Governor's Commission on Disabilities

Legislation Committee

Monday, February 1, 2016 3:00 PM - 4:30 PM

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Attendees: Linda Ward (Chair.); Jack Ringland (Vice Chair.); Rosemary C. Carmody; Linda Deschenes; Casey Gartland; Kathleen Heren; William R. Inlow; Arthur M. Plitt; & Meredith Sheehan

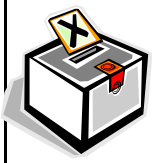
Absentees: Regina Connor; Timothy Flynn; Kathy Kushnir; Paula Parker; Msgr. Gerard O. Sabourin; Angelina Stabile; & Dawn Wardyga

Guests: Robert Marshal (Developmental Disabilities Council); Cooper Woodard (Groden Center); Beth Pinkham (Ocean State Center for Independent Living); Carmen Boucher (RI Department of Health)

Staff: Bob Cooper

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

Chair calls the meeting to order at 3:05 PM
Introductions of Commissioners and guests



MOTION: To accept the minutes of the previous meeting as revised by changing date from "January 4, 20116" to "January 11, 2016 and correct list of 2016 Legislation Committee meetings"
Motion moved by CG, seconded by AP, passed unanimously

Action Items:

3:05 2015 Regulatory Update, Bob Cooper, Executive Secretary

Purpose/Goal: To review the status of the Commission's comments regarding pending state regulations.

Proposed RI SPA 15-017 Reinventing Medicaid 2015 Amendments: CEDARR Family Center Redesign

The public hearing requested by the Commission will be this **Thursday February 4, 2016** at **10:00 a.m. Arnold Conference Center, Eleanor Slater Hospital**

The Governor's Commission on Disabilities has several questions and comments relating to SPA 15-017.

Questions:

- Where in the Medicaid State Plan will the proposed Amendment be located? It appears to start with iii. Provider Infrastructure. Without knowing how the proposed amendment fits in the context of i. and ii it is difficult to understand the broader impact of the proposed amendment to the SECTION 0322 Early Childhood Intervention regulation.
- Should the numbering of the Measure Specification for Goals 1 and 2 be sequential, or should the numbering start again at 1, in both of Goal 2's measure specifications, Clinical Outcomes & Quality of Care?
- Is the name change from CEDARR (comprehensive evaluation, diagnosis, assessment, referral and re-evaluation) to Cedar, reflective of a change in

responsivities? Will they no long conduct re-evaluations?

- What entity will be taking over the CEDARR Centers' role in the PASS program? How long will the transition period be?

The Commission found harmful unless amended the proposed RI SPA 15-017 Reinventing Medicaid 2015 Amendments: Cedar Family Center Redesign. Attached is the Commission's recommended amendments to the proposed state plan amendment.

- **General comment:**
    - The transition period seems very rushed, there needs to be at least a month to ensure no child is left behind/dropped in the handoff from CEDARR Centers' to the managed care provider. During the transition period, the CEDARR Center's need to retain enough staff to handle these critical services.
    - The focus on short-term service plans (up to 1 year) for children with significant health care needs, could result in gaps in service each year and set-backs. Multi-year service plans and measurable goals are more realistic for this population, while retaining the goal of "building on the strengths of the child, family, extended family and community supports to support long- term empowerment."
- **iv. Service Definitions – Comprehensive Care Management - Cedar HEALTH HOME SPECIFIC DEFINITION:** "The Family Care Plan is based on assessment information, the strengths and needs of the child and family and on clinical protocols which indicate the types and intensity of care considered medically necessary."
    - Rather than Cedar Centers conducting clinical assessments, a more holistic "needs assessment" should be required. Treat the whole child/family, don't create more silos. The loss of a "whole child" manager could decreased effectiveness. The Family Care Plan should spell out the responsibilities of the comprehensive care management services provider connecting/assisting the family with transportation, transition to school, SNAP, and other social services that CEDARR Centers traditionally provided.
    - On page 1 line 42 between the period (.) and the word "Support" inserted "The Family Care Plan should include the responsibilities of the comprehensive care management services provider connecting/assisting the family with transportation, transition to school, SNAP, and other social services."
- **Care Coordination - Service Definitions – Cedar HEALTH HOME SPECIFIC DEFINITION:** "Provide information to families about specific disorders, treatment and provider options, systems of support, services, assistance and legal rights available to Children with Special Health Care Needs and their families, resources beyond the scope of services covered by Medicaid, such as those which may be available from other parents, family members, community-based organizations, service providers, grants, social programs, funding options, school based services, faith based organizations, etc."
    - Family of children with special health care needs will often need more than just "information …" but assistance arranging for transportation, transition to school, SNAP, and other social services that CEDARR Centers traditionally provided. Many families are overwhelmed by the level of care and involvement needed during the earliest period of their child. The initial level of stress on the family can be tremendous.
    - On page 2 line 27 after the period (.) insert "• Provide assistance arranging for transportation, transition to school, SNAP, and other social services."
- **Comprehensive Transitional Care (including appropriate follow up, from Inpatient to other settings) - Service Definition - Cedar HEALTH HOME SPECIFIC DEFINITION:** "The Cedar Team will collaborate with all parties involved including the facility, primary care physician, Health Plan (if enrolled) and community

providers to ensure a smooth discharge into the community and prevent subsequent re-admission(s)."

- Coordination should extend beyond the health plan to include connecting/assisting the family with transportation, transition to school, SNAP, and other social services.
- On page 3 line 17 after the period (.) insert "The Cedar Team should also assist/connect the family with transportation, SNAP, and other social services necessary to make a successful transition."

- **Individual and Family Support Services (including authorized representatives) - Cedar HEALTH HOME SPECIFIC DEFINITION:** "The Cedar Team is responsible for providing assistance to the family in accessing and coordinating services. These services include the full range of services that impact on Children with Special Health Care Needs and include, but are not limited to, health, behavioral health, education, substance abuse, juvenile justice and social and family support services. The Cedar Team will actively integrate the full range of services into a comprehensive program of care. At the family's request, the Cedar Team can play the principal role as organizer, information source, guide, advocate, and facilitator for the family by helping the family to assess strengths and needs, identify treatment goals and services, and navigate agency and system boundaries."
  - This comprehensive approach should be mirrored in the other definitions of the Cedar HEALTH HOME SPECIFIC DEFINITIONS.
  - On page 3 line 34 strike the word "and" and insert between the word "boundaries" and the period (.) the words "and other transportation and social services"
- **Referral to Community and Social Support Services - Service Definition - Cedar HEALTH HOME SPECIFIC DEFINITION:** "Referral to Community and Social Support Services will be provided by members of the Cedar Team and will include information about formal and informal resources beyond the scope of services covered by Medicaid, such as those which may be available from other parents, family members, community-based organizations, service providers, grants, social programs, funding options including the family's health coverage, school-based services, faith based organizations, etc."
  - Family of children with special health care needs will often need more than just "information …" but assistance arranging for transportation, transition to school, SNAP, and other social services.
  - On page 3 line 54 insert after the period (".") the following "The Cedar Team will, if necessary, assist the family arranging for transportation, SNAP, and other social services."

MOTION: To adopt as the Commission's Recommended Amendments to Proposed RI SPA 15-017 Reinventing Medicaid 2015: CEDARR Family Center Redesign as presented above.
Motion moved by CG, seconded by AP, passed abstained LD

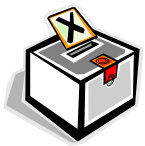
Proposed RI SPA 15--016 Reinventing Medicaid 2015: Rhode Island Integrated Health Homes

The public hearing requested by the Commission will be this **Tuesday February 16, 2016** at **10:00 a.m. Arnold Conference Center, Eleanor Slater Hospital**

The Commission supports the person-centered care & integration of physical, medical and behavioral health service model of the proposed **RI Medicaid State Plan Amendment 15-016 Reinventing Medicaid 2015: Rhode Island Integrated Health Homes.** Specific sections of the proposal would be beneficial if amended as follows:

- **Provider Infrastructure** –
  - The listing of specific providers excludes any other entities at a time when individuals are unable to arrange for immediate treatment due to a shortage of

behavioral healthcare practitioner. The state should not have to submit an additional amendment to add or replace the listed identified providers.
    - On page 2 line 17 delete "six"
    - On page 2 line the words ", Fellowship Health Resources, Inc. and Riverwood Mental Health Services" and insert therein the words "specialty providers"
    - On page 2 line 20 delete the word "would" and insert therein the word "currently";
- **Provider Standards - Comprehensive Care Management**
    - For beneficiaries who have a dual diagnosis of developmental disabilities and behavioral health, the developmental disability provider should be added to the multi-disciplinary team.
    - On page 4 line 2 after the period (.) insert the following "The multi-disciplinary teams for individuals receiving both developmental disabilities and behavioral health care services shall include personnel from the developmental disabilities service provider."
- **The acronyms** (BMI, DLA, ED, HEDIS, SUD) should be spelled out the first time used, especially in the Subsection on Monitoring.
- **Monitoring**
    - On page 20 row 2 / column 2, footnote 8 in the "IHH Year 1 Monitoring Measures" table regarding "metropolitan area" in "Prevention Quality Indicator (PQI 92: Numerator" is missing.
- **Payment Methodology In** Subsection on-
    - Is the "12. Basis for IHH Methodology for IHH" staffing model a required minimum or maximum FTE's, on pages 22 and 23?
    - The payment rate "Total" column mirrors the "Cost/FT" column, even when the "FTE" column is greater than 1 on page 23.
    - Is the "13. Basis of Methodology for ACT" staffing model a required minimum or minimum FTE's, on page 24?
    - Why a 40% administrative overhead?



MOTION: To adopt as the Commission's Recommended Amendments to **Proposed RI SPA 15-016 Reinventing Medicaid 2015 Amendments: Rhode Island Integrated Health Homes** as presented above.
Motion moved by RC, seconded by AP, passed abstained LD

3:20 Recently filed legislation that may impact people with disabilities, Bob Cooper

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

Bills identical to 2015 legislation the Commission/Committee issued legislative impact statements

16 H 7162 An Act Relating To Insurance -- Accident And Sickness Insurance Policies

Rep. Casey was heard by the House Corporations Committee 01/26/16, held for further study
This act would require that health insurance policies include coverage for temporomandibular joint disorder.
This act would take effect upon passage. **In 2015 found beneficial - below:**
"Temporomandibular joint and muscle disorders, commonly called "TMJ," are a group of conditions that cause pain and dysfunction in the jaw joint and the muscles that control jaw movement. For most people, pain in the area of the jaw joint or muscles does not signal a serious problem. Generally, discomfort from these conditions is occasional and temporary, often occurring in cycles. The pain

	eventually goes away with little or no treatment. Some people, however, develop significant, long-term symptoms. Complex cases, often marked by prolonged, persistent and severe pain; jaw dysfunction; co-existing conditions; and diminished quality of life, likely require a team of experts from various fields, such as neurology, rheumatology, pain management and others, to diagnose and treat this condition. [source National Institute of Dental and Craniofacial Research of the National Institutes of Health]"

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

27-18-82. Mandatory coverage for temporomandibular joint disorder. – {add} **Every** individual or group hospital or medical expense insurance policy or individual or group hospital or medical services plan contract delivered, issued for delivery, or renewed in this state on or after January 1, 2016 shall provide coverage for diagnostic testing and treatment of temporomandibular joint disorder; provided, however, this section shall not apply to insurance coverage providing benefits for:

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

SECTION 2. Chapter 27-19 of the General Laws entitled "Nonprofit Hospital Service Corporations" is hereby amended by adding thereto the following section: {identical to Section 1.}

SECTION 3. Chapter 27-20 of the General Laws entitled "Nonprofit Medical Service Corporations" is hereby amended by adding thereto the following section: {identical to Section 1.}

SECTION 4. Chapter 27-20.1 of the General Laws entitled "Nonprofit Dental Service Corporations" is hereby amended by adding thereto the following section: {identical to Section 1.}

SECTION 5. Chapter 27-41 of the General Laws entitled "Health Maintenance Organizations" is hereby amended by adding thereto the following section: {identical to Section 1.}

SECTION 6. This act shall take effect upon passage.

	MOTION: To find beneficial **2016 H 7162 An Act Relating To Insurance -- Accident And Sickness Insurance Policies** Motion moved by RC, seconded by KH, passed abstained LD
	16 H 7117 An Act Relating To Behavioral Healthcare, Developmental Disabilities And Hospitals Rep. McNamara referred to the House Finance Committee This act would authorize the department of behavioral healthcare, developmental disabilities and hospitals to certify recovery housing facilities and programs for residential substance abuse treatment. In addition, after July 1, 2017, only department-certified recovery housing facilities would be eligible to receive funding to delivery recovery housing services. This act would take effect upon passage. **In 2015 Beneficial if amended - below:** "The act should provide grandparent rights to facilities existing prior to the effective date of the regulations. Many small peer-to-peer providers that started up when very little services were available should remain."

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

40.1-1-13. Powers and duties of the office. -- (a) Notwithstanding any provision of the

Rhode Island general laws to the contrary, the department of mental health, retardation, and hospitals shall have the following powers and duties:

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

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

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

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

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

abuse education, prevention and treatment activities;

(6) Confer with all interested department directors to coordinate the administration of state programs and policies that directly affect substance abuse treatment and prevention;

(7) Seek and receive funds from the federal government and private sources in order to further the purposes of this chapter;

(8) Act in the capacity of "state substance abuse authority" as that term has meaning for coordination of state substance abuse planning and policy and as it relates to requirements set forth in pertinent federal substance abuse laws and regulations;

(9) Propose, review and/or approve, as appropriate, proposals, policies or plans involving insurance and managed care systems for substance abuse services in Rhode Island;

(10) To enter into, in compliance with the provisions of title 37, chapter 2, contractual relationships and memoranda of agreement as necessary for the purposes of this chapter;

(11) To license facilities and programs for the care and treatment of substance abusers, and for the prevention of substance abuse;

(12) To promulgate rules and regulations necessary to carry out the requirements of this chapter;

(13) Perform other acts and exercise any other powers necessary or convenient to carry out the intent and purposes of this chapter; {delete} ~~and~~ {delete}

(14) To exercise the authority and responsibilities relating to education, prevention and treatment of substance abuse, as contained in, but not limited to, the following chapters: chapter 1.10 of title 23; chapter 10.1 of title 23; chapter 28.2 of title 23; chapter 21.2 of title 16; chapter 21.3 of title 16; chapter 50.1 of title 42; chapter 109 of title 42; chapter 69 of title 5 and § 35-4-18. ;

(15) To establish a Medicare Part D restricted receipt account in the Hospitals and Community Rehabilitation Services program to receive and expend Medicare Part D reimbursements from pharmacy benefit providers consistent with the purposes of this chapter. ;

(16) To establish a RICLAS Group Home Operations restricted receipt account in the services for the developmentally disabled program to receive and expend rental income from RICLAS group clients for group home-related expenditures, including food, utilities, community activities, and the maintenance of group homes. ;

(17) To establish a non-Medicaid third-party payor restricted receipt account in the hospitals and community rehabilitation services program to receive and expend reimbursement from non-Medicaid third-party payors to fund hospital patient services that are not Medicaid eligible. {add} ; and

(18) To certify recovery housing facilities and programs for residential substance abuse treatment.

