other health care professional.

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

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

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

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

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

**23-17.27-3. Caregiver designation.** – (a) Any hospital licensed pursuant to this title shall provide each patient or, if applicable, the patient's legal guardian with an opportunity to designate at least one caregiver under this chapter following the patient's entry into a hospital and prior to the patient's discharge.

(1) In the event that the patient is unconscious or otherwise incapacitated upon his or her entry into a hospital, the hospital shall provide such patient or his/her legal guardian with an

1 opportunity to designate a caregiver within a given timeframe, at the discretion of the attending  
2 physician, following the patient's recovery of consciousness of capacity. The hospital shall  
3 promptly document the attempt in the patient's medical record.

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

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

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

13 (A) If the patient or the patient's legal guardian declines to consent to release medical  
14 information to the patient's designated caregiver the hospital is not required to provide notice to  
15 the caregiver under § 23-17.27-4 or provide information contained in the patient's discharge plan  
16 under § 23-17.27-5.

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

20 (4) A patient or the patient's legal guardian may elect to change the patient's designated  
21 caregiver at any time, and the hospital must record this change in the patient's medical record  
22 before the patient's discharge.

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

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

27 (d) In the event that the patient is a minor child, and the parents of the patient are  
28 divorced, the custodial parent shall have the authority to designate a caregiver. If the parents have  
29 joint custody of the patient, they shall jointly designate the caregiver.

30 **23-17.27-4. Notice to Designated Caregiver.** – (a) Any hospital licensed pursuant to this  
31 title shall notify the patient's designated caregiver of the patient's discharge or transfer to another  
32 facility licensed by the state as soon as possible, in any event, upon issuance of a discharge order  
33 by the patient's attending physician. In the event the hospital is unable to contact the designated  
34 caregiver, the lack of contact shall not interfere with, delay, or otherwise affect the medical care

1 provided to the patient, or an appropriate discharge of the patient. The hospital shall promptly  
2 document the attempt in the patient's medical record.

3 **23-17.27-5. Instruction to Designated Caregiver.** – (a) As soon as possible and prior to  
4 a patient's discharge from a hospital, the hospital shall consult with the designated caregiver  
5 along with the patient regarding the caregiver's capabilities and limitations and issue a discharge  
6 plan that describes a patient's after-care needs at his or her residence.

7 The consultation and issuance of a discharge plan shall occur on a schedule that takes  
8 into consideration the severity of the patient's condition, the setting in which care is to be  
9 delivered, and the urgency of the need for caregiver services. In the event the hospital is unable to  
10 contact the designated caregiver, the lack of contact shall not interfere with, delay, or otherwise  
11 affect the medical care provided to the patient, or an appropriate discharge of the patient. The  
12 hospital shall promptly document the attempt in the patient's medical record.

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

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

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

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

19 (b) The hospital issuing the discharge plan must provide caregivers with instruction in all  
 20 after-care tasks described in the discharge plan. Any training or instructions provided to a  
 21 caregiver shall be provided, to the extent possible, in non-technical language and in the  
 22 caregiver’s native language.  
 23 (1) At minimum, such instruction shall include:  
 24 (i) A live demonstration of the tasks performed by the hospital employee or individual  
 25 with whom the hospital has a contractual relationship authorized to perform the after-care task,  
 26 provided in a culturally competent manner and in accordance with the hospital’s requirements to  
 27 provide language access under state and federal law;  
 28 (ii) An opportunity for the caregiver and patient to ask questions about the after-care  
 29 tasks; and  
 30 (iii) Answers to the caregiver’s and the patient’s questions provided in a culturally  
 31 competent manner and in accordance with the hospital’s requirements to provide language access  
 32 services under state and federal law.  
 33 (2) Any instruction required under this chapter shall be documented in the patient’s  
 34 medical record, including, at minimum, the date, time, and contents of the instruction.

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1 (c) The Rhode Island department of health is authorized to promulgate regulations to  
 2 implement the provisions of this chapter including, but not limited to, regulations to further define  
 3 the content and scope of any instruction provided to caregivers under this chapter.  
 4 **23-17.27-6. Non-Interference with Powers of Existing Health Care Directives.** –  
 5 Nothing in this chapter shall be construed to interfere with the rights of an agent operating under  
 6 a valid health care directive pursuant to chapter 4.10 of title 23 (Health Care Power of Attorney).  
 7 **23-17.27-7. Caregiver reimbursement.** – A caregiver shall not be reimbursed by any  
 8 government or commercial payer for after-care assistance that is provided pursuant to this  
 9 chapter, with the sole exception that this chapter shall not supersede the applicability of wage  
 10 replacement benefits paid to workers under Rhode Island’s Temporary Disability Insurance  
 11 program, pursuant to § 28-41-35.  
 12 **23-17.27-8. Limitations of Actions.** – Nothing in this chapter shall be construed to create  
 13 a private right of action against a hospital, a hospital employee, or an individual, with whom a  
 14 hospital has a contractual relationship, or to otherwise supersede or replace existing rights or  
 15 remedies under any other provision of law.  
 16 **23-17.27-9. Severability.** – If any provision of this chapter or the application of any  
 17 provision to any person or circumstances is held invalid or unconstitutional, the invalidity or  
 18 unconstitutionality shall not affect other provisions or applications of this chapter which can be  
 19 given effect without the invalid or unconstitutional provision or application, and to this end the  
 20 provisions of this chapter are declared to be severable.<ADD>  
 21 SECTION 2. This act shall take effect upon passage.

	<p>MOTION: To find beneficial 2015 S 0481 Sub A &amp; 15 H 6150 Acts Relating To Health And Safety - Caregiver Advise, Record And Enable Act          Motion moved by BI, seconded by JR, passed LW, BI, JR, MS; Opposed AP, KH, RCo; Abstained LD, RCa &amp; AS</p>
	<p><i>3:40 Recently filed legislation that may impact people with disabilities, Bob Cooper</i></p>
	<p>Purpose/Goal: To review recently filed legislation, determine the potential impact on people with disabilities, and adopt legislative impact statements</p>
	<p>Civil Rights Legislation</p>



6 they need a simple, reasonable accommodation in order to stay on the job. Many pregnant women  
7 are single mothers or the primary breadwinners for their families; if they lose their jobs then the  
8 whole family will suffer. This is not an outcome that families can afford in today's difficult  
9 economy.

10 SECTION 2. Section 28-5-7 of the General Laws in Chapter 28-5 entitled "Fair  
11 Employment Practices" is hereby amended to read as follows:

12 **28-5-7. Unlawful employment practices. [Effective January 1, 2014.]**– (a) It shall be  
13 an unlawful employment practice:

14 (1) For any employer:

15 (i) To refuse to hire any applicant for employment because of his or her race or color,  
16 religion, sex, sexual orientation, gender identity or expression, disability, age, or country of  
17 ancestral origin;

18 (ii) Because of those reasons, to discharge an employee or discriminate against him or  
19 her with respect to hire, tenure, compensation, terms, conditions or privileges of employment, or

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1 any other matter directly or indirectly related to employment. However, if an insurer or employer  
2 extends insurance related benefits to persons other than or in addition to the named employee,  
3 nothing in this subdivision shall require those benefits to be offered to unmarried partners of  
4 named employees;

5 (iii) In the recruiting of individuals for employment or in hiring them, to utilize any  
6 employment agency, placement service, training school or center, labor organization, or any other  
7 employee referring source which the employer knows, or has reasonable cause to know,  
8 discriminates against individuals because of their race or color, religion, sex, sexual orientation,  
9 gender identity or expression, disability, age, or country of ancestral origin;

10 (iv) To refuse to reasonably accommodate an employee's or prospective employee's  
11 disability unless the employer can demonstrate that the accommodation would pose a hardship on  
12 the employer's program, enterprise, or business; or

13 (v) When an employee has presented to the employer an internal complaint alleging  
14 harassment in the workplace on the basis of race or color, religion, sex, disability, age, sexual  
15 orientation, gender identity or expression, or country of ancestral origin, to refuse to disclose in a  
16 timely manner in writing to that employee the disposition of the complaint, including a  
17 description of any action taken in resolution of the complaint; provided, however, no other  
18 personnel information shall be disclosed to the complainant.

