



## Governor's Commission on Disabilities

# Legislation Committee

**Monday, April 4, 2016 3:00 PM - 4:30 PM**

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

(voice) 401-462-0100 (fax) 462-0106 (tty) via RI Relay 711

(e-mail) [gcd.disabilities@gcd.ri.gov](mailto:gcd.disabilities@gcd.ri.gov) (website) [www.disabilities.ri.gov](http://www.disabilities.ri.gov)

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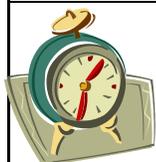
**Attendees:** Linda Ward (Chair.); Jack Ringland (Vice Chair.); Rosemary C. Carmody; Casey Gartland; & Meredith Sheehan



**Absentees:** Regina Connor; Linda Deschenes; Timothy Flynn; Barbara Henry; Kathleen Heren; Kathy Kushnir; William R. Inlow; Paula Parker; Arthur M. Plitt; Msgr. Gerard O. Sabourin; Angelina Stabile; & Dawn Wardyga

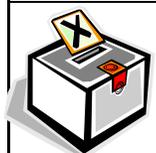
**Guests:** Andrew McQuaide (BHDDH); [Paul G. Loberti](#) (OHHS); John Andrews (Xerox)

**Staff:** Bob Cooper



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

Chair calls the meeting to order at 3:17 PM  
Introductions of Commissioners and guests



**MOTION:** To accept the minutes of the previous meetings as presented  
Motion moved by JR, seconded by CG, passed unanimously

### Action Items:

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



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

### Tabled Bills

#### 16 H 7599 & S 2706 Acts Relating To Property - Fair Housing Practices

Rep. Williams in House Judiciary Committee

Sen. Metts in Senate Judiciary Committee

This act would prohibit discrimination in housing against those persons who have a lawful source of income.

This act would take effect upon passage.

Tabled for more information from the Commission for Human Rights.

*The Rhode Island Commission for Human Rights ("Commission") supports this bill.*

*The Commission is the state's primary antidiscrimination law enforcement agency charged with, among other things, investigating allegations of discrimination in housing and enforcing the state's Fair Housing Practices Act.*

*This bill seeks to amend the Fair Housing Practices Act to prohibit discrimination on the basis of **lawful source of income** in rental housing and in residential real estate transactions. Because discrimination on the basis of lawful source of income status is well documented, and because it is particularly egregious in an affordable housing market as tight as the state's currently is, the Commission fully supports this measure.*

*The Commission rejects all forms of discrimination but is only empowered to address those forms which are specifically enumerated in the statutes it enforces. A Fair Housing Testing study conducted by the Commission in 2002, under a federal grant, revealed clear signs of source of income discrimination in nearly 60% of tests conducted on that basis. That is to say, landlords and realtors throughout the state denied housing opportunities to the tester based on the tester's described source of income.*

*As the Commission's Fair Housing Director, I can tell you first hand that I personally receive 30 to 40 inquires annually from individuals who believe they have been victims of discrimination based on their lawful source of income. Because the state's Fair Housing Practices Act currently is silent on the issue, these individuals must be turned away with no opportunity to have their claims fairly heard and decided.*

*It is important to note that lawful source of income status discrimination often finds as its victims those who the state's fair housing laws are already designed to protect. In 2009 statistics provided by the Providence Housing Authority showed nearly 30% of Section 8 voucher holders in the city of Providence are disabled, 90% are female heads of household of various races and ethnicities. State law protects individuals from housing discrimination based on disability, race, gender and ancestral origin (among other things). However, the Commission is unable to protect individuals that fall within these protected categories or any of the other protected categories, when they have been denied housing due to their source of income.*

*Landlords will argue against amending the Fair Housing Practices Act to prohibit lawful source of income because they have unfairly come to believe that individuals receiving Social Security, Section 8 rental assistance, and other government assistance, are incapable of paying their rent, maintaining their units in a clean and safe manner, or respecting the rights of other tenants. To allow an applicant to be discriminated against based on a stigma associated with their specific source of income effectively ensures that many of the individuals the laws currently protect, can be de facto victims of discrimination without any avenue of redress.*

*Equal access to safe, clean and affordable housing is inarguably a basic civil right. It is the Commission's belief that this right should not be diminished or compromised by permitting a person's lawful source of income to be used as a means to deny housing or otherwise discriminate. Source of income discrimination is prohibited in a host of other states, including Maine, Massachusetts, Connecticut and Vermont. To better ensure equal housing opportunities for all Rhode our state law should be amended to add this vital protection.*

*For these reasons, the Commission urges passage of this bill.*

1 SECTION 1. Sections 34-37-1, 34-37-2, 34-37-3, 34-37-4, 34-37-4.3, 34-37-5.2, 34-37-  
 2 5.3 and 34-37-5.4 of the General Laws in Chapter 34-37 entitled "Rhode Island Fair Housing  
 3 Practices Act" are hereby amended to read as follows:

4 **34-37-1. Finding and declaration of policy.** -- (a) In the State of Rhode Island and  
 5 Providence Plantations, hereinafter referred to as the state, many people are denied equal  
 6 opportunity in obtaining housing accommodations and are forced to live in circumscribed areas  
 7 because of discriminatory housing practices based upon race, color, religion, sex, sexual  
 8 orientation, gender identity or expression, marital status, <sup>{add}</sup>lawful source of income,<sup><add}</sup> military status  
 9 as a veteran with an honorable discharge or an honorable or general administrative discharge,  
 10 servicemember in the armed forces, country of ancestral origin, disability, age, familial status, or  
 11 on the basis that a tenant or applicant or a member of the household is, or has been, or is  
 12 threatened with being the victim of domestic abuse, or that the tenant or applicant has obtained, or  
 13 sought, or is seeking, relief from any court in the form of a restraining order for protection from  
 14 domestic abuse. These practices tend unjustly to condemn large groups of inhabitants to dwell in  
 15 segregated districts or under depressed living conditions in crowded, unsanitary, substandard, and  
 16 unhealthful accommodations. These conditions breed intergroup tension as well as vice, disease,  
 17 juvenile delinquency, and crime; increase the fire hazard; endanger the public health; jeopardize  
 18 the public safety, general welfare, and good order of the entire state; and impose substantial

19 burdens on the public revenues for the abatement and relief of conditions so created. These

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1 discriminatory and segregative housing practices are inimical to and subvert the basic principles  
2 upon which the colony of Rhode Island and Providence Plantations was founded and upon which  
3 the state and the United States were later established. Discrimination and segregation in housing  
4 tend to result in segregation in our public schools and other public facilities, which is contrary to  
5 the policy of the state and the constitution of the United States. Further, discrimination and  
6 segregation in housing adversely affect urban renewal programs and the growth, progress, and  
7 prosperity of the state. In order to aid in the correction of these evils, it is necessary to safeguard  
8 the right of all individuals to equal opportunity in obtaining housing accommodations free of  
9 discrimination.

10 (b) It is hereby declared to be the policy of the state to assure to all individuals regardless  
11 of race, color, religion, sex, sexual orientation, gender identity or expression, marital status,  
12 <sup>{add}</sup>[lawful source of income](#), <sup><add}</sup> military status as a veteran with an honorable discharge or an  
13 honorable  
14 or general administrative discharge, servicemember in the armed forces, country of ancestral  
15 origin, or disability, age, familial status, housing status, or those tenants or applicants or members  
16 of a household who are, or have been, or are threatened with being the victims of domestic abuse,  
17 or those tenants or applicants who have obtained, or sought, or are seeking relief from any court  
18 in the form of a restraining order for protection from domestic abuse, equal opportunity to live in  
19 decent, safe, sanitary, and healthful accommodations anywhere within the state in order that the  
20 peace, health, safety, and general welfare of all the inhabitants of the state may be protected and  
21 ensured.

22 (c) The practice of discrimination in rental housing based on the potential or actual  
23 tenancy of a person with a minor child, or on the basis that a tenant or applicant or a member of  
24 the household is, or has been, or is threatened with being the victim of domestic abuse, or that the  
25 tenant or applicant has obtained, or sought, or is seeking relief from any court in the form of a  
26 restraining order for protection from domestic abuse is declared to be against public policy.

27 (d) This chapter shall be deemed an exercise of the police power of the state for the  
28 protection of the public welfare, prosperity, health, and peace of the people of the state.

29 (e) Nothing in this section shall prevent a landlord from proceeding with eviction action  
30 against a tenant who fails to comply with § 34-18-24(7).

31 **34-37-2. Right to equal housing opportunities -- Civil rights. --** The right of all  
32 individuals in the state to equal housing opportunities regardless of race, color, religion, sex,  
33 sexual orientation, gender identity or expression, marital status, <sup>{add}</sup>[lawful source of income](#), <sup><add}</sup>  
34 military  
35 status as a veteran with an honorable discharge or an honorable or general administrative  
36 discharge, servicemember in the armed forces, country of ancestral origin, disability, age, familial

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1 status, or regardless of the fact that a tenant or applicant or a member of the household is, or has  
2 been, or is threatened with being the victim of domestic abuse, or that the tenant or applicant has  
3 obtained, or sought, or is seeking, relief from any court in the form of a restraining order for  
4 protection from domestic abuse, is hereby recognized as, and declared to be, a civil right. Nothing  
5 in this section shall prevent a landlord from proceeding with eviction action against a tenant who  
6 fails to comply with § 34-18-24(7).

7 **34-37-3. Definitions. --** When used in this chapter:

{No other changes in the earlier definitions}

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1 (17) The term "housing status" means the status of having or not having a fixed or  
2 regular residence, including the status of living on the streets or in a homeless shelter or similar  
3 temporary residence.

4 <sup>{add}</sup> (18) [The term "lawful source of income" means being the recipient of federal, state or](#)  
5 [local public assistance, including medical assistance, or the recipient of federal, state or local](#)

6 [housing subsidies, including Section 8, and other rental assistance or rental supplements, or who](#)  
7 [is subject to the requirements of any public assistance, rental assistance or housing subsidy](#)  
8 [program.](#) <sup><add></sup>

9 **34-37-4. Unlawful housing practices. --** (a) No owner having the right to sell, rent,  
10 lease, or manage a housing accommodation as defined in § 34-37-3(12), or an agent of any of  
11 these, shall, directly or indirectly, make, or cause to be made, any written or oral inquiry  
12 concerning the race, color, religion, sex, sexual orientation, gender identity or expression, marital  
13 status, <sup>{add}></sup>[lawful source of income,](#) <sup><add></sup> military status as a veteran with an honorable discharge or an  
14 honorable or general administrative discharge, servicemember in the armed forces, country of  
15 ancestral origin or disability, age, familial status nor make any written or oral inquiry concerning  
16 whether a tenant or applicant or a member of the household is, or has been, or is threatened with  
17 being the victim of domestic abuse, or whether a tenant or applicant has obtained, or sought, or is  
18 seeking relief from any court in the form of a restraining order for protection from domestic  
19 abuse, of any prospective purchaser, occupant, or tenant of the housing accommodation; directly  
20 or indirectly, refuse to sell, rent, lease, let, or otherwise deny to or withhold from any individual  
21 the housing accommodation because of the race, color, religion, sex, sexual orientation, gender  
22 identity or expression, marital status, <sup>{add}></sup>[lawful source of income,](#) <sup><add></sup> military status as a veteran with  
23 an  
24 honorable discharge or an honorable or general administrative discharge, servicemember in the  
25 armed forces, country of ancestral origin, disability, age, or familial status of the individual or the  
26 race, color, religion, sex, sexual orientation, gender identity or expression, marital status, <sup>{add}></sup>[lawful](#)  
27 [source of income,](#) <sup><add></sup> military status as a veteran with an honorable discharge or an honorable or  
28 general administrative discharge, servicemember in the armed forces, country of ancestral origin  
29 or disability, age, or familial status of any person with whom the individual is or may wish to be  
30 associated; or shall, or on the basis that a tenant or applicant, or a member of the household, is or  
31 has been, or is threatened with being, the victim of domestic abuse, or that the tenant or applicant  
32 has obtained, or sought, or is seeking, relief from any court in the form of a restraining order for  
33 protection from domestic abuse. Nor shall an owner having the right to sell, rent, lease, or manage  
34 a housing accommodation as defined in § 34-37-3(12), or an agent of any of these, directly or  
indirectly, issue any advertisement relating to the sale, rental, or lease of the housing

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1 accommodation that indicates any preference, limitation, specification, or discrimination based  
2 upon race, color, religion, sex, sexual orientation, gender identity or expression, marital status,  
3 <sup>{add}></sup>[lawful source of income,](#) <sup><add></sup> military status as a veteran with an honorable discharge or an  
4 honorable  
5 or general administrative discharge, servicemember in the armed forces, country of ancestral  
6 origin, disability, age, familial status, or on the basis that a tenant or applicant or a member of the  
7 household is, or has been, or is threatened with being the victim of domestic abuse, or that the  
8 tenant or applicant has obtained, or sought, or is seeking relief from any court in the form of a  
9 restraining order for protection from domestic abuse, or shall, directly or indirectly, discriminate  
10 against any individual because of his or her race, color, religion, sex, sexual orientation, gender  
11 identity or expression, marital status, <sup>{add}></sup>[lawful source of income,](#) <sup><add></sup> military status as a veteran with  
12 an  
13 honorable discharge or an honorable or general administrative discharge, servicemember in the  
14 armed forces, country of ancestral origin, disability, age, familial status, or on the basis that a  
15 tenant or applicant or a member of the household is, or has been, or is threatened with being the  
16 victim of domestic abuse, or that the tenant or applicant has obtained, or sought, or is seeking  
17 relief from any court in the form of a restraining order for protection from domestic abuse, in the  
18 terms, conditions, or privileges of the sale, rental, or lease of any housing accommodation or in  
19 the furnishing of facilities or services in connection with it. Nothing in this subsection shall be  
20 construed to prohibit any oral or written inquiry as to whether the prospective purchaser or tenant  
21 is over the age of eighteen (18).

(b) No person to whom application is made for a loan or other form of financial  
assistance for the acquisition, construction, rehabilitation, repair, or maintenance of any housing

22 accommodation, whether secured or unsecured shall directly or indirectly make or cause to be  
23 made any written or oral inquiry concerning the race, color, religion, sex, sexual orientation,  
24 gender identity or expression, marital status, <sup>{add}</sup>[lawful source of income](#), <sup><add></sup> military status as a  
veteran  
25 with an honorable discharge or an honorable or general administrative discharge, servicemember  
26 in the armed forces, country of ancestral origin, disability, age, familial status, or any express  
27 written or oral inquiry into whether a tenant or applicant or a member of the household is, or has  
28 been, or is threatened with being the victim of domestic abuse, or whether a tenant or applicant  
29 has obtained, or sought, or is seeking relief from any court in the form of a restraining order for  
30 protection from domestic abuse, of any individual seeking the financial assistance, or of existing  
31 or prospective occupants or tenants of the housing accommodation; nor shall any person to whom  
32 the application is made in the manner provided, directly or indirectly, discriminate in the terms,  
33 conditions, or privileges relating to the obtaining or use of any financial assistance against any  
34 applicant because of the race, color, religion, sex, sexual orientation, gender identity or

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1 expression, marital status, <sup>{add}</sup>[lawful source of income](#), <sup><add></sup> military status as a veteran with an  
honorable  
2 discharge or an honorable or general administrative discharge, servicemember in the armed  
3 forces, country of ancestral origin, disability, age, familial status, or on the basis that a tenant or  
4 applicant or a member of the household is, or has been, or is threatened with being the victim of  
5 domestic abuse, or that the tenant or applicant has obtained, or sought, or is seeking relief from  
6 any court in the form of a restraining order for protection from domestic abuse, of the applicant or  
7 of the existing or prospective occupants or tenants. Nothing in this subsection shall be construed  
8 to prohibit any written or oral inquiry as to whether the applicant is over the age of eighteen (18).  
9 (c) Nothing in this section contained shall be construed in any manner to prohibit or limit  
10 the exercise of the privilege of every person and the agent of any person having the right to sell,  
11 rent, lease, or manage a housing accommodation to establish standards and preferences and set  
12 terms, conditions, limitations, or specifications in the selling, renting, leasing, or letting thereof or  
13 in the furnishing of facilities or services in connection therewith that do not discriminate on the  
14 basis of the race, color, religion, sex, sexual orientation, gender identity or expression, marital  
15 status, <sup>{add}</sup>[lawful source of income](#), <sup><add></sup> military status as a veteran with an honorable discharge or an  
16 honorable or general administrative discharge, servicemember in the armed forces, country of  
17 ancestral origin, disability, age, familial status, or on the basis that a tenant or applicant or a  
18 member of the household is, or has been, or is threatened with being the victim of domestic  
19 abuse, or that the tenant or applicant has obtained, or sought, or is seeking relief from any court in  
20 the form of a restraining order for protection from domestic abuse, of any prospective purchaser,  
21 lessee, tenant, or occupant thereof or on the race, color, religion, sex, sexual orientation, gender  
22 identity or expression, marital status, <sup>{add}</sup>[lawful source of income](#), <sup><add></sup> military status as a veteran with an  
an  
23 honorable discharge or an honorable or general administrative discharge, servicemember in the  
24 armed forces, country of ancestral origin, disability, age, or familial status of any person with  
25 whom the prospective purchaser, lessee, tenant, or occupant is or may wish to be associated.  
26 Nothing contained in this section shall be construed in any manner to prohibit or limit the  
27 exercise of the privilege of every person and the agent of any person making loans for, or offering  
28 financial assistance in, the acquisition, construction, rehabilitation, repair, or maintenance of  
29 housing accommodations to set standards and preferences, terms, conditions, limitations, or  
30 specifications for the granting of loans or financial assistance that do not discriminate on the basis  
31 of the race, color, religion, sex, sexual orientation, gender identity or expression, marital status,  
32 <sup>{add}</sup>[lawful source of income](#), <sup><add></sup> military status as a veteran with an honorable discharge or an  
honorable  
33 or general administrative discharge, servicemember in the armed forces, country of ancestral  
34 origin, disability, age, familial status, or on the basis that a tenant or applicant or a member of the

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{No changes in the remaining paragraphs in this section}

8 **34-37-4.3. Discrimination in granting credit or loans prohibited.** -- No financial  
9 organization governed by the provisions of title 19 or any other credit granting commercial  
10 institution may discriminate in the granting or extension of any form of loan or credit, or the  
11 privilege or capacity to obtain any form of loan or credit, on the basis of the applicant's sex,  
12 marital status, <sup>{add}</sup>[lawful source of income](#), <sup><add></sup> military status as a veteran with an honorable discharge  
13 or an honorable or general administrative discharge, servicemember in the armed forces, race or  
14 color, religion or country of ancestral origin, disability or age or familial status, sexual  
15 orientation, or gender identity or expression and the form of loan and credit shall not be limited to  
16 those concerned with housing accommodations and the commission shall prevent any violation  
17 hereof in the same manner as it is to prevent unlawful housing practices under the provisions of  
18 this chapter.

19 **34-37-5.2. Discrimination in brokerage services.** -- It shall be unlawful to deny any  
20 person who meets licensing and other non-discriminatory requirements that are also applied to  
21 other applicants and members access to, or membership or participation in, any real estate listing  
22 service, real estate brokers' organization, or other service, organization, or facility relating to the  
23 business of selling, leasing, or renting a housing accommodation or to discriminate against him or  
24 her in the terms or conditions of the access, membership, or participation on account of race,  
25 color, religion, sex, sexual orientation, gender identity or expression, marital status, <sup>{add}</sup>[lawful source](#)  
26 [of income](#), <sup><add></sup> military status as a veteran with an honorable discharge or an honorable or general  
27 administrative discharge, servicemember in the armed forces, country of ancestral origin,  
28 disability, age, or familial status.

29 **34-37-5.3. Fostering of segregated housing prohibited.** -- It shall be an unlawful  
30 discriminatory housing practice to for profit induce, or attempt to induce, any person to sell or  
31 rent any dwelling by representations regarding the entry or prospective entry into the  
32 neighborhood of a person or persons of a particular race, color, religion, marital status, <sup>{add}</sup>[lawful](#)  
33 [source of income](#), <sup><add></sup> military status as a veteran with an honorable discharge or an honorable or  
34 general administrative discharge, servicemember in the armed forces, country of ancestral origin,

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1 sex, sexual orientation, gender identity or expression, age, disability, or familial status.

2 **34-37-5.4. Discrimination in residential real estate related transactions.** -- (a) It shall  
3 be unlawful for any person or other entity whose business includes engaging in residential real  
4 estate-related transactions to discriminate against any person in making available a transaction, or  
5 in the terms and conditions of the transaction, because of race, color, religion, marital status,  
6 <sup>{add}</sup>[lawful source of income](#), <sup><add></sup> military status as a veteran with an honorable discharge or an  
7 honorable  
8 or general administrative discharge, servicemember in the armed forces, country of ancestral  
9 origin, sex, sexual orientation, gender identity or expression, age, disability, or familial status.

9 (b) As used in this section, the term "residential real estate-related transaction" means  
10 any of the following:

11 (1) The making or purchasing of loans or providing other financial assistance:

12 (i) For purchasing, constructing, improving, repairing, or maintaining a dwelling; or

13 (ii) Secured by residential real estate.

14 (2) The selling, brokering, or appraising of residential real property.

15 (c) Nothing in this chapter prohibits a person engaged in the business of furnishing  
16 appraisals of real property to take into consideration factors other than race, color, religion,  
17 marital status, <sup>{add}</sup>[lawful source of income](#), <sup><add></sup> military status as a veteran with an honorable discharge  
18 or an honorable or general administrative discharge, servicemember in the armed forces, country  
19 of ancestral origin, sex, sexual orientation, gender identity or expression, age, disability, or  
20 familial status.

21 SECTION 2. Chapter 34-37 of the General Laws entitled "Rhode Island Fair Housing  
22 Practices Act" is hereby amended by adding thereto the following sections:

23 <sup>{add}</sup>**34-37-2.5. Right to equal housing opportunities -- Lawful source of income. --**  
24 **Whenever in this chapter there shall appear the words "marital status" there shall be**

25 [inserted immediately thereafter the words "lawful source of income."](#)  
 26 [34-37-4.6. Discrimination based on lawful source of income - Exemption. -- Nothing](#)  
 27 [in this title shall prohibit an owner of a housing accommodation from refusing to rent to a person](#)  
 28 [based on their lawful source of income if the housing accommodation is three \(3\) units or less,](#)  
 29 [one of which is occupied by the owner.](#) <add>

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

	<p><b>MOTION: To find beneficial 16 H 7599 &amp; S 2706 Acts Relating To Property - Fair Housing Practices</b>          Motion moved by CG, seconded by JR, passed unanimously</p>
	<p><b>16 H 7835 An Act Relating To State Affairs And Government -- Governor's Workforce Board Rhode Island</b>          Rep. McEntee in House Labor Committee          This act would amend the composition of the governor's workforce board by adding one employer seat and one seat representing the representative of the office of rehabilitation services, division of the department of human resources, a division within the department of human services.          This act would take effect upon passage.</p>
	<p><i>On behalf of DLT [RI Department of Labor and Training] I wanted to reach out in response to your email from March 8<sup>th</sup> re: H 7835 and S 2476. I can tell you that H 7835 is a DLT bill. We asked for this bill so we could amend the composition of the GWB in order to remain in compliance with WIOA. This bill adds a business seat and a seat for ORS/DHS. There is a slight error in this bill - it should say department of human services and not department of human resources. We're correcting it now. The board needed to be reorganized to ensure a business majority. While we were doing that we opted to also keep ORS/DHS in the loop by adding an official seat for them as well. ORS is a partner in the one-stop world...it made sense to have them at the table.</i>  <i>As for Sen. Conley's bill, S 2476: that's not a DLT initiative. After hearing his testimony last year it seems to me that he is trying to be an advocate for persons with disabilities. I think he'd like to legislate participation as a way to ensure that they're part of the discussion and are being considered when decisions are made about workforce development initiatives.</i>  <i>Matt Weldon</i></p>

1 SECTION 1. Section 42-102-2 of the General Laws in Chapter 42-102 entitled  
 2 "Governor's Workforce Board Rhode Island" is hereby amended to read as follows:  
 3 **42-102-2. Composition of workforce board.** -- (a) The workforce board shall be  
 4 composed of ~~twenty-one (21)~~ twenty-three (23) members; one of whom shall be the  
 5 secretary of  
 6 commerce, who shall be vice-chair; one of whom shall be the director of the department of labor  
 7 and training; one of whom shall be the commissioner of education; one of whom shall be a  
 8 representative of a public institution of higher education in Rhode Island; <sup>add</sup> one of whom shall be a  
 9 representative of the office of rehabilitation services, a division of the department of human  
 10 resources and ~~seventeen (17)~~ <sup>add</sup> eighteen (18) public members, ~~eleven (11)~~ <sup>add</sup> twelve (12) of whom  
 11 shall be representatives from the employer community, in a manner that is representative of  
 12 employers of different sizes and sectors, including the nonprofit sector, provided that two (2) of  
 13 the representatives from the employer community shall be the chairs of Rhode Island's local  
 14 workforce investment boards, or their designees, appointed from among the employer community  
 15 members of the local workforce investment boards; four (4) of whom shall be representatives of  
 16 organized labor; and two (2) members shall be representatives of community-based organizations  
 that provide or promote workforce development service; appointed by the governor with the

17 advice and consent of the senate. The ~~seventeen (17)~~ <sup>eighteen (18)</sup> public members  
shall be  
18 appointed in a manner that reflects the geographic diversity of the state, and at least five (5) of

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1 whom shall be women; at least four (4) of whom shall be from minority communities; and at least  
2 one of whom shall be a person with disabilities. The governor shall appoint a chairperson from  
3 among the ~~eleven (11)~~ <sup>twelve (12)</sup> representatives of the employer community.