(b) After July 1, 2017, only certified recovery housing shall be eligible to receive funding to deliver recovery housing services. {add}

SECTION 2. This act shall take effect upon passage.

	MOTION: To find beneficial if amended to retain peer-to-peer support system **2016 H 7117 An Act Relating To Behavioral Healthcare, Developmental Disabilities And Hospitals.** Motion moved by JR, seconded by KH, passed unanimously abstained LD
	16 H 7179 An Act Relating To Public Utilities And Carriers - Public Transit Authority Rep. Chippendale to be heard by the House Finance Committee 01/28/16 @ Rise rm 35 This act would mandate the Rhode Island public transit authority provide basic public transit services to all cities and towns except for the town of New Shoreham. **{sponsor only interested in service to Glocester}** This act would take effect upon passage. **In 2015 fund this bill Beneficial - below:** "People who are transit dependent, especially seniors and individuals with disabilities, live throughout the state, and often need to travel to work, job training, healthcare providers, that are in areas not served by the current RI Public Transit Authority. The lack of statewide transit services (including para-transit) limits opportunities for adults with disabilities to work and participate in their community."

1 SECTION 1. Chapter 39-18 of the General Laws entitled "Rhode Island Public Transit
2 Authority" is hereby amended by adding thereto the following section:
3 {add} **39-18-25. Basic service. –** The Rhode Island public transit authority shall provide basic
4 public transit services to all cities and towns with the exception of the town of New Shoreham. {add}
SECTION 2. This act shall take effect upon passage.

	The Committee took no position on **2016 H 7179 An Act Relating To Public Utilities And Carriers - Public Transit Authority.**
	16 H 7361 An Act Relating To Health And Safety - Personal Care Assistant Services (Attorney General) Rep. Naughton referred to the House Health, Education, and Welfare Committee This act would require registration of those individuals who provide personal care assistant services to a consumer. This act would authorize the department of health to supervise and investigate compliance with such issues as, consumer rights, the registration process, national criminal records checks and training for applicants. This act would take effect on January 1, 2017. **In 2015 Legislation Committee finds this bill Beneficial if amended - below:** "Personal care assistants do not need continuing education. Initial training in independent living and consumer directed care, should be followed by specific consumer directed training - tailored to that consumer's needs. The consumer should determine any "refresher" training, as that person's needs change, not according to the calendar. Requiring personal care assistants to attend two (2) hours of continuing education training, biennially, is not needed. These are very low paying jobs, requiring registration and renewal fees will reduce the hours of service available. Fees whether for registration or the criminal records check will ultimately come from the recipient of the services. On page 4 strike all the language between lines 11 - 12. On page 4 line 28 strike the words "and two (2) hours of continuing education biennially" On page 4 line 29 strike the word "thereafter"."
	Beth Pinkham of the Ocean State Center for Independent Living spoke about the bill; PCA is employed by the consumer; only 10 people. Many others are going through the Medicaid waivers. PCA are less skilled than CNAs. $11/hours neither benefits nor

	withholding. Oversight – 3 visits and annual visits by both nurse and occupation therapist.

SECTION 1. Sections 12-1.6-1 and 12-1.6-2 of the General Laws in Chapter 12-1.6 entitled "National Criminal Records Check System" are hereby amended to read as follows:

12-1.6-1. Automated fingerprint identification system database. -- The department of attorney general may establish and maintain an automated fingerprint identification system database that would allow the department to store and maintain all fingerprints submitted in accordance with the national criminal records check system. The automated fingerprint identification system database would provide for an automatic notification if, and when, a subsequent criminal arrest fingerprint card is submitted to the system that matches a set of fingerprints previously submitted in accordance with a national criminal records check. If the aforementioned arrest results in a conviction, the department shall immediately notify those individuals and entities with which that individual is associated and who are required to be notified of disqualifying information concerning national criminal records checks as provided in chapters 17, 17.4, 17.7.1{add}, and 94{add} of title 23 or § 23-1-52. The information in the database established under this section is confidential and not subject to disclosure under chapter 38-2.

12-1.6-2. Long-term healthcare workers. -- The department of attorney general shall maintain an electronic, web-based system to assist facilities, licensed under chapters 17, 17.4, 17.7.1{add}, and 94{add} of title 23 or § 23-1-52, required to check relevant registries and conduct national criminal records checks of routine contact patient employees. The department of attorney general shall provide for an automated notice, as authorized in § 12-1.6-1, to those facilities if a routine-

contact patient employee is subsequently convicted of a disqualifying offense, as described in the relevant licensing statute. The department of attorney general may charge a facility a one-time, set-up fee of up to one hundred dollars ($100) for access to the electronic web-based system under this section.

SECTION 2. Section 40-8.1-3 of the General Laws in Chapter 40-8.1 entitled "Personal Care Attendant Program" is hereby amended to read as follows:

40-8.1-3. Eligibility for services. -- Services available under this chapter may be provided to any person who meets the following criteria:

(1) Has made application therefor to the director of the department of human services in a manner prescribed by the director;

(2) Has a severe physical disability that caused the person to be unduly dependent, the disability to be certified by the {delete}~~division of vocational rehabilitation~~{delete}{add}office of rehabilitation services{add}; and

(3) Has not sufficient income or resources to meet the cost of home care services, a determination of insufficiency to be made by the division of vocational rehabilitation.

SECTION 3. Title 23 of the General Laws entitled "HEALTH AND SAFETY" is hereby amended by adding thereto the following chapter:

{add}CHAPTER 94

PERSONAL CARE ASSISTANT SERVICES

23-94-1. Short title. -- This chapter shall be known and may be cited as the "Personal Care Assistant Services Act".

23-94-2. Definitions. -- As used in this chapter, the following words and terms shall have the following meanings:

(1) "Activities of daily living" means hands on assistance with activities of daily living including, but not limited to, ambulation, transferring, toileting, and grooming.

(2) "Applicant" means a person applying with the department for a certificate of registration as a personal care assistant.

(3) "Bureau of criminal identification" means the bureau of criminal identification of the department of attorney general.

(4) "Companionship" includes, but is not limited to, spending time with or caring for a consumer, accompanying a consumer on trips and outings, and providing necessary transportation to a consumer.

(5) "Consumer" means an individual who receives self-directed personal assistant care services, including a participant in personal care assistant services provided pursuant to §40-8.1-2

or a person who receives personal care assistant services through Medicaid, a third-party payor, or paid for by the individual and/or their family. "Consumer" shall not include an individual who receives services similar to personal care assistant services for no compensation.

(6) "Department" means the department of health.

(7) "Disqualifying information" means information produced by a national criminal records check pertaining to a conviction for the following crimes: murder, manslaughter, first degree sexual assault, second degree sexual assault, third degree sexual assault, assault on persons sixty (60) years of age or older, assault with intent to commit specified felonies (murder, robbery, rape, burglary, or the abominable and detestable crime against nature), felony assault, patient abuse, neglect or mistreatment of patients, first degree arson, robbery, felony drug offenses, larceny, abuse, neglect and/or exploitation of adults with severe impairments, fraud and false dealing, theft, embezzlement, false pretenses, misappropriation, impersonation and identity fraud, exploitation of elders, or felony banking law violations. For purposes of this subsection, "conviction" means, in addition to judgments of conviction entered by a court subsequent to a finding of guilty or a plea of guilty, those instances where the defendant has entered a plea of nolo contendere and has received a sentence of probation and those instances where a defendant has entered into a deferred sentence agreement with the attorney general.

(8) "Employer" means the consumer unless the personal care assistant is employed by a third party; in such cases the third party is the employer.

(9) "Homemaking" means performing household chores that includes, but is not limited to, housekeeping, meal planning and preparation, shopping assistance, and routine household activities for a consumer.

(10) "Participant" means an individual approved by the department to receive self-directed personal care assistant services.

(11) "Personal care assistant" means an individual with appropriate training who provides personal care assistant services to a consumer.

(12) "Personal care assistant services" means assistance with activities of daily living, homemaking, and companionship provided to a consumer that are intended to enable the consumer to remain safely and comfortably in their residence. Personal care assistant services does not include services provided by entities required to be licensed under the general laws including, but not limited to: title 16 (education facilities); chapter 17 of title 23 (health care facilities); chapter 17.4 of title 23 (assisted living residences); chapter 17.7.1 of title 23 (nursing service agencies); and/or chapter 25.1 of title 40.1 (behavioral healthcare, developmental disabilities and hospitals facilities).

(13) "Personal representative" means a person who, under applicable state law, has the authority to act on behalf of the consumer with regard to an action to be taken.

(14) "Registrant" means the lawful holder of a certificate of registration as a personal care assistant with the department.

(15) "Service plan" means a written list of the types and schedule of personal care assistant services prepared by the personal care assistant, or their designee, updated to reflect changes in needs or services as appropriate, but at least annually, that states the services to be provided to the consumer subject to the consumer's right to temporarily suspend, permanently terminate, temporarily add, or permanently add the provision of any such service.

23-94-3. Rights of consumers. -- The department shall develop rights to be distributed to the consumer within five (5) calendar days of the initiation of services to the consumer and thereafter, on an annual basis. These rights shall include:

(1) The consumer's right to be free from verbal, physical and psychological abuse and to be treated with dignity;

(2) The consumer's right to temporarily or permanently suspend, terminate, or add the provision of any services stated in the service plan;

(3) The consumer's right to have property treated with respect;

(4) The consumer's right to voice grievances regarding services furnished or regarding the lack of respect for property by anyone who is furnishing services and that the consumer must not be subject to discrimination or reprisal for doing so;

(5) A statement that it is not within the scope of the services to manage the medical and health conditions of the consumers;

(6) The charges for services provided by the personal care assistant; and

(7) The procedure and contact information to file a complaint with the department.

23-94-4. Complaint process. -- The department shall investigate complaints made by a consumer, the consumer's family, or the personal representative regarding services that are or have failed to be furnished or lack of respect for the consumer's property by the personal care assistant. The department shall document the existence of the complaint and the resolution of the complaint in accordance with the department's rules and regulations.

23-94-5. Registration. -- (a) Every person being employed as a personal care assistant or offering services as a personal care assistant must obtain a certificate of registration issued by the department within their initial thirty (30) days of employment or of offering services.

(b) The department shall verify, prior to issuing a certificate of registration, that the applicant underwent a national criminal records check in accordance with §23-94-9 and

successfully completed the training program in accordance with §23-94-8.

(c) The department shall register all those individuals issued a certificate of registration and the register shall be open to public inspection.

(d) The department may charge a fee for registration or renewal of the certificate that shall be established by rules and regulations promulgated pursuant to §23-94-14.

23-94-6. Renewal of certificate of registration. -- Every registrant shall renew their certificate of registration biennially by making application to the department. Such forms shall be provided by the department. The renewals shall be granted as a matter of course provided that the registrant has proof of successful completion of the continuing education requirements as required by §23-94-8. The department shall not automatically renew the certificate of registration if the department finds that the registrant has acted or failed to act in a manner under the circumstances that would constitute grounds for suspension or revocation of a certificate of registration.

23-94-7. Grandfather rights. -- After January 1, 2017 and at any time prior to March 31, 2017, the department shall issue a certificate of registration to any applicant who shall present satisfactory evidence that they have been employed as a personal care assistant in Rhode Island for a period of at least three hundred (300) hours and have undergone a national criminal records check in accordance with §23-94-9.

23-94-8. Personal care assistant training. -- (a) The department shall be responsible for ensuring that all registrants have completed four (4) hours of initial training on personal care assistant responsibilities and practices and two (2) hours of continuing education biennially thereafter, as prescribed by the department. In addition to the four (4) hours of initial training, each registrant shall receive individualized training on how to assist their consumer's needs.

(b) All applicants not otherwise exempted, under §23-94-7, shall be required to complete the process of training within thirty (30) days from the date of initiation of training. If the applicant fails to successfully complete the training within ninety (90) days, they must successfully repeat the training program.

23-94-9. National criminal records check. -- (a) Any person applying for a certificate of registration as a personal care assistant shall undergo a national criminal records check to be initiated prior to applying for a certificate of registration.

(b) The applicant shall apply to the bureau of criminal identification for a national criminal records check that shall be supported by fingerprints submitted to the Federal Bureau of Investigation ("FBI").

(1) Upon the discovery of any disqualifying information, the bureau of criminal

identification shall inform the applicant, in writing, of the nature of the disqualifying information; and, without disclosing the nature of the disqualifying information, will notify the department, in

writing, that disqualifying information has been discovered. An employee against whom disqualifying information has been found may provide a copy of the national criminal records check to the department. The department shall make a judgment regarding the issuance of the certificate of registration.

(2) In those situations in which no disqualifying information has been found, the bureau of criminal identification shall inform the applicant and the department, in writing.

(c) It shall be the responsibility of the applicant to pay for the national criminal records check.

23-94-10. Denial, suspension, or revocation of a certificate of registration. -- The department, after notice and opportunity for a hearing to the applicant or registrant, is authorized to deny, suspend, or revoke a certificate of registration in any case in which it finds that there has been failure to comply with the requirements under this chapter and the rules and regulations promulgated thereto or the registrant has been convicted of an offense that is considered disqualifying information. The notice shall be effected by registered or certified mail or by personal service, setting forth the particular reasons for the proposed action and fixing a date not less than thirty (30) days from the date of the mailing or service, at which time the applicant or registrant shall be given an opportunity for a prompt and fair hearing. On the basis of the hearing, or upon the failure of the applicant or registrant to appear, the department shall make a determination specifying its findings of fact and conclusions of law. A copy of the determination shall be sent by registered or certified mail or served personally upon the applicant or registrant. The decision denying, suspending, or revoking the certificate of registration shall become final thirty (30) days after it is so mailed or served, unless the applicant or registrant, within the thirty (30) day period, appeals the decision pursuant to §42-35-15. The procedure governing hearings authorized by this section shall be in accordance with §§42-35-9 and 42-35-13 as stipulated in §42-35-14. A full and complete record shall be kept of all proceedings, and all testimony shall be reported but need not be transcribed unless the decision is appealed pursuant to §42-35-15. A copy or copies of the transcript may be obtained by an interested party on payment of the cost of preparing the copy or copies. Witnesses may be subpoenaed by either party.

23-94-11. Judicial review of certificate of registration action. -- Any person who has exhausted all administrative remedies available to them within the department, and who is aggrieved by a final decision of the department, is entitled to judicial review in accordance with the provisions of §§42-35-15 and 42-35-16.