19 (2) (i) For any employment agency to fail or refuse to properly classify or refer for  
20 employment or otherwise discriminate against any individual because of his or her race or color,  
21 religion, sex, sexual orientation, gender identity or expression, disability, age, or country of  
22 ancestral origin; or

23 (ii) For any employment agency, placement service, training school or center, labor  
24 organization, or any other employee referring source to comply with an employer's request for the  
25 referral of job applicants if the request indicates either directly or indirectly that the employer will  
26 not afford full and equal employment opportunities to individuals regardless of their race or color,  
27 religion, sex, sexual orientation, gender identity or expression, disability, age, or country of  
28 ancestral origin;

29 (3) For any labor organization:

30 (i) To deny full and equal membership rights to any applicant for membership because of  
31 his or her race or color, religion, sex, sexual orientation, gender identity or expression, disability,  
32 age, or country of ancestral origin;

33 (ii) Because of those reasons, to deny a member full and equal membership rights, expel  
34 him or her from membership, or otherwise discriminate in any manner against him or her with

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1 respect to his or her hire, tenure, compensation, terms, conditions or privileges of employment, or  
2 any other matter directly or indirectly related to membership or employment, whether or not  
3 authorized or required by the constitution or bylaws of the labor organization or by a collective  
4 labor agreement or other contract;

5 (iii) To fail or refuse to classify properly or refer for employment, or otherwise to  
6 discriminate against any member because of his or her race or color, religion, sex, sexual  
7 orientation, gender identity or expression, disability, age, or country of ancestral origin; or  
8 (iv) To refuse to reasonably accommodate a member's or prospective member's disability  
9 unless the labor organization can demonstrate that the accommodation would pose a hardship on  
10 the labor organization's program, enterprise, or business;  
11 ~~(4)~~ {ADD}(v) <ADD> Except where based on a bona fide occupational qualification certified  
12 by the  
13 commission or where necessary to comply with any federal mandated affirmative action  
14 programs, for any employer or employment agency, labor organization, placement service,  
15 training school or center, or any other employee referring source, prior to employment or  
16 admission to membership of any individual, to:  
17 ~~(i)~~ {ADD}(A) <ADD> Elicit or attempt to elicit any information directly or indirectly  
18 pertaining to his or  
19 her race or color, religion, sex, sexual orientation, gender identity or expression, disability, age, or  
20 country of ancestral origin;  
21 ~~(ii)~~ {ADD}(B) <ADD> Make or keep a record of his or her race or color, religion, sex, sexual  
22 orientation,  
23 gender identity or expression, disability, age, or country of ancestral origin;  
24 ~~(iii)~~ {ADD}(C) <ADD> Use any form of application for employment, or personnel or  
25 membership blank  
26 containing questions or entries directly or indirectly pertaining to race or color, religion, sex,  
27 sexual orientation, gender identity or expression, disability, age, or country of ancestral origin;  
28 ~~(iv)~~ {ADD}(D) <ADD> Print or publish or cause to be printed or published any notice or  
29 advertisement  
30 relating to employment or membership indicating any preference, limitation, specification, or  
31 discrimination based upon race or color, religion, sex, sexual orientation, gender identity or  
32 expression, disability, age, or country of ancestral origin; or  
33 ~~(v)~~ {ADD}(E) <ADD> Establish, announce, or follow a policy of denying or limiting, through  
34 a quota  
system or otherwise, employment or membership opportunities of any group because of the race  
or color, religion, sex, sexual orientation, gender identity or expression, disability, age, or country  
of ancestral origin of that group;  
~~(5)~~ {ADD}(4) <ADD> For any employer or employment agency, labor organization,  
placement service,  
training school or center, or any other employee referring source to discriminate in any manner  
against any individual because he or she has opposed any practice forbidden by this chapter, or

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1 because he or she has made a charge, testified, or assisted in any manner in any investigation,  
2 proceeding, or hearing under this chapter;  
3 ~~(6)~~ {ADD}(5) <ADD> For any person, whether or not an employer, employment agency, labor  
4 organization, or employee, to aid, abet, incite, compel, or coerce the doing of any act declared by  
5 this section to be an unlawful employment practice, or to obstruct or prevent any person from  
6 complying with the provisions of this chapter or any order issued pursuant to this chapter, or to  
7 attempt directly or indirectly to commit any act declared by this section to be an unlawful  
8 employment practice;  
9 ~~(7)~~ {ADD}(6) <ADD> For any employer to include on any application for employment, except  
10 applications for law enforcement agency positions or positions related to law enforcement  
11 agencies, a question inquiring or to otherwise inquire either orally or in writing whether the  
12 applicant has ever been arrested, charged with or convicted of any crime; provided, that:  
13 (i) If a federal or state law or regulation creates a mandatory or presumptive  
14 disqualification from employment based on a person's conviction of one or more specified  
15 criminal offenses, an employer may include a question or otherwise inquire whether the applicant  
16 has ever been convicted of any of those offenses; or

17 (ii) If a standard fidelity bond or an equivalent bond is required for the position for  
18 which the applicant is seeking employment and his or her conviction of one or more specified  
19 criminal offenses would disqualify the applicant from obtaining such a bond, an employer may  
20 include a question or otherwise inquire whether the applicant has ever been convicted of any of  
21 those offenses; and  
22 (iii) Notwithstanding, any employer may ask an applicant for information about his or  
23 her criminal convictions at the first interview or thereafter, in accordance with all applicable state  
24 and federal laws.

25 ~~(8)~~ (7) (i) For any person who, on June 7, 1988, is providing either by direct  
26 payment or  
27 by making contributions to a fringe benefit fund or insurance program, benefits in violation with  
28 §§ 28-5-6, 28-5-7 and 28-5-38, until the expiration of a period of one year from June 7, 1988 or if  
29 there is an applicable collective bargaining agreement in effect on June 7, 1988, until the  
30 termination of that agreement, in order to come into compliance with §§ 28-5-6, 28-5-7 and 28-5-  
31 38, to reduce the benefits or the compensation provided any employee on June 7, 1988, either  
32 directly or by failing to provide sufficient contributions to a fringe benefit fund or insurance  
33 program.  
34 (ii) Where the costs of these benefits on June 7, 1988 are apportioned between employers  
and employees, the payments or contributions required to comply with §§ 28-5-6, 28-5-7 and 28-

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1 5-38 may be made by employers and employees in the same proportion.

2 (iii) Nothing in this section shall prevent the readjustment of benefits or compensation  
3 for reasons unrelated to compliance with §§ 28-5-6, 28-5-7 and 28-5-38.

4 ~~(8)~~ (8) To refuse to reasonably accommodate an employee's or prospective employee's  
5 condition related to pregnancy, childbirth, or a related medical condition, including, but not  
6 limited to, the need to express breast milk for a nursing child, if she so requests; unless the  
7 employer can demonstrate that the accommodation would pose an undue hardship on the  
8 employer's program, enterprise, or business.