4 (b) The board may establish an executive committee composed of members appointed by  
5 the chair. The board may delegate to the executive committee any powers of the board except  
6 those powers that are required by law to be exercised by the board. The chair may also appoint ad  
7 hoc committees, workgroups, or task forces to assist the board as appropriate.

8 (c) Members serving as of the effective date of this act on the state workforce investment  
9 board established pursuant to Executive Order No. 05-18 ordered on September 22, 2005, shall  
10 continue to serve their terms of office as members of the governor's workforce board established  
11 under this chapter.

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

	<p><b>MOTION: To find beneficial 2016 H 7835 An Act Relating To State Affairs And Government -- Governor's Workforce Board Rhode Island</b> Motion moved by JR, seconded by CG, passed unanimously</p>
	<p><b>16 S 2476 An Act Relating To State Affairs And Government -- Governor's Workforce Board Rhode Island</b> Sen. Conley in Senate Labor Committee, held for further study This act would require the governor's workforce board to expand job and career opportunities for individuals with intellectual and developmental disabilities. In addition, it would add representatives from the department of behavioral healthcare, developmental disabilities and hospitals to the advisory committee of the state career pathways systems. This act would take effect upon passage.</p>

*In 2015 the Legislation Committee found this bill to be harmful unless amended for the following reasons "Adding a requirement to service only a specific class of individuals with disabilities, would result in downplaying the needs of the remainder of the community of working age adults with disabilities.  
This act should be amended on page 5 line 29 to mirror the language in the federal Workforce Innovation and Opportunities act: by after the word "intellectual" striking the word "and" and inserting therein "or" and after the word "disabilities" inserting the words "or other individuals with significant disabilities"*

1 SECTION 1. Sections 42-102-6 and 42-102-10 of the General Laws in Chapter 42-102  
2 entitled "Governor's Workforce Board Rhode Island" are hereby amended to read as follows:  
3 **42-102-6. Powers and duties.** -- (a) Strategic statewide employment and training plan.  
4 (1) The board shall meet with other entities involved with career and technical education,  
5 workforce development, and career training and shall be responsible for the development of a  
6 comprehensive, and cohesive statewide employment-and-training plan. The strategic, statewide  
7 employment-and-training plan shall include goals and objectives for serving the state's existing  
8 and emerging workforce utilizing all state and federal workforce development programs. The  
9 board shall take into consideration the needs of all segments of the state's citizenry in establishing  
10 goals and training objectives, including the workforce needs of the state's employers.  
11 (2) The strategic statewide employment and training plan shall be developed biennially  
12 and shall cover the subsequent, two (2) fiscal years. Said biennial plans shall be submitted on  
13 November 15. The biennial plan shall outline goals and objectives of the coordinated programs  
14 system, major priorities needed for the next two-year (2) period, and policies and requirements

15 necessary to meet those priorities. The board shall provide a funding plan necessary to achieve  
16 system priorities and serve the anticipated number of participants and shall identify the general  
17 revenue funds necessary to meet program needs, taking into account anticipated federal, private,  
18 and other sources of funds. The biennial plan shall incorporate the annual unified workforce

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1 development system report required pursuant to subsection (f) in those years in which both  
2 reports are due.

3 (3) The board shall develop and maintain a comprehensive inventory and analysis of  
4 workforce development activities in the state to support the biennial statewide employment and  
5 training plan. The analysis shall include, but not be limited to, an examination of the populations  
6 being served across the different employment and training and adult education programs across  
7 the state; the number of participants being served by these programs; the type of services  
8 provided; and the eligibility requirements of each of these programs. The analysis shall also  
9 identify the funding sources (all sources) used in these programs; the service providers within the  
10 state; as well as the range of services provided. The analysis shall also examine the employer role  
11 in workforce development activities, including, but not limited to, how employer needs are  
12 assessed, benefits employers receive for partnering with workforce development organizations,  
13 and the role employers play in developing programs and providing training.

14 (4) The board shall establish and convene an advisory group to assist in the development  
15 of this comprehensive inventory and analysis that consists of stakeholders and organizations with  
16 specific knowledge and expertise in the area of workforce development.

17 (5) All departments and agencies of the state shall furnish advice and information,  
18 documentary or otherwise, to the board and its agents as is deemed necessary or desirable by the  
19 board to facilitate the purposes of the board, including the development of the statewide,  
20 employment-and-training plan.

21 (6) Elements of the statewide employment and training plan established pursuant to  
22 subsection (a) of this section may inform the development of the state workforce investment plan  
23 required pursuant to § 42-102-6(d)(2)(i).

24 (b) Performance management and coordination of employment-and-training programs.

25 (1) The board shall establish statewide policies, definitions, objectives, goals, and  
26 guidelines for the coordination of all employment-and-training programs and related services and  
27 programs within the state, including:

28 (i) The state department of labor and training programs, sponsored under the Workforce  
29 Investment Act of 1998, Wagner-Peyser Act, 29 U.S.C. 49 et seq., the Trade Act of 2002, and  
30 any other employment-related educational program administered by the state department of labor  
31 and training;

32 (ii) The state department of human services training programs, sponsored under the  
33 Temporary Assistance to Needy Families, Title IV of the Social Security Act; the Supplemental  
34 Nutrition Assistance Program (SNAP) Employment and Training Program; Vocational

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1 Rehabilitation Act of 1973, and any other employment-and-training and related services and  
2 employment-related educational programs administered by the state's department of human  
3 services;

4 (iii) Employment and training programs sponsored under the Carl D. Perkins Vocational  
5 Education Act, 20 U.S.C. 2301 et seq., the Federal Adult Education Act, Title II of the Workforce  
6 Investment Act of 1998 and any other employment-related educational programs administered by  
7 the board of education;

8 (iv) The state department of corrections training programs for ex-offenders to help them  
9 reintegrate into the community and re-enter employment;

10 (v) Projects and services funded through the job development fund pursuant to § 42-102-  
11 6(e)(1);

12 (vi) All other employment-and-training and related services and employment-related  
13 educational programs, either presently existing or hereinafter established that are administered by

14 any state agencies, departments, or councils; and

15 (vii) Programs included within subsections (b)(1)(i) through (b)(1)(vi) of this section  
16 shall be referred herein collectively as "the coordinated programs system".

17 (2) With respect to plans for employment-and-training programs sponsored under the  
18 federal Carl D. Perkins Vocational Education Act, 20 U.S.C. 2301 et seq., and any other  
19 employment-related educational programs administered by the board of education, the workforce  
20 board and board of education shall establish a process for the development and preparation of all  
21 these plans and the board of education shall approve the plan subject to review and comment by  
22 the workforce board; provided, however, that the responsibilities and duties of the board of  
23 education, as set forth in the general laws, shall not be abridged.

24 (3) With respect to plans for the Temporary Assistance to Needy Families Program,  
25 SNAP Employment and Training Program, Vocational Rehabilitation Services, and any other  
26 employment-and-training and related programs administered by the state's department of human  
27 services, the authority and responsibilities of the department as the single state agency under  
28 Titles IV-A, 42 U.S.C. 601 through 617, and IV-F, 42 U.S.C. 681 through 687 [repealed] of the  
29 Federal Social Security Act shall not be abridged.

30 (4) With respect to plans for training ex-offenders to help them reintegrate into the  
31 community and re-enter employment, and any other employment-and-training programs  
32 administered by the state's department of corrections, the responsibilities and duties of the  
33 department, as set forth in the general laws, shall not be abridged.

34 (5) The board shall review, comment on, or approve as appropriate all plans for

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1 employment and training within the coordinated-programs system. The board shall establish  
2 policies and performance goals for the coordinated-programs system. These policies and goals  
3 shall include, but not be limited to:

4 (i) Establishing and communicating uniform policies and consistent terms and  
5 definitions;

6 (ii) Gathering and distributing information from, and to, all agencies, departments, and  
7 councils within the coordinated-programs system;

8 (iii) Standardizing and coordinating program planning, evaluation, budgeting, and  
9 funding processes;

10 (iv) Recommending structural and procedural changes;

11 (v) Establishing performance goals and measurements for monitoring the effectiveness  
12 of the programs provided through the coordinated-programs system; and

13 (vi) Reconciling diverse agency, departmental, or council goals and developing priorities  
14 among those goals.

15 (c) Comprehensive system-improvement plan.

16 (1) The 2015 unified workforce development system report required pursuant to § 42-  
17 102-6(f) and due on November 15, 2015 shall include an additional, comprehensive system-  
18 improvement plan to facilitate the seamless and coordinated delivery of workforce services in this  
19 state, consistent with the goals and objectives of the board's statewide employment-and-training  
20 plan. In developing the comprehensive, system-improvement plan, the board shall review the  
21 roles, responsibilities, and functions of all state employment-and-training programs. The study  
22 shall identify any gaps in the services provided by those programs; any barriers to integration and  
23 cooperation of these programs; and any other matters that adversely affect the seamless delivery  
24 of workforce-development systems in the state.

25 (2) The board shall include in the comprehensive, system-improvement plan:

26 (i) A list of specific barriers, whether structural, regulatory, or statutory, that adversely  
27 affect the seamless, and coordinated, delivery of workforce-development programs and services  
28 in this state, as well as recommendations to overcome or eliminate these barriers; and

29 (ii) Recommendations for providing, at a minimum, board comment and review of all  
30 state employment-and-training programs, to ensure such programs are consistent with the board's  
31 statewide employment-and-training plan, and meet the current, and projected, workforce demands  
32 of this state, including programs that, pursuant to state or federal law or regulation, must remain

33 autonomous.

34 (3) The recommendations developed by the board under subsection (c)(1) must identify

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1 the state agency or department that is responsible for implementing each recommendation; and  
2 include a time frame for the implementation of each recommendation. The governor may include  
3 such recommendations in his or her proposed budget the following fiscal year.

4 (d) Workforce investment act responsibilities.

5 (1) The board shall assume the duties and responsibilities of the state workforce  
6 investment board established pursuant to Executive Order 05-18 dated September 22, 2005, as  
7 outlined in subsection(c)(2).

8 (2) The board shall assist the governor and the general assembly in:

9 (i) Developing a state workforce-investment plan for the purposes of the Workforce  
10 Investment Act of 1998 (WIA) and the Wagner-Peyser Act;

11 (ii) Actively promoting and coordinating private-sector involvement in the workforce-  
12 investment system through the development of partnerships among state agencies, the business  
13 community, and the Board;

14 (iii) Ensuring that the current, and projected, workforce needs of Rhode Island  
15 employers inform and advise Rhode Island's education and workforce-development system;

16 (iv) Providing oversight of local workforce-investment boards, whose primary role in the  
17 workforce investment system is to deliver employment, training, and related education services in  
18 their respective local area; and

19 (v) Developing a statewide system of activities that are funded under the WIA or carried  
20 out through the one-stop delivery system, including:

21 (A) Assuring coordination and non duplication among the programs and activities  
22 carried out by one-stop partners;

23 (B) Reviewing local workforce-investment plans;

24 (C) Designating local workforce-investment areas in accordance with federal law;

25 (D) Developing allocation formulas for the distribution of funds for adult employment-  
26 and-training activities<sup>{add}</sup> ~~and~~<sup>{delete}</sup> youth activities to local areas<sup>{add}</sup>, and creating and

27 career opportunities for individuals with intellectual and developmental disabilities<sup><add></sup>;

28 (E) Developing comprehensive state performance measures as prescribed by federal law,  
29 including state-adjusted levels of performance, to assess the effectiveness of the workforce-  
30 investment activities in the state;

31 (F) Preparing the annual report to the Secretary of Labor described in WIA;

32 (G) Developing the statewide employment statistics system;

33 (H) Developing an application for incentive grants;

34 (I) Carrying out the responsibilities of a local board as outlined in WIA; and

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1 (J) Addressing any other issue requiring input from the board under the provisions of  
2 WIA.

3 (e) Job-development fund responsibilities.

4 (1) The board shall allocate monies from the job-development fund for projects to  
5 implement the recommendations of the board consistent with the statewide employment-and-  
6 training plan established pursuant to § 42-102-6(a).

7 (f) Unified workforce development system report.

8 (1) The board shall produce and submit an annual, unified, workforce-development  
9 system report to the governor, the speaker of the house, the president of the senate, and the  
10 secretary of state. The report shall be submitted annually on November 15. The report shall cover  
11 activity having taken place the preceding fiscal year ending June 30 and shall include:

12 (i) A fiscal and programmatic report for the governor's workforce board covering the  
13 previous fiscal year including:

14 (A) A summary of the board's activities and accomplishments during the previous fiscal

15 year;

16 (B) A summary of clerical, administrative, professional, or technical reports received by

17 the board during the previous fiscal year, if applicable;

18 (C) A briefing on anticipated activities in the upcoming fiscal year;

19 (D) A consolidated financial statement of all funds received, and expended, by the board,

20 including the source of funds, during the previous fiscal year;

21 (E) A listing of any staff supported by these funds;

22 (ii) A unified, expenditure-and-program report for statewide employment-and-training

23 programs and related services including:

24 (A) Expenditures by agencies for programs included in § 42-102-6(b)(1), including

25 information regarding the number of individuals served by each program; demographic

26 information by gender, race and ethnicity; outcome and program-specific performance

27 information as determined by the board, and such other information as may be determined by the

28 board, including, but not limited to, the attainment of credentials;

29 (2) Beginning November 15, 2015, program expenditures included in the unified,

30 workforce-development-system report shall be categorized as administrative, program delivery,

31 or other costs; the report shall further include information on the cost-per-individual served

32 within each program, through a manner determined by the board;

33 (3) All state and local agencies, departments, or council or similar organizations within

34 the coordinated-programs system, shall be required to provide the board with the information

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1 necessary to produce the unified workforce-development-system report.

2 **42-102-10. State Career Pathways System.** -- The workforce board ("board") shall

3 support and oversee statewide efforts to develop and expand career pathways that enable

4 individuals to secure employment within a specific industry or occupational sector and to advance

5 over time to successively higher levels of education and employment in that sector. Towards this

6 purpose the board shall convene an advisory committee comprised of representatives from

7 business, labor, adult education, secondary education, higher education, the department of

8 corrections, the executive office of health and human services, <sup>{add></sup>[the department of behavioral](#)

9 [healthcare, developmental disabilities and hospitals,](#) <sup><add></sup> the office of library and information services,

10 community-based organizations, <sup>{add></sup>[consumers,](#) <sup><add></sup> and the public-workforce system.

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

	<p><b>Potential MOTION:</b> To find <i>beneficial if amended</i> (On page 5 line 29 to mirror the language in the federal Workforce Innovation and Opportunities act: by after the word "intellectual" striking the word "and" and inserting therein "or" and after the word "disabilities" inserting the words "or other individuals with significant disabilities") 2016 S 2476 An Act Relating To State Affairs And Government -- Governor's Workforce Board Rhode Island Motion moved by RC, seconded by RC, <i>passed unanimously</i></p>
	<p><b>16 S 2510 &amp; H 7625 Acts Relating To Insurance - Insurance Coverage for Mental Illness and Substance Abuse</b>          Sen. Crowley Requested by Attorney General in Senate Health and Human Services Committee          Rep. Serpa Requested by Attorney General in House Corporations Committee          This act would require insurance coverage for at least ninety (90) days of residential or inpatient services for mental health and/or substance-use disorders for American Society of Addiction Medicine levels of care 3.1 and 3.3.          This act would take effect upon passage.</p>
	<p>Tabled for more information about the American Society of Addiction Medicine levels of care 3.1 and 3.3.  <i>(From the ASAM website: What are the ASAM Levels of Care?)</i>  <i>The ASAM Criteria text describes treatment as a continuum marked by four broad levels of</i></p>

service and an early intervention level. Within the five broad levels of care, decimal numbers are used to further express gradations of intensity of services. These levels of care provide a standard nomenclature for describing the continuum of recovery oriented addiction services. With the CONTINUUM™, clinicians are able to conduct a multidimensional assessment that explores individual risks and needs, as well as strengths, skills and resources. CONTINUUM then provides clinicians with a recommended ASAM Level of Care that matches intensity of treatment services to identified patient needs.

Level of Care 3.1: Called Clinically Managed Low-Intensity Residential Services, this adolescent and adult level of care typically provides a 24-hour living support and structure with available trained personnel, and offers at least 5 hours of clinical service a week. Level 3 encompasses residential services that are described as co-occurring capable, co-occurring enhanced, and complexity capable services, which are staffed by designated addiction treatment, mental health, and general medical personnel who provide a range of services in a 24-hour living support [DM1] setting. A detailed description of the services typically offered in this level of care, the care setting and how to identify what patients would benefit best from these services based on an ASAM dimensional needs assessment.

Level of Care 3.3: Called Clinically Managed Population-Specific High-Intensity Residential Services, this adult only level of care typically offers 24-hour care with trained counselors to stabilize multidimensional imminent danger along with less intense milieu and group treatment for those with cognitive or other impairments unable to use full active milieu or therapeutic community. Level 3 encompasses residential services that are described as co-occurring capable, co-occurring enhanced, and complexity capable services, which are staffed by designated addiction treatment, mental health, and general medical personnel who provide a range of services in a 24-hour treatment setting. A detailed description of the services typically offered in this level of care, the care setting and how to identify what patients would benefit best from these services based on an ASAM dimensional needs assessment.

**DEPARTMENT OF THE ATTORNEY GENERAL**

*Legislative Brief*

- *This act amends section 27-38.2-1 (“coverage for the treatment of mental health and substance abuse disorders”) to provide that insurers must cover at least ninety (90) days of residential or inpatient services for mental health and/or substance-use disorders for American Society of Addiction Medicine (“ASAM”) levels of care 3.1 and 3.3.*
  - *ASAM level of care 3.1 provides clinically managed low-intensity residential services.*
  - *ASAM level 3.3 provides clinically managed population-specific high-intensity residential services.*
- *The coverage contemplated by this act would be based on the individual’s treatment plan and progress and in accordance with section 27-38.2-3 (“medical necessity and appropriateness of treatment”).*

**POLICY**

- *Unfortunately, Rhode Island continues to lead the nation in marijuana and illicit drug use.*
- *Even more disturbing, we have been in the eye of the storm of heroin, fentanyl and prescription opiate overdoses.*
- *While the State has made great strides in providing naloxone, increasing recovery coaches in our emergency rooms and prosecuting drug traffickers, I believe that we are overlooking essential pieces to this complex problem.*
- *And those are appropriate substance use education and providing necessary treatment to those suffering from substance use disorders.*
- *Rhode Island, on some level, has recognized mental health and substance use disorder parity since 1994.*
  - *However, we need to make sure that parity is justly acknowledged by insurance*

providers.

- *It is well known in this state, and across the country, that one of the biggest barriers to recovery is access to necessary treatment.*
  - *In fact, many have suffered relapses, because they were released from inpatient treatment far earlier than they were ready for.*
  - *This is most disturbing in those suffering from heroin and prescription opiate use disorders as this is when they are most vulnerable to overdose.*
- In fact, the National Institute of Drug Abuse's Principles of Drug Addiction Treatment states: "Remaining in treatment for an adequate period of time is critical. The appropriate duration for an individual depends on the type and degree of the patient's problems and needs. Research indicates that most addicted individuals need at least 3 months in treatment to significantly reduce or stop their drug use and that the best outcomes occur with longer durations of treatment. Recovery from drug addiction is a long-term process and frequently requires multiple episodes of treatment. As with other chronic illnesses, relapses to drug abuse can occur and should signal a need for treatment to be reinstated or adjusted. Because individuals often leave treatment prematurely, programs should include strategies to engage and keep patients in treatment."*
- *My office has experienced this first hand in the criminal justice system.*
  - *As individuals are placed into inpatient treatment they are just as soon released from this necessary treatment as the insurance provider has refused to cover, or continue to cover, this necessary treatment.*
  - *Fortunately for those individuals, the Court can provide a court order to order the individual into treatment and forcing the insurance company to cover such treatment.*
- *But this begs the question, what happens to those individuals who, fortunately, are not a part of the criminal justice system.*
  - *Who fights for them to make sure their treatment is covered.*
  - *Why are two (2) portions of our population being treated disproportionately when suffering from the same disease.*
  - *I ask you, is this true parity?*
- *It is unclear at this time whether the coverage contemplated in this act would be considered a mandate under the Affordable Care Act ("ACA"), as mental and behavioral health services and substance use disorder treatment are essential health benefits ("EHB").*
  - *The question would be whether the coverage goes beyond the EHB requirement in the ACA. While my office continues to research this issue, I would implore the committee to not let that determination stop this important conversation.*
  - *My office will report back to you and your committee with further information on this issue.*
- *It is my sincere belief that to truly address substance use disorders and the overdose epidemic that is shattering the lives of families across our state, we must honestly face the truth that enough is not being done to educate regarding the dangers of substance use and to provide the necessary services and treatment for those suffering from this disease.*

1 SECTION 1. Section 27-38.2-1 of the General Laws in Chapter 27-38.2 entitled  
2 "Insurance Coverage for Mental Illness and Substance Abuse" is hereby amended to read as  
3 follows:  
4 **27-38.2-1. Coverage for the treatment of mental health and substance use disorders..**  
5 **==** (a) A group health plan and an individual or group health insurance plan shall provide coverage  
6 for the treatment of mental health and substance-use disorders under the same terms and  
7 conditions as that coverage is provided for other illnesses and diseases.  
8 (b) Coverage for the treatment of mental health and substance-use disorders shall not  
9 impose any annual or lifetime dollar limitation.

10 (c) Financial requirements and quantitative treatment limitations on coverage for the  
 11 treatment of mental health and substance-use disorders shall be no more restrictive than the  
 12 predominant financial requirements applied to substantially all coverage for medical conditions in  
 13 each treatment classification.

14 (d) Coverage shall not impose non-quantitative treatment limitations for the treatment of  
 15 mental health and substance-use disorders unless the processes, strategies, evidentiary standards,  
 16 or other factors used in applying the non-quantitative treatment limitation, as written and in  
 17 operation, are comparable to, and are applied no more stringently than, the processes, strategies,  
 18 evidentiary standards, or other factors used in applying the limitation with respect to

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1 medical/surgical benefits in the classification.

2 (e) The following classifications shall be used to apply the coverage requirements of this  
 3 chapter: (1) Inpatient, in-network; (2) Inpatient, out-of-network; (3) Outpatient, in-network; (4)  
 4 Outpatient, out-of-network; (5) Emergency care; and (6) Prescription drugs.

5 (f) Medication-assisted therapy, including methadone maintenance services, for the  
 6 treatment of substance-use disorders, opioid overdoses, and chronic addiction is included within  
 7 the appropriate classification based on the site of the service.

8 (g) Payors shall rely upon the criteria of the American Society of Addiction Medicine  
 9 when developing coverage for levels of care for substance-use disorder treatment.

10 <sup>{add}</sup> (h) [The coverage required by this section shall include at least ninety \(90\) days of](#)  
 11 [residential or inpatient services for mental health and/or substance-use disorders for American](#)  
 12 [Society of Addiction Medicine levels of care 3.1 and 3.3.](#) <sup><add}</sup>

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

	<p><b>MOTION: To find beneficial 2016 S 2510 &amp; H 7625 Acts Relating To Insurance -- Insurance Coverage For Mental Illness And Substance Abuse</b>          Motion moved by LW, seconded by JR, passed unanimously</p>
	<p><b>16 H 7816 &amp; S 2788 Acts Relating To Businesses And Professions - Pharmacies</b>          Rep. Serpa, in House Health, Education, &amp; Welfare Committee          Sen. Coyne in Senate Health and Human Services Committee          This act would add biological products and interchangeable biological products to the medications pharmacies may dispense, and would regulate the procedures for dispensing and substitution.          This act would take effect upon passage.</p>
	<p>Tabled for more information on what a "biological product" as defined in the "Public Health Service Act", 42 U.S.C. §262 is.  <i>CFR TITLE 21--FOOD AND DRUGS CHAPTER I--FOOD AND DRUG ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES SUBCHAPTER F--BIOLOGICS PART 600 -- BIOLOGICAL PRODUCTS: GENERAL</i>  <i>(h) Biological product means any virus, therapeutic serum, toxin, antitoxin, or analogous product applicable to the prevention, treatment or cure of diseases or injuries of man:</i>  <i>(1) A virus is interpreted to be a product containing the minute living cause of an infectious disease and includes but is not limited to filterable viruses, bacteria, rickettsia, fungi, and protozoa.</i>  <i>(2) A therapeutic serum is a product obtained from blood by removing the clot or clot components and the blood cells.</i>  <i>(3) A toxin is a product containing a soluble substance poisonous to laboratory animals or to man in doses of 1 milliliter or less (or equivalent in weight) of the product, and having the property, following the injection of non-fatal doses into an animal, of causing to be produced therein another soluble substance which specifically neutralizes the poisonous substance and which is demonstrable in the serum of the animal thus immunized.</i></p>

(4) *An antitoxin is a product containing the soluble substance in serum or other body fluid of an immunized animal which specifically neutralizes the toxin against which the animal is immune.*

(5) *A product is analogous:*

(i) *To a virus if prepared from or with a virus or agent actually or potentially infectious, without regard to the degree of virulence or toxicogenicity of the specific strain used.*

(ii) *To a therapeutic serum, if composed of whole blood or plasma or containing some organic constituent or product other than a hormone or an amino acid, derived from whole blood, plasma, or serum.*

(iii) *To a toxin or antitoxin, if intended, irrespective of its source of origin, to be applicable to the prevention, treatment, or cure of disease or injuries of man through a specific immune process.*

1 SECTION 1. Section 5-19.1-2 of the General Laws in Chapter 5-19.1 entitled  
 2 "Pharmacies" is hereby amended to read as follows:  
 3 **5-19.1-2. Definitions.** – <sup>{add>}</sup> (a) "Biological product" means a "biological product" as defined  
 4 in the "Public Health Service Act", 42 U.S.C. §262. <sup><add></sup>

5 <sup>{delete>}</sup> ~~(a)~~ <sup><delete></sup> ~~(b)~~ <sup>{add>}</sup> (b) "Board" means the Rhode Island board of pharmacy.