23-94-12. Immunity from liability. -- No person who disqualifies an individual from employment or continued employment within thirty (30) days of receipt of a letter containing disqualifying information or of a national criminal records check relating to that information shall be liable for civil damages or subject to any claim, cause of action, or proceeding of any nature as a result of the disqualification.

23-94-13. Inspections and investigations. -- The department may conduct any such investigation or inspection as it deems necessary to assess compliance with this chapter and the rules and regulations promulgated thereto. Wherever possible and practical, on-site reviews shall be scheduled, in an effort to reduce the number of visits and the disruption to the personal care assistant services. Investigations and inspections may occur when the consumer gives consent including the direct observation of the provision of personal care assistant services. Registrants shall make available to the department all books, records, policies and procedures, or any other materials requested during the course of an investigation or inspection. Refusal to make such materials available to the department shall be grounds for certificate of registration revocation, or the imposition of any other penalty provided in the chapter.

23-94-14. Rules and regulations. -- The department shall promulgate rules and regulations to carry out the intent of this chapter.

23-94-15. Penalties for violations. -- It shall be a misdemeanor punishable by a fine of not more than one thousand dollars ($1,000), by imprisonment for not more than one year, or both, for any person to:

(1) Be employed as a personal care assistant or offer services as a personal care assistant without a certificate of registration as required by this chapter;

(2) Practice as a personal care assistant during the time their certification of registration issued under the provisions of this chapter is suspended or revoked; or

(3) Obtain their certification of registration by means of fraud, misrepresentation, or concealment of material facts.

23-94-16. Severability. -- If any provision of this chapter or the application of any provision of this chapter to any person or circumstance shall be held invalid, the invalidity shall not affect the provisions or application of this chapter which can be given effect without the invalid provisions or application, and to this end the provisions of this chapter are declared severable. {add}

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

	MOTION: To find harmful unless amended **2016 H 7361 An Act Relating To Health And Safety - Personal Care Assistant Services** Motion moved by BI, seconded by JR, *passed opposed by KH abstained LD*
	16 H 7427 An Act Relating To Criminal Offenses -- Children Rep. Melo, at the request of the Attorney General referred to the House Committee on Health, Education, and Welfare This act would prohibit the sale of liquid that is intended for human consumption and/or use in an electronic nicotine-delivery system that is not contained in child-resistant packaging. This act would also prohibit the use of electronic nicotine-delivery systems in schools. This act would take effect on January 1, 2017.

SECTION 1. Chapter 11-9 of the General Laws entitled "Children" is hereby amended by adding thereto the following section:

{add}**11-9-22. Packaging of electronic delivery system liquid. --** (a) No liquid, whether or not such liquid contains nicotine, that is intended for human consumption and use in an electronic nicotine-delivery system, as defined in §11-9-13.4, shall be sold unless the liquid is contained in child-resistant packaging.

(b) All licensees under §23-1-56 shall ensure that any liquid intended for human consumption and use in an electronic nicotine-delivery system, as defined in §11-9-13.4, is sold in child-resistant packaging.

(c)(l) For the purposes of this section, "child-resistant packaging" means packaging that is designed or constructed to be significantly difficult for children under five (5) years of age to open or obtain a toxic or harmful amount of the substance contained therein within a reasonable time and not difficult for normal adults to use properly, but does not mean packaging which all such children cannot open or obtain a toxic or harmful amount within a reasonable time. A liquid, as referred to in subsection (a) of this section, enclosed in a package, cartridge, or other container that is prefilled and sealed by the manufacturer and not intended to be opened by the consumer shall qualify as child-resistant packaging.

(2) For purposes of this section, all regulations prescribing standards for "special packaging" of household substances per chapter 24.1 of title 23 now or hereafter adopted under

the authority of the federal poison prevention packaging act are the regulatory standards in this state for "child-resistant packaging" as defined in subsection (c)(l) of this section. Provided, however, that if any federal statute or federal regulation and/or rule is promulgated prescribing standards specifically for child safety packaging for liquid nicotine containers, that federal statute or federal regulation and/or rule shall be the regulatory standard under this section as of the effective date of any such enacted legislation or final regulation and/or rule.

(d) Any licensee or any person required to be licensed under §23-1-56 that fails to comply with this section shall be subject to the following penalties:

(1) For a first violation, a fine of five hundred dollars ($500).

(2) For a second violation, a fine of one thousand dollars ($1,000).

(3) A third or subsequent violation will result in a fine of two thousand dollars ($2,000)

and a suspension of the licensee's license by the department of health for not less than fourteen (14) days. The suspension will take effect on the date of the director's written notice of the suspension to the licensee. In the written notice of license suspension, the director shall inform the licensee that a written request for a hearing on the alleged violation may be filed with the director within ten (10) days after service of notice of license suspension. The notice will be deemed properly served upon a licensee if a copy of the notice is personally served upon the entity or persons, or sent by registered or certified mail to the last known address of that entity or persons, or if that entity or persons is served with notice by any other method of service now or later authorized in a civil action under the laws of this state. If no written request for a hearing is made to the director within ten (10) days of the service of notice, the notice shall automatically become a compliance order. All hearings shall be governed by §23-1-22.

(e) The licensee is responsible for all violations of this section that occur at the location for which the license is issued.

(f) No licensee or person shall be found in violation of this section if the licensee or person relied in good faith on any documentation provided by or attributed to the manufacturer of the packaging of the aforementioned liquid that such packaging meets the requirements of this section.

(g) The department of health is authorized to promulgate any rules and regulations necessary to carry into effect the provisions of this section. {add}

SECTION 2. Sections 23-20.9-4 and 23-20.9-5 of the General Laws in Chapter 23-20.9 entitled "Smoking in Schools" are hereby amended to read as follows:

23-20.9-4. Definitions. -- As used in this chapter:

(1) "Person" means any person or persons including but not limited to contract or other

workers on school property, school students, school administrators, school employees, school faculty, and school visitors.

(2) "School or schools" means any non-residential school building, public or private, of any city or town or community educational system regulated, directly or secondarily, by the board of regents for elementary and secondary education or the department of elementary and secondary education or any other state education board or local city or town school board or school committee or other legal educational subdivision acting under it. As used in this chapter, the term "school or schools" includes but is not limited to school playgrounds, school administration buildings, indoor school athletic facilities, school gymnasiums, school locker rooms, school buses, other school vehicles, other school buildings whose use is not primarily residential, and outside areas within twenty-five (25) feet of any school building.

(3) "Governing body" means the body, board, committee or individual, or its designated agent(s) or designee(s), responsible for, or which has control over, the administration of any elementary or secondary school, public or private, in the state.

(4) "Tobacco product usage" means the smoking or use of any substance or item which contains tobacco, including but not limited to cigarettes, cigars, pipes, or other smoking tobacco, or the use of snuff or smokeless tobacco, or having in one's possession a lighted cigarette, cigar, pipe, or other substance or item containing tobacco.

{add} (5) "Electronic nicotine-delivery system usage" means any vaping, inhaling, or use of any device defined in §11-9-13.4. {add}

23-20.9-5. Regulation of smoking in schools. -- (a) The governing body of each school in Rhode Island shall be responsible for the development of enforcement procedures to prohibit tobacco product usage {add} and electronic nicotine-delivery system usage {add} by any person utilizing school facilities. All facilities used by a school, whether owned, leased or rented, shall be subject to the provisions of this chapter. Enforcement procedures shall be promulgated and conspicuously posted in each building.

(b) This chapter shall not modify, or be used as a basis for modifying school policies or regulations in effect prior to the passage of this chapter if the existing policies or regulations prohibit tobacco product usage {add} and electronic nicotine-delivery system usage {add} in the school.

(c) All school areas where tobacco product usage is prohibited shall be clearly marked with "nonsmoking area" signs with bold block lettering at least three inches (3") high stating

32 "Tobacco-Free School -- Tobacco Use Prohibited". {add} All school areas where electronic nicotine-
33 delivery system usage is prohibited shall be clearly marked with "nonsmoking area" signs with
34 bold block lettering at least three inches (3") high stating "E-Cigarettes and Vapor Devices

1 Prohibited". {add} There shall be at least one "nonsmoking area" sign, in conformance with the above,
2 at every building entrance and in other areas as designated by the governing body. Signs shall
3 also be posted in every school bus and every school vehicle. Signs as detailed above shall be
4 provided, without charge, by the department of health.
5 SECTION 3. This act shall take effect on January 1, 2017.

	The Committee took no position on **2016 H 7427 An Act Relating To Criminal Offenses -- Children**
	New Legislation or bills similar to 2015 legislation the Commission / Committee took no position on.
	16 H 7154 An Act Relating To State Affairs And Government -- Freedom From Prone Restraint Act Rep. Canario was heard by the House Health, Education, & Welfare Committee on 1-27-16. Two substitutes were proposed at the hearing, below are all three versions. This act would prohibit the use of prone restraint in certain covered facilities licensed or certified by the state, and would create a study commission to study the restraint reporting requirements of covered facilities. This act would take effect upon passage. **In 2015 took no position** Rory Carmody requested review
	Robert Marshal of the RI Developmental Disabilities Council) and Dr. Cooper Woodard of the Groden Center spoke about their 2 Substitute A versions of the bill.

1 SECTION 1. Title 42 of the General Laws entitled "STATE AFFAIRS AND
2 GOVERNMENT" is hereby amended by adding thereto the following chapter:
3 {add} CHAPTER 72.11
4 FREEDOM FROM PRONE RESTRAINT ACT
5 **42-72.11-1. Short title. --** This chapter shall be known and may be cited as the "Freedom
6 from Prone Restraint Act."
7 **42-72.11-2. Fundamental purpose. --** This chapter is enacted to protect and promote the
8 right of each person who is served by a covered facility to be free from the use of prone restraint.
9 Research has shown that prone restraint is a hazardous and potentially lethal position.
10 **42-72.11-3. Definitions. --** For the purpose of this chapter:
11 (1) "Covered facility" means any agency, organization, or public or private entity,
12 regardless of the state agency under whose authority its license or certification is established, that
13 provides support or care, residential support, education, healthcare, treatment, or direct
14 supervision. "Covered facility" does not include any law enforcement department, the department
15 of corrections, the training school for youth, or the forensic unit at the Eleanor Slater Hospital.
16 (2) Prone restraint" means a restraint or hold that limits or controls the movement or
17 normal functioning of any portion, or all, of an individual's body while the individual is in a face-
18 down position.

1 (3) "Service provider" means any person employed or contracted by a covered facility to
2 provide support or care, residential support, education, healthcare, treatment, or direct
3 supervision.
4 **42-72.11-4. Use of restraints. –** No service provider of any covered facility may use a
5 prone restraint at anytime.
6 **42-72.11-5. Training and policies. –** Each covered facility shall:
7 (1) Develop policies and procedures that establish monitoring, documentation, reporting,
8 and internal review of the use of restraint in accordance with this chapter.

(2) Require nationally recognized training of all service providers in the reduction/elimination of restraint and seclusion. The training shall be approved by the director of the state agency that has supervisory control over the covered facility. The training shall include, but not be limited to:

(i) Leadership towards organization change;

(ii) Use of data to inform of best practices;

(iii) Work force development;

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

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

(vi) Debriefing techniques and outcomes.

(3) Make the policies and procedures required under subsection (1) of this section available to the director of the state agency that has jurisdiction or supervisory control over the covered facility.

42-72.11-6. Study commission. – (a) A joint legislative study commission is hereby created to study the restraint reporting requirements of each of the covered facilities and make recommendations to ensure that reporting is as uniform as possible and appropriate data is collected to inform practice and policy decisions.

(b) The study commission will be compromised of fourteen (14) members: one member of the house of representatives, to be appointed by the speaker of the house; one member of the senate, to be appointed by the president of the senate; two (2) of whom shall be individuals restrained by a covered facility or knowledgeable about restraint, one of whom to be appointed by the speaker of the house and one of whom to be appointed by the president of the senate; two (2) of whom shall be family members of individuals restrained by a covered facility or knowledgeable about restraint, one of whom to be appointed by the speaker of the house and one of whom to be appointed by the president of the senate; one of whom shall be the director of the department of children, youth, and families, or designee; one of whom shall be the commissioner

of the department of elementary and secondary education, or designee; one of whom shall be the director of the department of behavioral healthcare developmental disabilities and hospitals, or designee; one of whom shall be the director of the Paul V. Sherlock Center on Disabilities, or designee; one of whom shall be the director of the Rhode Island Developmental Disabilities Council, or designee; one of whom shall be the director of the Disability Law Center, or designee; one of whom shall be the director of Bradley Hospital, or designee; and one of whom shall be the director of the Hospital Association of Rhode Island, or designee.

In lieu of any appointment of a member of the legislature to a permanent advisory commission, a legislative study commission, or any commission created by an act of the general assembly, the appointing authority may appoint a member of the general public to serve in lieu of a legislator, provided that the majority leader or the minority leader of the political party which is entitled to the appointment consents to the appointment of the member of the general public. Vacancies in said commission shall be filled in like manner as the original appointment.

(c) Upon passage of this act, the members of the commission shall meet at the call of the speaker of the house and president of the senate and organize and shall select, from among the legislators, a chairperson.

(d) The membership of said commission shall receive no compensation for their services.

(e) All departments and agencies of the state shall furnish such advice and information, documentary, and otherwise, to said commission and its agents as is deemed necessary or desirable by the commission to facilitate the purposes of this chapter.

(f) The joint commission on legislative services is hereby authorized and directed to provide suitable quarters for said commission.

(g) The commission shall report its findings and recommendations to the general assembly no later than February 1, 2017, and said commission shall expire on June 30, 2017. {add}

SECTION 2. This act shall take effect upon passage.

	The Developmental Disability Council's substitute was passed in 2015 by the Senate 2015 -- S 0727 Sub A. In 2016, one word would be deleted from the 2015 Sub A. This substitute would prohibit the use of prone restraints in certain

	facilities; would require training of all service providers in the reduction/elimination of restraint and seclusion, and would create a sixteen (16) member study commission to study prone restraint and training approaches in covered facilities. This act would take effect upon passage.

SECTION 1. Title 42 of the General Laws entitled "STATE AFFAIRS AND GOVERNMENT" is hereby amended by adding thereto the following chapter:

{add}CHAPTER 72.11

FREEDOM FROM PRONE RESTRAINT ACT

42-72.11-1. Short title. -- This chapter shall be known and may be cited as the "Freedom from Prone Restraint Act."

42-72.11-2. Fundamental purpose. -- This chapter is enacted to protect and promote the right of each person who is served by a covered facility to be free from the use of prone restraint. Research has shown that prone restraint is a hazardous and potentially lethal position.

42-72.11-3. Definitions. -- For the purpose of this chapter:

(1) "Service provider" means any person employed or contracted by a covered facility to provide support or care, residential support, education, health care, treatment, or direct supervision.