9 (9) To require an employee to take leave if another reasonable accommodation can be  
10 provided to an employee's condition related to the pregnancy, childbirth, or a related medical  
11 condition.

12 (10) To deny employment opportunities to an employee or prospective employee, if such  
13 denial is based on the refusal of the employer to reasonably accommodate an employee's or  
14 prospective employee's condition related to pregnancy, childbirth, or a related medical condition.

15 (b) For the purposes of this section the following terms shall have the following  
16 meanings:

17 (1) "Reasonably accommodate" means providing reasonable accommodations, including,  
18 but not limited to: more frequent or longer breaks, time off to recover from childbirth, acquisition  
19 or modification of equipment, seating, temporary transfer to a less strenuous or hazardous  
20 position, job restructuring, light duty, break time and private non-bathroom space for expressing  
21 breast milk, assistance with manual labor, or modified work schedules.

22 (2) "Related conditions" includes, but is not limited to, lactation or the need to express  
23 breast milk for a nursing child.

24 (3) "Undue hardship" means an action requiring significant difficulty or expense to the  
25 employer. In making a determination of undue hardship, the factors that may be considered  
26 include, but shall not be limited to:

27 (i) The nature and cost of the accommodation;

28 (ii) The overall financial resources of the employer; the overall size of the business of the  
29 employer with respect to the number of employees, and the number, type, and location of its  
30 facilities; and

31 (iii) The effect on expenses and resources or the impact otherwise of such  
32 accommodation upon the operation of the employer.

33 (A) The employer shall have the burden of proving undue hardship.

34 (B) The fact that the employer provides or would be required to provide a similar

1 accommodation to other classes of employees who need it, such as those who are injured on the  
2 job or those with disabilities, shall create a rebuttable presumption that the accommodation does  
3 not impose an undue hardship on the employer.

4 (4) "Qualified employee or prospective employee" means a "qualified individual" as  
5 defined in § 42-87-1(6)(i).

6 (c) No employer shall be required by this section to create additional employment that the  
7 employer would not otherwise have created, unless the employer does so or would do so for other  
8 classes of employees who need accommodation, such as those who are injured on the job or those  
9 with disabilities.

10 (d) No employer shall be required to discharge any employee, transfer any employee with  
11 more seniority, or promote any employee who is not qualified to perform the job, unless the  
12 employer does so or would do so to accommodate other classes of employees who need it, such  
13 as those who are injured on the job or those with disabilities.

14 (e) Notice of rights. An employer shall provide written notice of the right to be free from  
15 discrimination in relation to pregnancy, childbirth, and related medical conditions to:

16 (1) New employees at the commencement of employment; and

17 (2) Existing employees within one hundred twenty (120) days after the effective date of  
18 the local law that added this subdivision. Such notice may also be conspicuously posted at an  
19 employer's place of business in an area accessible to employees.

20 (f) The provisions of this section shall not be construed to affect any other provision of  
21 law relating to sex discrimination or pregnancy, or to preempt, limit, diminish or otherwise affect  
22 any other law that provides greater protection or specific benefits with respect to pregnancy,  
23 childbirth or medical conditions related to childbirth.

24 (g) Nothing in this section shall be construed to require an individual with a need related  
25 to pregnancy, childbirth, or a related medical condition to accept an accommodation which such  
26 individual chooses not to accept. <ADD>

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

**The Rhode Island Commission for Human Rights' suggested amendment**

**AN ACT**

**RELATING TO LABOR AND LABOR RELATIONS – FAIR EMPLOYMENT PRACTICES**

*It is enacted by the General Assembly as follows:*

SECTION 1. Legislative findings and intent. It is the intent of the General Assembly to combat pregnancy discrimination, promote public health, and ensure full and equal participation for women in the labor force by requiring employers to provide reasonable accommodations to employees with conditions related to pregnancy, childbirth, or a related condition. Current workplace laws are inadequate to protect pregnant women from being forced out or fired when they need a simple, reasonable accommodation in order to stay on the job. Many pregnant women are single mothers or the primary breadwinners for their families; if they lose their jobs then the whole family will suffer. This is not an outcome that families can afford in today's difficult economy.

SECTION 2. Title 28, Chapter 5 of the General Laws, entitled "Fair Employment Practices Act" is hereby amended to add the following Section:

<ADD>Section 28-5-7.4 Accommodation of pregnancy-related conditions -

(a) It shall be an unlawful employment practice:

(1) For any employer to refuse to reasonably accommodate an employee's or prospective employee's condition related to pregnancy, childbirth, or a related medical condition, including, but not limited to, the need to express breast milk for a nursing child, if she so requests; unless the employer can demonstrate that the accommodation would pose an undue hardship on the employer's program, enterprise, or business;

22 (2) For any employer to require an employee to take leave if another reasonable accommodation  
23 can be provided to an employee's condition related to the pregnancy, childbirth, or a related medical  
24 condition;

25 (2) For any employer to require an employee to take leave if another reasonable accommodation can  
26 be provided to an employee's condition related to the pregnancy, childbirth, or a related medical  
27 condition;

28 (3) For any employer to deny employment opportunities to an employee or prospective employee,  
29 if such denial is based on the refusal of the employer to reasonably accommodate an employee's or  
30 prospective employee's condition related to pregnancy, childbirth, or a related medical condition;

31 (4) For any employer to fail to provide written notice of the right to be free from discrimination  
32 as described below:

33 (i) Employers shall provide written notice of the right to be free from discrimination in relation  
34 to pregnancy, childbirth and related conditions, including the right to reasonable accommodations  
35 for conditions related to pregnancy, childbirth or related conditions pursuant to this section to:

36 (A) new employees at the commencement of employment;

37 (B) existing employees within one hundred and twenty days (120) after the effective date of this  
38 Act;

39 (C) any employee who notifies the employer of her pregnancy within ten days of such notification;

40 (5) For any employer to fail to post the written notice described in Subsection 4 above  
41 conspicuously in the employer's place of business in an area accessible to employees.

42 (b) For the purposes of this section the following terms shall have the following meanings:

43 (1) "Reasonably accommodate" means providing reasonable accommodations, including, but not  
44 limited to: more frequent or longer breaks, time off to recover from childbirth, acquisition or  
45 modification of equipment, seating, temporary transfer to a less strenuous or hazardous position, job  
46 restructuring, light duty, break time and private non-bathroom space for expressing breast milk,  
47 assistance with manual labor, or modified work schedules;

48 (2) "Related conditions" includes, but is not limited to, lactation or the need to express breast milk  
49 for a nursing child;

50 (3) "Undue hardship" means an action requiring significant difficulty or expense to the employer.  
51 In making a determination of undue hardship, the factors that may be considered include, but shall  
52 not be limited to:

53 (i) The nature and cost of the accommodation;

54 (ii) The overall financial resources of the employer; the overall size of the business of the employer  
55 with respect to the number of employees, and the number, type, and location of its facilities; and

56 (iii) The effect on expenses and resources or the impact otherwise of such accommodation upon  
57 the operation of the employer.

58 (A) The employer shall have the burden of proving undue hardship.

59 (B) The fact that the employer provides or would be required to provide a similar  
60 accommodation to other classes of employees who need it, such as those who are injured on the job  
61 or those with disabilities, shall create a rebuttable presumption that the accommodation does not  
62 impose an undue hardship on the employer.