6 <sup>{delete>}</sup> ~~(b)~~ <sup><delete></sup> ~~(c)~~ <sup>{add>}</sup> (c) "Change of ownership" means:

7 (1) In the case of a pharmacy, manufacturer, or wholesaler that is a partnership, any  
 8 change that results in a new partner acquiring a controlling interest in the partnership;

9 (2) In the case of a pharmacy, manufacturer, or wholesaler that is a sole proprietorship,  
 10 the transfer of the title and property to another person;

11 (3) In the case of a pharmacy, manufacturer, or wholesaler that is a corporation:

12 (i) A sale, lease exchange, or other disposition of all, or substantially all, of the property  
 13 and assets of the corporation; or

14 (ii) A merger of the corporation into another corporation; or

15 (iii) The consolidation of two (2) or more corporations resulting in the creation of a new  
 16 corporation; or

17 (iv) In the case of a pharmacy, manufacturer, or wholesaler that is a business  
 18 corporation, any transfer of corporate stock that results in a new person acquiring a controlling  
 19 interest in the corporation; or

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1 (v) In the case of a pharmacy, manufacturer, or wholesaler that is a non-business  
 2 corporation, any change in membership that results in a new person acquiring a controlling vote  
 3 in the corporation.

4 <sup>{delete>}</sup> ~~(e)~~ <sup><delete></sup> ~~(d)~~ <sup>{add>}</sup> (d) "Compounding" means the act of combining two (2) or more ingredients as

5 a  
 6 result of a practitioner's prescription or medication order occurring in the course of professional  
 7 practice based upon the individual needs of a patient and a relationship between the practitioner,  
 8 patient, and pharmacist. Compounding does not mean the routine preparation, mixing, or  
 9 assembling of drug products that are essentially copies of a commercially available product.  
 10 Compounding shall only occur in the pharmacy where the drug or device is dispensed to the  
 11 patient or caregiver and includes the preparation of drugs or devices in anticipation of  
 12 prescription orders based upon routine, regularly observed prescribing patterns.

13 <sup>{delete>}</sup> ~~(d)~~ <sup><delete></sup> ~~(e)~~ <sup>{add>}</sup> (e) "Controlled substance" means a drug or substance, or an immediate  
 14 precursor of

15 such drug or substance, so designated under or pursuant to the provisions of chapter 28 of title 21.

16 <sup>{delete>}</sup> ~~(e)~~ <sup><delete></sup> ~~(f)~~ <sup>{add>}</sup> (f) "Deliver" or "delivery" means the actual, constructive, or attempted transfer  
 17 from

18 one person to another of a drug or device, whether or not there is an agency relationship.

19 <sup>{delete>}</sup> ~~(f)~~ <sup><delete></sup> ~~(g)~~ <sup>{add>}</sup> (g) "Device" means instruments, apparatus, and contrivances, including their  
 components, parts, and accessories, intended:

(1) For use in the diagnosis, cure, mitigation, treatment, or prevention of disease in man

19 or other animals; or  
20 (2) To affect the structure or any function of the body of man or other animals.  
21 ~~(g)~~ <sup>(h)</sup> "Director" means the director of the Rhode Island state department of  
22 health.  
23 ~~(h)~~ <sup>(i)</sup> "Dispense" means the interpretation of a prescription or order for a drug,  
24 biological, or device and, pursuant to that prescription or order, the proper selection, measuring,  
25 compounding, labeling, or packaging necessary to prepare that prescription or order for delivery  
26 or administration.  
27 ~~(i)~~ <sup>(j)</sup> "Distribute" means the delivery of a drug or device other than by  
28 administering or  
29 dispensing.  
30 ~~(j)~~ <sup>(k)</sup> "Drug" means:  
31 (1) Articles recognized in the official United States Pharmacopoeia or the Official  
32 Homeopathic Pharmacopoeia of the U.S.;  
33 (2) Substances intended for use in the diagnosis, cure, mitigation, treatment, or  
34 prevention of disease in man, woman, or other animals;  
(3) Substances (other than food) intended to affect the structure or any function of the  
body of man, woman, or other animals; or

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1 (4) Substances intended for use as a component of any substances specified in  
2 subdivision (1), (2), or (3) of this subsection, but not including devices or their component parts  
3 or accessories.  
4 ~~(k)~~ <sup>(l)</sup> "Equivalent and interchangeable" means a drug, excluding a biological  
5 product,  
6 having the same generic name, dosage form, and labeled potency, meeting standards of the  
7 United States Pharmacopoeia or National Formulary, or their successors, if applicable, and not  
8 found in violation of the requirements of the United States Food and Drug Administration, or its  
9 successor agency, or the Rhode Island department of health.  
10 <sup>(m)</sup> "Interchangeable biological product" means a biological product that the United  
11 States Food and Drug Administration has:  
12 (1) Licensed and determined meets the standards for interchangeability pursuant to 42  
13 U.S.C. §262(k)(4); or  
14 (2) Determined is therapeutically equivalent as set forth in the latest edition of or  
15 supplement to the United States Food and Drug Administration's Approved Drug Products with  
16 Therapeutic Equivalence Evaluations. <sup>(n)</sup> "Intern" means:  
17 (1) A graduate of an American Council on Pharmaceutical Education (ACPE)-accredited  
18 program of pharmacy;  
19 (2) A student who is enrolled in at least the first year of a professional ACPE-accredited  
20 program of pharmacy; or  
21 (3) A graduate of a foreign college of pharmacy who has obtained full certification from  
22 the FPGEC (Foreign Pharmacy Graduate Equivalency Commission) administered by the National  
23 Association of Boards of Pharmacy.  
24 ~~(m)~~ <sup>(o)</sup> "Limited function test" means those tests listed in the federal register under  
25 the  
26 Clinical Laboratory Improvement Amendments of 1988 (CLIA) as waived tests. For the purposes  
27 of this chapter, limited function test shall include only the following: blood glucose, hemoglobin  
28 Alc, cholesterol tests, and/or other tests that are classified as waived under CLIA and are  
29 approved by the United States Food and Drug Administration for sale to the public without a  
30 prescription in the form of an over-the-counter test kit.  
~~(n)~~ <sup>(p)</sup> "Legend drugs" means any drugs that are required by any applicable federal  
or

31 state law or regulation to be dispensed on prescription only or are restricted to use by practitioners  
32 only.

33 {delete>(~~q~~)<delete}{add>(q)<add} "Manufacture" means the production, preparation, propagation,  
34 compounding, or  
processing of a drug or other substance or device or the packaging or repackaging.

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1 {delete>(~~r~~)<delete}{add>(r)<add} "Non-legend" or "nonprescription drugs" means any drugs that may be  
lawfully  
2 sold without a prescription.

3 {delete>(~~s~~)<delete}{add>(s)<add} "Person" means an individual, corporation, government, subdivision or  
agency,  
4 business trust, estate, trust, partnership or association, or any other legal entity.

5 {delete>(~~t~~)<delete}{add>(t)<add} "Pharmaceutical care" is the provision of drugs and other pharmaceutical  
services

6 intended to achieve outcomes related to cure or prevention of a disease elimination or reduction  
7 of a patient's symptoms or arresting or slowing of a disease process. "Pharmaceutical care"  
8 includes the judgment of a pharmacist in dispensing an equivalent and interchangeable drug or  
9 device in response to a prescription after appropriate communication with the prescriber and the  
10 patient.

11 {delete>(~~u~~)<delete}{add>(u)<add} "Pharmacist in charge" means a pharmacist licensed in this state as  
designated by

12 the owner as the person responsible for the operation of a pharmacy in conformance with all laws  
13 and regulations pertinent to the practice of pharmacy and who is personally in full and actual  
14 charge of such pharmacy and personnel.

15 {delete>(~~v~~)<delete}{add>(v)<add} "Pharmacy" means that portion or part of a premise where prescriptions are  
16 compounded and dispensed, including that portion utilized for the storage of prescription or  
17 legend drugs.

18 {delete>(~~w~~)<delete}{add>(w)<add} "Pharmacy technician" means an individual who meets minimum  
qualifications

19 established by the board, that are less than those established by this chapter as necessary for  
20 licensing as a pharmacist, and who works under the direction and supervision of a licensed  
21 pharmacist.

22 {delete>(~~x~~)<delete}{add>(x)<add} "Practice of pharmacy" means the interpretation, evaluation, and  
implementation

23 of medical orders; the dispensing of prescription drug orders; participation in drug and device  
24 selection; the compounding of prescription drugs; drug regimen reviews and drug or drug-related  
25 research; the administration of adult immunizations pursuant to a valid prescription or physician-  
26 approved protocol and in accordance with regulations, to include training requirements as  
27 promulgated by the department of health; the administration of all forms of influenza  
28 immunizations to individuals between the ages of nine (9) years and eighteen (18) years,  
29 inclusive, pursuant to a valid prescription or prescriber-approved protocol, in accordance with the  
30 provisions of § 5-19.1-31 and in accordance with regulations, to include necessary training  
31 requirements specific to the administration of influenza immunizations to individuals between the  
32 ages of nine (9) years and eighteen (18) years, inclusive, as promulgated by the department of  
33 health; provision of patient counseling and the provision of those acts or services necessary to  
34 provide pharmaceutical care; and/or the responsibility for the supervision for compounding and

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1 labeling of drugs and devices (except labeling by a manufacturer, repackager, or distributor of  
2 non-prescription drugs and commercially packaged legend drugs and devices), proper and safe  
3 storage of drugs and devices, and maintenance of proper records for them; and the performance of  
4 clinical laboratory tests, provided such testing is limited to limited-function tests as defined  
5 herein. Nothing in this definition shall be construed to limit or otherwise affect the scope of

6 practice of any other profession.  
{delete}<(w)><delete>{add}<(y)> "Practitioner" means a physician, dentist, veterinarian, nurse, or other  
7 person duly  
8 authorized by law in the state in which they practice to prescribe drugs.  
{delete}<(x)><delete>{add}<(z)> "Preceptor" means a pharmacist registered to engage in the practice of  
9 pharmacy  
10 in this state who has the responsibility for training interns.  
{delete}<(y)><delete>{add}<(aa)> "Prescription" means an order for drugs or devices issued by the  
11 practitioner duly  
12 authorized by law in the state in which he or she practices to prescribe drugs or devices in the  
13 course of his or her professional practice for a legitimate medical purpose.  
14 {delete}<(z)><delete>{add}<(bb)> "Wholesaler" means a person who buys drugs or devices for resale and  
15 distribution to corporations, individuals, or entities other than consumers.

16 SECTION 2. Chapter 5-19.1 of the General Laws entitled "Pharmacies" is hereby  
17 amended by adding thereto the following section:

{add}<5-19.1-19.1. Pharmacists - Substitution of biological products. -- (a) Pharmacists when  
18 dispensing a prescription for any biological product shall, unless requested otherwise by the  
19 individual presenting the prescription in writing, substitute such product with an interchangeable  
20 biological product in accordance with the provisions of §21-31-16.1(a). No substitution under this  
21 section shall be allowed if the prescribing physician orders the pharmacist to dispense as brand  
22 name necessary on the prescription form, or if the prescriber gives oral direction to that effect to  
23 the dispensing pharmacist. The requirements of this section shall not apply to an order to dispense  
24 a biological product for immediate administration to a licensed hospital, nursing facility, or  
25 hospice facility in-patient. The pharmacist will make a biological product selection from  
26 approved interchangeable prescription biological products and shall pass the savings on to the  
27 ultimate consumer. When a biological product selection is made, the pharmacist shall inform the  
28 patient of the selection made and shall indicate the product dispensed on the written prescription  
29 or on the oral prescription, which has been reduced to writing.

30  
31 (b) Within five (5) business days following the dispensing of a biological product, the  
32 dispensing pharmacist or the pharmacist's designee shall communicate to the prescriber the  
33 specific product provided to the patient, including the name of the product and the manufacturer.

34 (c) The communication shall be conveyed by making an entry that is electronically

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1 accessible to the prescriber through:

2 (1) An interoperable electronic medical records system;

3 (2) An electronic prescribing technology;

4 (3) A pharmacy benefit management system; or

5 (4) A pharmacy record.

6 (d) Entry into an electronic records system as described in this subsection is presumed to  
7 provide notice to the prescriber. Otherwise, the pharmacist shall communicate the biological  
8 product dispensed to the prescriber using facsimile, telephone, electronic transmission, or other  
9 prevailing means, provided that the communication shall not be required where:

10 (1) There is no interchangeable biological product for the product prescribed approved by  
11 the United States Food and Drug Administration; or

12 (2) A refill prescription is not changed from the product dispensed on the prior filling of  
13 the prescription. <add>

14 SECTION 3. Section 21-31-16.1 of the General Laws in Chapter 21-31 entitled "Rhode  
15 Island Food, Drugs, and Cosmetics Act" is hereby amended to read as follows:

16 21-31-16.1. {delete}<Substitution of generic drugs.--><delete>{add}<Substitution of generic drugs and  
17 biological products. -- <add>(a){delete}<Product selection.><delete>{add}<Drug product selection.><add> - The director

18 shall permit

substitution of less expensive generic, chemical, or brand name drugs and pharmaceuticals,

19 {add} excluding biological products, <add> considered by the director as therapeutically equivalent and  
 20 interchangeable with specific brand name drugs and pharmaceuticals, if they are found to be in  
 21 compliance with § 21-31-16 and standards set forth by the United States Food and Drug  
 22 Administration under §§ 505 and 507 of the Federal Food, Drug, and Cosmetic Act, 21 U.S.C. §§  
 23 355 and 357. The director shall consider, but not be limited to, the determination of the United  
 24 States Food and Drug Administration, or its successor agency, as published under §§ 505 and 507  
 25 of the Federal Food, Drug, and Cosmetic Act. The director shall provide for the distribution of  
 26 copies of lists of prescription drug products that the director deems after evaluation not to be  
 27 therapeutically equivalent, and revisions to the lists, among physicians and pharmacists licensed  
 28 and actively engaged in practice within the state, and other appropriate individuals, and shall  
 29 supply a copy to any person on request. The list shall be revised from time to time so as to  
 30 include new pertinent information on approved prescription drug products, reflecting current  
 31 information as to standards for quality, safety, effectiveness, and therapeutic equivalence.

32 (b) Appropriations. - The director shall provide necessary space, personnel, and material  
 33 to carry out the provisions of this section.

34 (c) Liability. - There shall be no civil liability incurred and no cause of action of any

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1 nature shall arise against the director, designated agents, or employees, as a result of the listing or  
 2 omission of drugs or pharmaceuticals {add} or biological products <add> for product selection.

3 (d) Annual reports. - The director shall make annual reports to the general assembly by  
 4 February 10 of each year showing a list of approved prescription drug products with therapeutic  
 5 equivalence {add} and approved prescription interchangeable biological products <add>, and an estimate of  
 6 the  
 7 average savings to the general public.

8 (e) Pharmacists. - When a pharmacist dispenses a therapeutically equivalent drug  
 9 product {add} or interchangeable biological product <add>, there shall be no additional liability imposed on  
 10 the prescriber who authorizes that product selection, or on the pharmacist dispensing the product  
 11 selection from a physician's oral or written order.

12 (f) Enforcement provisions. - It is made the duty of the department of health, its agents  
 13 designated by the director of health, and of all peace officers within the state to enforce all  
 14 provisions of this section and of §§ 5-19.1-19, 5-37-18 -- 5-37-18.2, and 21-31-3.

15 {add} (g) Biological product selection. The director shall permit substitution of a less expensive  
 16 biological product, as defined in §5-19.1-2, for a prescribed biological product only if said less  
 17 expensive biological product is an interchangeable biological product as defined in §5-19.1-2.  
 18 The director shall maintain on the Rhode Island state department of health website, a link to the  
 19 current list of each biological product determined by the United States Food and Drug  
 20 Administration to be an interchangeable biological product. <add>

SECTION 4. This act shall take effect upon passage.

	<p><b>MOTION: To find beneficial 2016 H 7816 &amp; S 2755 Acts Relating To Businesses And Professions - Pharmacies.</b>          Motion moved by RC, seconded by MS, passed unanimously</p>
	<p><b>16 H 7130 An Act Relating To Businesses And Professions - License Procedure Chemical Dependency Professionals</b>          Rep. Regunberg in House Health, Education, &amp; 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.</p>
	<p>Tabled for more information from the Providence Center.</p>

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".

~~(3)~~ (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.

~~(3)~~ (4) "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.

~~(4)~~ (5) "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.

~~(5)~~ (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.

~~(5)~~ (7) "CDCS" means chemical dependency clinical supervisor.

~~(6)~~ (8) "Clergy" includes any minister, priest, rabbi, Christian Science practitioner, or any

other similar religious counselor.

~~(7)~~ (9) "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.

~~(8)~~ (10) "Department" means the Rhode Island department of health.

~~(9)~~ (11) "Director" means the director of the Rhode Island department of health.

~~(10)~~ (12) "Documented professional work experience" means the ICRC/AODA member

board approved form completed by employer or approved supervisor verifying dates of employment and responsibilities.

~~(11)~~ (13) "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.

~~(12)~~ (14) "General supervision" means available by telephone, cellphone or electronic means during business hours.

~~(12)~~ (15) "ICRC/AODA" means International

Certification and Reciprocity

25 Consortium/Alcohol and Other Drug Abuse.

26 {delete}<(13)<delete}{add}<(16)<add> "Licensed chemical dependency clinical supervisor" means  
an individual

27 licensed by the department of health to practice and supervise substance abuse counseling and  
28 who meets the qualification established in this section.

29 {delete}<(14)<delete}{add}<(17){add}> "Licensed chemical dependency professional" means an  
individual licensed by

30 the department of health to practice substance abuse counseling and who meets the qualifications  
31 established in this section.

32 {delete}<(15)<delete}{add}<(18)<add> "Licensing board" or "board" means the board of licensing  
for chemical

33 dependency professionals.

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

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1 Dependency Professionals.

2 {add}<(20) "[National Acupuncture Detoxification Association](#)" ("NADA") means a not-for-  
3 [profit organization that provides a certificate of acudetox training.](#)<add>

4 {delete}<(17)<delete}{add}<(21)<add> "Practice of substance abuse counseling" means rendering or  
offering to render

5 professional service for any fee, monetary or otherwise, documented to individuals, families or  
6 groups. Those professional services include the application of the ICRC/AODA specific  
7 knowledge, skills, counseling theory, and application of techniques to define goals and develop a  
8 treatment plan of action aimed toward the prevention, education, or treatment in the recovery  
9 process of substance abuse within the continuum of care service network. The practice further  
10 includes, but is not limited to, networking and making referrals to medical, social services,  
11 psychological, psychiatric, and/or legal resources when indicated.

12 {delete}<(18)<delete}{add}<(22)<add> "Recognized education institution" means any educational  
institution, which

13 grants an associate, bachelor, masters, or doctoral degree and which is recognized by the board,  
14 or by a nationally or regionally recognized educational or professional accrediting organization.

15 {delete}<(19)<delete}{add}<(23)<add> "Substance abuse" means addictive (chronic or habitual)  
consumption,

16 injection, inhalation, or behavior of/with substance (such as alcohol and drugs), progressively  
17 injuring and afflicting the user's psychological, physical, social, economical, and/or spiritual  
18 functioning.

19 {delete}<(20)<delete}{add}<(24)<add> "Supervision" means no less than one hour per week and  
consists of individual

20 or group supervision with a clinician licensed or certified in substance abuse counseling with  
21 education, supervisory experience, and ethics approved by the ICRC/AODA member.

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

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

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

31 [\(c\) Any individual performing auricular acudetox shall not use the title "acupuncturist",  
32 as defined in chapter 37.2 of this title or otherwise represent themselves as an acupuncture  
33 professional and shall not perform acupuncture outside of the scope of the auricular acudetox](#)

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

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

	Took no position on 2016 H 7130 An Act Relating To Businesses And Professions - License Procedure Chemical Dependency Professionals.
	<p><b>16 H 7658 An Act Relating To Education -- Board Of Regents For Elementary And Secondary Education</b>  Rep. Fogarty in House Health, Education, &amp; Welfare Committee  This act would require that the council of elementary and secondary education take into consideration the time and cost of transporting students and other programs that impact the education of students.  This act would take effect upon passage.</p>
	<p>Tabled for more information from the RI Department of Elementary and Secondary Education  <i>Hi Bob. We testified in support of the intent of this legislation. One of RIDE's priorities is to promote efficiencies including transportation. We feel that we are currently implementing the intent of the language of this bill.</i>  <i>FYI during the hearing it was clear that the practical intent of this bill was to advocate for more transportation money for South Kingstown. Should have been heard in Finance. Hope this helps. Andy</i>  <i>P.S. I testified verbally and did not present a letter.</i></p>

1 SECTION 1. Section 16-60-4 of the General Laws in Chapter 16-60 entitled "Board of  
2 Regents for Elementary and Secondary Education [See Title 16 Chapter 97 - The Rhode Island  
3 Board of Education Act]" is hereby amended to read as follows:

4 **16-60-4. Council on elementary and secondary education -- Powers and duties. --**

5 The Council on Elementary and Secondary Education shall have in addition to those enumerated  
6 in § 16-60-1, the following powers and duties:

7 (1) To approve a systematic program of information gathering, processing, and analysis  
8 addressed to every aspect of elementary and secondary education in this state especially as that  
9 information relates to current and future educational needs so that current needs may be met with  
10 reasonable promptness and plans formulated to meet future needs as they arise in the most  
11 efficient and economical manner possible.

12 (2) To approve a master plan implementing the broad goals and objectives for  
13 elementary and secondary education in the state that have been established by the board of  
14 education. These goals and objectives shall be expressed in terms of what men and women should  
15 know and be able to do as a result of their educational experience. The council on elementary and  
16 secondary education shall continually evaluate the efforts and results of education in the light of  
17 these objectives.

18 (3) To adopt standards and require enforcement and to exercise general supervision over

1 all elementary and secondary public and nonpublic education in the state as provided in  
2 subdivision (8) of this section. The council on elementary and secondary education shall not  
3 engage in the operation or administration of any subordinate committee, local school district,  
4 school, school service, or school program, except its own department of elementary and  
5 secondary education, and except as specifically authorized by an act of the general assembly. The  
6 adoption and submittal of the budget and the allocation of appropriations, the acquisition,  
7 holding, disposition, and general management of property shall not be construed to come within  
8 the purview of the preceding prohibition. The council on elementary and secondary education

9 shall communicate with and seek the advice of the commissioner of elementary and secondary  
10 education and all those concerned with and affected by its determinations as a regular procedure  
11 in arriving at its conclusions and in setting its policy.

12 (4) To allocate and coordinate the various educational functions among the educational  
13 agencies of the state and local school districts and to promote cooperation among them so that  
14 maximum efficiency and economy shall be achieved.

15 (5) (i) To prepare with the assistance of the commissioner of elementary and secondary  
16 education and to present annually to the state budget officer, in accordance with § 35-3-4, a total  
17 educational budget for the elementary and secondary sector which shall include, but not be  
18 limited to, the budgets of the department of elementary and secondary education, subordinate  
19 boards and agencies, and state aid to local school districts. Prior to submitting the budget as  
20 required by the budget office instructions and this subsection the council shall present the budget  
21 to the board of education for review and approval.

22 (ii) In the preparation of the budget, the council on elementary and secondary education  
23 shall implement the priorities established by the board of education of expenditures for  
24 elementary and secondary education purposes of state revenues and other public resources made  
25 available for the support of public elementary and secondary education among the various  
26 education agencies of the state. Nothing contained in this section shall authorize any individual or  
27 group of individuals to reallocate resources in a manner other than that prescribed in the budget as  
28 appropriations by the general assembly.

29 (6) To maintain a department of elementary and secondary education, to provide for its  
30 staffing and organization and to appoint a commissioner of elementary and secondary education  
31 pursuant to § 16-60-6 who shall serve at its pleasure. The commissioner of elementary and  
32 secondary education and the department of elementary and secondary education shall have any  
33 duties and responsibilities as defined in §§ 16-60-6 and 16-60-7.

34 (7) To establish other educational agencies or subcommittees necessary or desirable for

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1 the conduct of any or all aspects of elementary and secondary education and to determine all  
2 powers, functions, and composition of any agencies or subcommittees and to dissolve them when  
3 their purpose shall have been fulfilled; provided that nothing contained in this subdivision shall  
4 be construed to grant the council the power to establish subcommittees or agencies performing  
5 the duties and functions of local school committees except as provided in § 16-1-10.

6 (8) To exercise the authority previously vested in the board of regents for education with  
7 relation to secondary nonpublic educational institutions within the state under the terms of  
8 chapter 40 of this title and other laws affecting nonpublic education in the state, and to cause the  
9 department of elementary and secondary education to administer the provisions of that section.

10 (9) To exercise all the functions, powers and duties which previously were vested in the  
11 board of regents for education, under the provisions of former § 16-49-4(9), including but not  
12 limited to the following specific functions:

13 (i) To approve the basic subjects and courses of study to be taught and instructional  
14 standards required to be maintained in the public elementary and secondary schools of the state.

15 (ii) To adopt standards and qualifications for the certification of teachers and to provide  
16 for the issuance of certificates, and to establish fees for the certification of teachers. The fees  
17 collected for the certification of teachers along with various education licensing and testing fees  
18 shall be deposited by the council on elementary and secondary education as general revenues.  
19 The funds appropriated by the general assembly shall be utilized by the department of elementary  
20 and secondary education to establish and support programs which enhance the quality and  
21 diversity of the teaching profession. The commissioner of elementary and secondary education  
22 shall regularly make recommendations to the board about specific programs and projects to be  
23 supported by those funds. The commissioner shall oversee the funds, assess the effectiveness of  
24 its programs and projects, and make recommendations about the general use and operation of the  
25 funds to the board.