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

(3) "Prone restraint" means a restraint or hold that limits or controls the movement or normal functioning of any portion, or all, of an individual's body while the individual is in a face-down position. Prone restraint does not include the temporary controlling of an individual {delete}~~found~~{delete} in a prone position while transitioning to an alternative, safer form of restraint.

42-72.11-4. Use of restraints. – No service provider of any covered facility may use a prone restraint at any time.

42-72.11-5. Training and policies. – Each covered facility shall:

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

(2) Require training of all service providers in the reduction/elimination of restraint and seclusion. The training shall be approved by the director of the state agency that has supervisory control over the covered facility. The training shall include, but not be limited to:

(i) Leadership towards organization change;

(ii) Use of data to inform practice;

(iii) Work force development;

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

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

(vi) Debriefing techniques and outcomes.

(3) Make the policies and procedures required under subsection (1) of this section available to the director of the state agency that has jurisdiction or supervisory control over the covered facility.

42-72.11-6. Study commission. – (a) A joint legislative study commission is hereby created to study the restraint reporting requirements and training approaches of each of the covered facilities and make recommendations to ensure that reporting is as uniform as possible and appropriate data is collected to inform practice and policy decisions.

(b) The study commission will be comprised of sixteen (16) members: one member of the house of representatives, to be appointed by the speaker of the house; one member of the senate, to be appointed by the president of the senate; two (2) of whom shall be individuals restrained by a covered facility or knowledgeable about restraint, one of whom to be appointed by the speaker of the house and one of whom to be appointed by the president of the senate; two (2) of whom shall be family members of individuals restrained by a covered facility or knowledgeable about

32 restraint, one of whom to be appointed by the speaker of the house and one of whom to be
33 appointed by the president of the senate; one of whom shall be the director of the department of
34 children, youth, and families, or designee; one of whom shall be the commissioner of the

1 department of elementary and secondary education, or designee; one of whom shall be the
2 director of the department of behavioral health care developmental disabilities and hospitals, or
3 designee; one of whom shall be the director of the Paul V. Sherlock center on disabilities, or
4 designee; one of whom shall the be director of the Rhode Island developmental disabilities
5 council, or designee; one of whom shall be the director of the Disability Law Center, or designee;
6 one of whom shall be the director of Bradley Hospital, or designee; one of whom shall be the
7 director of the Hospital Association of Rhode Island, or designee; one of whom shall be the
8 director of Butler Hospital, or designee; and one of whom shall be the director of the Groden
9 Center, or designee.
10 In lieu of any appointment of a member of the legislature to a permanent advisory
11 commission, a legislative study commission, or any commission created by an act of the general
12 assembly, the appointing authority may appoint a member of the general public to serve in lieu of
13 a legislator, provided that the majority leader or the minority leader of the political party which is
14 entitled to the appointment consents to the appointment of the member of the general public.
15 Vacancies in said commission shall be filled in like manner as the original appointment.
16 (c) Upon passage of this act, the members of the commission shall meet at the call of the
17 speaker of the house and president of the senate and organize and shall select, from among the
18 legislators, a chairperson.
19 (d) The membership of said commission shall receive no compensation for their services.
20 (e) All departments and agencies of the state shall furnish such advice and information,
21 documentary, and otherwise, to said commission and its agents as is deemed necessary or
22 desirable by the commission to facilitate the purposes of this act.
23 (f) The joint commission on legislative services is hereby authorized and directed to
24 provide suitable quarters for said commission.
25 (g) The commission shall report its findings and recommendations to the general
26 assembly no later than February 1, 2016, and said commission shall expire on June 30, 2016.{add}
27 SECTION 2. This act shall take effect upon passage.

	The Groden Center's substitute would make "the following improvements to the bill which are based on current best practice in the field of behavior analysis and a project with a similar intent conducted by Bradley Hospital in 2008: 1) Consistent definition across agencies as to what constitutes restraint. Different agencies have different reporting requirements currently. For example, DCYF does not include physical escort, but RI Department of Education does include this procedure in the restraint count. 2) Any agency using restraint needs to adopt a nationally recognized crisis management system that is consistent with a philosophy of least restrictive, and least intrusive interventions, a focus on skill-building and positive supports, and consistency with the standards of practice articulated by the Association for Behavior Analysis International. All staff employing restraint or dealing with clients for whom restraint may be used need to be required to take this training and necessary refresher courses. (The current bill only requires training in the reduction and elimination of restraint, which should be an integral part of a larger training program. Safe implementation of restraint only in crisis situations where safety of the client or others is at risk is likely to reduce injuries sustained in the use of this procedure.) 3) Any agency using restraint should have a crisis management sub-committee to address policy development and protocols related to restraint, and ensure

	extensive and ongoing training. (The current bill requires an agency to monitor only documentation and "internal review.") 4) Any agency addressing behavior challenges that may employ restrictive procedures including restraint should require creation or review of any behavior support plan by a licensed Psychologist trained in Positive Behavior Supports and Applied Behavior Analysis (ABA) or (when available) Board Certified Behavior Analyst (BCBA) for: -individualized, evidence-based, and best practice procedures -least restrictive interventions -antecedent-based, skill-building, and positive orientation. (This evidence-based approach effectively prevents the need for restraint by reducing problem behaviors.) 5) Inclusion of all licensed facilities. Injuries can take place in every setting, not only those listed as covered, and covered facilities often treat the same population as those excluded by this bill. 6) Including the Groden Center and other treatment providers on the proposed commission." Cooper Woodard, PhD, BCBA Jane Carlson, PhD, BCBA Leslie Weidenman, PhD, BCBA

SECTION 1. Title 42 of the General Laws entitled "STATE AFFAIRS AND GOVERNMENT" is hereby amended by adding thereto the following chapter:

{add}CHAPTER 72.11

FREEDOM FROM {delete}~~PRONE~~{delete} RESTRAINT ACT

42-72.11-1. Short title. -- This chapter shall be known and may be cited as the "Freedom from {delete}~~Prone~~{delete} Unsafe and Unnecessary Use of Physical Restraint Act."

42-72.11-2. Fundamental purpose. -- This chapter is enacted to protect and promote the right of each person who is served by a covered facility to be free from the use of {delete}~~prone~~{delete} unsafe and unnecessary physical restraint. Research has shown that {delete}~~prone~~{delete} physical restraint conducted by untrained and unmonitored persons without appropriate support is a hazardous and potentially lethal {delete}~~position~~{delete} procedure.

42-72.11-3. Definitions. -- For the purpose of this chapter:

(1) "Service provider" means any person employed or contracted by a covered facility to provide support or care, residential support, education, health care, treatment, or direct supervision.

(2) "Covered facility" means any agency, organization, or public or private entity, regardless of the state agency under whose authority its license or certification is established, that

provides support or care, residential support, education, health care, treatment, or direct supervision. "Covered facility" does not include any medical facility with the exception of medical units that serve persons with psychiatric populations, law enforcement department, or the department of corrections{delete}~~, the training school for youth, or the forensic unit at the Eleanor Slater Hospital~~{delete}

(3) Restraint" means {delete}~~a restraint or hold that limits or controls the movement or normal functioning of any portion, or all, of an individual's body while the individual is in a face-down position~~{delete} the use of a service provider's body in accordance with approved physical management principles to reduce free movement of individual's arms, legs, torso, or head to ensure physical safety of that individual or other person. Physical restraint does not include brief holding to calm, comfort, redirect, escort, or block an individual.

42-72.11-4. Use of restraints. – No service provider of any covered facility may use a {delete}~~prone~~{delete} restraint at anytime unless there is imminent or immediate danger to self or others following reasonable unsuccessful attempts of less restrictive supports. Physical restraints should not last longer than 5 minutes unless other criteria for discontinuation have been established or approved. Any individual involved in regular use of restraints will have a behavior support plan created or approved by a Licensed Psychologist (LP) trained in positive behavior supports or applied behavior analysis or Board Certified Behavior Analyst (BCBA).

The behavior support plan must be individualized, and the interventions evidence-based, least restrictive, and focused on positive, constructive, and skill-building behaviors.

42-72.11-5. Training and policies. – Each covered facility shall:

(1) Develop a facility committee that creates and updates as needed appropriate policies and procedures directed toward establishing monitoring, documentation, reporting, and internal review of the use of restraint in accordance with this chapter.

(2) Require training of all service providers involved in (1) in the reduction/elimination of restraint and seclusion, as well as individuals, families, and advocates as indicated. The training shall be approved by the director of the state agency that has supervisory control over the covered facility. The training shall include, but not be limited to:

(i) Leadership towards organization change;

(ii) Use of data to inform practice;

(iii) Work force development;

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

(v) {delete} ~~**Inclusion of individuals, families, and advocates; and**~~

~~(vi)~~ {delete} Debriefing techniques and outcomes.

(3) Make the policies and procedures required under subsection (1) of this section available to the director of the state agency that has jurisdiction or supervisory control over the covered facility.

(4) Require certified, approved, or nationally recognized training of all staff who may be involved in a restraint in crisis intervention and restraint training consistent with a philosophy of least restrictive and least intrusive interventions, a focus on positive and skill-building supports, and consistency with standards of practice articulated by the Association of Behavior Analysis International (ABAI). Training will take place as follows:

(i) Each facility will require that staff, including relief staff, successfully complete the training prior to being solely responsible for any child participating in any restraint.

(ii) New staff will complete a minimum of 16 hours of training in the Facility's approved model or the number of hours prescribed by the model if greater.

(iii) Training will be documented in the employee's file along with any additional modifications of restraint indicated by special medication consideration of the individual.

(iv) Covered facilities will require that staff complete annual review training in crisis intervention and the use of restraints for a minimum of 8 hours, or the number of hours required by the approved model if greater.

(v.) Annual training will be documented in the employee's file.

(vi.) In the event that a staff person fails to participate in or fails to successfully complete the annual training, that individual may not participate in a restraint.

(5) Staff involved with any individuals who have a behavior support plan will be trained in that behavior support plan.

42-72.11-6. Study commission. – (a) A joint legislative study commission is hereby created to study the restraint reporting requirements and training components of each of the covered facilities and make recommendations to ensure that reporting is as uniform as possible and appropriate data is collected to inform practice and policy decisions.

(b) The study commission will be comprised of sixteen (16) members: one member of the house of representatives, to be appointed by the speaker of the house; one member of the senate, to be appointed by the president of the senate; two (2) of whom shall be individuals restrained by a covered facility or knowledgeable about restraint, one of whom to be appointed by the speaker of the house and one of whom to be appointed by the president of the senate; two (2) of whom shall be family members of individuals who have been restrained by a covered facility

or are knowledgeable about restraint, one of whom to be appointed by the speaker of the house and one of whom to be appointed by the president of the senate; one of whom shall be the director of the department of children, youth, and families, or designee; one of whom shall be the commissioner of the department of elementary and secondary education, or designee; one of whom shall be the director of the department of behavioral health care developmental disabilities and hospitals, or designee; one of whom shall be the director of the Paul V. Sherlock Center on Disabilities, or designee; one of whom shall the be director of the Rhode Island developmental

disabilities council, or designee; one of whom shall be the director of the disability law center, or designee; one of whom shall be the director of Bradley Hospital, or designee; and one of whom shall be the director of Butler Hospital, or designee; and one of whom shall be the director of the hospital association of Rhode Island, or designee; **and one of whom shall be the director of the Groden Center or designee**

In lieu of any appointment of a member of the legislature to a permanent advisory commission, a legislative study commission, or any commission created by an act of the general assembly, the appointing authority may appoint a member of the general public to serve in lieu of a legislator, provided that the majority leader or the minority leader of the political party which is entitled to the appointment consents to the appointment of the member of the general public. Vacancies in said commission shall be filled in like manner as the original appointment.

(c) Upon passage of this act, the members of the commission shall meet at the call of the speaker of the house and president of the senate and organize and shall select, from among the legislators, a chairperson.

(d) The membership of said commission shall receive no compensation for their services.

(e) All departments and agencies of the state shall furnish such advice and information, documentary, and otherwise, to said commission and its agents as is deemed necessary or desirable by the commission to facilitate the purposes of this act.

(f) The joint commission on legislative services is hereby authorized and directed to provide suitable quarters for said commission.

(g) The commission shall report its findings and recommendations to the general assembly no later than February 1, 2016, and said commission shall expire on June 30, 2016.{add}

SECTION 2. This act shall take effect upon passage.

	MOTION: To find beneficial if amended to match the DDC sub A and representative of DD & BH provider networks added to the study commission 2016 **H 7154 An Act Relating To State Affairs And Government -- Freedom From Prone Restraint Act.** Motion moved by JR, seconded by AP, *passed abstain LD*
	16 S 2091 An Act Relating To Education - School And Youth Programs Concussion Act Sen. Lombardi referred to the Senate Education Committee This act would refine the law on guidelines for concussions at school and youth programs so that an adult trained in recognizing the symptoms of a concussion is required to be present during all events. This act would take effect upon passage. In 2015 no comparable bill Arthur Plitt requested review

SECTION 1. Section 16-91-3 of the General Laws in Chapter 16-91 entitled "School and Youth Programs Concussion Act" is hereby amended to read as follows:

16-91-3. School district's guidelines to be developed and implemented. -- (a) The department of education and the department of health shall work in concert with the Rhode Island Interscholastic League to develop and promulgate guidelines to inform and educate coaches, teachers, school nurses, youth athletes, and their parents and/or guardians of the nature and risk of concussion and head injury, including continuing to play after concussion or head injury. A concussion and head injury information sheet shall be signed and returned by the youth athlete and the athlete's parent and/or guardian prior to the youth athlete's return to practice or competition.

(b) School districts are required to use training materials made available by the United States Center for Disease Control and Prevention entitled "Heads Up: Concussion in the High School Sports/Concussion in Youth Sports" and any updates or amendments thereto, or training materials substantively and substantially similar thereto. The department of education shall post training materials made available by the Center for Disease Control and Prevention and the Rhode Island Interscholastic League on its website. All coaches and volunteers involved in a youth sport or activity covered by this chapter must complete a training course and a refresher course annually thereafter in concussions and traumatic brain injuries. All school nurses must

complete a training course and an annual refresher course in concussions and traumatic brain

injuries. Teachers and teachers' aides are strongly encouraged to complete the training course in concussions and traumatic brain injuries. Training may consist of videos, classes, and any other generally accepted mode and medium of providing information.

(c) School districts are encouraged to have all student athletes perform baseline neuropsychological testing, computerized or otherwise. Parents and/or guardians shall be provided with information as to the risk of concussion and/or traumatic brain injuries prior to the start of every sport season and they shall sign an acknowledgement as to their receipt of such information.

(d) A youth athlete, who is suspected of sustaining a concussion or head injury in a practice or game, shall be removed from competition at that time.