63 (4) "Qualified employee or prospective employee" means a "qualified individual" as defined in § 42-  
64 87-1(6)(i).

65 (c) No employer shall be required by this section to create additional employment that the  
66 employer would not otherwise have created, unless the employer does so or would do so for other  
67 classes of employees who need accommodation, such as those who are injured on the job or those  
68 with disabilities;

69 (d) No employer shall be required to discharge any employee, transfer any employee with more  
70 seniority, or promote any employee who is not qualified to perform the job, unless the employer does

71 so or would do so to accommodate other classes of employees who need it, such as those who are  
72 injured on the job or those with disabilities.

73 (e) The provisions of this section shall not be construed to affect any other provision of law  
74 relating to sex discrimination or pregnancy, or to preempt, limit, diminish or otherwise affect any  
75 other law that provides greater protection or specific benefits with respect to pregnancy, childbirth or  
76 medical conditions related to childbirth.

77 (f) Nothing in this section shall be construed to require an individual with a need related to  
78 pregnancy, childbirth, or a related medical condition to accept an accommodation which such  
79 individual chooses not to accept.

80 (g) It shall be an unlawful employment practice: for any person, whether or not an employer,  
81 employment agency, labor organization, or employee, to aid, abet, incite, compel, or coerce the doing  
82 of any act declared by this section to be an unlawful employment practice, or to obstruct or prevent  
83 any person from complying with the provisions of this chapter or any order issued pursuant to this  
84 chapter, or to attempt directly or indirectly to commit any act declared by this section to be an  
85 unlawful employment practice. <ADD>

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

	<p>MOTION: To find harmful unless amended as recommended by the RI Commission for Human Rights 2015 S 0276 An Act Relating To Labor And Labor Relations -- Fair Employment Practices Motion moved by AS, seconded by RCo, in favor AP, JR, RCo, AS, opposed by LW, BI, KH, RCa abstained LD &amp; MS motion defeated. MOTION: To find harmful 2015 S 0276 An Act Relating To Labor And Labor Relations -- Fair Employment Practices Motion moved by BI, seconded by KH, passed, Abstained LD, MS</p>
	<p>Review request by Kathy Heren</p>
	<p><b>2015 H 6210 An Act Relating To Food And Drugs -- Sanitation In Food Establishments</b></p>
	<p>Rep. Lima Held for Further Study, Continued, or Heard House Health, Education, &amp; Welfare Committee This act would permit dogs in outdoor dining of restaurants under certain circumstances. The act would not affect the right of an individual to use a service animal. This act would take effect upon passage.</p>

1 SECTION 1. Chapter 21-27 of the General Laws entitled "Sanitation in Food  
2 Establishments" is hereby amended by adding thereto the following section:  
3 {ADD>21-27-12. Outdoor dining -- Dogs permitted. -- (a) A restaurant with an outdoor dining  
4 area may allow a patron's dog to accompany the patron in the outdoor dining area during the  
5 hours designated by the owner of the restaurant.  
6 (b) The owner of a restaurant:  
7 (1) Shall determine the location and the amount of space in the outdoor dining area  
8 designated for a patron accompanied by a dog;  
9 (2) May establish limits on the size and type of dogs and any other limitations relating to  
10 dogs that may accompany a patron into the outdoor dining area of a restaurant;  
11 (3) May deny entry to the restaurant or eject from the restaurant any patron accompanied  
12 by a dog at the discretion of the owner; and  
13 (4) Shall place on permanent display a written notice that is in a typeface that is large  
14 enough to be easily legible to the average person and that is in a location that is plainly visible to  
15 the patrons of the restaurant notifying the patrons of the policy of the restaurant allowing dogs in  
16 the outdoor dining area.  
17 (c) A patron accompanied by a dog:

18 (1) Shall not allow the dog to travel through an indoor space of a restaurant to enter or  
19 exit an outdoor dining area;

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1 (2) Shall keep the dog on a leash at all times with the patron at the table at which the  
2 patron is seated;

3 (3) Shall not leave the dog unattended at any time in the restaurant;

4 (4) Shall be an adult who is responsible for the behavior of the dog; and

5 (5) Shall be liable for any damages caused by the dog to the restaurant or any other  
6 patron of the restaurant.

7 (d) This section shall not affect the right of an individual to use a service animal as  
8 provided by the Rhode Island general laws.<ADD>

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

	Took no position on 2015 H 6210 An Act Relating To Food And Drugs -- Sanitation In Food Establishments
	<b>Disability Prevention Legislation</b>
	<b>2015 S 0884 An Act Relating To Motor And Other Vehicles - Motor Vehicle Offenses - The Tiffany Sical</b>
	Sen. Ciccone, Referred to the Senate Judiciary Committee This act would make driving under the influence of liquor or drugs, resulting in death, a non-bailable offense subject to life imprisonment and a fine of ten thousand dollars (\$10,000) to twenty thousand dollars (\$20,000) for offenses committed on or after July 1, 2015. This act would take effect upon passage.

SECTION 1. Section 31-27-2.2 of the General Laws in Chapter 31-27 entitled "Motor Vehicle Offenses" is hereby amended to read as follows:

3 **31-27-2.2. Driving under the influence of liquor or drugs, resulting in death.** -- (a)

4 When the death of any person other than the operator ensues as a proximate result of an injury  
5 received by the operation of any vehicle, the operator of which is under the influence of any  
6 intoxicating liquor, toluene, or any controlled substance as defined in chapter 28 of title 21, or  
7 any combination of these, the person so operating the vehicle shall be guilty of "driving under the  
8 influence of liquor or drugs, resulting in death".

9 (b) Any person charged with the commission of the offense set forth in subsection (a) of  
10 this section shall, ~~upon conviction, be punished as follows:~~ <sup>{ADD></sup>not be entitled to bail. <sup><ADD></sup>

11 ~~(1) (i) Every person convicted of a first violation shall be punished by imprisonment in~~  
12 ~~the state prison for not less than five (5) years and for not more than fifteen (15) years, in any unit~~  
13 ~~of the adult correctional institutions in the discretion of the sentencing judge, by a fine of not less~~  
14 ~~than five thousand dollars (\$5,000) nor more than ten thousand dollars (\$10,000) and his or her~~  
15 ~~license to operate a motor vehicle shall be revoked for a period of five (5) years. The license~~  
16 ~~privilege shall not be reinstated until evidence satisfactory to the administrator of the division of~~  
17 ~~motor vehicles establishes that no grounds exist which would authorize the refusal to issue a~~  
18 ~~license, and until the person gives proof of financial responsibility pursuant to chapter 32 of this~~

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1 title.

2 ~~(ii) In addition, the person convicted may be required to successfully complete alcohol or~~  
3 ~~drug treatment in a program of their choice, at their own expense, as authorized by a judge of the~~  
4 ~~superior court, and may successfully complete the program before any license to operate a motor~~  
5 ~~vehicle is renewed.~~

6 ~~(2) Every person convicted of a second or subsequent violation within a five (5) year~~  
7 ~~period in this state or any other state, provided the out of state conviction was based on the same~~  
8 ~~blood alcohol concentration as set forth in § 31-27-2 shall be punished by imprisonment in the~~  
9 ~~state prison for not less than ten (10) years and for not more than twenty (20) years, in any unit of~~  
10 ~~the adult correctional institutions in the discretion of the sentencing judge, by a fine of not less~~

11 ~~than ten thousand dollars (\$10,000) nor more than twenty thousand dollars (\$20,000) and his or~~  
 12 ~~her license to operate a motor vehicle shall be revoked for a period of five (5) years. In addition,~~  
 13 ~~the person convicted may be required to successfully complete alcohol or drug treatment, at their~~  
 14 ~~own expense, in a program established by the director of the department of corrections. The~~  
 15 ~~license privilege shall not be reinstated whether the convictions occurred in this or any other state~~  
 16 ~~until evidence satisfactory to the superior court, following a hearing establishes that no grounds~~  
 17 ~~exist which would authorize the refusal to issue a license, and until the person gives proof of~~  
 18 ~~financial responsibility pursuant to chapter 32 of this title.~~<sup><delete></sup>

19 {ADD}>(c) Any person charged with the commission of the offense set forth in subsection (a) of  
 20 this section shall, upon conviction, be punished by life imprisonment in any unit of the adult  
 21 correctional institutions in the discretion of the sentencing judge and by a fine of not less than ten  
 22 thousand dollars (\$10,000) nor more than twenty thousand dollars (\$20,000).