26 (iii) To be responsible for the distribution of state school funds.

27 (iv) To determine the necessity of school construction and to approve standards for

28 design and construction of school buildings throughout the state.  
 29 (v) To set standards for school libraries and school library services.  
 30 (vi) <sup>{add></sup>(A) To make recommendations relative to transportation of pupils to school, school  
 31 bus routes, time schedules, and other matters relating to pupil transportation- ;  
 32 <sup>{add></sup>(B) To adopt standards for the intrastate transportation of students across municipal  
 33 boundaries and maximizing the efficiencies of time and cost of each sending district; and  
 34 (C) To utilize already existing and available state or quasi-state programs necessary to

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1 achieve its goals. <sup><add></sup>  
 2 (vii) To enforce the provisions of all laws relating to elementary and secondary  
 3 education.  
 4 (viii) To decide and determine appeals from decisions of the commissioner.  
 5 (ix) To prescribe forms for the use of local school committees and local officers when  
 6 reporting to the department of elementary and secondary education.  
 7 (x) To adopt and require standard accounting procedures for local school districts, except  
 8 as provided for in subdivision (3) of § 16-24-2.  
 9 (xi) To adopt and require standard uniform operating and capital budgeting procedures  
 10 for local school districts.  
 11 (10) To establish rules for the approval and accrediting of elementary and secondary  
 12 schools.  
 13 (11) To recommend to the general assembly changes in the size and number of the  
 14 school districts within the state; and to make any further and other recommendations to the  
 15 general assembly as the council on elementary and secondary education may determine to be  
 16 necessary or desirable, including, but not limited to, proposals for incentives for the coordination  
 17 of services and facilities of certain school districts and the feasibility of granting taxing authority  
 18 to local school committees upon their request, and the impact upon the quality of education  
 19 within that particular community by granting the request. In carrying out this duty, the council on  
 20 elementary and secondary education shall periodically issue reports in school district  
 21 organizations for selected regions and school districts.  
 22 (12) To exercise all other powers with relation to the field of elementary and secondary  
 23 education within this state not specifically granted to any other department, board, or agency, and  
 24 not incompatible with law, which the council on elementary and secondary education may deem  
 25 advisable.  
 26 (13) To exercise the authority previously vested in the board of regents for education  
 27 with relation to adult education as defined in § 16-58-2 and to establish definitive goals for and  
 28 operate a comprehensive delivery system for adult education programs and services, including the  
 29 counseling and testing of persons interested in obtaining high school equivalency diplomas, the  
 30 issuance of diplomas, and the maintenance of a permanent record of applications, tests, and  
 31 equivalency diplomas.  
 32 (14) To promote maximum efficiency and economy in the delivery of elementary and  
 33 secondary educational services in the state <sup>{add></sup>and those ancillary services and programs that are  
 34 equally fundamental to the education of our students <sup><add></sup>.

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**{No changes to the remainder of this section}**

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

	<b>Took no position on 2016 H 7658 An Act Relating To Education -- Board Of Regents For Elementary And Secondary Education.</b>
	<b>Newly Filed Bills</b>
	<b>16 S 2694 &amp; H 8023 Acts Relating To Insurance - Accident and Sickness Insurance Policies - Step Therapy Protocol</b>
	<b>Sen. Gallo in Senate Health and Human Services Committee</b>

Rep. Edwards in House Corporations Committee  
This act would allow for a step therapy exception determination when coverage of a prescription drug for the treatment of a medical condition is restricted for use by an insurer, health plan, or utilization review organization.  
This act shall take effect upon passage and shall apply only to health insurance and health benefit plans delivered, issued for delivery, or renewed on or after June 1, 2016.

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

3 <sup>{add}</sup> **27-18-82. Definitions. --** (a) As used in this chapter:

4 (1) "Clinical practice guidelines" means a systematically developed statement to assist  
5 decision making by health care providers and patients about appropriate health care for specific  
6 clinical circumstances and conditions.

7 (2) "Clinical review criteria" means the written screening procedures, decision abstracts,  
8 clinical protocols and practice guidelines used by an insurer, health plan, or utilization review  
9 organization to determine the medical necessity and appropriateness of health care services.

10 (3) "Medically necessary" means health services and supplies that under the applicable  
11 standard of care are appropriate:

12 (i) To improve or preserve health, life, or function; or

13 (ii) To slow the deterioration of health, life, or function; or

14 (iii) For the early screening, prevention, evaluation, diagnosis, or treatment of a disease,  
15 condition, illness, or injury.

16 (4) "Step therapy override exception determination" means a determination as to whether  
17 a step therapy protocol should apply in a particular situation, or whether the step therapy protocol  
18 should be overridden in favor of immediate coverage of the health care provider's selected

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1 prescription drug. This determination is based on a review of the patient's or prescriber's request  
2 for an override, along with supporting rationale and documentation.

3 (5) "Step therapy protocol" means a protocol or program that establishes the specific  
4 sequence in which prescription drugs for a specified medical condition and medically appropriate  
5 for a particular patient are covered by an insurer or health plan.

6 (6) "Utilization review organization" means an entity that conducts a utilization review,  
7 other than an insurer or health plan performing utilization reviews for its own health benefit  
8 plans.

9 **27-18-83. Exceptions process transparency. --** (a) Exceptions process. When coverage  
10 of a prescription drug for the treatment of any medical condition is restricted for use by an  
11 insurer, health plan, or utilization review organization through the use of a step therapy protocol,  
12 the patient and prescribing practitioner shall have access to a clear, readily accessible and  
13 convenient process to request a step therapy exception determination. An insurer, health plan, or  
14 utilization review organization may use its existing medical exceptions process to satisfy this  
15 requirement. The process shall be made easily accessible on the insurers, health plans, or  
16 utilization review organization's website.

17 (b) Exceptions. A step therapy override exception determination request shall be  
18 expeditiously granted if:

19 (1) The required prescription drug is contraindicated, or will likely cause an adverse  
20 reaction or physical or mental harm to the patient;

21 (2) The required prescription drug is expected to be ineffective based on the known  
22 clinical characteristics of the patient, and the known characteristics of the prescription drug  
23 regimen;

24 (3) The patient has tried the required prescription drug while under their current or a  
25 previous health insurance or health benefit plan, or another prescription drug in the same  
26 pharmacologic class, or with the same mechanism of action and such prescription drug was  
27 discontinued due to lack of efficacy or effectiveness, diminished effect, or an adverse event;

28 (4) The required prescription drug is not in the best interest of the patient based on

29 medical necessity;  
 30 (5) The patient is stable on a prescription drug selected by their health care provider for  
 31 the medical condition under consideration;  
 32 (6) The required prescription drug is likely to be diverted.  
 33 (c) Effect of exception. Upon the granting of a step therapy override exception  
 34 determination, the insurer, health plan, or utilization review organization shall authorize coverage

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1 for the prescription drug prescribed by the patient's treating health care provider.  
 2 (d) Limitations. This section shall not be construed to prevent:  
 3 (1) An insurer, health plan, or utilization review organization from requiring a patient to  
 4 try an AB-rated generic equivalent prior to providing coverage for the equivalent branded  
 5 prescription drug;  
 6 (2) A health care provider from prescribing a prescription drug that is determined to be  
 7 medically appropriate.  
 8 **27-18-84. Regulations.** – Notwithstanding any provision of the general or public laws to  
 9 the contrary, the office of the health insurance commissioner shall promulgate any regulations  
 10 necessary to enforce the provisions of §§27-18-82 and 27-18-83 in accordance with the  
 11 provisions of chapter 35 of title 42 ("administrative procedures act").<sup><add></sup>  
 12 SECTION 2. This act shall take effect upon passage and shall apply only to health  
 13 insurance and health benefit plans delivered, issued for delivery, or renewed on or after June 1,  
 14 2016.

	<p>MOTION: To find beneficial 2016 S 2694 &amp; H 8023 Acts Relating To Insurance - Accident And Sickness Insurance Policies - Step Therapy Protocol          Motion moved by CG seconded by MS passed unanimously</p>
	<p><b>16 S 2697 An Act Relating To Health And Safety -- Rhode Island Behavioral Health Care Reform Act Of 2016</b></p>
	<p>This act would establish the "Rhode Island Behavioral Health Care Reform Act of 2016." Its purpose would be to ensure appropriate use of health care resources to manage behavioral health care services and to promote the delivery of such services to people who need them, and includes routine screening of children for behavioral health matters. The act would direct various parties, including physicians, the director of the department of health, and the health insurance commissioner to undertake various actions to achieve these goals. It would also provide for increased insurance coverage for health-related behavioral services.          This act would take effect upon passage.</p>

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 14.7**  
 4 **RHODE ISLAND BEHAVIORAL HEALTH CARE REFORM ACT OF 2016**  
 5 **42-14.7-1. Short title.** -- This act shall be known and may be cited as the "Rhode Island  
 6 Behavioral Health Care Reform Act of 2016."  
 7 **42-14.7-2. Legislative findings.** -- The general assembly finds and declares that:  
 8 (1) Mental health and substance abuse problems affect one out of every four (4) Rhode  
 9 Islanders every year.  
 10 (2) Health-related behaviors such as diet, exercise, tobacco use, and compliance with  
 11 medical treatment affect even more Rhode Islanders every year.  
 12 (3) The resulting costs, both financial and in impairment, loss of productivity and  
 13 suffering, cause a significant burden on the state and its citizens.  
 14 (4) Health care reform efforts can only succeed if a comprehensive approach is taken that  
 15 includes the role of behavior and behavioral health in health and health care.  
 16 (5) Despite its significant potential impact on health care costs and effectiveness,

17 spending on behavioral health is a small percentage of all health care spending and is thus often  
18 neglected in health care reform, improvement, or cost-containment efforts.

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1 (6) As is true for citizens of all states, half of Rhode Islanders with mental health,  
2 substance abuse, or health-related behavioral problems receive no treatment at all, and of those  
3 who do receive treatment, a large majority receives treatment that does not meet national  
4 guidelines for effectiveness, resulting in significant avoidable personal suffering and waste of  
5 health care funds.

6 (7) "Stigma", as defined by the United States Surgeon General, includes a lack of  
7 understanding and a lack of proportional attention to behavioral health, which impedes effective  
8 management of behavioral health and other health care resources to address health-related  
9 behaviors and behavioral health cost-effectively.

10 (8) Tragedies such as the shootings in Newtown, Connecticut, have heightened attention  
11 to the need for better regulation, management and delivery of behavioral health services.

12 (9) Therefore, it is in the best interest of the state to ensure the most appropriate use of  
13 health care resources to more effectively manage behavioral health services to protect the welfare  
14 of its citizens.

15 **42-14.7-3. Purpose.** -- The purpose of the behavioral health care reform act of 2016 is to  
16 ensure appropriate use of health care resources to manage the contribution of behavioral health  
17 and behavioral health services to the affordability and effectiveness of health care.

18 **42-14.7-4. Definitions.** -- (a) For the purposes of this chapter, the following terms shall  
19 have the following meanings:

20 (1) "Behavioral health" means mental health, substance abuse, and health-related  
21 behavior.

22 (2) "Behavioral health functioning" means and is intended to refer to mental health  
23 conditions, substance abuse disorders, and health-related behaviors and is not intended to expand  
24 the scope of covered services or benefits beyond those required in the federal parity law, also  
25 known as the Mental Health Parity and Addiction Equity Act of 2008, Pub. L. 110-343.

26 (3) "Health-related behavior" means behavior that creates risks for diseases, illnesses, or  
27 conditions or that can be modified to reduce health risks, such as diet, exercise, tobacco use, and  
28 compliance with medical treatment.

29 (4) "Behavioral health provider" means mental health counselor, marriage and family  
30 therapist, social worker, psychologist, advanced practice psychiatric nurse, and/or psychiatrist  
31 licensed by the department of health under relevant law and regulation.

32 (5) "Behavioral health services" means treatment and services offered by a behavioral  
33 health provider for the purpose of affecting behavioral health.

34 (6) "Services to treat health-related behaviors" means medically necessary treatment

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1 offered by a behavioral health provider for the purpose of improving or preventing a specific,  
2 diagnosable medical condition.

3 (b) Where behavioral health providers or behavioral health services are to be regulated  
4 with reference to equivalent provisions addressing primary care providers or primary care  
5 services, it is understood that behavioral health providers are not to be considered as primary care  
6 providers themselves but as independent professional members of the primary care team, whether  
7 practicing on-site or in coordination with primary care practices, in recognition of the fact that  
8 behavioral health services are critical for achieving the best possible cost-effectiveness of primary  
9 care services. <sup><add></sup>

10 SECTION 2. Sections 23-1-1, 23-1-2, 23-1-36, 23-1-43 and 23-1-44 of the General Laws  
11 in Chapter 23-1 entitled "Department of Health" are hereby amended to read as follows:

12 **23-1-1. General functions of department.** -- The department of health shall take  
13 cognizance of the interests of life and health among the peoples of the state; shall make  
14 investigations into the causes of disease, the prevalence of epidemics and endemics among the  
15 people, the sources of mortality, the effect of localities, employments<sup>{add}></sup>, and individual behaviors. <sup><add></sup>

16 and all other conditions and circumstances on the public health, and do all in its power to  
17 ascertain the causes and the best means for the prevention and control of diseases or conditions  
18 detrimental to the public health, and adopt proper and expedient measures to prevent and control  
19 diseases and conditions detrimental to the public health in the state. It shall publish and circulate,  
20 from time to time, information that the director may deem to be important and useful for diffusion  
21 among the people of the state, and shall investigate and give advice in relation to those subjects  
22 relating to public health that may be referred to it by the general assembly or by the governor  
23 when the general assembly is not in session, or when requested by any city or town. The  
24 department shall adopt and promulgate rules and regulations that it deems necessary, not  
25 inconsistent with law, to carry out the purposes of this section; provided, however, that the  
26 department shall not require all nonprofit volunteer ambulance, rescue service, and volunteer fire  
27 departments to have two (2) or more certified emergency medical technicians manning  
28 ambulances or rescue vehicles.

29 **23-1-2. Inquiries to local authorities and physicians. --** The director of health shall  
30 make inquiry, from time to time, of the city and town clerks and practicing physicians <sup>{add></sup> and  
31 behavioral health providers <sup><add></sup>, in relation to the prevalence of any disease, or knowledge of any  
32 known or generally believed source of disease or causes of general ill health, and also in relation  
33 to acts for the promotion and protection of the public health, and also in relation to diseases  
34 among domestic animals in their several cities and towns; and those city and town clerks and

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1 practicing physicians shall give information, in reply to the inquiries, of those facts and  
2 circumstances that have come to their knowledge.

3 ~~**23-1-36. Director's duties regarding health education, alcohol, and substance abuse**~~  
4 ~~**programs.**~~ <sup>{add></sup> **Director's duties regarding health education, mental health, alcohol, and**  
5 **substance abuse programs** <sup><add></sup>. -- The director shall establish health education, mental health, <sup><add></sup>  
6 alcohol, and substance abuse programs for students in grades kindergarten through twelve (12), in  
7 accordance with § 35-4-18. The director shall make an annual report to the governor and the  
8 general assembly on the administration of the program.

9 **23-1-43. Minority population health promotion. --** The director of health shall  
10 establish a minority population health promotion program to provide health information,  
11 education, <sup>{add></sup> health-related behavior change and risk reduction activities to reduce the risk of  
12 premature death from preventable disease in minority populations.

13 ~~**23-1-44. Routine childhood and adult immunization vaccines.**~~ <sup>{add></sup> **Routine childhood**  
14 **and adult immunization vaccines and behavioral health prevention services.** <sup><add></sup> -- (a) The  
15 department of health shall include in the department's immunization program those vaccines for  
16 routine childhood immunization as recommended by the Advisory Committee for Immunization  
17 Practices (ACIP) and the Academy of Pediatrics (AAP), and for adult influenza immunization as  
18 recommended by the ACIP, to the extent permitted by available funds. The childhood  
19 immunization program includes administrative and quality assurance services and KIDSNET, a  
20 confidential, computerized child health information system that is used to manage statewide  
21 immunizations, as well as other public health preventive services, for all children in Rhode Island  
22 from birth through age 18. <sup>{add></sup> The department of health shall include in the department's behavioral  
23 health prevention program those behavioral health screening or prevention services meeting the  
24 United States Centers for Medicaid and Medicare Services definition of preventive services in the  
25 Patient Protection and Affordable Care Act, Pub. L. 111-148, as amended by the Federal Health  
26 Care and Education Reconciliation Act of 2010, Pub. L. 111-152, as both may be amended from  
27 time to time, and regulations adopted thereunder. <sup><add></sup>

28 (b) The director of the department of health shall appoint an advisory committee that will  
29 be convened after the ACIP <sup>{add></sup> or the United States Preventive Services Task Force (USPSTF) <sup><add></sup>  
30 makes a recommendation regarding adult immunization or adult behavioral health screening or  
31 prevention. The committee will review the ACIP <sup>{add></sup> or USPSTF <sup><add></sup> recommendations for the state,  
32 assess the vaccine or service cost and feasibility, and advise the director of health and the office  
33 of the health insurance commissioner regarding insurers and providers acting on the ACIP or

1 recommendation. All recommendations will be posted on the department of health website. The  
2 advisory committee membership shall include, but not be limited to, a primary care provider,  
3 pharmacist, representatives of the nursing home industry, the home health care industry, a  
4 {add>licensed psychologist, a licensed social worker, a licensed mental health counselor, a licensed  
5 marriage and family therapist, a licensed nurse or advanced practice nurse, a patient advocate, a  
6 member of the general public <add> and major insurers.

7 SECTION 3. Chapter 23-13 of the General Laws entitled "Maternal and Child Health  
8 Services for Children with Special Health Care Needs" is hereby amended by adding thereto the  
9 following section:

10 {add>**23-13-27. Routine childhood behavioral health screening.** -- (a) The physician  
11 attending any patient younger than twenty-one (21) years of age shall cause that patient to be  
12 subject to health screening services for psychiatric disorders, psychological, interpersonal, and  
13 any other conditions for which there is a medical benefit to the early detection and treatment of  
14 the disorder or condition, and an assessment for developmental risk. The department of health  
15 shall promulgate regulations pertaining to behavioral health screenings, diagnostic and treatment  
16 services as accepted medical practice shall indicate. The provisions of this section shall not apply  
17 if the parents of the child up to the age of eighteen (18) years of age or the young adult between  
18 the ages of eighteen (18) and twenty-one (21) years of age objects to the screening on the grounds  
19 that those tests conflict with their religious tenets and practices.

20 (b) In addition, the department of health is authorized to establish by regulation a  
21 reasonable fee structure for the behavioral health screening and disease control program services,  
22 which includes, but is not limited to, screening, diagnostic, and treatment services. The program  
23 services shall be a covered benefit and be reimbursable by all health insurers, as defined in §27-  
24 38.2-2(4), providing health insurance coverage in Rhode Island except for supplemental policies  
25 which only provide coverage for specific diseases, hospital indemnity, Medicare supplements, or  
26 other supplemental policies. The department of human services shall pay for the program services  
27 where the patient is eligible for medical assistance under the provisions of chapter 8 of title 40. <add>

28 SECTION 4. Sections 23-14.1-1 and 23-14.1-2 of the General Laws in Chapter 23-14.1  
29 entitled "Health Professional Loan Repayment Program" are hereby amended to read as follows:

30 **23-14.1-1. Legislative findings.** -- The general assembly finds that:

31 (1) It is the right of every citizen of the state to have ready access to quality health care;  
32 and

33 (2) Health care facilities serving the poor, including community health centers  
34 throughout the state, are experiencing increasing difficulty in attracting and retaining physicians

1 and other health professionals to administer to the needy populations they serve. Therefore, it is  
2 the general assembly's intent to provide incentives, in the form of loan repayment, to physicians,  
3 dentists, dental hygienists, nurse practitioners, certified nurse midwives, physician assistants,  
4 {add>behavioral health providers, <add> and any other eligible health care professional under § 338A of the  
5 Public Health Service Act, 42 U.S.C. § 2541, who desire to serve the health care needs of  
6 medically underserved individuals in Rhode Island.

7 **23-14.1-2. Definitions.** -- For the purpose of this chapter, the following words and terms  
8 have the following meanings unless the context clearly requires otherwise:

9 (1) "Board" means the health professional loan repayment board.  
10 (2) "Commissioner" means the commissioner of postsecondary education.  
11 (3) "Community health center" means a health care facility as defined and licensed under  
12 chapter 17 of this title.

13 (4) "Division" means the Rhode Island division of higher education assistance.

14 (5) "Eligible health professional" means a physician, dentist, dental hygienist, nurse  
15 practitioner, certified nurse midwife, physician assistant, {add>behavioral health providers, <add> or any other  
16 eligible health care professional under § 338A of the Public Health Service Act, 42 U.S.C. § 2541,

17 licensed in the state who has entered into a contract with the board to serve medically  
18 underserved populations.

19 (6) "Loan repayment" means an amount of money to be repaid to satisfy loan obligations  
20 incurred to obtain a degree or certification in an eligible health profession as defined in  
21 subdivision (5).

22 SECTION 5. Section 23-17.12-9 of the General Laws in Chapter 23-17.12 entitled  
23 "Health Care Services - Utilization Review Act" is hereby amended to read as follows:

24 **23-17.12-9. Review agency requirement for adverse determination and internal**  
25 **appeals. --** (a) The adverse determination and appeals process of the review agent shall conform  
26 to the following:

{No other changes to this section}

3 {add}>(7) Medically acceptable screening criteria and review procedures for behavioral health  
4 services by behavioral health providers shall be certified by the director of the department of  
5 health as materially equivalent to criteria and procedures applied to primary care services and  
6 providers as identified by the director. <add}

7 SECTION 6. Section 23-17.13-3 of the General Laws in Chapter 23-17.13 entitled  
8 "Health Care Accessibility and Quality Assurance Act" is hereby amended to read as follows:

9 **23-17.13-3. Certification of health plans. --** (a) Certification process.

{No other changes to this section}

16 {add}>(d) Network adequacy standards shall include and be governed by the following, in  
17 consideration of the requirements of the Patient Protection and Affordable Care Act, Pub. L. 111-  
18 148, as amended by the Federal Health Care and Education Reconciliation Act of 2010, Pub. L.  
19 111-152, as both may be amended from time to time, including, but not limited to, federal  
20 regulations regarding establishment of exchanges and qualified health plans, and exchange  
21 standards for employers as it relates to qualified health plans:

22 (1) Health plans offered by issuers shall provide timely access, based on referral from the  
23 enrollee's attending or primary care physician, to at least one hospital in-network for each of the  
24 following services: child outpatient services treating health-related behaviors, and adult outpatient  
25 services treating health-related behaviors.

26 (2) Of the primary care practices that health plans contract within each county of Rhode  
27 Island, at least ten percent (10%) shall offer integrated behavioral health, mental health and  
28 substance abuse services for their patients. Incentives included in health plans' contracts with  
29 primary care practices, or alternative incentives certified by the health insurance commissioner to  
30 be equivalent, shall be offered to behavioral health providers offering services on-site in primary  
31 care practices. Health plans shall include sufficient incentives for behavioral health providers to  
32 offer services on-site in primary care practices to enable at least ten percent (10%) of primary  
33 care practices, geographically distributed throughout the state of Rhode Island, to hire or contract  
34 with behavioral health providers who meet standards for training, qualification, and preparation to

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1 practice in integrated primary care settings that have been determined by the department of  
2 health:

3 (3) Health plans offered by issuers shall include providers of step-down and diversion  
4 behavioral health services from hospital levels of care. <add}

5 SECTION 7. Sections 23-17.17-3, 23-17.17-9 and 23-17.17-10 of the General Laws in  
6 Chapter 23-17.17 entitled "Health Care Quality Program" are hereby amended to read as follows:

7 **23-17.17-3. Establishment of health care quality performance measurement and**  
8 **reporting program. --** The director of health is authorized and directed to develop a state health  
9 care quality performance measurement and reporting program. The health care quality  
10 performance measurement and reporting program shall include quality performance measures and  
11 reporting for health care facilities licensed in Rhode Island. The program shall be phased in over  
12 a multi-year period and shall begin with the establishment of a program of quality performance  
13 measurement and reporting for hospitals. In subsequent years, quality performance measurement  
14 and reporting requirements will be established for other types of health care facilities such as

15 nursing facilities, home nursing care providers, other licensed facilities, and licensed health care  
16 providers<sup>{add}</sup>, including behavioral health providers,<sup><add></sup> as determined by the director of health. Prior to  
17 developing and implementing a quality performance measurement and reporting program for  
18 hospitals or any other health care facility or health care provider, the director shall seek public  
19 comment regarding the type of performance measures to be used and the methods and format for  
20 collecting the data.

21 **23-17.17-9. Health care quality and value database.** -- (a) The director shall establish  
22 and maintain a unified health care quality and value database<sup>{add}</sup>, including information about  
23 behavioral health services<sup><add></sup> to:

- 24 (1) Determine the capacity and distribution of existing resources;
- 25 (2) Identify health care needs and inform health care policy;
- 26 (3) Evaluate the effectiveness of intervention programs on improving patient outcomes;
- 27 (4) Compare costs between various treatment settings and approaches;
- 28 (5) Provide information to consumers and purchasers of health care;
- 29 (6) Improve the quality and affordability of patient health care and health care coverage;
- 30 (7) Strengthen primary care and behavioral health infrastructure;
- 31 (8) Strengthen chronic disease management, including management of health-related  
32 behaviors<sup><add></sup>;
- 33 (9) Encourage evidence-based practices in health care, including behavioral health<sup><add></sup>.