(e) A youth athlete, who has been removed from play, may not return to play until the athlete is evaluated by a licensed physician who may consult with an athletic trainer, all of whom shall be trained in the evaluation and management of concussions. The athlete must receive written clearance to return to play from that licensed physician.

(f) All school districts are {delete}~~encouraged~~{delete}{add} required{add} to have an athletic trainer, {add}a nurse{add} or similarly trained person, {add}who is trained in concussion symptom recognition and evaluation, {add} at all recreational and athletic events addressed by this statute.

SECTION 2. This act shall take effect upon passage.

	MOTION: To find beneficial **2016 S 2091 An Act Relating To Education - School And Youth Programs Concussion Act.** Motion moved by RC, seconded by JR, *passed abstained LD*
	16 S 7283 An Act Relating To Criminal Offenses - Weapons Rep. Amore referred to the House Judiciary Committee This act would prohibit any person convicted of a misdemeanor offense under §12-29-2 1 (a crime involving domestic violence) from purchasing, owning, transporting, carrying, or possessing any firearm. Offenses punishable as petty misdemeanors would be excluded from this prohibition. Further, it would provide that those people who have had their convictions expunged, set aside, or who have had their civil rights restored would not be considered a prohibited person under this chapter. This act would take effect upon passage. In 2015 no comparable bill Arthur Plitt requested review

SECTION 1. Section 11-47-5 of the General Laws in Chapter 11-47 entitled "Weapons" is hereby amended to read as follows:

11-47-5. Possession of arms by person convicted of crime of violence or who is a fugitive from justice. -- (a) No person who has been convicted in this state or elsewhere of a crime of violence{add} , or who has been convicted of an offense punishable as a misdemeanor offense under §12-29-2{add} or who is a fugitive from justice shall purchase, own, carry, transport, or have in his or her possession any firearm.

(b) {delete}~~Notwithstanding the provisions of subsection (a) of this section, no person convicted of an offense punishable as a felony offense under § 12-29-5 shall purchase, own, carry, transport, or have in his or her possession any firearm, for a period of two (2) years following the date of that conviction.~~ {delete}{add}For purposes of subsection (a) of this section:

(1) Offenses punishable as a petty misdemeanor under §12-29-2 shall not be construed as offenses punishable as a misdemeanor offense under §12-29-2; and

(2) A person shall not be considered to have been convicted of an offense if the conviction has been expunged or set aside, or is an offense for which the person has been pardoned or has had civil rights restored, unless the pardon, expungement, or restoration of civil rights expressly provides that the person may not purchase, own, carry, transport, or have in their possession any firearm. {add}

(c) No person who is in community confinement pursuant to the provisions of § 42-56-

20.2 or who is otherwise subject to electronic surveillance or monitoring devices as a condition of parole shall purchase, carry, transport, or have in his or her possession any firearm. This subsection shall not apply to any person who has not been convicted of (or pleaded guilty or nolo contendere to) a crime of violence in a court of competent jurisdiction.

(d) Every person violating the provisions of this section shall, upon conviction, be punished by imprisonment for not less than two (2) nor more than ten (10) years; and for penalties provided in this section he or she shall not be afforded the benefit of suspension or deferment of sentence nor of probation.

SECTION 2. This act shall take effect upon passage.

	MOTION: To find beneficial **2016 S 7283 An Act Relating To Criminal Offenses - Weapons** Motion moved by JR, seconded by BI, passed, abstained LD
	16 H 7274 An Act Relating To Food And Drugs -- Genetically Engineered Raw And Packaged Food Labeling Act Rep. Canario referred to the House Health, Education, & Welfare Committee This act would require the labeling of all raw and packaged food that is entirely or partially produced with genetic engineering, commencing January 1, 2017. This act would take effect upon passage. **In 2015 no comparable bill** Arthur Plitt requested review

SECTION 1. Title 21 of the General Laws entitled "FOOD AND DRUGS" is hereby amended by adding thereto the following chapter:

{add} CHAPTER 37

GENETICALLY ENGINEERED RAW AND PACKAGED FOOD LABELING ACT

21-37-1. Findings and declarations. – The general assembly hereby finds and declares that:

(1) Rhode Island consumers have the right to know whether the foods they purchase were produced with genetic engineering so they can make informed purchasing decisions. Labeling is necessary to ensure that Rhode Island consumers are fully and reliably informed about the products they purchase and consume. Labels provide informed consent and prevent consumer deception. Polls consistently show that the vast majority of the public wants to know if its food was produced with genetic engineering, for a variety of reasons.

(2) For multiple health, personal, economic, environmental, religious, and cultural reasons, the general assembly finds that food produced with genetic engineering should be labeled as such.

(3) In the United States, there is currently no federal or Rhode Island requirement that genetically engineered ("GE") foods be labeled. In contrast, sixty-four (64) countries, including Japan, South Korea, China, Australia, Russia, India, the European Union member states, and

other key United States trading partners, already have laws mandating disclosure of genetically engineered foods on food labels. In 2011, the Codex Alimentarius Commission stated that governments are free to decide whether and how to label foods produced with genetic engineering.

(4) The U.S. Food and Drug Administration ("FDA") does not require or conduct safety studies of genetically engineered foods. Instead, any safety consultations are voluntary, and genetically engineered food developers may decide what information to provide to the FDA. Market approval of genetically engineered food is based on industry research alone. There have been no long-term or epidemiological studies in the United States that examine the safety of human consumption of genetically engineered foods.

(5) The genetic engineering of plants and animals often causes unintended consequences. Manipulating genes via genetic engineering and inserting them into organisms is an imprecise process. The results are not always predictable or controllable. Mixing plant, animal, bacterial,

and viral genes through genetic engineering in combinations that cannot occur in nature may produce results that lead to adverse health or environmental consequences.

(6) United States government scientists have stated that the artificial insertion of genetic material into plants via genetic engineering can cause a variety of significant problems with plant foods. Such genetic engineering may increase the levels of known toxicants or allergens in foods and create new toxicants or allergens with consequent health concerns.

(7) Independent scientists are limited from conducting safety and risk-assessment research of genetically engineered materials used in food products due to industry restrictions on research of those materials.

(8) Mandatory identification of foods produced with genetic engineering can provide a method for detecting, at a large epidemiological scale, the potential health effects of consuming such foods.

(9) Without mandatory disclosure, consumers of genetically engineered food may unknowingly violate their dietary and/or religious beliefs.

(10) Numerous foreign markets with restrictions on foods produced with genetic engineering have restricted imports of United States crops due to concerns about genetic engineering. Some foreign markets are choosing to purchase agricultural products from countries other than the United States because genetically engineered crops are not identified in the United States, which makes it impossible for buyers to determine what does or does not meet their national labeling laws or restrictions and thus renders United States products less desirable.

(11) Mandatory identification of foods produced with genetic engineering can be a

critical method of preserving the economic value of exports or domestically sensitive markets with restrictions on, or prohibitions against, genetic engineering.

(12) Preserving the identity, quality, and reliability of Rhode Island's agricultural products and exports is critical to the state's economic well-being.

(13) The organic food industry is growing rapidly, with 2.7 billion dollars in growth in 2012. While total United States food sales grew at a rate of three point seven percent (3.7%), the organic food industry grew at a rate of ten point two percent (10.2%) in 2012, accounting for 31.5 billion dollars in sales. Sales of organic fruits and vegetables account for forty-three percent (43%) of those new dollars, thirty-four point eight percent (34.8%) of total organic food sales, and ten point three percent (10.3%) of all United States fruit and vegetable sales. Organic dairy grew at a rate of seven point one percent (7.1%) in 2012 and constitutes over six percent (6%) of the total United States dairy market. Trade industry data shows that, over the long term, organic farming is more profitable and economically secure than conventional farming. Organic farmers are prohibited from using genetically engineered seeds. Nonetheless, organic crops are routinely threatened with transgenic contamination from neighboring fields of genetically engineered crops. The risk of contamination can erode public confidence in organic products, significantly undermining the job-creating, economy-boosting growth of the organic market. Requiring the labeling of foods produced through genetic engineering will help protect organics nationwide by increasing identification of genetically engineered foods through the food production process, thereby reducing the risk of contamination.

(14) Foods identified as non-genetically engineered constitute the fastest growing market segment in agriculture. However, only a small portion of the food industry participates in voluntary labeling of foods claimed not to be the product of genetic engineering. Nor are there consistent standards for such labeling, or for enforcement of voluntary labels. As such, voluntary labels are insufficient to provide consumers with adequate information on whether or not the food they are purchasing was produced with genetic engineering, and thus may be misleading.

(15) Requiring that foods produced through genetic engineering be labeled as such will create additional market opportunities for producers who are not certified as organic and whose products are not produced through genetic engineering. Such additional market opportunities will also contribute to vibrant and diversified agricultural communities.

(16) The cultivation of genetically engineered crops can have serious effects on the environment. For example, in 2013, ninety-three percent (93%) of all soy grown in the United States was engineered to be herbicide resistant. In fact, the vast majority of genetically engineered

crops are designed to withstand herbicides, and therefore promote indiscriminate herbicide use.

As a result, genetically engineered herbicide-resistant crops have caused five hundred twenty seven million pounds (527,000,000 lbs.) of additional herbicides to be applied to the nation's farmland. These toxic herbicides damage the vitality and quality of our soil, harm wildlife, contaminate our drinking water, and pose health risks to consumers and farm workers.

(17) Because of the consequent massive increase in the use of herbicides, herbicide-resistant weeds have developed and flourished, infesting farm fields and roadsides, complicating weed control for farmers, and causing farmers to resort to more and increasingly toxic herbicides. Additionally, insect-resistant genetically engineered crops pose a high risk of fostering rapid evolution of pests resistant to organic pesticides, to the detriment of organic farmers, and they also facilitate agriculturally and environmentally harmful monocultures, such as growing corn continuously on the same field year after year.

(18) The people of Rhode Island should have the choice to avoid purchasing foods produced in ways that can lead to such environmental harm.

(19) Because neither the FDA nor Congress requires the labeling of food produced with genetic engineering, the state should require foods produced with genetic engineering to be labeled as such in order to serve the interests of the state, prevent consumer deception, prevent potential risks to human health, promote food safety, protect cultural and religious practices, protect the environment, and promote economic development.

21-37-2. Declaration of intent and purpose. – (a) The intent of this chapter is to establish a consistent and enforceable standard for labeling foods produced using genetic engineering, and thus provide the people of Rhode Island with knowledge of how their food is produced.

(b) The purposes of this chapter are to:

(1) Promote food safety and protect public health by enabling consumers to avoid potential risks associated with genetically engineered foods, and serve as a risk management tool enabling consumers, physicians, and scientists to identify unintended health effects resulting from consumption of genetically engineered foods;

(2) Assist consumers who are concerned about the potential effects of genetic engineering on the environment to make informed purchasing decisions;

(3) Reduce and prevent consumer confusion and deception and promote the disclosure of factual information on food labels to allow consumers to make informed decisions;

(4) Create and protect non-genetically engineered markets and enable consumers to make informed purchasing decisions; and

(5) Provide consumers with data from which they may make informed decisions for

personal, religious, moral, cultural, or ethical reasons.

(c) This chapter shall be liberally construed to fulfill these purposes.

21-37-3. Definitions. – As used in this chapter:

(1) "Agriculture" means the science, art, or practice of cultivating the soil, producing crops, and raising livestock or fish, and, in varying degrees, the preparation and marketing of the resulting products.

(2) "Cultivated commercially" means that agricultural commodities are grown or raised in the course of business or trade and sold within the United States.

(3) "Department" means the Rhode Island department of health.

(4) "Raw food" or "raw agricultural commodity" means any food in its raw or natural state, including all fruits that are washed, colored, or otherwise treated in their unpeeled, natural form prior to marketing.

(5) "Packaged food" means any food offered for retail sale in the state, other than raw food and food served, sold, or provided ready to eat in any bake sale, restaurant, or cafeteria, and that is otherwise subject to the provisions of title 21 of the general laws prohibiting misbranding.

(6) "Genetically engineered" means produced from an organism or organisms in which the genetic material has been changed through the application of:

(i) In vitro nucleic acid techniques which include, but are not limited to, recombinant deoxyribonucleic acid (DNA) or ribonucleic acid (RNA), direct injection of nucleic acid into cells or organelles, encapsulation, gene deletion, and doubling; or

(ii) Methods of fusing cells beyond the taxonomic family that overcome natural physiological, reproductive, or recombination barriers, and that are not techniques used in traditional breeding and selection such as conjugation, transduction, and hybridization.

For purposes of this definition, "in vitro nucleic acid techniques" include, but are not limited to, recombinant DNA or RNA techniques that use vector systems, and techniques involving the direct introduction into the organisms of hereditary materials prepared outside the organisms such as biolistics, microinjection, macro-injection, chemoporation, electroporation, microencapsulation, and liposome fusion.

(7) As used in this chapter, except as otherwise provided, terms shall have the meaning given to them in the general laws, except that the term "food" shall include food only for human consumption and not any food for consumption by animals.

21-37-4. Labeling of genetically engineered raw and packaged foods. -- **Commencing** January 1, 2017, all raw food and packaged food that is entirely or partially produced with genetic engineering must be labeled in accordance with the provisions of this chapter and is otherwise

misbranded if that fact is not disclosed.

21-37-5. Means of labeling. – (a) In the case of raw food packaged for retail sale, the manufacturer shall include the words "genetically engineered" clearly and conspicuously on the front or back of the package of such commodity. In the case of raw agricultural commodities that are not separately packaged or labeled, the retailer shall place a clear and conspicuous label on the retail store shelf or bin in which such commodity is displayed for sale.

(b) To make clear who is responsible for compliance with the requirements of this section, in the case of raw food, the retailer is responsible only for point of purchase shelf labeling. The supplier must label each container used for packaging, holding, and/or transporting any raw food produced with genetic engineering that is delivered directly to Rhode Island retailers.

(c) In the case of any packaged food containing some products of genetic engineering, the manufacturer must label the product in clear and conspicuous language on the front and back of the package of such food product with the words "produced with genetic engineering" or "partially produced with genetic engineering."

(d) This chapter does not require either the listing or identification of any ingredient or ingredients that were genetically engineered or that the term "genetically engineered" be placed immediately preceding any common name or primary product descriptor of a food.

21-37-6. Enforcement. – (a) The attorney general may bring an action to enjoin a violation of this chapter in any court of competent jurisdiction.

(b) Any injured resident of this state may, after giving notice of the alleged violation to the attorney general and the alleged violator and waiting sixty (60) days, bring an action to enjoin a violation of this chapter by a manufacturer or retailer in any court of competent jurisdiction. The court may, in such an action, award to a resident who is a prevailing plaintiff reasonable attorneys' fees and costs incurred in investigating and prosecuting the action, but the court may not award any monetary damages.