23 (d) This section shall apply to any and all violations committed on or after July 1, 2015  
 24 and any violations committed prior thereto or pending adjudication shall be subject to the prior  
 25 provisions set forth in § 31-27-2.2.<sup><ADD></sup>

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

	Took no position on 2015 S 0884 An Act Relating To Motor And Other Vehicles - Motor Vehicle Offenses - The Tiffany Sical
	<b>2015 H 5710 An Act Relating To Food And Drugs -- Medical Marijuana Act</b>
	Rep. Lima Held for Further Study, Continued, or Heard House Corporations Committee This act would make the department of business regulation the exclusive government authority regarding the issuance of licenses to private and business establishments which permit the use of marijuana on their premises. This act would take effect upon passage.

1 SECTION 1. Chapter 21-28.6 of the General Laws entitled "The Edward O. Hawkins and  
 2 Thomas C. Slater Medical Marijuana Act" is hereby amended by adding thereto the following  
 3 section:

4 {ADD}>21-28.6-7.1. Licensing of private and business establishments -- Consumption of  
 5 marijuana. – (a) The state retains the exclusive power and authority to issue any and all licenses  
 6 required to operate a private or business establishment which permits the use of marijuana on its  
 7 premises pursuant to the provisions of this chapter.

8 (b) The department of business regulation shall issue any and all licenses required under  
 9 subsection (a) of this section and shall promulgate any and all rules and regulations governing  
 10 their issuance upon written applications to be developed and provided by the department.<sup><ADD></sup>

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

	Took no position on 2015 H 5710 An Act Relating To Food And Drugs -- Medical Marijuana Act
	<b>Health Insurance Legislation</b>
	<b>2015 S 0896 An Act Relating To Insurance - Durable Medical Equipment Freedom Of Choice</b>
	Sen. Miller By Request Held for Further Study, Continued, or Heard Senate Health and Human Services Committee This act would create regulatory procedures to ensure fair and competitive bidding among providers of durable medical equipment. This act would take effect upon passage.

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

3 {ADD}>CHAPTER 27-29.3  
 4 **DURABLE MEDICAL EQUIPMENT FREEDOM OF CHOICE – FAIR COMPETITION AND PRACTICE**

5 **27-29.3-1. Definitions.** -- For purposes of this chapter:  
6 (1) "Commissioner" means the health insurance commissioner.  
7 (2) "Durable medical equipment" means equipment (including repair and replacement  
8 parts) which:  
9 (i) Can withstand repeated use;  
10 (ii) Is primarily and customarily used to serve a medical purpose;  
11 (iii) Generally is not useful to a person in the absence of illness or injury; and  
12 (iv) Is appropriate for use in the home. Durable medical equipment does not include  
13 mobility enhancing equipment.  
14 (3) "Eligible bidder" means a supplier of durable medical equipment, irrespective of  
15 corporate structure, who is willing to bid for participation in a restricted durable medical  
16 equipment contract.  
17 (4) "Insurer" means an insurance carrier as defined in chapters 18, 19, 20 and 41 of title  
18 27.

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1 (5) "Insured" means any person who is entitled to have all or some costs associated with  
2 durable medical equipment paid by an insurer pursuant to a policy, certificate, contract or  
3 agreement of insurance or coverage.  
4 (6) "Non-restricted durable medical equipment supplier network" means a network that  
5 permits any supplier of durable medical equipment to participate on substantially uniform terms  
6 and conditions established by an insurer.  
7 (7) "Restricted durable medical equipment network" means an arrangement:  
8 (i) For the provision of durable medical equipment and/or services directly associated  
9 with the durable medical equipment including, but not limited to, maintenance to insureds; and  
10 (ii) Which, under the terms of an insurer's policy, certificate, contract or agreement of  
11 insurance or coverage, requires an insured or creates a financial incentive for an insured to obtain  
12 said equipment and/or services from one or more participating suppliers that have entered into a  
13 specific contractual relationship with the insurer.  
14 **27-29.3-2. Fair competition – Requirements for carriers offering durable medical**  
15 **equipment networks.** -- (a) Any insurer that offers insureds a restricted durable medical  
16 equipment network shall, in soliciting, arranging, competitively bidding, contracting for, and  
17 operating such a network, comply with the following requirements for the purpose of promoting  
18 fair and competitive bidding:  
19 (1) Conduct and complete an initial open bidding process to establish the restricted  
20 network, and at least once every three (3) years thereafter;  
21 (2) Provide notice to all eligible bidders of the insurer's intent to solicit bids for  
22 participation in a restricted durable medical equipment network;  
23 (3) Inform eligible bidders of the date such bids will be solicited;  
24 (4) Provide eligible bidders with identical, equal and uniform information, including, but  
25 not limited to, bid procedure information, financial and utilization information needed to make an  
26 informed competitive bid, criteria to be used in awarding a restricted durable medical equipment  
27 network contract, and proposed contractual requirements for the restricted durable medical  
28 equipment network;  
29 (5) Provide eligible bidders with at least a thirty (30) day period to prepare and submit  
30 bids between the bid solicitation date and the bid submission deadline;  
31 (6) Open all bids:  
32 (i) At a previously specified time, which shall not be more than thirty (30) days after the  
33 bid submission deadline; and  
34 (ii) In a public manner; provided, that certain, information contained in said bids may be

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1 held as confidential from public review consistent with regulations promulgated by the  
2 commissioner regarding the disclosure of proprietary data or information submitted by any  
3 bidders; and  
4 (7) Select a successful bidder using solely the criteria provided to eligible bidders

5 pursuant to subsection (a)(4) of this section, applied in a uniform manner.

6 (b) An insurer shall neither exclude nor favor any individual durable medical equipment  
7 supplier in the design of a competitive bid involving restricted or non-restricted durable medical  
8 equipment networks in compliance with the requirements of this section. Any entity and/or its  
9 affiliates that assists an insurer in the development of the bid, design, bid specifications or the bid  
10 process, or assists in the review or evaluation of said bids, shall be prohibited from bidding on  
11 such a contract.