34 {No other changes to this section}

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1 **23-17.17-10. Reporting requirements for the health care database.** -- (a) Insurers,  
2 health care providers, health care facilities and governmental agencies shall file reports, data,  
3 schedules, statistics or other information determined by the director to be necessary to carry out  
4 the purposes of this chapter. The reports required by this chapter shall be accepted by the director  
5 in any certification commission for health care information technology ("CCHIT") certified form.  
6 Such information may include:

- 7 (1) health insurance claims and enrollment information used by health insurers;
- 8 (2) information relating to hospital finance; and
- 9 <sup>{add}</sup> (3) information relating to behavioral health conditions and treatments based on valid and  
10 reliable standardized measures of specific behavioral health disorders, conditions, symptoms,  
11 risks, or health-related behaviors and services; and<sup><add></sup>
- 12 ~~(3)~~(4) any other information relating to health care costs, prices, quality, utilization, or  
13 resources required to be filed by the director.

14 (b) The comprehensive health care information system shall not collect any data that  
15 contains direct personal identifiers. For the purposes of this section "direct personal identifiers"  
16 includes information relating to an individual that contains primary or obvious identifiers, such as  
17 the individual's name, street address, e-mail address, telephone number and social security  
18 number. All data submitted to the director pursuant to this chapter shall be protected by the  
19 removal of all personal identifiers and the assignment by the insurer to each subscriber record of a  
20 unique identifier not linked to any personally identifiable information.

21 SECTION 8. Section 23-17.18-1 of the General Laws in Chapter 23-17.18 entitled  
22 "Health Plan Modification Act" is hereby amended to read as follows:

23 **23-17.18-1. Modification of health plans.** -- (a) A health plan may materially modify the  
24 terms of a participating agreement it maintains with a physician <sup>{add}</sup> or behavioral health provider<sup><add></sup>  
25 only if the plan disseminates in writing by mail to the physician <sup>{add}</sup> or behavioral health provider<sup><add></sup> the  
26 contents of the proposed modification and an explanation, in nontechnical terms, of the  
27 modification's impact.

28 (b) The health plan shall provide the physician <sup>{add}</sup> or behavioral health provider an  
29 opportunity to amend or terminate the physician <sup>{add}</sup> or behavioral health provider<sup><add></sup> contract with the  
30 health plan within sixty (60) days of receipt of the notice of modification. Any termination of a  
31 physician <sup>{add}</sup> or behavioral health provider<sup><add></sup> contract made pursuant to this section shall be effective  
32 fifteen (15) calendar days from the mailing of the notice of termination in writing by mail to the  
33 health plan. The termination shall not affect the method of payment or reduce the amount of

34 reimbursement to the physician <sup>{add></sup> or behavioral health provider <sup><add}</sup> by the health plan for any patient in

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1 active treatment for an acute medical or behavioral health <sup><add}</sup> condition at the time the patient's  
2 physician <sup>{add></sup> or behavioral health provider <sup><add}</sup> terminates his, her, or its physician <sup>{add></sup> or behavioral health  
3 provider <sup><add}</sup> contract with the health plan until the active treatment is concluded or, if earlier, one  
4 year after the termination; and, with respect to the patient, during the active treatment period the  
5 physician <sup>{add></sup> or behavioral health provider <sup><add}</sup> shall be subject to all the terms and conditions of the  
6 terminated physician <sup>{add></sup> or behavioral health provider <sup><add}</sup> contract, including but not limited to, all  
7 reimbursement provisions which limit the patient's liability.

8 (c) Nothing in this section shall apply to accident-only, specified disease, hospital  
9 indemnity, Medicare supplement, long-term care, disability income, or other limited benefit  
10 health insurance policies.

11 SECTION 9. Sections 23-17.22-2 and 23-17.22-3 of the General Laws in Chapter 23-  
12 17.22 entitled "Healthy Rhode Island Reform Act of 2008" are hereby amended to read as  
13 follows:

14 **23-17.22-2. Establishment of the healthy Rhode Island strategic plan.** -- (a) The  
15 director of health in consultation with the health care planning and accountability advisory  
16 council established pursuant to chapter 81 of title 23, shall be responsible for the development  
17 and implementation of a five (5) year strategic plan that charts the course for a healthy Rhode  
18 Island.

19 (b) The director and the health care planning and accountability advisory council shall  
20 engage a broad range of health care providers, health insurance plans, professional organizations,  
21 community and nonprofit groups, consumers, businesses, school districts, and state and local  
22 government in developing and implementing the healthy Rhode Island five (5) year strategic plan.

23 (c) (1) The healthy Rhode Island strategic plan shall include:

24 (i) A description of the course charted to a healthy Rhode Island (the healthy Rhode  
25 Island model), which includes patient self-management, emphasis on primary care <sup>{add></sup> and behavioral  
26 health, particularly health-related behaviors <sup><add}</sup>, community initiatives, and health system and  
27 information technology reform, to be used uniformly statewide by private insurers, third party  
28 administrators, and public programs;

29 (ii) A description of prevention programs and how these programs are integrated into  
30 communities, with chronic care management, <sup>{add></sup> health-related behavior changes, <sup><add}</sup> and the healthy  
31 Rhode Island model;

32 (iii) A plan to develop and implement reimbursement systems aligned with the goal of  
33 managing the care for individuals with or at risk for conditions in order to improve outcomes and  
34 the quality of care;

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1 (iv) The involvement of public and private groups, health care professionals, insurers,  
2 third party administrators, associations, and firms to facilitate and assure the sustainability of a  
3 new system of care;

4 (v) The involvement of community and consumer groups to facilitate and assure the  
5 sustainability of health services supporting healthy behaviors and good patient self-management  
6 for the prevention and management of chronic conditions;

7 (vi) Alignment of any information technology needs with other health care information  
8 technology initiatives;

9 (vii) The use and development of outcome measures and reporting requirements, aligned  
10 with outcome measures established by the director under this section, to assess and evaluate the  
11 healthy Rhode Island model system of chronic care management;

12 (viii) Target timelines for inclusion of specific chronic conditions to be included in the  
13 chronic care infrastructure and for statewide implementation of the healthy Rhode Island model;

14 (ix) Identification of resource needs for implementation and sustaining the healthy  
15 Rhode Island model and strategies to meet the identified needs; and

16 (x) A strategy for ensuring statewide participation no later than January 1, 2010 by all

17 health insurers, third-party administrators, health care professionals, health care facilities as  
18 defined in § 23-17-2 of the Rhode Island general laws, and consumers in the healthy Rhode  
19 Island chronic care management plan, including common outcome measures, best practices and  
20 protocols, data reporting requirements, payment methodologies, and other standards.

{No other changes to this section}

4 **23-17.22-3. Healthy Rhode Island chronic care management program.** -- (a) The  
5 director shall create criteria for the healthy Rhode Island chronic care management program as  
6 provided for in this section.

7 (b) The director shall include a broad range of chronic conditions in the healthy Rhode  
8 Island chronic care management program.

9 (c) The healthy Rhode Island chronic care management program shall be designed to  
10 include:

11 (1) A method involving the health care <sup>{add></sup>or behavioral health care<sup><add}</sup> professional in  
12 identifying eligible patients, including the use of a chronic care information system established  
13 pursuant to this section, an enrollment process which provides incentives and strategies for  
14 maximum patient participation, and a standard statewide health <sup>{add></sup>and behavioral health<sup><add}</sup> risk  
15 assessment for each individual;

16 (2) The process for coordinating care among health care professionals, including a  
17 process for ensuring that each patient has a designated primary care physician;

18 (3) The methods of increasing communications among health care professionals and  
19 patients, including patient education, self-management, <sup>{add></sup>health-related behavior change,<sup><add}</sup> and  
20 follow-up plans;

21 (4) The educational, wellness, and clinical management protocols and tools used by the  
22 care management organization, including management guideline materials for health care  
23 professionals to assist in patient-specific recommendations;

24 (5) Process and outcome measures to provide performance feedback for health <sup>{add></sup>and  
25 behavioral health<sup><add}</sup> care professionals and information on the quality of care, including patient  
26 satisfaction and health status outcomes;

27 (6) Payment methodologies to align reimbursements and create financial incentives and  
28 rewards for health <sup>{add></sup>and behavioral health<sup><add}</sup> care professionals to establish management systems for  
29 chronic conditions, to improve health outcomes, and to improve the quality of care, including  
30 case management fees, pay for performance, payment for technical support and data entry  
31 associated with patient registries, the cost of staff coordination within a medical <sup>{add></sup>or behavioral  
32 health<sup><add}</sup> practice, and any reduction in a health <sup>{add></sup>or behavioral health<sup><add}</sup> care professional's  
productivity;

{No other changes to this section}

28 SECTION 10. Section 27-18-1.1 of the General Laws in Chapter 27-18 entitled  
29 "Accident and Sickness Insurance Policies" is hereby amended to read as follows:

30 **27-18-1.1. Definitions.** -- As used in this chapter:

21 (8) "Health benefits" or "covered benefits" means coverage or benefits for the diagnosis,  
22 cure, mitigation, treatment, or prevention of disease, or amounts paid for the purpose of affecting  
23 any structure or function of the body <sup>{add></sup>or behavioral health functioning<sup><add}</sup> including coverage or  
24 benefits for transportation primarily for and essential thereto, and including medical services as  
25 defined in R.I. Gen. Laws § 27-19-17;

{No other changes to this section}

17 SECTION 11. Section 27-18.5-8 of the General Laws in Chapter 27-18.5 entitled  
18 "Individual Health Insurance Coverage" is hereby amended to read as follows:

19 **27-18.5-8. Wellness health benefit plan.** -- All carriers that offer health insurance in the  
20 individual market shall actively market and offer the wellness health direct benefit plan to eligible  
21 individuals. The wellness health direct benefit plan shall be determined by regulation  
22 promulgated by the office of the health insurance commissioner (OHIC). The OHIC shall develop  
23 the criteria for the direct wellness health benefit plan, including, but not limited to, benefit levels,  
24 cost sharing levels, exclusions and limitations in accordance with the following:

{No other changes to this section}

25 (1) Form and utilize an advisory committee in accordance with subsection 27-50-10(5).  
26 (2) Set a target for the average annualized individual premium rate for the direct  
27 wellness health benefit plan to be less than ten percent (10%) of the average annual statewide  
28 wage, dependent upon the availability of reinsurance funds, as reported by the Rhode Island  
29 department of labor and training, in their report entitled "Quarterly Census of Rhode Island  
30 Employment and Wages." In the event that this report is no longer available, or the OHIC  
31 determines that it is no longer appropriate for the determination of maximum annualized  
32 premium, an alternative method shall be adopted in regulation by the OHIC. The maximum  
33 annualized individual premium rate shall be determined no later than August 1st of each year, to  
34 be applied to the subsequent calendar year premiums rates.

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1 (3) Ensure that the direct wellness health benefit plan creates appropriate incentives for  
2 employers, providers, health plans and consumers to, among other things:  
3 (i) Focus on primary care, <sup>{add></sup>behavioral health care, prevention and wellness;  
4 (ii) Actively manage the chronically ill population <sup>{add></sup>, including health-related behavior <sup><add}</sup>;  
5 (iii) Use the least cost, most appropriate setting; and  
6 (iv) Use evidence based, quality care.

7 (4) The plan shall be made available in accordance with title 27, chapter 18.5 as required  
8 by regulation on or before May 1, 2007.

9 SECTION 12. Section 27-18.6-2 of the General Laws in Chapter 27-18.6 entitled "Large  
10 Group Health Insurance Coverage" is hereby amended to read as follows:

11 **27-18.6-2. Definitions.** -- The following words and phrases as used in this chapter have  
12 the following meanings unless a different meaning is required by the context:

16 (17) "Health status-related factor" means any of the following factors:

17 (i) Health status;

18 (ii) Medical condition, including both physical and mental illnesses <sup>{add></sup>, and behaviors  
19 related to health status <sup><add}</sup>;

20 (iii) Claims experience;

21 (iv) Receipt of health <sup>{add></sup> or behavioral health <sup><add}</sup> care;

22 (v) Medical history;

23 (vi) Genetic information;

24 (vii) Evidence of insurability, including contributions arising out of acts of domestic  
25 violence; and

26 (viii) Disability;

**{No other changes to this definition}**

7 (21) "Medical care" means amounts paid for:

8 (i) The diagnosis, cure, mitigation, treatment, or prevention of disease, or amounts paid  
9 for the purpose of affecting any structure or function of the body <sup>{add></sup>, or behavioral health  
10 functioning <sup><add}</sup>;

11 (ii) Amounts paid for transportation primarily for and essential to medical care referred  
12 to in paragraph (i) of this subdivision; and

13 (iii) Amounts paid for insurance covering medical care referred to in paragraphs (i) and  
14 (ii) of this subdivision;

**{No other changes to this section}**

1 SECTION 13. Sections 27-19-1 and 27-19-5.2 of the General Laws in Chapter 27-19  
2 entitled "Nonprofit Hospital Service Corporations" are hereby amended to read as follows:

3 **27-19-1. Definitions.** -- As used in this chapter:

1 (10) "Health benefits" or "covered benefits" means coverage or benefits for the  
2 diagnosis, cure, mitigation, treatment, or prevention of disease, or amounts paid for the purpose  
3 of affecting any structure or function of the body <sup>{add></sup>, or behavioral health functioning <sup><add}</sup> including  
4 coverage or benefits for transportation primarily for and essential thereto, and including medical  
5 services as defined in R.I. Gen. Laws § 27-19-17;

6 **27-19-5.2. Patient responsibility -- Administrative requirements.** -- For health benefit

7 contracts issued, renewed, or delivered on or after April 1, 2002, the following shall apply:

8 (1) The amount of copayments for physician office visits and hospital emergency room  
9 visits shall be printed on the subscriber identification cards issued to insureds. <sup>{add}</sup>The amount of  
10 copayments of behavioral health office visits shall be equal to those for non-preventive primary  
11 care office visits. <sup><add></sup> (2) A schedule of all applicable copayments, by product or by group, in paper or  
12 electronic format, or both, shall be published, updated, and distributed to participating providers.

13 (3) Notification shall be provided to subscribers on an annual basis regarding their  
14 responsibility for copayments and deductibles.

15 SECTION 14. Sections 27-20-1, 27-20-3 and 27-20-5.3 of the General Laws in Chapter  
16 27-20 entitled "Nonprofit Medical Service Corporations" are hereby amended to read as follows:

17 **27-20-1. Definitions.** -- As used in this chapter:

14 (10) "Health benefits" or "covered benefits" means coverage or benefits for the  
15 diagnosis, cure, mitigation, treatment, or prevention of disease, or amounts paid for the purpose  
16 of affecting any structure or function of the body <sup>{add}</sup>or behavioral health functioning <sup><add></sup> including  
17 coverage or benefits for transportation primarily for and essential thereto, and including medical  
18 services as defined in R.I. Gen. Laws § 27-19-17;

32 **27-20-3. Qualifications of directors.** -- A majority of the directors of a nonprofit  
33 medical service corporation, other than a corporation organized pursuant to the provisions of  
34 chapter 19 of this title, must at all times be doctors of medicine <sup>{add}</sup>or behavioral health providers <sup><add></sup>

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1 duly licensed to practice under the laws of this state. The directors of any nonprofit medical  
2 service corporation formed after January 1, 1964 shall consist of an equal number of  
3 representatives of the public, doctors of <sup>{add}</sup>medicine or behavioral health providers <sup><add></sup> duly licensed to  
4 practice under the laws of this state, and subscribers.

5 **27-20-5.3. Patient responsibility -- Administrative requirements.** -- For health benefit  
6 contracts issued, renewed, or delivered on or after April 1, 2002, the following shall apply:

7 (1) The amount of copayments for physician office visits and hospital emergency room  
8 visits shall be printed on the subscriber identification cards issued to insureds. <sup>{add}</sup>The amount of  
9 copayments for behavioral health office visits shall be equal to those for non-preventive primary  
10 care office visits. <sup><add></sup>

11 (2) A schedule of all applicable copayments, by product or by group, in paper or  
12 electronic format, or both, shall be published, updated, and distributed to participating providers.

13 (3) On an annual basis, notification shall be provided to subscribers regarding their  
14 responsibility for copayments and deductibles.

15 SECTION 15. Section 27-20.9-3 of the General Laws in Chapter 27-20.9 entitled  
16 "Contract With Health Care Providers" is hereby amended to read as follows:

17 **27-20.9-3. Pay-for-performance guidelines.** -- A health insurer shall not require a  
18 physician <sup>{add}</sup>or behavioral health provider <sup><add></sup>, as a condition of contracting, to participate in any  
19 financial or reimbursement incentive program, commonly referred to as pay-for-performance  
20 programs unless such program meets the principles and guidelines for pay-for-performance  
21 programs endorsed by the national quality forum and adopted by the AQA Alliance or the  
22 hospital quality alliance, or similar principles and guidelines for pay-for-performance programs  
23 approved by the office of the health insurance commissioner. Any pay-for-performance program  
24 offered to a primary care physician, or a program certified by the health insurance commissioner  
25 to be equivalent, shall be made available for behavioral health providers. <sup><add></sup>

26 SECTION 16. Sections 27-38.2-1, 27-38.2-2 and 27-38.2-3 of the General Laws in  
27 Chapter 27-38.2 entitled "Insurance Coverage for Mental Illness and Substance Abuse" are  
28 hereby amended to read as follows:

29 **27-38.2-1. Coverage for the treatment of mental health and substance use disorders.**

30 -- (a) A group health plan and an individual or group health insurance plan shall provide coverage  
31 for the treatment of mental health, ~~and~~ substance-use disorders <sup>{add}</sup>and health-related behaviors <sup><add></sup> under  
32 the same terms and conditions as that coverage is provided for other illnesses and diseases <sup>{add}</sup>and in  
33 particular, for illnesses and diseases commonly treated by primary care providers <sup><add></sup>.

34 (b) Coverage for the treatment of mental health and substance-use disorders shall not

1 impose any annual or lifetime dollar limitation.

2 (c) Financial requirements and quantitative treatment limitations on coverage for the  
3 treatment of mental health and substance-use disorders shall be no more restrictive than the  
4 predominant financial requirements applied to substantially all coverage for medical conditions in  
5 each treatment classification.

6 (d) Coverage shall not impose non-quantitative treatment limitations for the treatment of  
7 mental health and substance-use disorders unless the processes, strategies, evidentiary standards,  
8 or other factors used in applying the non-quantitative treatment limitation, as written and in  
9 operation, are comparable to, and are applied no more stringently than, the processes, strategies,  
10 evidentiary standards, or other factors used in applying the limitation with respect to  
11 medical/surgical benefits in the classification.

12 (e) The following classifications shall be used to apply the coverage requirements of this  
13 chapter: (1) Inpatient, in-network; (2) Inpatient, out-of-network; (3) Outpatient, in-network; (4)  
14 Outpatient, out-of-network; (5) Emergency care; and (6) Prescription drugs.

15 (f) Medication-assisted therapy, including methadone maintenance services, for the  
16 treatment of substance-use disorders, opioid overdoses, and chronic addiction is included within  
17 the appropriate classification based on the site of the service.

18 (g) Payors shall rely upon the criteria of the American Society of Addiction Medicine  
19 when developing coverage for levels of care for substance-use disorder treatment.

20 **27-38.2-2. Definitions.** -- For the purposes of this chapter, the following words and terms  
21 have the following meanings:

**{No other changes to definitions}**

14 (5) "Mental health or substance use disorder" means any mental disorder and substance  
15 use disorder that is listed in the most recent revised publication or the most updated volume of  
16 either the Diagnostic and Statistical Manual of Mental Disorders (DSM) published by the  
17 American Psychiatric Association or the International Classification of Disease Manual (ICO)  
18 published by the World Health Organization; <sup>{add></sup> [or any health-related behavior identified by the](#)  
19 [director of health as having a significant effect on health, illness, disease, or functioning and that](#)  
20 [substantially limits the life activities of the person with the illness](#) <sup><add}</sup> provided, that tobacco and  
21 caffeine are excluded from the definition of "substance" for the purposes of this chapter.

32 **27-38.2-3. Medical necessity and appropriateness of treatment.** -- (a) Upon request of  
33 the reimbursing health insurers, all providers of treatment of mental illness shall furnish medical  
34 records or other necessary data which substantiates that initial or continued treatment is at all

1 times medically necessary and appropriate. When the provider cannot establish the medical  
2 necessity and/or appropriateness of the treatment modality being provided, neither the health  
3 insurer nor the patient shall be obligated to reimburse for that period or type of care that was not  
4 established. The exception to the preceding can only be made if the patient has been informed of  
5 the provisions of this subsection and has agreed in writing to continue to receive treatment at his  
6 or her own expense.

7 (b) The health insurers, when making the determination of medically necessary and  
8 appropriate treatment, must do so in a manner consistent with that used to make the determination  
9 for the treatment of other diseases or injuries covered under the health insurance policy or  
10 agreement <sup>{add></sup> [and in particular, for illness and diseases commonly treated by primary care providers](#) <sup><add}</sup>.

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

14 SECTION 17. Sections 27-41-2 and 27-41-26.1 of the General Laws in Chapter 27-41  
15 entitled "Health Maintenance Organizations" are hereby amended to read as follows:

16 **27-41-2. Definitions.** -- As used in this chapter:

30 (n) "Health benefits" or "covered benefits" means coverage or benefits for the diagnosis,  
31 cure, mitigation, treatment, or prevention of disease, or amounts paid for the purpose of affecting

any structure or function of the body <sup>{add></sup> or behavioral health functioning <sup><add}</sup> including coverage or benefits for transportation primarily for and essential thereto, and including medical services as defined in R.I. Gen. Laws § 27-19-17;

<sup>{add></sup> (gg) "Behavioral health provider" means a mental health counselor, marriage and family

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therapist, social worker, psychologist, advanced practice psychiatric nurse, and/or psychiatrist licensed by the department of health under relevant law and regulation. <sup><add}</sup>

**27-41-26.1. Patient responsibility -- Administrative requirements.** -- For health benefit contracts issued, renewed, or delivered in this state the following shall apply:

(1) The amount of copayments for physician office visits and hospital emergency room visits shall be printed on the subscriber identification cards issued to the insured. <sup>{add></sup> The amount of copayments for behavioral health office visits shall be equal to those for non-preventive primary care office visits. <sup><add}</sup>

(2) A schedule of all applicable copayments, by product or by group, in paper or electronic format, or both, shall be published, updated, and distributed to participating providers.

(3) On an annual basis, notification shall be provided to subscribers regarding their responsibility for copayments and deductibles.

SECTION 18. Sections 27-50-3 and 27-50-10 of the General Laws in Chapter 27-50 entitled "Small Employer Health Insurance Availability Act" are hereby amended to read as follows:

**27-50-3. Definitions.** -- (a) "Actuarial certification" means a written statement signed by a member of the American Academy of Actuaries or other individual acceptable to the director that a small employer carrier is in compliance with the provisions of § 27-50-5, based upon the person's examination and including a review of the appropriate records and the actuarial assumptions and methods used by the small employer carrier in establishing premium rates for applicable health benefit plans.

**{No other changes to definitions}**

(v) "Health status-related factor" means any of the following factors:

(1) Health status;

(2) Medical condition, including both physical and mental illnesses <sup>{add></sup> , and behaviors related to health status <sup><add}</sup>;

(3) Claims experience;

(4) Receipt of health <sup>{add></sup> or behavioral health <sup><add}</sup> care;

(5) Medical history;

(6) Genetic information;

(7) Evidence of insurability, including conditions arising out of acts of domestic violence; or

(8) Disability.

**{No other changes to this section}**

**27-50-10. Wellness health benefit plan.** -- (a) No provision contained in this chapter prohibits the sale of health benefit plans which differ from the wellness health benefit plans provided for in this section.

(b) The wellness health benefit plan shall be determined by regulations promulgated by the office of health insurance commissioner (OHIC). The OHIC shall develop the criteria for the wellness health benefit plan, including, but not limited to, benefit levels, cost-sharing levels, exclusions, and limitations, in accordance with the following:

(1) (i) The OHIC shall form an advisory committee to include representatives of employers, health insurance brokers, local chambers of commerce, and consumers who pay directly for individual health insurance coverage.

(ii) The advisory committee shall make recommendations to the OHIC concerning the following:

(3) Ensure that the wellness health benefit plan creates appropriate incentives for employers, providers, health plans and consumers to, among other things:

- 22 (i) Focus on primary care, <sup>{add></sup>[behavioral health care](#), <sup><add}</sup> prevention and wellness;  
23 (ii) Actively manage the chronically ill population <sup>{add></sup>, [including health-related behavior](#) <sup><add}</sup>;  
24 (iii) Use the least cost, most appropriate setting; and  
25 (iv) Use evidence based, quality care.

26 (4) To the extent possible, the health plans may be permitted to utilize existing products  
27 to meet the objectives of this section.

28 (5) The plan shall be made available in accordance with title 27, chapter 50 as required  
29 by regulation on or before May 1, 2007.

30 SECTION 19. Section 27-74-3 of the General Laws in Chapter 27-74 entitled "Discount  
31 Medical Plan Organization Act" is hereby amended to read as follows:

32 **27-74-3. Definitions.** -- As used in this chapter:

18 (13) "Medical services" means any maintenance care of, or preventive care for, the  
19 human body or care, service or treatment of an illness or dysfunction of, or injury to, the human  
20 body <sup>{add></sup>[or behavioral health functioning](#) <sup><add}</sup>.

21 (14) "Medical services" includes, but is not limited to, physician care, <sup>{add></sup>[behavioral health](#)  
22 [care](#), <sup><add}</sup> inpatient care, hospital surgical services, emergency services, ambulance services,  
23 laboratory services and medical equipment and supplies.