(c) No person may be subject to an injunction or responsible for payment of prevailing party attorneys' fees for failure to label any food if:

(1) In the case of packaged food, the materials produced through genetic engineering do not account for more than nine-tenths of one percent (0.9%) of the total weight of the packaged food; or

(2) The food has not been produced with the knowing or intentional use of genetic engineering.

(d) For purposes of this chapter, food will be considered not to have been produced with

the knowing or intentional use of genetic engineering if:

(1) Such food is lawfully certified to be labeled, marketed, and offered for sale as "organic" pursuant to the federal Organic Foods Production Act of 1990, 7 U.S.C. §§6501 et seq., which already prohibits genetic engineering;

(2) In the case of a manufacturer or retailer obligated to label any food under this chapter, if such entity has obtained from whoever sold that food to them a sworn statement that the food has not been knowingly or intentionally genetically engineered and has been segregated from, and not knowingly or intentionally commingled with, foods that may have been genetically engineered at any time. In providing such a sworn statement, a manufacturer or retailer may rely on a sworn statement from a supplier that contains such an affirmation; or

(3) An independent organization has determined that the food has not been knowingly or intentionally genetically engineered and has been segregated from, and not knowingly or intentionally comingled with, foods that may have been genetically engineered at any time, if such a determination has been made pursuant to a sampling and testing procedure:

(i) Consistent with sampling and testing principles recommended by internationally recognized standards organizations; and

(ii) Which does not rely on testing processed foods in which no DNA is detectable.

(e) Unless the retailer is also the producer or the manufacturer of the food and sells the food under a brand it owns, no act or omission of any retailer is a violation of this chapter except for knowing and willful failure to provide point of purchase labeling for unpackaged raw agricultural commodities. In any action in which it is alleged that a retailer has violated the provisions of this section, it shall be a defense that such retailer reasonable relied on:

(1) Any disclosure whether a food was produced through genetic engineering contained in the bill of sale or invoice provided by the wholesaler or distributor; or

(2) A lack of such disclosure.

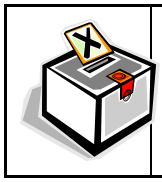
(f) No action may be brought against any farmer for any violation of any provision of this chapter unless such farmer is also a retailer or manufacturer, but any farmer submitting a false sworn statement under §21-37-6(d) shall be subject to the general laws of the state pertaining to perjury.

(g) The director of the department of health shall prescribe, enact, and enforce rules necessary to implement this chapter. The director is not authorized to exempt from the requirements of §21-37-4, any food product that is made subject to those requirements by the provisions of this chapter. The director may by regulation provide that a person may be subject to an injunction and prevailing party attorneys' fees under this chapter for failure to label packaged

food described in §21-37-6(c)(1) at such time as the director may determine that the commercial availability of relevant materials not produced with genetic engineering make it economically and commercially practicable to apply the labeling requirements of this chapter to such packaged food.

21-37-7. Severability. -- If any provision of this chapter or its application to any person or circumstance is held invalid with respect to any particular raw or packaged food, situation, or entity, the invalidity does not affect other provisions or applications of this chapter which can be given effect without the invalid provision or application, and to this end the provisions of this chapter are severable. {add}

SECTION 2. This act shall take effect upon passage.



MOTION: To find beneficial **2016 H 7274 An Act Relating To Food And Drugs -- Genetically Engineered Raw And Packaged Food Labeling Act.**
Motion moved by RC, seconded by AP, passed abstained LD, LW

	16 H 7227 An Act Relating To Motor And Other Vehicles -- Operators' And Chauffeurs' Licenses--Medical Information Rep. Diaz referred to the House Finance Committee This act would allow drivers' licenses and state-issued identification cards to contain medical information to assist medical personnel. This act would take effect upon passage. In 2015 no comparable bill Kathy Heren requested review

SECTION 1. Chapter 31-10 of the General Laws entitled "Operators' and Chauffeurs' Licenses" is hereby amended by adding thereto the following section:

{add}**31-10-49. Medical condition designation. --** The division of motor vehicles shall make available to persons with diabetes, epilepsy, or other serious illness an indicator to voluntarily display their condition on the back of their Rhode Island-issued license or identification card. {add}

SECTION 2. This act shall take effect upon passage.

	MOTION: To find harmful **2016 H 7227 An Act Relating To Motor And Other Vehicles -- Operators' And Chauffeurs' Licenses--Medical Information.** Motion moved by KH, seconded by AP passed, opposed WI, abstained LD
	16 S 2116 An Act Relating To Human Services -- Public Assistance Act Sen. Kettle referred to the Senate Judiciary Committee This act would require retailers to examine photo identification to verify that a buyer presenting an EBT card ("food stamps") is in fact the person entitled to use the card. It further provides that a retailer who neglects to perform such verification shall be suspended from the program for one month. This act would take effect upon passage. In 2015 took no position Kathy Heren requested review

SECTION 1. Section 40-6-8 of the General Laws in Chapter 40-6 entitled "Public Assistance Act" is hereby amended to read as follows:

40-6-8. Supplemental nutrition assistance program (SNAP). -- (a) The department shall have the responsibility to administer the food stamp program for the state in compliance with the provisions of the federal Food Stamp Act of 1964, as amended, 7 U.S.C. § 2011 et seq. The supplemental nutrition assistance program (SNAP) is and shall be the new title of the program formerly known as the food stamp program. All references in the Rhode Island general laws to food stamps shall be deemed to mean, apply to, refer to, and be interpreted in accordance with the supplemental nutrition assistance program (SNAP).

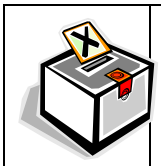
(b) The department is empowered and authorized to submit its plan for food stamps to the federal government or any agency or department of it. The department shall act for the state in any negotiations relative to the submission and approval of a plan, and may make any arrangement or changes in its plan not inconsistent with this chapter which may be required by the Food Stamp Act or the rules and regulations promulgated pursuant to it to obtain and retain such approval and to secure for this state the benefits of the provisions of the federal act relating to food stamps. The department shall make reports to the federal government or any agency or department of it in the form and nature required by it, and in all respects comply with any request or direction of the federal government or any agency or department of it, which may be necessary to assure the correctness and verification of the reports.

(c) The department is authorized and directed to pay one hundred percent (100%) of the state's share of the administrative cost involved in the operation of the food stamp program.

(d) No person shall be ineligible for food stamp benefits due solely to the restricted eligibility rules otherwise imposed by § 115(a)(2) of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Public Laws No. 104-193), 21 U.S.C. § 862a(a)(2), and as this section may hereafter be amended.

{add} (e) Each recipient of food stamp benefits shall present photo identification when using an EBT card, and each retailer shall request and inspect such photo identification at each transaction to insure that the individual presenting the EBT card is the person identified by the photo identification. Failure to request such photo identification and perform such verification of identity shall result in the suspension of the retailer's privilege of accepting EBT cards for payment of any transactions for a period of one month for each offense. The department is authorized to promulgate regulations implementing the provisions of this subsection consistent herewith. The penalty provided in this subsection shall be in addition to the penalties provided in §40-6-16, and a successful prosecution under that section shall not be a necessary precedent for the penalty provided herein. {add}

SECTION 2. This act shall take effect upon passage.

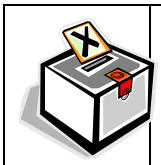
	MOTION: To find harmful **2016 S 2116 An Act Relating To Human Services -- Public Assistance Act.** Motion moved by KH, seconded by WI, passed, opposed RC abstained LD
	16 S 2101 An Act Relating To Health And Safety - Rights Of Nursing Home Patients Sen. Lombardi referred to the Senate Judiciary Committee This act would enable nursing home residents whose rights are violated to bring an action against the facility for actual and punitive damages. Any plaintiff who prevails shall be entitled to recover attorneys' fees and costs of the action. This act would take effect upon passage. **In 2015 took no position** Kathy Heren requested review

SECTION 1. Section 23-17.5-21 of the General Laws in Chapter 23-17.5 entitled "Rights of Nursing Home Patients" is hereby amended to read as follows:

23-17.5-21. Penalties. – {add} (a) {add} Any nursing home which refuses or neglects to post provisions {add} as set forth in §23-17.5-20, {add} or which violates the requirements of this chapter shall be guilty of a misdemeanor for each violation punishable by a fine of up to five hundred dollars ($500) and/or six (6) months in jail.

{add} (b) Any person or resident whose rights, as defined in this chapter, are violated shall have a cause of action against the nursing home, and/or the person committing such violation. The action may be brought in a court of competent jurisdiction to enforce such rights, and to recover actual and punitive damages for their violation. Any plaintiff who prevails in any such action shall be entitled to recover reasonable attorneys' fees and costs of the action. {add}

SECTION 2. This act shall take effect upon passage.

	MOTION: To find beneficial **2016 S 2101 An Act Relating To Health and Safety - Rights of Nursing Home Patients.** Motion moved by WI, seconded by RC, passed opposed by KH, AP, JR abstained LD
	16 S 2050 An Act Relating To Health And Safety - The Naturopathic Physicians Act Of 2016 Sen. Picard referred to the Senate Health and Human Services Committee This act would establish procedures for the licensing of naturopathic

	physicians, and defines the practice of naturopathic medicine. This practice would include the use of botanical and homeopathic medicines, as well as counseling and nutrition. The practice of naturopathic medicine would be subject to oversight by the director of the Rhode Island department of health. This act would take effect upon passage. In 2015 took no position Kathy Heren requested review

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

{add}**CHAPTER 94**

THE NATUROPATHIC PHYSICIANS ACT OF 2016

23-94-1. Short title. -- This chapter shall be known and may be cited as "The Naturopathic Physicians Act of 2016."

23-94-2. Definitions. -- The following words and phrases as used in this chapter shall have the following meanings:

(1) "Approved naturopathic medical college" means a college which grants a degree of doctor of naturopathic medicine or doctor of naturopathy; and:

(i) Is accredited by the Council on Naturopathic Medical Education (CNME), its successor or other accrediting agency recognized by the United States Department of Education; or

(ii) Is a naturopathic medical education program in the United States providing the degree of doctor of naturopathy or doctor of naturopathic medicine. Such program shall offer graduate-level full-time didactic and supervised clinical training and shall be accredited, or has achieved candidacy status for accreditation by the CNME or an equivalent federally recognized accrediting body for naturopathic medical programs also recognized by the board. Additionally, the program

shall be an institution, or part of an institution of higher education that is either accredited or is a candidate for accreditation by a regional or national institutional accrediting agency recognized by the United States Secretary of Education; or

(iii) Is a degree granting college or university that, prior to the existence of the CNME, offered a full-time structured curriculum in basic sciences and supervised patient care comprising a doctoral naturopathic medical education; such course, as a prerequisite to graduation therefrom, having been not less than one hundred thirty-two (132) weeks in duration and which required completion within a period of not less than thirty-five (35) months; such college of naturopathic medicine shall have been reputable and in good standing in the judgment of the board; and if still in existence has current programmatic accreditation by the CNME or federally-recognized equivalent accrediting agency; or

(iv) Is a diploma granting, degree-equivalent college or university, that, if in Canada, and prior to accreditation by the CNME, had provincial approval for participation in government-funded student aid programs, that offered a full-time structured curriculum in basic sciences and supervised patient care comprising a doctoral naturopathic medical education; such course, as a prerequisite to graduation therefrom, having been not less than one hundred thirty-two (132) weeks in duration and which required completion within a period of not less than thirty-five (35) months; such college of liberal arts and naturopathic medicine shall have been reputable and in good standing in the judgment of the board; and if still in existence has current programmatic accreditation by the CNME or federally recognized equivalent accrediting agency. Additionally, this college or university currently must have provincial approval for participation in government-funded student aid programs; or

(v) A diploma granting, degree-equivalent college or university in Canada that offers graduate-level full-time didactic and supervised clinical training and shall be accredited, or has achieved candidacy status for accreditation by the CNME or an equivalent federally-recognized accrediting body for naturopathic medical programs also recognized by the board. Additionally,

this college or university has provincial approval for participation in government-funded student aid programs.

(2) "Board" means the North American Board of Naturopathic Examiners.

(3) "CNME" or "Council" is the Council on Naturopathic Medical Education.

(4) "Department" means the Rhode Island department of health.

(5) "Disciplinary action" means any action taken by an administrative law officer established against a licensee or applicant on a finding of unprofessional conduct by the licensee or applicant. "Disciplinary action" includes issuance of warnings and all sanctions including

denial, suspension, revocation, limitation or restriction of licenses and other similar limitations.

(6) "Director" means the director of the Rhode Island department of health.

(7) "Natural" means present in, produced by, or derived from nature.

(8) "Naturopathic medicine" or "the practice of naturopathic medicine" means a system of health care that utilizes education, natural medicines and natural therapies to support and stimulate a patient's intrinsic self-healing processes and to prevent, diagnose and treat human health conditions and injuries. In connection with such system of health care, an individual licensed under this chapter may:

(i) Administer or provide for preventative and therapeutic purposes nonprescription medicines, topical medicines, botanical medicines, homeopathic medicines, counseling, nutritional and dietary therapy, and naturopathic physical medicine authorized by this chapter;

(ii) Use diagnostic procedures commonly used by physicians in general practice, including physical and orificial examinations, diagnostic imaging techniques, phlebotomy, clinical laboratory tests and examinations, and physiological function tests.

(9) "Naturopathic physical medicine" means the use of the physical agents of air, water, heat, cold, sound and light, and the physical modalities of naturopathic manipulation and mobilization therapy, electrotherapy, biofeedback, diathermy, ultraviolet light, ultrasound, hydrotherapy, and exercise. Naturopathic medicine does not include the practice of physical therapy, physical rehabilitation, or chiropractic medicine.

(10) "Naturopathic physician" means a person who practices naturopathic medicine and is licensed pursuant to the provisions of this chapter.

23-94-3. Prohibitions and penalties. -- (a) No person shall perform the following acts:

(1) Practice naturopathic medicine in this state without a valid license issued in accordance with this chapter, except as provided in §23-94-4.

(2) Use, in connection with the person's name any letters, words or insignia indicating or implying that the person is a naturopathic physician unless the person is licensed in accordance with this chapter. A person licensed under this chapter may use the designations "N.D." (naturopathic doctor), "N.M.D." (naturopathic medical doctor), "doctor of naturopathic medicine," "naturopathic doctor," "doctor of naturopathy" or "naturopathic physician."

(b) A person licensed under this chapter shall not perform any of the following acts:

(1) Prescribe, dispense, or administer any prescription medicines except those medicines authorized by this chapter.

(2) Use for therapeutic purposes, any device regulated by the United States Food and Drug Administration (FDA) that has not been approved by the FDA.

(3) A person who violates any of the provisions of this section shall be subject to the penalties provided in §§23-94-12 and 23-94-13.