12 **27-29.3-3. Participation of small and mid-sized durable medical equipment**  
13 **manufacturers and suppliers. --** (a) Any durable medical equipment suppliers that are licensed,  
14 accredited, and located within the state of Rhode Island that are not owned or controlled, directly  
15 or indirectly, by an entity licensed in two (2) or more jurisdictions in addition to Rhode Island,  
16 which are not participating in an insurer's restricted durable medical equipment network contract  
17 shall nevertheless have the right to provide durable medical equipment and/or services directly  
18 associated with the durable medical equipment including, but not limited to, maintenance, to the  
19 insurer's insureds, and be paid by the insurer as if the durable medical equipment manufacturer or  
20 supplier were participating in the insurer's restricted durable medical equipment network, and be  
21 entitled to all the rights and privileges associated with participating in the insurer's restricted  
22 durable medical equipment network including access to fee schedules and covered codes,  
23 provided that such non-network durable medical equipment manufacturers or suppliers agree:

24 (1) To accept as the insurer's payments in full the price required of durable medical  
25 equipment manufacturers or suppliers in the insurer's restricted durable medical equipment  
26 network;

27 (2) To bill to the insured up to, and not in excess of any copayment, coinsurance,  
28 deductible, other amount required of an insured by the insurer, or for other uncovered services;

29 (3) To be reimbursed on the same methodological basis, including, but not limited to,  
30 capitation or other risk-sharing methodology, as required of durable medical equipment  
31 manufacturers or suppliers in the insurer's restricted durable medical equipment network;

32 (4) To participate in the insurer's utilization review and quality assurance programs,  
33 including utilization reports as required of durable medical equipment manufacturers or suppliers  
34 in the carrier's restricted durable medical equipment network;

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1 (5) To provide computerized online eligibility determinations and claims submissions if  
2 and as required of durable medical equipment manufacturers or suppliers in the insurer's  
3 restricted durable medical equipment network;

4 (6) To participate in the insurer's satisfaction surveys and complaint resolution programs  
5 for its insureds;

6 (7) To protect the insurer's proprietary information, and an insured's confidentiality and  
7 privacy;

8 (8) To abide by the insurer's performance standards with respect to waiting times,  
9 response rates and inventory management;

10 (9) To comply with the insurer's claims audit provisions; and

11 (10) To certify, using audit results or accountant statements, the fiscal soundness of the  
12 non-network durable medical equipment manufacturer or supplier.

13 (b) An insurer may waive any of the aforementioned requirements in arranging for the  
14 provision of durable medical equipment to insureds through a non-network durable medical  
15 equipment manufacturer or supplier. An insurer shall not impose any agreements, terms or  
16 conditions on any non-network durable medical equipment supplier which are more restrictive  
17 than those required of durable medical equipment suppliers in the insurer's restricted durable  
18 medical equipment network. The failure of a non-network durable medical equipment supplier to  
19 abide by the aforementioned agreements may, at the option of the insurer, serve as the basis for  
20 cancellation of the non-network durable medical equipment supplier's participation.

21 **27-29.3-4. Applicability and allowances. --** (a) Nothing in this section shall preclude an  
22 insurer from entering into an agreement to allow non-network providers the ability to participate  
23 with the insurer's plans under terms and conditions set forth by the insurer.

24 (b) Nothing in this section shall be construed to require the provision of pharmacy  
25 benefits to insureds through a restricted durable medical equipment network nor any other  
26 arrangement for the provision of durable medical equipment.

27 **27-29.3-5. Enforcement.** -- The office of the health insurance commission shall have  
28 authority to enforce the provisions of §§ 27-29.3-2 through 27-29.3-4, inclusive, subject to the  
29 provisions of chapter 35 of title 42.

30 **27-29.3-6. Severability.** -- If any provision of this chapter, or the application of same, to  
31 any person or circumstances is held invalid, the invalidity shall not affect other provisions or  
32 applications of this chapter which can be given effect without the invalid provision or application;  
33 to this end the provisions of this chapter are declared to be severable. <sup><ADD></sup>

	Took no position on 2015 S 0896 An Act Relating To Insurance - Durable Medical Equipment Freedom Of Choice
	<b>2015 H 6218 An Act Relating To Insurance - Accident And Sickness Insurance Policies</b>
	Rep. McLaughlin Held for Further Study, Continued, or Heard House Corporations Committee This act would prohibit an insurer or health care entity from requiring pre-authorization and/or co-payments for certain medical testing prescribed by a physician where the physician determines there is an immediate, substantial and imminent threat to the person's health. This act would take effect upon passage.

1 SECTION 1. Section 27-18-79 of the General Laws in Chapter 27-18 entitled "Accident  
2 and Sickness Insurance Policies" is hereby amended to read as follows:

3 **27-18-79. Discretionary clauses.** -- (a) No new or existing policy or certificate issued by  
4 an insurer or health care entity may contain any provision:

5 (1) Purporting to reserve sole discretion to the insurer or health care entity to determine  
6 eligibility for benefits or interpret the terms of a policy or certificate; or

7 (2) Specifying or affecting a standard of review upon which a court may review denial of  
8 a claim or any other decision made by an insurance company with respect to a policyholder or  
9 certificate holder.

10 <sup>{ADD}</sup>(3) Requiring pre-authorization from a review board of the insurer and/or co-payment for  
11 any medical testing employing or utilizing x-rays, magnetic resonance imaging (MRI), CAT  
12 scans, or ultrasound, in cases where there is an immediate, substantial and imminent threat to the  
13 person's health, provided:

14 (i) That the existence of the immediate, substantial and imminent threat to the person's  
15 health is certified by a duly licensed physician in Rhode Island;

16 (ii) That the medical testing is authorized and recommended by a duly licensed physician  
17 in Rhode Island; and

18 (iii) The medical testing is conducted at a medical health care facility duly licensed by the  
19 Rhode Island department of health.

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1 (A) As used in this section, an "immediate, substantial and imminent threat to the  
2 person's health," shall include, but not be limited to, any disease, infection, injury, or other  
3 condition that has, in the physician's opinion, a high likelihood of causing permanent or severe  
4 injury or death. <sup><ADD></sup>

5 (b) For purposes of this section, "health care entity" means a health insurance company  
6 or nonprofit hospital or medical or dental service corporation or plan or health maintenance  
7 organization which operates or administers a health plan in this state.

8 (c) Any such clause or language included in a contract, policy or certificate issued to or  
9 covering a resident of this state that is contrary to or inconsistent with the provisions of this  
10 section is void and unenforceable.

11 (d) Nothing in this section prohibits an insurer from including a provision in a contract  
12 that informs an insured that as part of its routine operations the insurer applies the terms of its

13 contracts for making decisions, including making determinations regarding eligibility, receipt of  
 14 benefits and claims, or explaining policies, procedures, and processes, so long as the provision  
 15 could not give rise to a deferential standard of review by any reviewing court.  
 16 SECTION 2. This act shall take effect upon passage.

	<b>MOTION: To find beneficial 2015 H 6218 An Act Relating To Insurance - Accident And Sickness Insurance Policies</b> Motion moved by KH, seconded by AP, <i>passed, Abstain LD</i>
	<b>Professional Standards Legislation</b>
	<b>2015 S 0924 An Act Relating To Food And Drugs -- The Edward O. Hawkins And Thomas C. Slater Medical Marijuana Act</b>
	Sen. Ciccone Requested by the Attorney General, Referred to the Senate Judiciary Committee This act would provide that the manufacture of marijuana using solvent extraction process, that includes the use of a compressed, flammable gas as a solvent, would not be subject to the protections of medical marijuana statute, except if a compassion center cardholder manufactures in accordance with regulations. Section 1 would take effect upon passage. Section 2 would take effect on January 1, 2016.