2 SECTION 20. Section 42-14.5-3 of the General Laws in Chapter 42-14.5 entitled "The  
3 Rhode Island Health Care Reform Act of 2004 - Health Insurance Oversight" is hereby amended  
4 to read as follows:

5 **42-14.5-3. Powers and duties [Contingent effective date; see effective dates under**  
6 **this section.]** -- The health insurance commissioner shall have the following powers and duties:

7 (a) To conduct quarterly public meetings throughout the state, separate and distinct from  
8 rate hearings pursuant to § 42-62-13, regarding the rates, services, and operations of insurers  
9 licensed to provide health insurance in the state, the effects of such rates, services, and operations  
10 on consumers, medical care providers, patients, and the market environment in which such  
11 insurers operate, and efforts to bring new health insurers into the Rhode Island market. Notice of  
12 not less than ten (10) days of said hearing(s) shall go to the general assembly, the governor, the  
13 Rhode Island Medical Society, the Hospital Association of Rhode Island, the director of health,  
14 the attorney general and the chambers of commerce. Public notice shall be posted on the  
15 department's web site and given in the newspaper of general circulation, and to any entity in  
16 writing requesting notice.

18 <sup>{add></sup>[\(p\) To protect the interest of consumers by including consideration of behavioral health,](#)  
19 [the effects of behavioral health on health insurance consumers, and access to effective behavioral](#)  
20 [health services in determination that the interests of consumers are, or are likely to be, adversely](#)  
21 [affected by any policy, practice, action or inaction of a health insurer in consideration of the](#)  
22 [approval or denial of any regulatory request, application or filing made by a health insurer or of](#)  
23 [any other circumstances that exist such that the interests of the state's health insurance consumers](#)  
24 [may be adversely affected.](#)

25 [\(q\) To encourage the fair treatment of behavioral health providers by health insurers](#)  
26 [through consideration of the extent to which policies, procedures, practices, actions or inaction of](#)  
27 [a health insurer affect behavioral health providers in a manner not commensurate to their effects](#)  
28 [on primary care providers in determination that the interests of consumers are, or are likely to be,](#)  
29 [adversely affected by any policy, practice, action or inaction of a health insurer; in consideration](#)  
30 [of the approval or denial of any regulatory request, application or filing made by a health insurer](#)  
31 [or of any other circumstances that exist such that the interests of the state's health insurance](#)  
32 [consumers may be adversely affected. In particular, to enforce the Federal Mental Health Parity](#)  
33 [Act of 1996, Pub. L. 104-204, and the Federal Mental Health Parity and Addiction Equity Act of](#)  
34 [2008, Pub. L. 110-343, including its provisions regarding parity in payments and financing of](#)

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1 [behavioral health services.](#)

2 [\(r\) When making a determination as described in this section or when acting to encourage](#)  
3 [the fair treatment of behavioral health providers, the commissioner may consider and/or act upon](#)  
4 [the following issues, either singly or in combination of two \(2\) or more:](#)

5 (1) The policies, procedures and practices employed by health insurers with respect to  
6 provider reimbursement, claims processing, dispute resolution, and contracting processes;

7 (2) A health insurer's provider rate schedules; and

8 (3) The efforts undertaken by the health insurers to enhance communications with  
9 providers.

10 (s) To improve the efficiency and quality of health care delivery including of behavioral  
11 health care through improved management of the effects of behavioral health care on health and  
12 health care, and increasing access to behavioral health care services through consideration of the  
13 extent to which the policies, procedures, practices, actions or inaction of a health insurer affect  
14 access, efficiency, quality, and impact of behavioral health services on health and health care in a  
15 manner not commensurate to their effects on primary care services and primary care providers in  
16 determination that the decision to approve or deny any regulatory request, application, or filing  
17 made by a health insurer can be made in a manner that will:

18 (1) Improve the quality and efficiency of health care service delivery and outcomes in  
19 Rhode Island;

20 (2) View the health care system as a comprehensive entity; or

21 (3) Encourage and direct insurers towards policies that advance the welfare of the public  
22 through overall efficiency, improved health care quality, and appropriate access.

23 (t) Establish and promote policies that:

24 (1) Promote increased quality and efficiency of health care service delivery and outcomes  
25 in Rhode Island;

26 (2) Encourage health insurers to view the health care system as a comprehensive entity;

27 (3) Encourage and direct insurers towards policies that advance the welfare of the public  
28 through overall efficiency, improved health care quality, and appropriate access; and

29 (4) Promote such action with respect to a health insurer will likely improve the efficiency  
30 and quality of health care delivery and increase access to health care services.

31 (u) When making a determination as described in this section or when acting to further  
32 the interests set out in this section, the commissioner may consider and/or act upon the following  
33 issues, either singly or in combination of two (2) or more:

34 (1) Efforts by health insurers to develop benefit design and payment policies that enhance

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1 the affordability of their products, encourage more efficient use of the state's existing health care  
2 resources; promote appropriate and cost effective acquisition of new health care technology and  
3 expansion of the existing health care infrastructure; advance the development and use of high  
4 quality health care services (e.g., centers of excellence); and prioritize the use of limited  
5 resources;

6 (2) Improve the availability of stable, predictable, affordable rates for high quality, cost  
7 efficient health insurance products, including coverage of behavioral health services, through  
8 consideration of the extent to which the policies, procedures, practices, actions or inaction of a  
9 health insurer affect whether behavioral health and behavioral health services contribute to the  
10 extent to which the health insurer's products are affordable, and whether the carrier has  
11 implemented effective strategies for management of access, effectiveness, and appropriateness of  
12 behavioral health services to enhance the affordability of its products in the decision to approve  
13 or deny any regulatory request, application, or filing made by a health insurer; and

14 (3) Achieving an economic environment in which health insurance is affordable will  
15 depend in part on improving the performance of the Rhode Island health care system as a whole,  
16 including, but not limited to, improved behavioral health care supply, reduced incidence of  
17 avoidable hospitalizations for behavioral health care-sensitive conditions, and reduced incidence  
18 of emergency room visits for behavioral health care-sensitive conditions.

19 (v) When making a determination whether a health insurance carrier has implemented  
20 effective strategies to enhance the affordability of its products, the commissioner may consider  
21 and/or act upon the following factors, either singly or in combination of two (2) or more:

22 (1) Whether the health insurer offers products that address the underlying cost of health  
23 care by creating appropriate incentives for consumers, employers, providers and the insurer itself

24 [designed to promote efficiency in creating a focus on behavioral health to supplement the focus](#)  
 25 [on primary care, prevention, and wellness; establish active management procedures for the](#)  
 26 [chronically ill population, including management of health-related behavior; encourage use of the](#)  
 27 [least cost, most appropriate settings including behavioral health services for medical conditions as](#)  
 28 [relevant and for behavioral health conditions; and promoting use of evidence based, quality care,](#)  
 29 [including for behavioral health services;](#)

30 [\(2\) Whether the insurer employs provider payment strategies for behavioral health](#)  
 31 [services to enhance cost effective utilization of appropriate services, including adequate financial](#)  
 32 [support for behavioral health services;](#)

33 [\(3\) Whether the insurer includes incentives for behavioral health providers of step-down](#)  
 34 [and diversion behavioral health services from hospital levels of care based on specific clinical and](#)

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1 [financial outcomes of such care;](#)

2 [\(4\) Whether the insurer includes incentives for behavioral health providers that are](#)  
 3 [certified by the health insurance commissioner to be equivalent to those offered to primary care](#)  
 4 [providers; and](#)

5 [\(5\) Whether the proportion of the insurer's medical expense allocated to behavioral health](#)  
 6 [care is sufficient to further the interests set out in this section.](#)<sup><add></sup>

7 SECTION 21. Section 42-14.6-4 of the General Laws in Chapter 42-14.6 entitled "Rhode  
 8 Island All-Payer Patient-Centered Medical Home Act" is hereby amended to read as follows:

9 **42-14.6-4. Promotion of the patient-centered medical home.** -- (a) Care coordination  
 10 payments.

11 <sup>{add></sup> [\(6\) Inclusion of behavioral health. By January 1, 2017, the commissioner and the](#)  
 12 [secretary shall direct the collaborative to consider additional reforms to be implemented to](#)  
 13 [promote the inclusion of behavioral health in patient-centered medical homes including, but not](#)  
 14 [limited to, applying payment structures described in subsection \(a\)\(4\) of this section to behavioral](#)  
 15 [health providers, and projects to evaluate the benefits of different forms of collaboration, on-site](#)  
 16 [availability, and joint treatment planning for patients served in patient-centered medical homes.](#)<sup><add></sup>

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

	<p>MOTION: To find beneficial 2016 S 2697 An Act Relating To Health And Safety -- Rhode Island Behavioral Health Care Reform Act Of 2016</p> <p>Motion moved by CG, seconded by JR , passed unanimously</p>
	<p>16 H 7885 An Act Relating To Education -- The Education Equity and Property Tax Relief Act</p>
	<p>Rep. O'Brien, in House Finance Committee</p> <p>This act would amend the definition of the term "extraordinary costs" for the purposes of excess costs associated with special education students. The new definition of extraordinary costs would be educational costs that are over three (3) times the average statewide special education cost.</p> <p>This act would take effect upon passage.</p>

1 SECTION 1. Section 16-7.2-6 of the General Laws in Chapter 16-7.2 entitled "The  
 2 Education Equity and Property Tax Relief Act" is hereby amended to read as follows:

3 **16-7.2-6. Categorical programs, state funded expenses.** -- In addition to the foundation  
 4 education aid provided pursuant to § 16-7.2-3 the permanent foundation education aid program  
 5 shall provide direct state funding for:

6 (a) Excess costs associated with special education students. - Excess costs are defined  
 7 when an individual special education student's cost shall be deemed to be "extraordinary."  
 8 Extraordinary costs are those educational costs that <sup>{delete></sup> ~~exceed the state approved threshold based on~~  
 9 ~~an amount above five times the core foundation amount (total of core instruction amount plus~~  
 10 ~~student success amount) The department of elementary and secondary education shall prorate the~~  
 11 ~~funds available for distribution among those eligible school districts if the total approved costs for~~

12 ~~which school districts are seeking reimbursement exceed the amount of funding appropriated in~~  
13 ~~any fiscal year;~~ <sup><delete>{add></sup> are over three (3) times the average statewide special education cost. <sup><add></sup>

14 (b) Career and technical education costs to help meet initial investment requirements  
15 needed to transform existing or create new comprehensive career and technical education  
16 programs and career pathways in critical and emerging industries and to help offset the higher  
17 than average costs associated with facilities, equipment maintenance and repair, and supplies  
18 necessary for maintaining the quality of highly specialized programs that are a priority for the

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1 state. The department shall recommend criteria for the purpose of allocating any and all career  
2 and technical education funds as may be determined by the general assembly on an annual basis.  
3 The department of elementary and secondary education shall prorate the funds available for  
4 distribution among those eligible school districts if the total approved costs for which school  
5 districts are seeking reimbursement exceed the amount of funding available in any fiscal year;

6 (c) Programs to increase access to voluntary, free, high-quality pre-kindergarten  
7 programs. The department shall recommend criteria for the purpose of allocating any and all early  
8 childhood program funds as may be determined by the general assembly;

9 (d) Central Falls Stabilization Fund is established to assure that appropriate funding is  
10 available to support the community, including students from the community that attend the  
11 charter schools, Davies, and the Met Center pursuant to § 16-7.2-5, due to concerns regarding the  
12 city's capacity to meet the local share of education costs. This fund requires that education aid  
13 calculated pursuant to § 16-7.2-3 and funding for costs outside the permanent foundation  
14 education aid formula, including but not limited to transportation, facility maintenance, and  
15 retiree health benefits shall be shared between the state and the city of Central Falls. The fund  
16 shall be annually reviewed to determine the amount of the state and city appropriation. The state's  
17 share of this fund may be supported through a reallocation of current state appropriations to the  
18 Central Falls school district. At the end of the transition period defined in § 16-7.2-7, the  
19 municipality will continue its contribution pursuant to § 16-7-24; and

20 (e) Excess costs associated with transporting students to out of district non-public  
21 schools and within regional school districts. (1) This fund will provide state funding for the costs  
22 associated with transporting students to out of district non-public schools, pursuant to title 16,  
23 Chapter 21.1. The state will assume the costs of non-public out-of-district transportation for those  
24 districts participating in the statewide system; and (2) This fund will provide direct state funding  
25 for the excess costs associated with transporting students within regional school districts,  
26 established pursuant to title 16, chapter 3. This fund requires that the state and regional school  
27 district share equally the student transportation costs net any federal sources of revenue for these  
28 expenditures. The department of elementary and secondary education shall prorate the funds  
29 available for distribution among those eligible school districts if the total approved costs for  
30 which school districts are seeking reimbursement exceed the amount of funding available in any  
31 fiscal year.

32 (f) Public school districts that are regionalized shall be eligible for a regionalization  
33 bonus as set forth below.

34 (1) As used herein, the term "regionalized" shall be deemed to refer to a regional school

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1 district established under the provisions of chapter 16-3 including the Chariho Regional School  
2 district.

3 (2) For those districts that are regionalized as of July 1, 2010, the regionalization bonus  
4 shall commence in FY 2012. For those districts that regionalize after July 1, 2010, the  
5 regionalization bonus shall commence in the first fiscal year following the establishment of a  
6 regionalized school district as set forth section 16-3, including the Chariho Regional School  
7 District.

8 (3) The regionalization bonus in the first fiscal year shall be two percent (2.0%) of the  
9 state's share of the foundation education aid for the regionalized district as calculated pursuant to  
10 §§ 16-7.2-3 and 16-7.2-4 in that fiscal year.

11 (4) The regionalization bonus in the second fiscal year shall be one percent (1.0%) of the  
12 state's share of the foundation education aid for the regionalized district as calculated pursuant to  
13 §§ 16-7.2-3 and 16-7.2-4 in that fiscal year.

14 (5) The regionalization bonus shall cease in the third fiscal year.

15 (6) The regionalization bonus for the Chariho regional school district shall be applied to  
16 the state share of the permanent foundation education aid for the member towns.

17 (7) The department of elementary and secondary education shall prorate the funds  
18 available for distribution among those eligible regionalized school districts if the total approve  
19 costs for which regionalized school districts are seeking a regionalization bonus exceed the  
20 amount of funding appropriated in any fiscal year.

21 (g) Categorical programs defined in (a) through (f) shall be funded pursuant to the  
22 transition plan in § 16-7.2-7.

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

	<b>MOTION: To find beneficial 2016 H 7885 An Act Relating To Education -- The Education Equity And Property Tax Relief Act Motion moved by LW, seconded by JR, passed unanimously</b>
	<b>16 S 2693 An Act Relating To Education -- The Recovery High Schools</b>
	Sen. DiPalma, in Senate Health & Human Services Committee This act would allow students who are diagnosed with substance use disorder or dependency to be referred to a Rhode Island recovery high school by a licensed clinician and would direct no less than five hundred thousand dollars (\$500,000) per year from the state for administration and programmatic costs at each recovery high school. This act would take effect upon passage.

1 SECTION 1. Section 16-95-4 of the General Laws in Chapter 16-95 entitled "The  
2 Recovery High Schools Act [See Title 16 Chapter 97 - The Rhode Island Board of Education  
3 Act]" is hereby amended to read as follows:

4 **16-95-4. Transfer of aid. --** (a) Any school district in Rhode Island that may have a  
5 student or students who are currently or were last enrolled in said district and who are <sup>{delete}</sup>considered  
6 ~~by the sending district to be both clinically and academically appropriate for referral~~ <sup>{add}</sup>diagnosed  
7 with substance use disorder or dependency, as defined by the Diagnostic and Statistical Manual  
8 Of Mental Disorders IV-TR <sup>{add}</sup>~~to a Rhode Island recovery high school~~ <sup>{delete}</sup> may be referred <sup>{add}</sup>to  
9 a Rhode  
10 Island recovery high school by a clinician licensed pursuant to chapter 35 of title 42 <sup>{add}</sup> for voluntary  
11 enrollment in such school. If said student is admitted to said school, the sending school district  
12 shall ensure that payment pursuant to subsection (b) herein for students who attend the recovery  
13 high school is paid, and further, that upon completion of all other graduation requirements, said  
14 student or students shall receive a diploma.

15 (b) A sending school district shall transfer the per pupil <sup>{delete}</sup>allotment it receives <sup>{delete}</sup> <sup>{add}</sup>core  
16 instructional amount <sup>{add}</sup> pursuant to chapter 16-7.2 ("The Education Equity and Property Tax Relief  
17 Act") to a recovery high school for any student attending the recovery high school and meeting  
18 the following criteria: (1) The student is currently enrolled in the district or currently resides in  
the municipality in which the district is located; <sup>{add}</sup>and <sup>{add}</sup> (2) The student is considered by a clinician

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1 licensed pursuant to 42-35, to be clinically appropriate, using the criteria for substance use  
2 disorders as defined in the diagnostic and statistical manual of mental disorders IV-TR <sup>{add}</sup> <sup>{add}</sup> <sup>{delete}</sup>; and  
3 ~~The~~ <sup>{delete}</sup> <sup>{add}</sup>If a <sup>{add}</sup> student meets all matriculation criteria as outlined by the sending district and the  
4 department of elementary and secondary education, with determination of academic eligibility  
5 based on existing documentation provided by the district <sup>{delete}</sup> ~~The~~ <sup>{delete}</sup> <sup>{add}</sup>the <sup>{add}</sup> district and the  
recovery high

6 school shall arrange to confer a diploma when a student completes state and district-mandated  
 7 graduation requirements. ~~The local share of education funding shall be paid to the recovery high~~  
 8 ~~school in the same manner as the local share of education funding is paid to charter public~~  
 9 ~~schools, the William M. Davies, Jr. Career and Technical High School, and the Metropolitan~~  
 10 ~~Regional Career and Technical Center, as outlined in § 16 7.2-5.~~

11 (c) A recovery high school shall submit to the ~~board of regents~~ <sup>{delete}</sup> ~~{delete}~~ <sup>{add}</sup> council on elementary  
 12 and secondary education <sup><add></sup> academic data considered necessary by the board to provide information  
 13 regarding each student's academic performance, subject to applicable health confidentiality laws  
 14 and regulations.

15 (d) The ~~board of regents~~ <sup>{delete}</sup> ~~{delete}~~ <sup>{add}</sup> council on elementary and secondary education <sup><add></sup>, in  
 16 consultation  
 17 with the department of behavioral health, developmental disabilities and hospitals shall  
 18 promulgate rules and regulations as necessary to implement and carry out the intent of this  
 19 chapter.

20 <sup>{add}</sup> (e) Each recovery high school shall receive no less than five hundred thousand dollars  
 21 (\$500,000) per year from the state for administration and programmatic costs. <sup><add></sup>

SECTION 2. This act shall take effect upon passage.

	<p><b>Tabled 2016 S 2693 An Act Relating To Education -- The Recovery High Schools for more information from the RI Dept. of Elementary &amp; Secondary Education</b></p>
	<p><b>16 H 8014 &amp; S 2876 Acts Relating To Towns And Cities - Low And Moderate Income Housing</b>          Rep. Kennedy in House Municipal Government          Sen. Algieri (by request) in Senate Housing and Municipal Government          This act would change the definition of low or moderate income housing existing, in the case of an urban city or town, to three thousand (3,000) occupied year-round rental units.          This act would take effect upon passage.</p>

1 SECTION 1. Sections 45-53-3 and 45-53-4 of the General Laws in Chapter 45-53  
 2 entitled "Low and Moderate Income Housing" are hereby amended to read as follows:

3 **45-53-3. Definitions. --** The following words, wherever used in this chapter, unless a  
 4 different meaning clearly appears from the context, have the following meanings:

5 (1) "Affordable housing plan" means a component of a housing element, as defined in  
 6 subdivision 45-22.2-4(1), to meet housing needs in a city or town that is prepared in accordance  
 7 with guidelines adopted by the state planning council, and/or to meet the provisions of subsection  
 8 45-53-4(b)(1) and (c).

9 (2) "Approved affordable housing plan" means an affordable housing plan that has been  
 10 approved by the director of administration as meeting the guidelines for the local comprehensive  
 11 plan as promulgated by the state planning council; provided, however, that state review and  
 12 approval, for plans submitted by December 31, 2004, shall not be contingent on the city or town  
 13 having completed, adopted, or amended its comprehensive plan as provided for in sections 45-  
 14 22.2-8, 45-22.2-9, or 45-22.2-12.

15 (3) "Comprehensive plan" means a comprehensive plan adopted and approved by a city  
 16 or town pursuant to chapters 22.2 and 22.3 of this title.

17 (4) "Consistent with local needs" means reasonable in view of the state need for low and  
 18 moderate income housing, considered with the number of low income persons in the city or town  
 19 affected and the need to protect the health and safety of the occupants of the proposed housing or

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1 of the residence of the city or town, to promote better site and building design in relation to the  
 2 surroundings, or to preserve open spaces, and if the local zoning or land use ordinances,  
 3 requirements, and regulations are applied as equally as possible to both subsidized and  
 4 unsubsidized housing. Local zoning and land use ordinances, requirements, or regulations are  
 5 consistent with local needs when imposed by a city or town council after comprehensive hearing

6 in a city or town where:

7 (i) Low or moderate income housing exists which is: (A) in the case of an urban city or  
8 town which has at least ~~5,000~~ <sup>{add></sup> three thousand (3,000) <sup><add}</sup> occupied year-round rental units  
9 and the  
10 units, as reported in the latest decennial census of the city or town, comprise twenty-five percent  
11 (25%) or more of the year-round housing units, is in excess of fifteen percent (15%) of the total  
12 occupied year-round rental units; or (B) in the case of all other cities or towns, is in excess of ten  
13 percent (10%) of the year-round housing units reported in the census.

14 (ii) The city or town has promulgated zoning or land use ordinances, requirements, and  
15 regulations to implement a comprehensive plan which has been adopted and approved pursuant to  
16 chapters 22.2 and 22.3 of this title, and the housing element of the comprehensive plan provides  
17 for low and moderate income housing in excess of either ten percent (10%) of the year-round  
18 housing units or fifteen percent (15%) of the occupied year-round rental housing units as  
provided in subdivision (2)(i).

**{No changes to the remainder of this section}**

22 **45-53-4. Procedure for approval of construction of low or moderate income housing.**

23 -- (a) Any applicant proposing to build low or moderate income housing may submit to the local  
24 review board a single application for a comprehensive permit to build that housing in lieu of  
25 separate applications to the applicable local boards. This procedure is only available for proposals  
26 in which at least twenty-five percent (25%) of the housing is low or moderate income housing.  
27 The application and review process for a comprehensive permit shall be as follows:

28 (1) Submission requirements. - Applications for a comprehensive permit shall include:

29 (i) A letter of eligibility issued by the Rhode Island housing mortgage finance  
30 corporation, or in the case of projects primarily funded by the U.S. Department of Housing and  
31 Urban Development or other state or federal agencies, an award letter indicating the subsidy, or  
32 application in such form as may be prescribed for a municipal government subsidy; and

33 (ii) A written request to the local review board to submit a single application to build or  
34 rehabilitate low or moderate income housing in lieu of separate applications to the applicable

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1 local boards. The written request shall identify the specific sections and provisions of applicable  
2 local ordinances and regulations from which the applicant is seeking relief; and

**{No changes for several pages}**

8 (G) The proposed development will not result in the creation of individual lots with any  
9 physical constraints to development that building on those lots according to pertinent regulations  
10 and building standards would be impracticable, unless created only as permanent open space or  
11 permanently reserved for a public purpose on the approved, recorded plans.

12 (vi) The local review board has the same power to issue permits or approvals that any  
13 local board or official who would otherwise act with respect to the application, including, but not  
14 limited to, the power to attach to the permit or approval, conditions, and requirements with  
15 respect to height, site plan, size, or shape, or building materials, as are consistent with the terms  
16 of this section.

17 (vii) In reviewing the comprehensive permit request, the local review board may deny  
18 the request for any of the following reasons: (A) if city or town has an approved affordable  
19 housing plan and is meeting housing needs, and the proposal is inconsistent with the affordable  
20 housing plan; (B) the proposal is not consistent with local needs, including, but not limited to, the  
21 needs identified in an approved comprehensive plan, and/or local zoning ordinances and  
22 procedures promulgated in conformance with the comprehensive plan; (C) the proposal is not in  
23 conformance with the comprehensive plan; (D) the community has met or has plans to meet the  
24 goal of ten percent (10%) of the year-round units or, <sup>{delete></sup> ~~in the case of an urban town or city, fifteen~~  
25 ~~percent (15%) of the occupied rental housing units as defined in § 45-53-3(2)(i) being low and~~  
26 ~~moderate income housing~~ <sup><delete></sup> <sup>{add></sup> low or moderate income housing exists as defined in §45-53-3(4)(i)  
<sup><add></sup>, or

27 (E) concerns for the environment and the health and safety of current residents have not been  
28 adequately addressed.