23-94-4. Exemptions. -- (a) Nothing in this chapter shall be construed to prohibit any of the following:

(1) The practice of a profession by a person who is licensed, certified, or registered under other laws of this state and is performing services within the authorized scope of practice of that profession.

(2) The practice of naturopathic medicine by a person duly licensed to engage in the

practice of naturopathic medicine in another state, territory or the District of Columbia who is called into this state for consultation with a naturopathic physician licensed under this chapter.

(3) The practice of naturopathic medicine by a student enrolled in an approved naturopathic medical college. The performance of services shall be pursuant to a course of instruction and under the supervision of an instructor, who shall be a naturopathic physician licensed in accordance with this chapter.

(4) The use or administration of over-the-counter medicines or other nonprescription agents, regardless of whether the over-the-counter medicine or agent is on the naturopathic formulary.

(b) The provisions of this chapter relating to the practice of naturopathic medicine, shall not be construed to limit or restrict in any manner the right of a practitioner of another health care profession from carrying on in the usual manner any of the functions related to that profession.

23-94-5. Reporting contagious and infectious diseases – Death certificates. -- Naturopathic physicians are subject to the provisions of the law relating to contagious and infectious diseases and to the issuance of birth and death certificates.

23-94-6. Oversight and duties by director of health. -- The director of health, with the advice of the advisory appointees, shall:

(1) Provide general information to applicants for licensure as naturopathic physicians;

(2) Administer fees collected under this chapter;

(3) Administer examinations;

(4) Explain appeal procedures to naturopathic physicians and applicants for licensure and complaint procedures to the public;

(5) Receive applications for licensure under this chapter, issue and renew licenses and revoke, suspend, reinstate or condition licenses as ordered by an administrative law officer; and

(6) Refer all disciplinary matters to an appropriate administrative law hearing officer.

23-94-7. Advisory appointees. -- (a) The secretary of state shall appoint two (2)

naturopathic physicians licensed under this chapter to serve as advisors to the director in matters relating to naturopathic physicians. They shall be appointed as set forth in this section and serve at the pleasure of the secretary. One of the initial appointments shall be for a term of three (3) years and one of the initial appointments shall be for a term of two (2) years.

(b) The persons appointed pursuant to subsection (a) of this section shall have at least three (3) years of experience as a naturopathic physician during the period immediately preceding the appointment, and shall be actively practicing naturopathic medicine and remain in good standing during their period as advisors.

(c) The director shall seek the advice of the advisor appointees under this section in carrying out the provisions of this chapter. The advisor appointees shall be entitled to compensation and necessary expenses for attendance at any meetings called by the director for this purpose.

(d) When an advisor appointee is unable to serve as an administrative law officer by reason of disqualification or necessary absence, the secretary of state may appoint a suitable person to serve as the administrative law officer in lieu of the advisor appointee.

23-94-8. Eligibility for licensure. -- (a) To be eligible for licensure as a naturopathic physician, an applicant shall satisfy all the following:

(1) Have been granted a degree of doctor of naturopathic medicine, from a CNME-approved naturopathic medical college;

(2) Be physically and mentally fit to practice naturopathic medicine with or without reasonable accommodation; and

(3) Pass an examination approved by the director, such examination being a competency-based national naturopathic licensing examination administered by the North American Board of Naturopathic Examiners, or successor agency that has been nationally recognized to administer a naturopathic examination that represents federal standards of education and training. For

graduates of approved naturopathic schools, eligibility for licensure may be granted with evidence of successful passage of a board-approved state competency examination or Canadian provincial examination.

23-94-9. Application for licensure. -- A person shall apply for a license under this chapter by filing with the director an application provided by the director accompanied by the required fees and evidence of eligibility.

23-94-10. Examination – Waiver of examination. -- The director, or designee, shall administer any examination required to obtain licensure in the state of Rhode Island to applicants for licensure at least two (2) times each year if applications are pending. Examinations

administered by the director and the procedures of administration shall be fair and reasonable and shall be designed and implemented to ensure that all applicants are granted a license if they demonstrate that they possess minimal professional qualifications that are consistent with the public health, safety, and welfare. The examinations shall not be designed or implemented for the purpose of limiting the number of licenses issued.

23-94-11. Biennial license renewal – Continuing education. -- (a) The license to practice naturopathic medicine shall be renewed every two (2) years by filing a renewal application on a form provided by the director. The application shall be accompanied by the required fee and evidence of compliance with subsection (b) of this section.

(b) As a condition of renewal, a naturopathic physician shall complete a program of continuing education, approved by the director, during the preceding two (2) years. The director shall not require more than thirty (30) hours of continuing education biennially.

23-94-12. Refusal or revocation of licensure - Complaints. -- The following conduct, and conduct set forth by the department of health, by a person licensed under this chapter or an applicant for licensure constitutes unprofessional conduct:

(1) Failing to use a complete or accurate title in professional activity.

(2) Repeated acts of immorality or repeated acts of gross misconduct in the practice of his or her profession or gross or repeated malpractice or the failure to practice naturopathic medicine with that level of care, skill, and treatment that is recognized by a reasonably prudent similar naturopathic physician as being acceptable under similar conditions and circumstances.

(3) Harassing, intimidating, or abusing a patient.

(4) Agreeing with any other person or organization, or subscribing to any code of ethics or organizational bylaws, when the intent or primary effect of that agreement, code or bylaw is to restrict or limit the flow of information concerning alleged or suspected unprofessional conduct to the board.

(5) Abandonment of a patient.

(6) Gross overcharging for professional services on repeated occasions, including filing of false statements for collection of fees for which services were not rendered.

(7) Sexual harassment of a patient.

(8) Engaging in an inappropriate sexual act with a patient.

(9) Willful misrepresentation in treatments.

(10) Practicing naturopathic medicine in an area or areas of specialty in which the licensee is not trained to practice.

(11) Violation of any law of the state involving moral turpitude.

23-94-13. Refusal or revocation of a license - Process. -- (a) The division of professional regulation of the department of health may, after notice and hearings, in its discretion refuse to grant the license provided for in this chapter to any naturopathic physician who has violated any of the laws of the state involving moral turpitude or affecting the ability of any naturopathic physician to practice naturopathic medicine, or who had been guilty of unprofessional conduct or conduct of a character likely to deceive or defraud the public, and may, after notice and hearing, revoke or suspend any license issued or granted by it for like causes or

for any fraud or deception committed in obtaining the license.

(b) The division of professional regulation of the department of health may refuse to accept the return of a license tendered by the subject of a disciplinary investigation and may notify relevant state, federal and local agencies and appropriate bodies in other states of the status of any pending or completed disciplinary case against the licensee, provided that notice of charges against the licensee has been served or disciplinary action against that person has been taken.

(c) The division of professional regulation of the department of health shall serve a copy of its decision or ruling upon any person whose certificate has been revoked or refused.

(d) The burden of proof in a disciplinary action shall be on the state to show by a preponderance of the evidence that the person has engaged in unprofessional conduct.

23-94-14. Complaints. -- (a) Any person may report to the division of professional regulation in writing any information the person has reason to believe indicates that a naturopathic physician is or may be medically or legally incompetent, engaged in the unauthorized practice of naturopathic medicine, guilty of unprofessional conduct, or mentally or physically unable to engage safely in the practice of naturopathic medicine.

(b) Upon receiving a credible complaint or report concerning a licensee, or on its own motion, the division of professional regulation may investigate any evidence that appears to show a licensee may be medically incompetent, guilty of unprofessional conduct, or mentally or physically unable to engage safely in the practice of medicine.

(c) Within ten (10) days of receipt thereof, the division of professional regulation shall acknowledge receipt of all reports required by this section and any complaint against a licensee. Within ten (10) days thereafter, the division shall inform any person or entity whose report has resulted in action by the division of the final disposition of the matter.

(d) Any person aggrieved by the decision or ruling of the department of health, or of the division of professional regulation, in regard to any of the provisions of this chapter, may appeal to the superior court in the manner provided for in chapter 35 of title 42. {add}

SECTION 2. This act shall take effect upon passage.

	MOTION: To find beneficial **2016 S 2050 An Act Relating To Health And Safety - The Naturopathic Physicians Act Of 2016.** Motion moved by AP, seconded by RC, passed, opposed by KH abstained LD, LW
	16 H 7130 An Act Relating To Businesses And Professions - License Procedure Chemical Dependency Professionals Rep. Regunberg referred to the House Health, Education, & Welfare Committee This act would allow licensed chemical dependency professionals with the proper training to utilize a treatment known as auricular acudetox in their practice. This practice would involve the insertion of disposable needles in consistent, predetermined locations on the ear, in accordance with the protocol established by the National Acupuncture Detoxification Association. This act would take effect on January 1, 2017. **In 2015 no comparable bill** Kathy Heren requested review

SECTION 1. Section 5-69-2 of the General Laws in Chapter 5-69 entitled "License Procedure for Chemical Dependency Professionals" is hereby amended to read as follows:

5-69-2. Definitions. -- As used in this chapter:

(1) "ACDP" means an advanced chemical dependency professional certification as per the Rhode Island board for certification of chemical dependency professionals requirements.

(2) "ACDP II" means an advanced chemical dependency professional II certification as per the International Certification and Reciprocity Consortium/Alcohol and Other Drug Abuse. "ICRC/AODA".

{add} (3) "Acudetox Specialist (ADS)" means an individual licensed as a chemical dependency professional or clinical supervisor who holds a certificate of training that meets or exceeds the NADA training from a recognized agency. {add}

{delete} (3) {delete}{add} (4) {add} "Advertise" includes, but is not limited to, the issuing or causing to be distributed any card, sign, or device to any person; or the causing, permitting, or allowing any sign or marking on or in any building or structure, or in any newspaper or magazine or in any directory, or on radio or television, or by the use of any other means designed to secure public attention.

{delete} (4) {delete}{add} (5) {add} "Approved continuing education" means research and training programs, college and university courses, in-service training programs, seminars and conferences designed to maintain and enhance the skills of substance abuse counselors or clinical supervisors and which

re recognized by the ICRC/AODA member board.

{add} (6) "Auricular acudetox" means the subcutaneous insertion of sterile, disposable acupuncture needles in consistent, predetermined bilateral locations on the ear in accordance with the NADA protocol. {add}

{delete} (5) {delete}{add} (7) {add} "CDCS" means chemical dependency clinical supervisor.

{delete} (6) {delete}{add} (8) {add} "Clergy" includes any minister, priest, rabbi, Christian Science practitioner, or any other similar religious counselor.

{delete} (7) {delete}{add} (9) {add} "Continuum of care network" means public and private substance abuse care agencies such as detoxification centers, emergency rooms, hospitals, treatment centers, outpatient and day treatment clinics, and community residences for substance abusers. The services employs or refers to medical, psychological, health, and counseling professions that treat substance abuse and related concerns.

{delete} (8) {delete}{add} (10) {add} "Department" means the Rhode Island department of health.

{delete} (9) {delete}{add} (11) {add} "Director" means the director of the Rhode Island department of health.

{delete} (10) {delete}{add} (12) {add} "Documented professional work experience" means the ICRC/AODA member board approved form completed by employer or approved supervisor verifying dates of employment and responsibilities.

{delete} (11) {delete}{add} (13) {add} "Experience" means six thousand (6,000) hours of supervised practice of chemical dependency counseling in a department of mental health, retardation, and hospitals licensed or ICRC/AODA member board approved facility during a sixty (60) month period of time immediately preceding the date of application for licensure.

{add} (14) "General supervision" means available by telephone, cellphone or electronic means during business hours. {add}

{delete} (12) {delete}{add} (15) {add} "ICRC/AODA" means International Certification and Reciprocity Consortium/Alcohol and Other Drug Abuse.

{delete}~~(13)~~{delete}{add}(16){add}"Licensed chemical dependency clinical supervisor" means an individual licensed by the department of health to practice and supervise substance abuse counseling and who meets the qualification established in this section.

{delete}~~(14)~~{delete}{add}(17){add}"Licensed chemical dependency professional" means an individual licensed by the department of health to practice substance abuse counseling and who meets the qualifications established in this section.

{delete}~~(15)~~{delete}{add}(18){add} "Licensing board" or "board" means the board of licensing for chemical dependency professionals.

{delete}~~(16)~~{delete}{add}(19){add}"Member Board" means the Rhode Island Board for Certification of Chemical

Dependency Professionals.

{add}(20) "National Acupuncture Detoxification Association" ("NADA") means a not-for-profit organization that provides a certificate of acudetox training.{add}

{delete}~~(17)~~{delete}{add}(21){add}"Practice of substance abuse counseling" means rendering or offering to render professional service for any fee, monetary or otherwise, documented to individuals, families or groups. Those professional services include the application of the ICRC/AODA specific knowledge, skills, counseling theory, and application of techniques to define goals and develop a treatment plan of action aimed toward the prevention, education, or treatment in the recovery process of substance abuse within the continuum of care service network. The practice further includes, but is not limited to, networking and making referrals to medical, social services, psychological, psychiatric, and/or legal resources when indicated.

{delete}~~(18)~~{delete}{add}(22){add}"Recognized education institution" means any educational institution, which grants an associate, bachelor, masters, or doctoral degree and which is recognized by the board, or by a nationally or regionally recognized educational or professional accrediting organization.

{delete}~~(19)~~{delete}{add}(23){add}"Substance abuse" means addictive (chronic or habitual) consumption, injection, inhalation, or behavior of/with substance (such as alcohol and drugs), progressively injuring and afflicting the user's psychological, physical, social, economical, and/or spiritual functioning.

{delete}~~(20)~~{delete}{add}(24){add}"Supervision" means no less than one hour per week and consists of individual or group supervision with a clinician licensed or certified in substance abuse counseling with education, supervisory experience, and ethics approved by the ICRC/AODA member.

SECTION 2. Chapter 5-69 of the General Laws entitled "License Procedure for Chemical Dependency Professionals" is hereby amended by adding thereto the following section:

{add}**5-69-3.1. Auricular acudetox practice regulation. –** (a) Any individual licensed under this chapter and trained to perform auricular acudetox may perform said procedure within that individual's current scope of practice; provided that the individual obtains a certificate of training from a recognized organization or agency that meets or exceeds NADA training and is under the general supervision of a licensed acupuncturist pursuant to chapter 37.2 of this title.

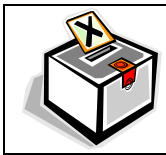
(b) Acudetox may be performed by acudetox specialists working in or in collaboration with behavioral health and healthcare agencies, or other state approved programs or agencies.

(c) Any individual performing auricular acudetox shall not use the title "acupuncturist", as defined in chapter 37.2 of this title or otherwise represent themselves as an acupuncture

professional and shall not perform acupuncture outside of the scope of the auricular acudetox procedure as defined in §5-69-2.