1 SECTION 1. Section 21-28.6-4 of the General Laws in Chapter 21-28.6 entitled "The  
 2 Edward O. Hawkins and Thomas C. Slater Medical Marijuana Act" is hereby amended to read as  
 3 follows:

4 **21-28.6-4. Protections for the medical use of marijuana. --**

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2 [{ADD}>\(q\) Notwithstanding any other provisions of the general laws, the manufacture of](#)  
 3 [marijuana using a solvent extraction process that includes the use of a compressed, flammable gas](#)  
 4 [as a solvent by a cardholder shall not be subject to the protections of this chapter.](#) <sup><ADD></sup>

5 SECTION 2. Section 21-28.6-12 of the General Laws in Chapter 21-28.6 entitled "The  
 6 Edward O. Hawkins and Thomas C. Slater Medical Marijuana Act" is hereby amended to read as  
 7 follows:

8 **21-28.6-12. Compassion centers. --**

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18 [{ADD}>\(k\) Notwithstanding any other provisions of the general laws, the manufacture of](#)  
 19 [marijuana using a solvent extraction process that includes the use of a compressed, flammable gas](#)  
 20 [as a solvent by a compassion center cardholder shall be subject to the protections of this chapter if](#)  
 21 [the compassion center cardholder manufactures in accordance with the department's regulations](#)  
 22 [that shall include, but not be limited to, safety checks prior to manufacture, written emergency](#)  
 23 [procedures, comprehensive training, and certification that the equipment, manufacturing room,](#)  
 24 [and standard operating procedures are in compliance with all applicable local and state building](#)  
 25 [codes, fires codes, electrical codes, and any other applicable laws.](#) <sup><ADD></sup>

26 SECTION 3. Section 1 shall take effect upon passage. Section 2 shall take effect on  
 27 January 1, 2016.

	Took no position on 2015 S 0924 An Act Relating To Food And Drugs -- The Edward O. Hawkins And Thomas C. Slater Medical Marijuana Act
	<b>2015 H 6175 An Act Relating To Food And Drugs - Medical Marijuana Act</b>
	Rep. McLaughlin, Referred to the House Judiciary Committee This act would require that any patient cardholder, any caregiver cardholder or any other licensee cultivating or manufacturing marijuana must submit to safety checks prior to its cultivation or manufacture and obtain certification that all equipment, manufacturing

	rooms, and standard operating procedures are in compliance with all applicable local and state building codes, fire codes, electrical codes and other applicable laws. This act would take effect upon passage.
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1 SECTION 1. Chapter 21-28.6 of the General Laws entitled "The Edward O. Hawkins and  
2 Thomas C. Slater Medical Marijuana Act" is hereby amended by adding thereto the following  
3 section:

4 {ADD>21-28.6-15. Public health and safety. – Notwithstanding any other provisions of the  
5 general laws, the manufacture of marijuana by a patient cardholder, a primary caregiver  
6 cardholder or any other individual or entity licensed to cultivate or manufacture marijuana  
7 pursuant to this chapter, shall be subject to the protections afforded by this chapter if the  
8 cardholder or licensee cultivates or manufactures the marijuana in accordance with department's  
9 regulations that shall include, but shall not be limited to, safety inspections by the department  
10 and/or its designee including the fire marshal building official or electrical inspector of the  
11 municipality in which the cardholder or licensee is located. Any cardholder or licensee shall, prior  
12 to the manufacture or cultivation of marijuana, permit an inspection and obtain a certification that  
13 all equipment, manufacturing rooms and standard operating procedures are in compliance with all  
14 applicable local and state building codes, fire codes, electrical codes and any other applicable  
15 laws. <ADD>

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

	<b>MOTION: To find harmful unless amended 2015 H 6175 An Act Relating To Food And Drugs - Medical Marijuana Act</b> Motion moved by AP, seconded by BI, passed, Abstained LD, LW
	<b>2015 H 6247 An Act Relating To Behavioral Healthcare, Developmental Disabilities And Hospitals</b>
	Rep. McNamara, Referred to the House Health, Education, & Welfare Committee This act would amend the law on the department of behavioral healthcare, developmental disabilities and hospitals to include the authority to certify recovery housing facilities and programs for residential substance abuse treatment. In addition, after July 1, 2016, only certified recovery housing will be eligible to receive funding to deliver recovery housing services. This act would take effect upon passage.

1 SECTION 1. Section 40.1-1-13 of the General Laws in Chapter 40.1-1 entitled  
2 "Department of Behavioral Healthcare, Developmental Disabilities and Hospitals" is hereby  
3 amended to read as follows:

4 **40.1-1-13. Powers and duties of the office. --** Notwithstanding any provision of the  
5 Rhode Island general laws to the contrary, the department of mental health, retardation, and  
6 hospitals shall have the following powers and duties:

7 (1) To establish and promulgate the overall plans, policies, objectives, and priorities for  
8 state substance abuse education, prevention and treatment; provided, however, that the director  
9 shall obtain and consider input from all interested state departments and agencies prior to the  
10 promulgation of any such plans or policies;

11 (2) Evaluate and monitor all state grants and contracts to local substance abuse service  
12 providers;

13 (3) Develop, provide for, and coordinate the implementation of a comprehensive state  
14 plan for substance abuse education, prevention and treatment;

15 (4) Ensure the collection, analysis, and dissemination of information for planning and  
16 evaluation of substance abuse services;

17 (5) Provide support, guidance, and technical assistance to individuals, local  
18 governments, community service providers, public and private organizations in their substance

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1 abuse education, prevention and treatment activities;

2 (6) Confer with all interested department directors to coordinate the administration of  
3 state programs and policies that directly affect substance abuse treatment and prevention;  
4 (7) Seek and receive funds from the federal government and private sources in order to  
5 further the purposes of this chapter;  
6 (8) Act in the capacity of "state substance abuse authority" as that term has meaning for  
7 coordination of state substance abuse planning and policy and as it relates to requirements set  
8 forth in pertinent federal substance abuse laws and regulations;  
9 (9) Propose, review and/or approve, as appropriate, proposals, policies or plans involving  
10 insurance and managed care systems for substance abuse services in Rhode Island;  
11 (10) To enter into, in compliance with the provisions of title 37, chapter 2, contractual  
12 relationships and memoranda of agreement as necessary for the purposes of this chapter;  
13 (11) To license facilities and programs for the care and treatment of substance abusers,  
14 and for the prevention of substance abuse;  
15 [{ADD}>\(12\) To certify recovery housing facilities and programs for residential substance abuse](#)  
16 [treatment.<ADD>](#)  
17 ~~(12)~~ [{ADD}>\(13\) <ADD>](#) To promulgate rules and regulations necessary to carry out the  
18 requirements of  
19 this chapter;  
20 ~~(13)~~ [{ADD}>\(14\) <ADD>](#) Perform other acts and exercise any other powers necessary or  
21 convenient to  
22 carry out the intent and purposes of this chapter; and  
23 ~~(14)~~ [{ADD}>\(15\) <ADD>](#) To exercise the authority and responsibilities relating to education,  
24 prevention  
25 and treatment of substance abuse, as contained in, but not limited to, the following chapters:  
26 chapter 1.10 of title 23; chapter 10.1 of title 23; chapter 28.2 of title 23; chapter 21.2 of title 16;  
27 chapter 21.3 of title 16; chapter 50.1 of title 42; chapter 109 of title 42; chapter 69 of title 5 and §  
28 35-4-18.  
29 ~~(15)~~ [{ADD}>\(16\) <ADD>](#) To establish a Medicare Part D restricted receipt account in the  
30 Hospitals and  
31 Community Rehabilitation Services program to receive and expend Medicare Part D  
32 reimbursements from pharmacy benefit providers consistent with the purposes of this chapter.  
33 ~~(16)~~ [{ADD}>\(17\) <ADD>](#) To establish a RICLAS Group Home Operations restricted receipt  
34 account in  
35 the services for the developmentally disabled program to receive and expend rental income from  
36 RICLAS group clients for group home-related expenditures, including food, utilities, community  
37 activities, and the maintenance of group homes.  
38 ~~(17)~~ [{ADD}>\(18\) <ADD>](#) To establish a non-Medicaid third-party payor restricted receipt  
39 account in the  
40 hospitals and community rehabilitation services program to receive and expend reimbursement

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1 from non-Medicaid third-party payors to fund hospital patient services that are not Medicaid  
2 eligible.