29 (viii) All local review board decisions on comprehensive permits shall be by majority  
 30 vote of the membership of the board and may be appealed by the applicant to the state housing  
 31 appeals board.  
 32 (ix) If the public hearing is not convened or a decision is not rendered within the time  
 33 allowed in subsection (a)(4)(iii) and (iv), the application is deemed to have been allowed and the  
 34 relevant approval shall issue immediately; provided, however, that this provision shall not apply

**{No changes for the remainder of this section}**

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

	<p><b>MOTION: To find harmful H 8014 &amp; S 2876 Act Relating To Towns And Cities - Low And Moderate Income Housing</b>          Motion moved by CG_, seconded by LW, passed unanimously</p>
	<p><b><i>Proposed Medicaid State Plan Category III Change</i></b></p>
	<p><b>Purpose/Goal: To review proposed Medicaid State Plan Amendment, determine the potential impact on people with disabilities, and adopt regulatory impact statements</b></p>
	<p><b>Proposed Category III Change to Rhode Island's Comprehensive 1115 Waiver Demonstration: Rhode Island Medicaid Health System Transformation Project</b></p>
<p style="text-align: center;">STATE OF RHODE ISLAND          EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES          3/28/2016 PUBLIC NOTICE OF PROPOSED CATEGORY III CHANGE TO RHODE ISLAND'S          COMPREHENSIVE 1115 WAIVER DEMONSTRATION</p> <p>In accordance Rhode Island General Laws 42-35, notice is hereby given that the Executive Office of Health and Human Services (EOHHS) will seek federal authority to implement the following Category III Change to Rhode Island's Comprehensive 1115 Waiver Demonstration (project no. 11-W-00242/1):          Rhode Island Medicaid Health System Transformation Project</p> <p>As part of Governor Gina Raimondo's effort to reform Medicaid, the Working Group to Reinvent Medicaid issued an April report that recommended numerous initiatives to achieve financial savings in State Fiscal Year 2016. The Governor introduced those recommendations in a budget article entitled, "The Reinventing Medicaid Act of 2015." The Rhode Island General Assembly passed the Reinventing Medicaid Act in June.</p> <p>As a result of the Act's passage, EOHHS has begun implementation of a performance-based payment program for hospitals and nursing homes. The payments will reward providers for meeting certain quality standards that shift Medicaid to a value-based delivery system focused on quality patient care and outcomes. The payments will also support development of accountable entities (AEs).</p> <p>This Category III waiver change requests the use of costs not otherwise matchable (CNOM) authority to receive federal matching funds for services currently provided by various state agencies. The CNOMs will support a new Designated State Health Program (DSHP). The DSHP is aimed at supporting the Medicaid program's ongoing efforts to provide comprehensive, quality care to its members. These funds, totaling an estimate of approximately \$32.2 million for the first year and \$147.5 million over five (5) years, will subsequently be used to support the performance based program.</p> <p>This Category III request seeks federal authority to claim federal matching funds for the following services;</p> <ul style="list-style-type: none"> <li>• Consumer assistance provided by the Office of the Child Advocate, Office of the Mental Health Advocate, Commission on the Deaf and Hard of Hearing, and Governor's Commission on Disabilities</li> <li>• Infectious disease surveillance, clinical case review, and investigation by the Rhode Island Department of Health, Center for Acute Infectious Disease Epidemiology</li> <li>• Certain state university and college health professional training program expenditures specifically devoted to training the health workforce that will be needed to provide health care to Medicaid enrollees in the transformed delivery system of provider-based Accountable Entities. Training will be provided at the Community College of Rhode Island, Rhode Island College, and the University of Rhode Island</li> <li>• Consumer navigation assistance provided through RIREACH, the Rhode Island Health Insurance Consumer Support Line, which is overseen by the Office of the Health Insurance Commissioner</li> <li>• Hearing screening, and any necessary diagnostic testing or referral services, for children at all Rhode Island public and private schools provided by the Rhode Island School for the Deaf, Hearing Center</li> <li>• Diagnostic testing, case management services, and treatment services for uninsured or underinsured</li> </ul>	

individuals with suspected or confirmed tuberculosis (TB) disease or latent TB infection, provided by The Miriam Hospital's RISE TB Clinic, overseen by the Rhode Island Department of Health

- Loan repayments for graduates enrolled in the Wavemaker Fellowship, a loan repayment program administered by the Rhode Island Department of Commerce, who work in a Rhode Island healthcare setting which serves Medicaid enrollees

This proposed Category III change is accessible on the EOHHS website ([www.eohhs.ri.gov](http://www.eohhs.ri.gov)) or available in hard copy upon request (401-462-1965 or RI Relay, dial 711). Interested persons should submit data, views, or written comments by April 27, 2016 to Melody Lawrence, Executive Office of Health and Human Services, Hazard Building, 74 West Road, Cranston, RI, 02920, or [melody.lawrence@ohhs.ri.gov](mailto:melody.lawrence@ohhs.ri.gov).

In accordance with the Rhode Island General Laws 42-35-3, a hearing will be conducted to receive public testimony on the proposed Category III change if requested by twenty-five (25) persons, or by an agency or association having at least twenty-five (25) members. A request for a hearing must be made within thirty (30) days of this notice.

The Executive Office of Health and Human Services does not discriminate against individuals based on race, color, national origin, sex, gender identity or expression, sexual orientation, religious belief, political belief, or disability in acceptance for or provision of services or employment in its programs or activities.

Please complete the form below for each program/service identified in the demonstration, providing a current, specific and complete description. The Q&A field information may be copied and pasted on subsequent pages, with a page break at the beginning of each new program/service.

**Agency**

Executive Office of Health and Human Services

**State Budget Reference (unless noted)**

**Program Name**

Consumer Assistance: Office of the Child Advocate; Office of the Mental Health Advocate; Commission on the Deaf and Hard of Hearing; Governor's Commission on Disabilities

**Program Code**

**Program Description (Expand on current description to identify specific service descriptions)**

The Office of the Child Advocate (OCA) is an independent and autonomous Rhode Island state agency responsible for protecting the legal rights and interests of children in state care. OCA:

- monitors public and private residential placement facilities and shelters and conducts periodic on site visits
- is empowered to initiate litigation on behalf of children in state care
- may convene a formal investigative commission for any child fatality in which the child victim has any connection with DCYF
- assesses the quality of programs, interviews children, verifies any report of institutional abuse, and recommends corrective actions to be taken
- provides assistance to children in state care who may be entitled to crime victim compensation and pursues legal actions on behalf of certain child victims of sexual and/or severe physical abuse

The Office of the Mental Health Advocate is an independent state agency staffed by attorneys who are mandated to:

- protect and advocate for the rights of people with mental illnesses
- to investigate reports of abuse and neglect in facilities that care for or treat individuals with mental illnesses. These facilities, which may be public or private, include hospitals, nursing homes, community facilities, board and care homes, homeless shelters, jails, and prisons.
- provide advocacy services or conduct investigations to address issues that arise during transportation or admission to such facilities, during residency in them, or within 90 days after discharge from them.

The Commission on the Deaf and Hard of Hearing coordinates the promotion of an accessible environment in which deaf and hard of hearing persons in Rhode Island are afforded equal opportunity in all aspects of their lives. The commission:

- develops policy and recommends appropriate programs and legislation to enhance cooperation and coordination among agencies and organizations now serving, or having the potential to serve, the deaf and hard of hearing
- promotes greater accessibility to services for the deaf and hard of hearing by developing awareness, communication access, and training programs to agencies, organizations, and businesses
- provides statewide centralized sign language interpreter referral services, including emergency referrals
- implements RI's comprehensive statewide strategic plan for children who are deaf or have hearing loss, and works with Medicaid and other state agencies serving low income Rhode Islanders to assure compliance with the Americans with Disabilities Act and to improve access to services and the quality of life for deaf and hard of hearing persons in Rhode Island.

The Governor's Commission on Disabilities is responsible for ensuring state agencies comply with the

state/federal disability rights laws. It is willing to be a mediator in solving disability discrimination complaints and to explore options for resolving the complaint.

**Employment Resources**

- Vocational Rehabilitation Program offered by the RI Office of Rehabilitation Services
- Veterans' Recruitment Appointment
- Rhode Island Business Leadership Network

**Disabilities Education Act**

- Is a public state and federally funded program that assists individuals with disabilities to choose, prepare for, obtain and maintain employment

**Assistive Technology**

- Promotes greater independence by enabling people to perform tasks that they were formerly unable to accomplish, or had great difficulty accomplishing, by providing enhancements to or changed methods of interacting with the technology needed to accomplish such tasks

**Comparable Service or Program Under Medicaid**

Case Management Services and TB-Related Services - Case Management Services

**Non-Medical Services Included**

All services are non-medical

**Process for Identifying Cost of Non-Medical Services**

N/A

**Eligibility (e.g. groups and income, including approx. proportion of adults under 200% FPL)**

Office of the Child Advocate - children under age 19  
Office of the Mental Health Advocate - adults under 250% FPL with documented behavioral health issues  
Commission on the Deaf and Hard of Hearing - adults under 250% FPL with a documented hearing problem  
Governor's Commission on Disabilities - disabled adults under 250% FPL

**Age of Eligible Individuals Covered Under this Program**

Varies by program

**Number of Clients served - FFY most current\* Varies**

by program

**What Delivery System is Utilized? (e.g., capitated managed care, FFS, block grant, PCCM)**

Services are provided to eligible populations free of charge

**Is Service also in the Demo? If so, how will you ensure billing for costs is not duplicated?**

These services are not in demonstration.

**Method of Payment (e.g. Offline - vouchers & warrants, Online - MMIS, other?)**

State inter-governmental transfer

**Most current\* Budget for Programs Identify sources and type of funding (Federal/State/Local)**

\$1, 900,000 in state general revenue.

**Most current\* Expenditures (Gross: Federal/State/Local)**

\$792,000 (Federal fiscal year 2016 approximate expenditures through February 2016)

**"Matched Amount (Federal Amount)"**

N/A

**"MOE Amount (Amount required for State to draw down Federal grant money)"**

N/A

**Unmatched Amount including MOE**

\$1, 900,000 in state general revenue

**If used as MOE, which Federal Grant**

N/A

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**Agency**

RI Department of Health

**State Budget Reference (unless noted)**

**Program Name**

Center for Acute Infectious Disease Epidemiology

**Program Code**

**Program Description (Expand on current description to identify specific service descriptions)**

This program conducts surveillance, clinical case review, and disease investigation for 86 reportable infectious diseases. Diseases include: Bacterial meningitis, food-borne diseases/outbreaks (e.g. Salmonella, acute viral Hepatitis A), and vector-borne diseases (e.g. Lyme disease, Hantavirus, Eastern Equine Encephalitis, and West Nile Virus). Diseases reported by providers are risk assessed, case managed, investigated, tracked, and controlled at the state level, and ultimately reported to the Centers for Disease Control and Prevention (CDC).

**Animal Bites Program:**

This program provides complete case management related to animal bites and human exposure to animal rabies. The program provides clinical guidance to medical professionals to ensure that person(s) exposed or at risk for animal rabies are appropriately treated. This program operates a 24/7 on-call animal bite case management system.

**Bioterrorism/Public Health Emergencies (e.g. pandemic influenza):**

This program enables the Division to maintain staffing capacity to closely monitor all reports of potential agents of bioterrorism (e.g. Anthrax, Plague, Ricin, Tularemia, Smallpox). This program maintains a 24/7 surveillance and response system for agents of bioterrorism. In addition, the program staff is trained to provide expert response for major disease outbreaks and public health emergencies (e.g. Mycoplasma, pandemic influenza, Ebola Viral Disease, and Middle Eastern Respiratory Syndrome Corona Virus) that pose an imminent threat to the public health.

**Comparable Service or Program Under Medicaid**

Case Management Services and TB-Related Services - Case Management Services

**Non-Medical Services Included**

None

**Process for Identifying Cost of Non-Medical Services**

N/A

**Eligibility (e.g. groups and income, including approx. proportion of adults under 200% FPL)**

Rhode Island residents

**Age of Eligible Individuals Covered Under this Program**

Rhode Island residents

**Number of Clients served - FFY most current\* Varies**

The Center's clinical staff handles approximately 1700 calls a year from concerning individuals and clinicians seeking guidance about reportable and non-reportable diseases. Additionally, clinical staff investigate approximately 4400 disease reports annually.

**What Delivery System is Utilized? (e.g., capitated managed care, FFS, block grant, PCCM)**

N/A

**Is Service also in the Demo? If so, how will you ensure billing for costs is not duplicated?**

These services are not in demonstration.

**Method of Payment (e.g. Offline - vouchers & warrants, Online - MMIS, other?)**

State inter-governmental transfer

**Most current\* Budget for Programs Identify sources and type of funding (Federal/State/Local)**

\$180,000 in state general revenue

**Most current\* Expenditures (Gross: Federal/State/Local)**

\$75,000 (Federal fiscal year 2016 approximate expenditures through February 2016)

**"Matched Amount (Federal Amount)"**

N/A

**"MOE Amount (Amount required for State to draw down Federal grant money)"**

**Unmatched Amount including MOE**

\$180,000 in state general revenue

**If used as MOE, which Federal Grant**

N/A

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**Agency**

University of Rhode Island, Rhode Island College, and Community College of Rhode Island

**State Budget Reference (unless noted)**

**Program Name**

Health Workforce Development Program

**Program Code**

## Program Description (Expand on current description to identify specific service descriptions)

### Health Care Workforce Development for Rhode Island's Future

The State of Rhode Island is committed to transforming our health care system so that our citizens receive better care at a cost that is sustainable. For Medicaid, this means we have to better serve the mentally ill, provide better primary care, and provide for more home and community-based long term care. To make this shift, we need to change our health care workforce.

A 2014 study by the Rhode Island Department of Labor and Training (DLT) evaluated the state's current health care workforce and current health workforce training programs. The study aimed to assess Rhode Island's readiness to meet the health care needs of our population, particularly in light of the expansion in insurance coverage expected under the federal Affordable Care Act. We expect that, in the future, Rhode Island will need, at a minimum, more primary care practitioners, more mental health practitioners, and more community-based long term care practitioners. More recently, use of such supports as community health workers and mental health peer supports is thought to be a cost-effective means of serving high-risk populations with non-medical care.

Rhode Island has a higher education community that currently trains thousands of health care professionals each Year. The University of RI, Rhode Island College, and Community College of Rhode Island annually train nurses, pharmacists, home health workers and numerous other health care professionals. The graduates of these programs largely remain in RI after graduation and work in health care settings that serve Medicaid and uninsured patients. We believe that we can document this connection, and we believe these workers will be critical to meeting our workforce needs in the coming years. However, to date there has been no explicit planning process to connect how we spend state dollars on health care workforce training and our broader health system goals. We propose to create such a link, very explicitly, and to use higher education expenditures as a powerful state-level tool for health system transformation.

We are working proactively and concertedly with our higher education community to assure that we are training practitioners to meet our future needs. We will accelerate these efforts in the coming months and develop and implement programs, in partnership with higher education, to encourage health care professionals to remain in Rhode Island after graduation and serve the needs of Medicaid clients and other vulnerable populations. Finally, we will better track our efforts to assure that state and federal investments in health care workforce development are resulting in more trained professionals in our areas of need, and greater retention of those professionals to serve our target populations.

The 2014 DLT study concluded that RI is not preparing the workforce needed for the future. DLT predicts that RI will have an unmet need for primary care practitioners (physicians, PAs, NPs), mental health professionals, community nurses, home health professionals, and other community-based health care professionals with associates, bachelors, or graduate degrees. The health care delivery system cannot transform without a significant infusion of new health professionals as well as retraining of the current workforce.

Medicaid is developing an exciting new Health Workforce partnership with RI's three public higher education institutions, the University of Rhode Island (URI), Rhode Island College (RIC), and the Community College of Rhode Island (CCR!), as well as with the Department of Labor and Training (DLT) and other critical organizations. This partnership will involve our Medicaid managed care organizations (MCOs) and Accountable Entities (AEs) as well, to align workforce development with the needs of the primary drivers of change in our health system. We propose launching this effort formerly by July 2016, supported by a full-time staff person and guided by a formal steering committee that includes the three higher education institutions, AEs and other major provider organizations, MCOs, state officials and consumer representatives. The work of the steering committee will build on the DLT study and aim to:

- o Assess current health care provider supply and demand and project how they will change over the next ten years;
- o Identify gaps in the current educational programs and graduate pipeline;
- o Agree on how best to fill those gaps and design programs to train the professionals we most need;
- o Develop a plan for filling the pipeline with trainees in our areas of need, for partnering with health care organizations to employ our trainees, and for retaining our trainees after graduation.

To advance this work, we are requesting federal matching of current state expenditures on higher education funding for health care workforce development in RI. Our specific request is outlined below.

#### Health Workforce Development DSHP Request

One of the financing sources for the Medicaid Health System Transformation Program will be a new Designated State Health Programs (DSHPs) under RI's current Medicaid 1115 Waiver, which will provide Medicaid coverage, over five years, of certain state university/college health professional training program expenditures SPECIFICALLY devoted to training the health workforce of the future, that will be needed to provide health care to Medicaid enrollees in the transformed delivery system of provider-based Accountable Entities.

The SSHP will provide reimbursement of a portion of core health professional training costs at the 3 colleges/university. The portion of actual state expenditures to be reimbursed as a DSHP will be limited to a percentage of costs equal to the percentage of graduates of these programs who stay and work in their profession in RI in a setting that serves the Medicaid population.

We estimate that the State of Rhode Island will spend \$28,500,000 annually between July 1, 2016 and December 31, 2018 at the three state colleges/universities to train health professions graduates who remain and work in RI and serve underserved populations after graduation. This includes only the direct cost of educating graduates, and does not include

other costs, such as indirect costs, buildings, or grounds. The figure is adjusted to reflect the percent of students who are estimated to remain and work in RI after graduation.

RI is requesting that Medicaid cover these actual eligible expenditures over a 5-year period from July 1, 2016 through June 30, 2021, at an estimated total expenditure of up to \$142,500,000. This would result in a federal expenditure not to exceed \$71,250,000 over five years.

Because this request spans two waivers, RI is requesting that claiming for Workforce Training begin on July 1, 2016 and be approved through December 31, 2018, the end of the current approved 1115 waiver period. This makes a total request to cover the actual expenditures over 2.5 years, at an estimated total expenditure of \$71,250,000, all funds. This assumes a federal share of approximately \$35,625,000 over 2.5 years, which is well within RI's approved CNOM/DSHP budget assumptions in the currently approved "with waiver" budget neutrality agreement.

Rhode Island also requests that this DSHP be renewed with the next waiver extension request, limited to an additional 2.5 years, which would be a total workforce development DSHP request in the next waiver of \$71,250,000 all funds, which will be an additional federal share request of \$35,625,000 in the renewal of RI's 1115 waiver renewal beginning Jan 1, 2019.

**Tracking eligible expenditures and evidence that RI's health professional training programs encourage graduates to stay in RI and serve vulnerable populations**

Determining the number of graduates staying in RI to work in their professions: Medicaid will engage the colleges in tracking students post-graduation for this purpose, and will also use health professional licensure data on new licensees at the RI Department of Health to assist in tracking and verifying the number of new graduates from health professions training programs at RI state colleges and university who stay and work in RI.

Determining the portion of grads working in RI who serve Medicaid enrollees: A quarter of RI's population is now enrolled in Medicaid. Eighty five percent of RI's Medicaid population is enrolled in health plans under RI's fully capitated Medicaid managed care program. Since 1994, RI has required any provider who participates in a health plans' commercial business to also participate in Medicaid managed care, and be open to new patients equitably. Medicaid managed care enrollees can choose their own providers from any open provider in their health plan.

Because of this, RI does not have a two-tiered delivery system as other states may, where Medicaid enrollees have more restricted access than commercial enrollees. Virtually all health care providers in Rhode Island serve commercially insured. Medicaid and Medicare populations equitably. Therefore, our assumption will be that all RI health professional grads who obtain a RI professional license to stay and work in RI in their professions will be working in their profession in a provider organization which serves Medicaid enrollees.

All RI's universities and colleges imbued in their professional training programs encouragement, skills development and experience in effectively serving a culturally diverse, low income population.

University of Rhode Island (URI)

The University of RI has recognized the need for collaboration among providers and training programs by forming the Academic Health Collaborative (AHC). The collaborative, which will be officially in place by July 2016, is comprised of the Colleges of Pharmacy and Nursing, as well as the new College of Health Sciences. The Institute for Integrated Health and Innovation, a key feature of the new Collaborative, is in the process of being created. The Institute is designed to facilitate interdisciplinary collaboration among faculty, students, and professionals in the community through teams of multidisciplinary health experts.

URI's health professions training programs provide students with multiple training experiences in meeting the needs of low income patients. For example, the Pharmacy Program provides training in nursing homes and Disproportional Share Hospitals (DSH). The College of Nursing has a HRSA-funded Area Health Education Center (AHEC) imbedded in the College. The AHEC aims to develop high quality, culturally competent healthcare workers by recruiting and supporting students as they progress through their academic careers. Through this Center, in collaboration with community partners, the URI College of Nursing recruits and trains nurses to work in RI health care settings which provide care to populations who at at-risk due to such issues as poverty, homelessness, cultural and language issues, or being uninsured or underinsured. Clinical experience includes skilled nursing facilities where the vast majority of patients are Medicaid enrolled, hospitals that serve a disproportionate share of Medicaid and uninsured populations, prison health clinics, the RI Free Clinic and community health centers.

Faculty and students participate in Primary Care Clinics at Crossroads on a regular basis, which provides shelter, food and health care to RI's homeless population.

URI draws students from states throughout the region. URI's Health Professions Training Programs graduate over 1200 students per year, almost half of whom stay in Rhode Island and work in their profession in settings which serve significant numbers of Medicaid enrollees.

URI's Health Professions Training Programs include:

- Communicative Disorders
- Gerontology
- Health Studies
- Human Development
- Human Science and Services
- Kinesiology
- Medical Lab Science
- Nursing Nutrition
- Pharmacy

- Physical Therapy
- Psychology

Rhode Island College

Rhode Island College has well-recognized programs in nursing and social work. Both programs train graduates for professional licensure and careers where graduates are well-prepared to serve disadvantaged populations, including Medicaid, uninsured, disabled, and homeless individuals and families.

The College of Nursing graduates over 450 students annually. Nurses are prepared to serve the most difficult to treat populations, including training at the Rhode Island Free Clinic, Eleanor Slater (long term care) Hospital, community health centers, and schools for children with disabilities. More than 90 percent of RIC Nursing graduates stay in RI immediately after graduation and work in all types of health care agencies, including long term **care, acute care, and community-based programs.**

RIC's School of Social Work offers an MSW, which prepares students as practitioners and clinicians working in Behavioral Health Care. The social work program prepares practitioners to work with low income, disadvantaged populations, including Medicaid and the uninsured.

The Health Care Administration program was developed as an interdisciplinary program between the Schools of Management and Nursing. The program prepares students to work in health care settings including clinics, hospitals, long-term care organizations, assisted living facilities, mental health organizations, public health departments, physician practices, health care associations, and rehabilitation centers. Students complete internships in a variety of settings including nursing homes, assisted living facilities, health centers, hospitals, health plans, physician offices, and the state Medicaid office.

Drawing principally from Rhode Island, 90 percent of the RIC health services curriculum graduates stay and work in RI in their profession post graduation, in settings that serve Medicaid enrollees. RIC offers health professional training programs in the following areas:

- Nursing
- Social Work
- Health Care Administration
- Addiction & Behavioral Health
- Community Health & Wellness
- Health Professions Certificate Programs

Community College of Rhode Island (CCRI)

CCRI offers associates degree programs in nursing, dental hygiene, and several other health professions. Students receive community-based experience as an integral component of their training, preparing students to service Rhode Island's diverse, multicultural, and low-income populations. The Dental Hygiene is well known for the Dental Clinic they operate, in which the students receive training and practice, and Rhode Islanders can receive cleaning and exams, sealants, or radiographs for a nominal fee. As Rhode Island has a high number of dental uninsured, and its adult Medicaid dental benefit is very limited, this clinic provides valuable services to Medicaid enrollees and the uninsured, as well as trains students to treat high-risk populations with untreated dental needs. More than 90 percent of CCRI's health students remain in Rhode Island to work in their field. CCRI offers the following health professions training programs:

- Nursing
- Medical Assistant
- Respiratory Therapy
- Dental Assistant
- Dental Hygiene

**Comparable Service or Program Under Medicaid**

Health Workforce development

**Non-Medical Services Included**

All services are non-medical

**Process for Identifying Cost of Non-Medical Services**

All costs are non-medical

**Eligibility (e.g. groups and income, including approx. proportion of adults under 200% FPL)**

Health Professional Training Costs, which result in new health professionals employed in RI, serving Medicaid and other low-income populations.

**Age of Eligible Individuals Covered Under this Program**

N/A

**Number of Clients served - FFY most current\* Varies**

N/A

**What Delivery System is Utilized? (e.g.. capitated managed care,FFS, block grant, PCCM)**

N/A

**Is Service also in the Demo? If so, how will you ensure billing for costs is not duplicated?**

This is not in the demonstration

**Method of Payment (e.g. Offline - vouchers & warrants, Online - MMIS, other?)**

Certification of Public Expenditure (CPE)
<b>Most current* Budget for Programs Identify sources and type of funding (Federal/State/Local)</b>
\$28,500,000 in state general revenue Annual eligible budgeted expenditures of \$28,500,000 in general revenue funding
<b>Most current* Expenditures (Gross: Federal/State/Local)</b>
\$28,500,000 in state general revenue
<b>"Matched Amount (Federal Amount)"</b>
N/A
<b>"MOE Amount (Amount required for State to draw down Federal grant money)"</b>
N/A
<b>Unmatched Amount including MOE</b>
\$28,500,000
<b>If used as MOE, which Federal Grant</b>
N.A.

**Agency**

Office of the Health Insurance Commissioner
<b>State Budget Reference (unless noted)</b>
<b>Program Name</b>
Rhode Island Parent Information Network Info line
<b>Program Code</b>

**Program Description (Expand on current description to identify specific service descriptions)**

RI Reach, part of the Rhode Island Parent Information Network (RIPIN) programs, provides a statewide Rhode Island's Health Insurance Consumer Support line that empowers consumers to get what they need from their coverage by helping consumers navigate the process. RI Reach:

- assists Rhode Island residents with information about eligibility; enrollment, and benefits
- assists Rhode Island residents with questions about existing care or difficulties accessing care
- screens for potential Medicaid eligibility, including the new Medicaid adult expansion group
- assists with locating participating providers
- assists callers with completing and filing complaints or grievances
- provides outreach and information about the availability of consumer assistance line

**Comparable Service or Program Under Medicaid**

Case Management Services and TB-Related Services - Case Management Services
<b>Non-Medical Services Included</b>
Non-medical case management, application assistance
<b>Process for Identifying Cost of Non-Medical Services</b>
All costs are non-medical
<b>Eligibility (e.g. groups and income, including approx. proportion of adults under 200% FPL)</b>
Rhode Island residents
<b>Age of Eligible Individuals Covered Under this Program</b>
All ages
<b>Number of Clients served - FFY most current* Varies</b>
Approximately 3000 Rhode Islanders served annually
<b>What Delivery System is Utilized? (e.g.. capitated managed care,FFS, block grant, PCCM)</b>
Free service for Rhode Island residents
<b>Is Service also in the Demo? If so, how will you ensure billing for costs is not duplicated?</b>
This service is not in the demonstration
<b>Method of Payment (e.g. Offline - vouchers &amp; warrants, Online - MMIS, other?)</b>
State inter-governmental transfer
<b>Most current* Budget for Programs Identify sources and type of funding (Federal/State/Local)</b>
\$400,000 in state general revenue
<b>Most current* Expenditures (Gross: Federal/State/Local)</b>
\$167,000 (Federal fiscal year 2016 approximate expenditures through February 2016)

**"Matched Amount (Federal Amount)"**

N/A

**"MOE Amount (Amount required for State to draw down Federal grant money)"**

N/A

**Unmatched Amount including MOE**

\$400,000 in state general revenue

**If used as MOE, which Federal Grant**

N/A

**Agency**

RI School for the Deaf

**State Budget Reference (unless noted)****Program Name**

Hearing / Screening Center

**Program Code****Program Description (Expand on current description to identify specific service descriptions)**

Provides statewide hearing screening for children at all Rhode Island public and private schools; further diagnostic testing and referral for treatment, if appropriate, is provided for any child who screens at-risk for hearing loss.