(d) Any complaints filed against an ADS specialist relating to the performance of any auricular acudetox procedure shall be handled by the licensing board in conformance with the disciplinary procedure set forth in this chapter. {add}

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

	*Table for more information from Anchor Recovery, CODAC* **2016 H 7130 An Act Relating To Businesses And Professions - License Procedure Chemical Dependency Professionals.**
	16 S 2016 An Act Relating To Education - Health And Safety Of Pupils Sen. Picard referred to the Senate Education Committee This act would give the school committee discretion to utilize, authorize, or employ school bus monitors. It would also remove the requirement that bus monitors be on certain school buses in addition to the driver. This act would take effect upon passage. **In 2015 took no position** Kathy Heren requested review

SECTION 1. Section 16-21-1 of the General Laws in Chapter 16-21 entitled "Health and Safety of Pupils" is hereby amended to read as follows:

16-21-1. Transportation of public and private school pupils. -- (a) The school committee of any town or city shall provide suitable transportation to and from school for pupils attending public and private schools of elementary and high school grades, except private schools that are operated for profit, who reside so far from the public or private school which the pupil attends as to make the pupil's regular attendance at school impractical and for any pupil whose regular attendance would otherwise be impracticable on account of physical disability or infirmity.

(b) {add}The school committee of any town or city shall have discretion to utilize, authorize, or employ school bus monitors. {add}{delete}~~For transportation provided to children enrolled in grades kindergarten through five (5), school bus monitors, other than the school bus driver, shall be required on all school bound and home bound routes. Variances to the requirement for a school bus monitor may be granted by the commissioner of elementary and secondary education if he or she finds that an alternative plan provides substantially equivalent safety for children.~~ {delete} For the purposes of this section a "school bus monitor" means any person sixteen (16) years of age or older {add}who is not also the driver of the school bus{add}.

(c) No school committee shall negotiate, extend, or renew any transportation contract unless such contract enables the district to participate in the statewide transportation system,

without penalty to the district, upon implementation of the statewide transportation system described in RIGL §§ 16-21.1-7 and 16-21.1-8. Notice of the implementation of the statewide transportation system for in-district transportation shall be provided in writing by the department of elementary and secondary education to the superintendent of each district upon implementation. Upon implementation of the statewide system of transportation for all students, each school committee shall purchase transportation services for their own resident students by accessing the statewide system on a fee-for-service basis for each student; provided, however, that any school committee that fulfills its transportation obligations primarily through the use of district-owned buses or district employees may continue to do so. Variances to the requirement

for the purchase of transportation services through the statewide transportation system for non-public and non-shared routes may be granted by the commissioner of elementary and secondary education if the commissioner finds that an alternative system is more cost effective. All fees paid for transportation services provided to students under the statewide system shall be paid into a statewide student transportation services restricted receipt account within the department of elementary and secondary education. Payments from the account shall be limited to payments to the transportation service provider and transportation system consultants. This restricted receipt account shall not be subject to the indirect cost recoveries provisions set forth in § 35-4-27.

SECTION 2. This act shall take effect upon passage.

	The Committee took no position on **2016 S 2016 An Act Relating To Education - Health And Safety of Pupils.**
	16 S 2210 An Act Relating To Health And Safety -- Health Care Accessibility And Quality Assurance Act Sen. Goodwin referred to the Senate Health and Human Services This act would prohibit health care facilities from using licensed nursing services agencies to cover shifts resulting from vacancies due to chronic short staffing and would require that health care facilities seek the use of licensed Rhode Island nurses to satisfy staffing needs but would permit exceptions in certain emergency situations. This act would take effect on March 1, 2017. **In 2015 no comparable bill**

SECTION 1. Chapter 23-17.20 of the General Laws entitled "Health Care Facilities Staffing" is hereby amended by adding thereto the following section:

{add}**23-17.20-7. Use of Rhode Island licensed nurses. --** (a) No health care facility shall seek the use of temporary nurses that are not licensed in Rhode Island pursuant to chapter 34 of title 5 until the facility has exhausted all reasonable efforts as defined in this chapter to obtain qualified staffing.

(b) Notwithstanding the provisions of §23-17.7.1-15(3), the use of licensed nursing service agency nurses shall not be used to cover shifts resulting from vacancies due to chronic short staffing, as defined by regulation by the department of health.

(c) The provisions of this section shall not apply in the case of an unforeseeable emergent circumstance as defined in §23-17.20-2 if the hospital has complied with subsections (a) and (b) of this section.

(d) The requirement that the employer shall exhaust reasonable efforts to obtain staffing shall not apply in the event of any declared national, state or municipal emergency or a disaster or other catastrophic event which substantially affects or increases the need for health care services.

(e) Health care facilities shall report monthly to the department of labor and training, in a form and substance prescribed by the department, on the number of shifts covered by non-Rhode

Island licensed nurses. The department shall work with the health care facilities to help identify qualified nurses licensed by the state. The department shall make this information available to the public.

(f) Health care facilities shall report to the department of health the name and state of licensure of any registered nurse performing work duties at the facility who are not licensed in Rhode Island. This information shall be reported to the department within seven (7) days from when any registered nurse not licensed in Rhode Island begins performing job duties at a health care facility. The department shall make the above prescribed information, with the exception of the name of the nurses, available to the public.

(g) These provisions shall not apply in the event of an organized labor strike or other

work stoppage.

(h) The department of health shall promulgate regulations to further define the terms, conditions, and requirements of this section. {add}

SECTION 2. This act shall take effect on March 1, 2017.

	MOTION: To find harmful **2016 S 2210 An Act Relating To Health And Safety -- Health Care Accessibility And Quality Assurance Act.** Motion moved by AP, seconded by JR, passed abstained LD
	16 H 7329 An Act Relating To Public Utilities And Carriers - Rhode Island Public Transit Authority Rep. Naughton referred to the House Health, Education, & Welfare Committee This act would provide that the governor's appointments to the RIPTA authority shall include a regular user of fixed-route RIPTA transportation and also a disabled person. This act would take effect upon passage. In 2015 no comparable bill

SECTION 1. Section 39-18-2 of the General Laws in Chapter 39-18 entitled "Rhode Island Public Transit Authority" is hereby amended to read as follows:

39-18-2. Authority created -- Composition -- Terms -- Oath -- Officers -- Quorum -- Compensation -- Conflicts of interest. -- (a) There is hereby created a body corporate and politic to be known as the "Rhode Island Public Transit Authority" {add} (hereinafter "RIPTA") {add}.

(b) The authority shall consist of eight (8) members, {add} one of whom shall be the director of the department of transportation or their designee who shall serve as an ex officio member, and {add} seven (7) of whom shall be appointed by the governor with the advice and consent of the senate;, {add} with at least one of the seven (7) being a regular user of fixed-route RIPTA transportation and at least one of the seven (7) being a person with a disability {add}{delete} ~~and one of whom shall be the director of the department of transportation or his or her designee who shall serve as an ex officio member~~ {delete}. The governor shall achieve a diverse membership in the board and shall give due consideration to recommendations for nominations from the {add} RIPTA Riders Alliance, the {add} National Federation of the Blind of Rhode Island, the Gray Panthers of Rhode Island, the Sierra Club of Rhode Island, the Rhode Island AFL-CIO, the RIPTA Transportation Advisory Committee, and the Rhode Island business community and the Rhode Island League of Cities and Towns. No one shall be eligible for appointment unless he or she is a resident of this state.

(c) Those members of the authority as of the effective date of this act [June 16,

2006]who were appointed to the authority by members of the board of the general assembly shall cease to be members of the authority on the effective date of this act [June 16, 2006] and the governor shall thereupon nominate two (2) members, each of whom shall serve the balance of the unexpired term of his or her predecessor. Those members of the authority as of the effective date of this act [June 16, 2006]who were appointed to the authority by the governor shall continue to serve the balance of their current terms. Thereafter, during the month of January in each year, the governor shall appoint members to succeed the departing members. The newly appointed

members shall serve for a term of three (3) years commencing on the day they are qualified. In the event of a vacancy occurring in the membership, the governor, with the advice and consent of the senate, shall appoint a member for the unexpired term. Any member of the authority shall be eligible for reappointment.

(d) Each member of the authority, before entering upon his or her duties, shall take an oath to administer the duties of his or her office faithfully and impartially, and the oath shall be filed in the office of the secretary of state.

(e) The authority shall elect one of its members as chairperson, and shall also elect a secretary and such other officers as it deems necessary.

(f) Four (4) members of the authority shall constitute a quorum. The affirmative vote of a majority of the members present and voting shall be necessary for any action taken by the authority. No vacancy in the membership of the authority shall impair the right of a quorum to exercise all the rights and perform all the duties of the authority.

(g) The members of the authority shall receive no compensation, but shall be reimbursed for their actual expenses necessarily incurred in the performance of their duties.

(h) No member of the authority shall be in the employ of, or own any stock in, or be in any way directly or indirectly pecuniarily interested in any railroad corporation, bus, or street railway company, nor shall any member of the authority personally or through a partner or agent render any professional service or make or perform any business contract with or for any company; nor shall any member of the authority, directly or indirectly, receive a commission, bonus, discount, present, or reward from any company.

(i) Members of the authority shall be removable by the governor pursuant to the provisions of § 36-1-7 of the general laws and for cause only, and removal solely for partisan or personal reasons unrelated to capacity or fitness for the office shall be unlawful.

(j) The authority shall conduct a training course for newly appointed and qualified members within six (6) months of their qualification or designation. The course shall be developed by the general manager of the authority, be approved by the authority, and be

conducted by the general manager of the authority. The authority may approve the use of any authority and/or staff members and/or individuals to assist with training. The training course shall include instruction in the following areas: the provisions of chapters 42-46, 36-14, and 38-2; and the authority's rules and regulations. The director of the department of administration shall be responsible for the enforcement of the provisions of this subsection.

SECTION 2. This act shall take effect upon passage.

	MOTION: To find beneficial if amended nominations from cross disability organizations **2016 H 7329 An Act Relating To Public Utilities And Carriers - Rhode Island Public Transit Authority.** Motion moved by JR, seconded by AP, passed abstained LD
	16 H 7054 An Act Relating To Education - Screening For Reading Disabilities Rep. Lombardi The House Health, Education, & Welfare Committee Recommended Passage, it is # 01 on the House Calendar for a vote on 02/03/16. This act would require school districts to conduct screening for dyslexia and other reading disabilities of school children who have exhibited one or more potential indicators using certain screening methods selected by the commissioner of education. This act would take effect upon passage and would be implemented at the commencement of the 2016-2017 school year. **In 2015 took no position**

SECTION 1. Title 16 of the General Laws entitled "EDUCATION" is hereby amended by adding thereto the following chapter:

{add} CHAPTER 106

SCREENING FOR READING DISABILITIES ACT

16-106-1. Short title. – This chapter shall be known and may be cited as the "Screening for Reading Disabilities Act".

16-106-2. Definitions. – The following words and phrases shall have the following meanings when used in this chapter.

(1) "Potential indicators of dyslexia or other reading disabilities" means indicators that include, but shall not be limited to, difficulty in acquiring language skills; inability to comprehend oral or written language; difficulty in rhyming words; difficulty in naming letters, recognizing letters, matching letters to sounds, and blending sounds when speaking and reading words; difficulty recognizing and remembering sight words; consistent transposition of number sequences, letter reversals, inversions, and substitutions; and trouble in replication of content.

16-106-3. Distribution of information on screening instruments. – (a) The commissioner of education shall distribute to each school district information on screening instruments available to identify students who possess one or more potential indicators of dyslexia or other reading disabilities pursuant to this chapter. The commissioner shall provide information on the screening instruments appropriate for kindergarten through second grade

students and on screening instruments that may be suitably used for older students. Each school district shall select and implement age appropriate screening instruments for the early diagnosis of dyslexia and other reading disabilities.

(b) The commissioner shall develop and distribute to each school district guidance on appropriate intervention strategies for students diagnosed with dyslexia or other reading disabilities.

16-106-4. Screening for dyslexia and other reading disabilities. – (a) A school district shall ensure that each student enrolled in the school district who has exhibited one or more potential indicators of dyslexia or other reading disabilities is screened for dyslexia and other reading disabilities using a screening instrument selected pursuant to this chapter no later than the student's completion of the first semester or trimester of the second grade.

(b) In the event that a student who would have been enrolled in kindergarten or grade one or two (2) during or after the 2016-2017 school year enrolls in the district in kindergarten or grades one through six (6) during or after the 2017-2018 school year and has no record of being previously screened for dyslexia or other reading disabilities pursuant to this chapter, the school district shall ensure that the newly-enrolled student is screened for dyslexia and other reading disabilities using a screening instrument selected pursuant to this chapter at the same time other students enrolled in the student's grade are screened for dyslexia and other reading disabilities, or, if other students enrolled in the student's grade have previously been screened, within ninety (90) calendar days of the date the student is enrolled.

(c) The screening required by this chapter shall be administered by a teacher or other teaching staff member properly trained in the screening process for dyslexia and other reading disabilities.

16-106-5. Comprehensive assessment for the learning disorder. – In the event that a student is determined through screening conducted pursuant to this chapter to possess one or more potential indicators of dyslexia or other reading disabilities, the school district shall ensure that the student receives a comprehensive assessment for the learning disorder. In the event that a diagnosis of dyslexia or other reading disability is confirmed by the comprehensive assessment, the school district shall provide appropriate evidence-based intervention strategies to the student, including intensive instruction on phonemic awareness, phonics and fluency, vocabulary, and reading comprehension. {add}

SECTION 2. This act shall take effect upon passage and shall be implemented at the

2 commencement of the 2016-2017 school year.

	MOTION: To find beneficial **2016 H 7054 An Act Relating To Education - Screening For Reading Disabilities.** Motion moved by RC, seconded by KH, passed abstained LD

General Assembly Dates	
Opening Day	Tuesday January 5, 2016
Last Day for Senate Public Bill Introduction	Thursday, February 11 , 2016
Last Day for House Public Bill Introduction	Thursday, February 11, 2016
Winter Recess	February 15-19, 2016
Reconvene	Tuesday, February 22, 2016
Last Day for Senate Committee Consideration of Senate Bills	Thursday, April 14, 2016
Initial House Bill hearing Deadline for House Committees	Tuesday, April 12, 2016
Spring Recess	April 18-22, 2016
Reconvene	Tuesday, April 26, 2016

	4:25 Agenda for the Next Meeting, Linda Ward
	Purpose/Goal: To set the agenda for the next meeting.
	Discussion: The Legislation Committee meetings in 2015 will be on the 1st Monday 3 - 4:30 PM: 01/05th; 02/02nd; 03/07nd; 04/06th; 05/4th; 06/01st; 07/06th; 08/10th; 09/21st; 11/02nd; and 12/07th.
	4:30 Adjournment, Linda Ward MOTION: To adjourn at 5 PM Motion moved by LD, seconded by KH *passed unanimously*