3 [{ADD}>\(19\) After July 1, 2016, only certified recovery housing shall be eligible to receive](#)  
4 [funding to deliver recovery housing services.<ADD>](#)

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

	<p><b>MOTION: To find beneficial if amended to include grandparentas of 1/1/16, 2015 H 6247 An Act Relating To Behavioral Healthcare, Developmental Disabilities And Hospitals  Motion moved by AP, seconded by KH, passed abstained LD</b></p>
	<p><b>Human Services Legislation</b></p>

	<b>2015 S 0945 An Act Relating To Courts And Civil Procedure-- Courts -- District Court</b>
	Sen. McCaffrey, Referred to the Senate Judiciary Committee This act would increase the number of judges on the District Court from twelve (12) to thirteen (13) and would establish the veterans' treatment calendar in the district court. This act would take effect upon passage.

1 SECTION 1. Section 8-8-1 of the General Laws in Chapter 8-8 entitled "District Court"  
2 is hereby amended to read as follows:  
3 **8-8-1. District Court established -- Chief and associate justices. --** There is established  
4 a district court for the state of Rhode Island which shall consist of a chief judge and ~~twelve (12)~~  
5 ~~{ADD>thirteen (13)<ADD}~~ associate judges. The district court shall be a court of record and shall have a seal  
6 with such words and devices as it shall adopt.

7 SECTION 2. Chapter 8-8 of the General Laws entitled "District Court" is hereby  
8 amended by adding thereto the following section:

9 ~~{ADD>8-8-1.1. Veterans' treatment calendar. – (a) Findings and declarations. The general~~  
10 ~~assembly finds and declares as follows:~~

11 ~~(1) Veterans and active military, Reserve and National Guard service members have~~  
12 ~~provided or are currently providing an invaluable service to our country. In doing so, many return~~  
13 ~~and suffer from mental health injuries, including, but not limited to, post-traumatic stress~~  
14 ~~disorder, depression, anxiety, acute stress and other injuries that may affect brain function and~~  
15 ~~may also suffer drug and alcohol dependency or co-occurring mental illness and substance abuse~~  
16 ~~problems.~~

17 ~~(2) The call back to active duty status rate of Rhode Island's National Guard is the second~~  
18 ~~highest in the entire United States with over ten thousand (10,000) unit deployments.~~

19 ~~(3) The number of veterans living in Rhode Island who have served in the Gulf Wars is~~

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1 ~~three (3) times higher than the national per capita average and is expected to grow as troops~~  
2 ~~continue to withdraw from Afghanistan.~~

3 ~~(4) While the vast majority of returning military do not have contact with the justice~~  
4 ~~system and are well adjusted, contributing members of society, there exists a growing number of~~  
5 ~~defendants appearing in the district court who have served in the United States armed forces and~~  
6 ~~are involved in the criminal justice system as a result of the above referenced diagnoses.~~

7 ~~(5) As a grateful state, we must continue to honor the service of these participants by~~  
8 ~~providing them an alternative to incarceration when feasible, permitting them instead to obtain~~  
9 ~~proper treatment for mental health and substance abuse problems that have resulted from military~~  
10 ~~service through a jail diversion program/treatment program that recognizes their special set of~~  
11 ~~circumstances while at the same time providing accountability for their wrong-doing and~~  
12 ~~providing for the safety of the public.~~

13 ~~(b) Declaration of policy. It is hereby declared to be the policy of the state of Rhode~~  
14 ~~Island to successfully rehabilitate participants by providing the tools and skills necessary to~~  
15 ~~address their unique challenges and to develop the insight to reintegrate successfully into society~~  
16 ~~and maintain a productive and law abiding lifestyle within the community.~~

17 ~~(c) Establishment. To accomplish this purpose in an effort to direct defendants who have~~  
18 ~~served in the United States armed forces into a court program which integrates support and~~  
19 ~~treatment plans with the judicial process that will result in potential jail diversion, possible~~  
20 ~~reduction of charges or alternatives in sentencing, there shall be established a separate calendar~~  
21 ~~within the jurisdiction of the district court for hearing, trial and disposition of certain offenses.~~

22 ~~(d) Veterans' treatment calendar. The chief judge of the district court shall create a~~  
23 ~~veterans' treatment calendar in the district court and shall assign personnel to the extent warranted~~  
24 ~~to exclusively hear and decide all criminal actions involving offenses committed by defendants~~  
25 ~~accepted into the program, and the calendar shall be referred to as the "veterans' treatment court".~~

26 ~~(e) Use of section. Under no circumstances shall the defendant(s) be permitted to use this~~  
27 ~~section as a basis for a dismissal of an action, as this section is enacted for the benefit and~~

28 [convenience of the district court.](#)<ADD>

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

	Took no position on 2015 S 0945 An Act Relating To Courts And Civil Procedure-- Courts -- District Court
	<b>Special Education Legislation</b>
	<b>2015 S 0943 An Act Relating To Education - The Education Equity And Property Tax Relief Act</b>
	Sen. Sosnowski, Referred to the Senate Finance Committee This act would require the state to pay for the education of students placed in-group homes outside of their municipality. This act would take effect upon passage.

1 SECTION 1. Section 16-7.2-4 of the General Laws in Chapter 16-7.2 entitled "The  
2 Education Equity and Property Tax Relief Act" is hereby amended to read as follows:  
3 **16-7.2-4. Determination of state's share.** -- (a) For each district, the state's share of the  
4 foundation education aid calculated pursuant to § 16-7.2-3(a) shall use a calculation that  
5 considers a district's revenue generating capacity and concentration of high-need students. The  
6 calculation is the square root of the sum of the state share ratio for the community calculation  
7 (SSRC), pursuant to § 16-7-20, squared plus the district's percentage of students eligible for  
8 USDA reimbursable school meals in grades PK-6 (PK6FRPL) squared, divided by two.

9 (b) For purposes of determining the state's share, school district student data used in this  
10 calculation shall include charter school and state school students. These ratios are used in the  
11 permanent foundation education aid formula calculation described in § 16-7.2-5.

12 [\(c\) Notwithstanding the language set forth in subsections \(a\) and \(b\), of this section](#)  
13 [where a student would not be a resident of a particular municipality, but for his or her placement](#)  
14 [by the state in a group residence, the state's share of that student's education shall be one hundred](#)  
15 [percent \(100%\).](#)<ADD>

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

	Took no position on 2015 S 0943 An Act Relating To Education - The Education Equity And Property Tax Relief Act
	<b>4:25 Agenda for the Next Meeting, Linda Ward</b>
	<b>Purpose/Goal: To set the agenda for the next meeting.</b>
	Discussion: The next Legislation Committee meeting will be Tuesday July 7, 2015 focusing on the final preparations for the July Public Forums.
	<b>4:30 Adjournment, Linda Ward</b>
	MOTION: To adjourn at 4:41. Motion moved by KH, seconded by BI, passed unanimously