**Comparable Service or Program Under Medicaid**

Early and Periodic Screening, Diagnostic, and Treatment Services (EPSDT)

**Non-Medical Services Included**

None

**Process for Identifying Cost of Non-Medical Services**

N/A

**Eligibility (e.g. groups and income, including approx. proportion of adults under 200% FPL)**

School-age children under 19

**Age of Eligible Individuals Covered Under this Program**

School-age children under 19

**Number of Clients served - FFY most current\* Varies**

55,000 children screened annually

**What Delivery System is Utilized? (e.g.. capitated managed care,FFS, block grant, PCCM)**

Free clinic services

**Is Service also in the Demo? If so, how will you ensure billing for costs is not duplicated?**

This service is not in the demonstration

**Method of Payment (e.g. Offline - vouchers & warrants, Online - MMIS, other?)**

State inter-governmental transfer

**Most current\* Budget for Programs Identify sources and type of funding (Federal/State/Local)**

\$554,398 in state general revenue

**Most current\* Expenditures (Gross: Federal/State/Local)**

\$230,000 (Federal fiscal year 2016 approximate expenditures through February 2016)

**"Matched Amount (Federal Amount)"**

N/A

**"MOE Amount (Amount required for State to draw down Federal grant money)"**

N/A

**Unmatched Amount including MOE**

\$554,398 in state general revenue

**If used as MOE, which Federal Grant**

N/A

**Agency**

Department of Health

**State Budget Reference (unless noted)****Program Name**

TB Clinic

**Program Code****Program Description (Expand on current description to identify specific service descriptions)**

Miriam Hospital's RISE tuberculosis (TB) Clinic serves all RI residents, with TB. All patients with suspected or confirmed TB disease or latent TB infection can be referred to the RISE Clinic for TB specialty care. The Clinic provides TB Specialty Clinical Services (adult and pediatric clinical services) including special negative pressure examination rooms, laboratory and radiological testing, and drugs packaged for daily observed therapy at patient homes. RI Department of Health has a contract with the Miriam Hospital's Statewide TB clinic to pay for drugs, lab tests, and other services provided by the clinic to the uninsured and under-insured. The underinsured include low income Rhode Island residents with coverage that has high deductibles or drug copays which are not affordable. This contract is paid for with \$300,000 in General Revenue.

**Comparable Service or Program Under Medicaid**

Case Management Services and TB-Related Services-Special TB-Related Services

**Non-Medical Services Included**

None

**Process for Identifying Cost of Non-Medical Services**

N/A

**Eligibility (e.g. groups and income, including approx. proportion of adults under 200% FPL)**

Uninsured or under-insured people under 250% FPL

**Age of Eligible Individuals Covered Under this Program**

Adults over 19

**Number of Clients served - FFY most current\* Varies**

The clinic sees approximately 800 patients for 4400 patient visits per year.

**What Delivery System is Utilized? (e.g.. capitated managed care,FFS, block grant, PCCM)**

Free clinic services for the uninsured

**Is Service also in the Demo? If so, how will you ensure billing for costs is not duplicated?**

This service is not in demonstration

**Method of Payment (e.g. Offline - vouchers & warrants, Online - MMIS, other?)**

State Inter-governmental transfer

**Most current\* Budget for Programs Identify sources and type of funding (Federal/State/Local)**

\$300,000 in state general revenue

**Most current\* Expenditures (Gross: Federal/State/Local)**

\$125,000 (Federal fiscal year 2016 approximate expenditures through February 2016)

**"Matched Amount (Federal Amount)"**

N/A

**"MOE Amount (Amount required for State to draw down Federal grant money)"**

N/A

**Unmatched Amount including MOE**

\$300,000 in state general revenue

**If used as MOE, which Federal Grant**

N/A

**Agency**

RI Department of Commerce

**State Budget Reference (unless noted)****Program Name**

Wavemaker Loan Repayment Fellowship

**Program Code****Program Description (Expand on current description to identify specific service descriptions)**

The Wavemaker Fellowship is a state-funded loan repayment program. To be eligible, an applicant for the fellowship must

have incurred student loan debt during the completion of an associate's, bachelor's, or graduate degree and must work in Rhode Island in the health or medical cares. Those who qualify are awarded a loan repayment amount over 2 to 4 years. Payment is made to the graduate on an annual basis. The Rhode Island Department of Commerce is responsible for state tax filing, collecting tax payments, and of making refunds as appropriate for RI residents. The department uses this system to make the loan repayments by issuing a state tax credit to the graduate as the vehicle for payment. Fellowship awardees receive an annual redeemable tax credit for up to four years. The annual tax credit amount will equal the fellow's annual loan repayment expenses, currently subject to the following caps: \$6,000 for a fellow with a graduate degree, \$4,000 for a fellow with a bachelor's degree, and \$1,000 for a fellow with an associate's degree.

Rhode Island proposes a federal match to loan repayments for program enrollees. Loan repayments which qualify for Medicaid matching funds under this proposal will be limited to those funds awarded to recipients who work in a Rhode Island health care setting which serves Medicaid enrollees. Recipients will be specifically identified as meeting this qualification by the Wavemaker Program Administrator at the Rhode Island Department of Commerce. This information along with each individual's annual loan repayment amount will be provided to Medicaid by the department on an annual basis after the payment is made. This will be used to determine the amount eligible to be claimed for federal match.

**Comparable Service or Program Under Medicaid**

Health workforce development

**Non-Medical Services Included**

All services are non medical

**Process for Identifying Cost of Non-Medical Services**

All costs are non medical

**Eligibility (e.g. groups and income, including approx. proportion of adults under 200% FPL)**

Recent graduates receiving a state loan repayment who work in Rhode Island's health care industry, at an employer who serves a significant Medicaid population.

**Age of Eligible Individuals Covered Under this Program**

Adults over 19

**Number of Clients served - FFY most current\* Varies**

Approximately 100 recently graduated health professionals participate in this state loan repayment program each year.

**What Delivery System is Utilized? (e.g.. capitated managed care,FFS, block grant, PCCM)**

N/A

**Is Service also in the Demo? If so, how will you ensure billing for costs is not duplicated?**

This service is not in the demonstration

**Method of Payment (e.g. Offline - vouchers & warrants, Online - MMIS, other?)**

State tax credit

**Most current\* Budget for Programs Identify sources and type of funding (Federal/State/Local)**

\$400,000 in state general revenue

**Most current\* Expenditures (Gross: Federal/State/Local)**

Approximately \$167,000 in state general revenue

**"Matched Amount (Federal Amount)"**

N/A

**"MOE Amount (Amount required for State to draw down Federal grant money)"**

N/A

**Unmatched Amount including MOE**

\$400,000 in state general revenue

**If used as MOE, which Federal Grant**

N/A

Transformation - Consumer Support (re:4 advocacy agencies) CNOM match goes to the provider incentives.



Refer to the Commission: 2016 Proposed Category III Change to Rhode Island's Comprehensive 1115 Waiver Demonstration: Rhode Island Medicaid Health System Transformation Project  
 Motion moved by \_\_, seconded by \_\_, *passed/unanimous/ opposed by\_ / abstained \_ / defeated/ supported by\_*

General Assembly Deadlines

	<ul style="list-style-type: none"> <li>• All bills and resolutions shall be filed no later than February 12, 2015</li> <li>• No public bill that originated in the House/Senate shall be considered by a House/Senate committee unless the committee has held a hearing on that bill by April 9<sup>th</sup>.</li> </ul>



**4:20 2016 Legislative Package, Bob Cooper, Executive Secretary**

**Purpose/Goal: To review the status of the Commission's legislative package**

**Commission Supports**

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

House Corporations Committee

16 H 7931 AN ACT RELATING TO INSURANCE -- DRUG COVERAGE

Rep. Corvese Identical to S 2294

House letter 3/29/2016      Testified:                      Senate letter                      Testified:                      Gov.  
3/29/2016

Senate Health and Human Services Committee

16 S 2294 AN ACT RELATING TO INSURANCE -- DRUG COVERAGE

Sen. Crowley Identical to H 7931

House letter                      Testified:                      Senate letter                      Testified: 3/4/2016      Gov.  
3/29/2016

**Scheduled for hearing and/or consideration**

House Finance Committee

16 H 7454 Art. 11 AN ARTICLE RELATING TO STRENGTHENING NEIGHBORHOOD SCHOOLS

Rep. Gallison Requested by the Governor

House letter      3/28/2016      Testified:                      Senate letter                      Testified:                      Gov.  
3/29/2016

**Referred to Committee**

Senate Finance Committee

16 S 2814 AN ACT RELATING TO TAXATION -- RHODE ISLAND LIVABLE HOME TAX CREDIT ACT

Sen. Nesselbush Similar to H 7980 & S 2623

House letter                      Testified:                      Senate letter                      3/28/2016      Testified:                      Gov.  
3/29/2016

**Commission Supports if amended**

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

House Finance Committee

16 H 7454 Art. 07 AN ARTICLE RELATING TO MEDICAID REFORM ACT OF 2008 RESOLUTION

Rep. Gallison                      Requested by Governor

House letter                      Testified: 3/23/2016      Senate letter                      Testified: Bob Cooper Gov.  
3/29/2016

16 H 7454 Art. 09 Sec. 06 AN ARTICLE RELATING TO MEDICAL ASSISTANCE AND HOSPITAL UNCOMPENSATED CARE

Rep. Gallison                      Requested by the Governor

House letter                      Testified: 3/23/2016      Senate letter                      Testified: Bob Cooper Gov.  
3/29/2016

16 H 7454 Art. 23 AN ARTICLE RELATING TO SAFE HARBOR FOR SEXUALLY EXPLOITED CHILDREN

Rep. Gallison                      Requested by the Governor

House letter      3/28/2016      Testified: 3/30/2016      Senate letter                      Testified: Bob Cooper      Gov.  
3/29/2016

**Referred to Committee**

House Finance Committee

16 H 7980 AN ACT RELATING TO TAXATION -- RHODE ISLAND LIVABLE HOME TAX CREDIT ACT

Rep. Craven Identical to S 2623 Similar to

House letter      3/28/2016      Testified:                      Senate letter                      Testified:                      Gov.  
3/29/2016

Senate Finance Committee

Next Action on:

16 S 2623 AN ACT RELATING TO TAXATION -- RHODE ISLAND LIVABLE HOME TAX CREDIT ACT

Sen. Nesselbush Identical to H 7980 Similar to

House letter 3/29/2016 Testified: Senate letter 3 /4 Testified: Gov.

### Commission Opposes

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

##### House Finance Committee

16 H 7454 Art. 14 AN ARTICLE RELATING TO CAREGIVERS/COMPASSION CENTERS

Rep. Gallison Requested by the Governor

House letter 3 /28/2016 Testified: Senate letter Testified: Gov.

3/30/2016

##### House Health, Education, & Welfare Committee

16 H 7361 AN ACT RELATING TO HEALTH AND SAFETY - PERSONAL CARE ASSISTANT SERVICES

Rep. Naughton Requested by Attorney General

House letter 3/4/2016 Testified: Tim Flynn Senate letter Testified: Gov. Identical to S 2643

3/3/2016

#### Referred to Committee

##### Senate Judiciary Committee

16 S 2643 AN ACT RELATING TO HEALTH AND SAFETY - PERSONAL CARE ASSISTANT SERVICES

Sen. Lombardi Requested by Attorney General

House letter 3/29/2016 Testified: Senate letter 3/4/2016 Testified: Gov. Identical to H 7361

3/29/2016

### Commission Opposes unless amended

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

##### House Finance Committee

16 H 7454 Art. 09 Sec. 07 AN ARTICLE RELATING TO MEDICAL ASSISTANCE AND HOSPITAL UNCOMPENSATED CARE

Rep. Gallison Requested by the Governor

House letter 3/30/2016 Testified: Senate letter Testified: Gov.

3/30/2016

### Legislation Committee finds this bill Beneficial

#### Meeting Postponed

##### House Judiciary Committee

16 H 7481 AN ACT RELATING TO STATE AFFAIRS AND GOVERNMENT - HUMANE ALTERNATIVES TO LONG-TERM SOLITARY CONFINEMENT

Rep. Regunberg

House letter 3/9/2016 Testified: Senate letter Testified: Gov. Identical to S 2318

3/29/2016

#### Passed and Referred to

##### Senate Education Committee

16 H 7054 AN ACT RELATING TO EDUCATION - SCREENING FOR READING DISABILITIES

Rep. Lombardi Identical to S

House letter 2/3/2016 Testified: Senate letter 3/4/2016 Testified: Gov.

3/29/2016

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

##### House Corporations Committee

16 H 7162 AN ACT RELATING TO INSURANCE -- ACCIDENT AND SICKNESS INSURANCE POLICIES

Rep. Casey

House letter 2/3/2016 Testified: Senate letter Testified: Gov.

3/29/2016

16 H 7471 AN ACT RELATING TO INSURANCE - OFF-LABEL USES OF PRESCRIPTION DRUGS

Rep. Shekarchi Similar to S 2499 & H 7512

House letter 3/8/2016 Testified: Senate letter Testified: Gov.

3/29/2016

16 H 7512 AN ACT RELATING TO INSURANCE -- OFF-LABEL USES OF PRESCRIPTION DRUGS

Rep. Shekarchi Identical to S 2499

House letter 3/8/2016 Testified: Senate letter Testified: Gov.  
3/29/2016  
16 H 7616 AN ACT RELATING TO HEALTH AND SAFETY -- INSURANCE--MENTAL ILLNESS AND  
SUBSTANCE ABUSE  
Rep. Bennett Identical to S 2356  
House letter 3/8/2016 Testified: Senate letter Testified: Gov.  
3/29/2016  
16 H 7617 AN ACT RELATING TO INSURANCE - INSURANCE COVERAGE FOR MENTAL ILLNESS AND  
SUBSTANCE  
Rep. Bennett Identical to S 2461  
House letter 3/8/2016 Testified: Senate letter Testified: Gov.  
3/29/2016  
House Health, Education, & Welfare Committee  
16 H 7274 AN ACT RELATING TO FOOD AND DRUGS -- GENETICALLY ENGINEERED RAW AND  
PACKAGED FOOD  
LABELING ACT  
Rep. Canario  
House letter 2/3/2016 Testified: Senate letter Testified: Gov.  
3/29/2016  
House Judiciary Committee  
16 H 7283 AN ACT RELATING TO CRIMINAL OFFENSES - WEAPONS  
Rep. Amore  
House letter 2/3/2016 Testified: Senate letter Testified: Gov.  
3/29/2016  
Senate Education Committee  
16 S 2495 AN ACT RELATING TO EDUCATION - SOCIAL SERVICES  
Sen. Picard  
House letter Testified: Senate letter 3/8/2016 Testified: Gov.  
3/29/2016  
Senate Health and Human Services Committee  
16 S 2356 Sub A AN ACT RELATING TO HEALTH AND SAFETY -- INSURANCE--MENTAL ILLNESS AND  
SUBSTANCE ABUSE  
Sen. Miller Identical to H 7616  
House letter Testified: Senate letter 3/8/2016 Testified: Gov.  
3/29/2016  
16 S 2461 AN ACT RELATING TO INSURANCE - INSURANCE COVERAGE FOR MENTAL ILLNESS AND  
SUBSTANCE  
Sen. Miller Identical to H 7617  
House letter Testified: Senate letter 3/8/2016 Testified: Gov.  
3/29/2016  
16 S 2499 AN ACT RELATING TO INSURANCE -- OFF-LABEL USES OF PRESCRIPTION DRUGS  
Sen. Walaska Requested by Attorney General Identical to H 7512  
House letter Testified: Senate letter 3/8/2016 Testified: Gov.  
3/29/2016  
**Scheduled for hearing and/or consideration**  
Senate Health and Human Services Committee  
16 S 2050 AN ACT RELATING TO HEALTH AND SAFETY - THE NATUROPATHIC PHYSICIANS ACT OF 2016  
Sen. Picard  
House letter Testified: Senate letter 2/3/2016 Testified: Gov.  
3/29/2016  
Next Action on: 4 /5 /2016 @ Rise in Senate Lounge  
16 S 2595 AN ACT RELATING TO HUMAN SERVICES - EQUAL RIGHTS OF BLIND AND DEAF PERSONS TO  
PUBLIC  
FACILITIES  
Sen. Walaska Identical to H 7979  
House letter Testified: Senate letter 3/8/2016 Testified: Gov.  
3/29/2016  
Senate Judiciary Committee  
16 S 2318 AN ACT RELATING TO STATE AFFAIRS AND GOVERNMENT - HUMANE ALTERNATIVES TO

LONG-TERM  
SOLITARY CONFINEMENT

Sen. Metts Identical to H 7481

House letter 3/29/2016 Testified: Senate letter 3/9/2016 Testified: Gov.

**Referred to Committee**

House Finance Committee

16 H 7937 AN ACT RELATING TO PUBLIC UTILITIES AND CARRIERS -- PUBLIC TRANSIT-- POWERS AND DUTIES OF THE AUTHORITY

Rep. Barros Identical to S 2685

House letter 3/29/2016 Testified: Senate letter 3/16/2016 Testified: Gov.

House Health, Education, & Welfare Committee

16 H 7864 AN ACT RELATING EDUCATION -- BOARD OF GOVERNORS FOR HIGHER EDUCATION

Rep. Naughton

House letter 3/29/2016 Testified: Senate letter Testified: Gov.

16 H 7979 AN ACT RELATING TO HUMAN SERVICES - EQUAL RIGHTS OF BLIND AND DEAF PERSONS TO PUBLIC FACILITIES

Rep. Handy

House letter 3/29/2016 Testified: Senate letter Testified: Identical to S 2595 Gov.

Senate Education Committee

16 S 2091 AN ACT RELATING TO EDUCATION - SCHOOL AND YOUTH PROGRAMS CONCUSSION ACT

Sen. Lombardi

House letter 3/29/2016 Testified: Senate letter 2/3/2016 Testified: Gov.

16 S 2338 AN ACT RELATING TO EDUCATION - SCREENING FOR READING DISABILITIES

Sen. Lombardi

House letter 3/29/2016 Testified: Senate letter 3/4/2016 Testified: Identical to H 7054 Gov.

Senate Finance Committee

16 S 2446 AN ACT RELATING TO AFFORDABLE HOUSING -- CAPITAL DEVELOPMENT PROGRAM

Sen. Pichardo

House letter 3/29/2016 Testified: Senate letter 3/8/2016 Testified: Gov.

16 S 2685 AN ACT RELATING TO PUBLIC UTILITIES AND CARRIERS -- PUBLIC TRANSIT-- POWERS AND DUTIES OF THE AUTHORITY

Sen. Pichardo

House letter 3/29/2016 Testified: Senate letter 3/16/2016 Testified: Identical to H 7937 Gov.

Senate Judiciary Committee

16 S 2101 AN ACT RELATING TO HEALTH AND SAFETY - RIGHTS OF NURSING HOME PATIENTS

Sen. Lombardi

House letter 3/29/2016 Testified: Senate letter 2/3/2016 Testified: Gov.

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

**Withdrawn by sponsor**

House Finance Committee

16 H 7076 AN ACT RELATING TO STATE AFFAIRS AND GOVERNMENT -- HOUSING RESOURCES -- HOMELESS SHELTERS

Rep. Lombardi

House letter 3/29/2016 Testified: Senate letter Testified: Gov.

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

House Health, Education, & Welfare Committee

Next Action on:

16 H 7056 AN ACT RELATING TO EDUCATION - SCHOOL COMMITTEES AND SUPERINTENDENTS  
Rep. Diaz Identical to S 2168 & H 7057  
House letter 1/26/2016 Testified: Senate letter Testified: Gov.  
3/29/2016

16 H 7057 AN ACT RELATING TO EDUCATION -- SCHOOL COMMITTEES AND SUPERINTENDENTS  
Rep. Lombardi Identical to H 7056 & @ 2168  
House letter 1/26/2016 Testified: Senate letter Testified: Gov.  
3/29/2016

16 H 7059 AN ACT RELATING TO STATE AFFAIRS AND GOVERNMENT -- COMMISSION ON STANDARDS AND TRAINING  
Rep. Lombardi  
House letter 1/27/2016 Testified: Senate letter Testified: Gov.  
3/29/2016

16 H 7060 AN ACT RELATING TO STATE AFFAIRS AND GOVERNMENT -- COMMISSION ON STANDARDS AND TRAINING  
Rep. Lombardi  
House letter Testified: 1/27/2016 Senate letter Testified: Gov.  
3/29/2016

16 H 7154 AN ACT RELATING TO STATE AFFAIRS AND GOVERNMENT -- FREEDOM FROM PRONE RESTRAINT ACT  
Rep. Canario Identical to S 2426  
House letter 2/3/2016 Testified: Senate letter Testified: Gov.  
3/29/2016  
Senate Education Committee

16 S 2168 AN ACT RELATING TO EDUCATION - SCHOOL COMMITTEES AND SUPERINTENDENTS  
Sen .Pichardo Identical to H 7056 & H 7057  
House letter Testified: Senate letter 3/4/2016 Testified: Gov.  
3/29/2016  
Senate Judiciary Committee

16 S 2502 AN ACT RELATING TO STATE AFFAIRS AND GOVERNMENT - DEPARTMENT OF CHILDREN, YOUTH, AND FAMILIES  
Sen. Miller  
House letter Testified: Senate letter 3/8/2016 Testified: Gov.  
3/29/2016

**Scheduled for hearing and/or consideration**  
House Health, Education, & Welfare Committee

16 H 7329 AN ACT RELATING TO PUBLIC UTILITIES AND CARRIERS - RHODE ISLAND PUBLIC TRANSIT AUTHORITY  
Rep. Naughton  
House letter 2/3/2016 Testified: Senate letter Testified: Gov.  
3/29/2016

**Referred to Committee**  
House Finance Committee

16 H 7008 AN ACT RELATING TO HIGHWAYS - SIDEWALKS  
Rep. Blasejewski Identical to S 2005  
House letter 1/26/2016 Testified: Senate letter Testified: Gov.  
3/29/2016

16 H 7117 AN ACT RELATING TO BEHAVIORAL HEALTHCARE, DEVELOPMENTAL DISABILITIES AND HOSPITALS  
Rep. McNamara Identical to S 2579  
House letter 2/3/2016 Testified: Senate letter Testified: Gov.  
3/29/2016  
House Health, Education, & Welfare Committee

16 H 7490 AN ACT RELATING TO FOOD AND DRUGS -- DRIVE-THROUGH WINDOWS -- ASSISTANCE TO DEAF AND HARD-OF-HEARING  
Rep. Nardolillo

House letter 3/8/2016 Testified: Senate letter Testified: Gov.  
3/29/2016

Senate Housing and Municipal Government Committee

16 S 2005 AN ACT RELATING TO HIGHWAYS - SIDEWALKS

Sen. Goodwin Identical to H 7008

House letter Testified: Senate letter 1/26/2016 Testified: Gov.  
3/29/2016

Senate Judiciary Committee

16 S 2426 AN ACT RELATING TO STATE AFFAIRS AND GOVERNMENT -- FREEDOM FROM PRONE RESTRAINT ACT

Sen. Goldin Identical to H 7154

House letter Testified: Senate letter 3/5/2016 Testified: Gov.  
3/29/2016

**Legislation Committee finds this bill Harmful**

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

House Corporations Committee

16 H 7880 AN ACT RELATING TO HEALTH AND SAFETY -- HEALTH CARE ACCESSIBILITY AND QUALITY ASSURANCE

Rep. Slater Identical to S 2210

House letter 3/15/2016 Testified: Senate letter Testified: Gov.  
3/29/2016

Senate Health and Human Services Committee

16 S 2210 AN ACT RELATING TO HEALTH AND SAFETY -- HEALTH CARE ACCESSIBILITY AND QUALITY ASSURANCE

Sen. Goodwin Identical to H 7880

House letter Testified: Senate letter 2/3/2016 Testified: Gov.  
3/29/2016

Senate Judiciary Committee

16 S 2376 AN ACT RELATING TO MOTOR AND OTHER VEHICLES -- OPERATORS' AND CHAUFFEURS' LICENSES--

MEDICAL INFORMATION INCLUDED ON LICENSE

Sen. Metts Identical to H 7227

House letter Testified: Senate letter 3/4/2016 Testified: Gov.  
3/29/2016

**Referred to Committee**

House Finance Committee

16 H 7107 AN ACT RELATING TO STATE AFFAIRS AND GOVERNMENT - DEPARTMENT OF ADMINISTRATION

Rep. Price Identical to S 2625  
House letter 3/8/2016 Testified: Senate letter Testified: Gov.  
3/29/2016

16 H 7177 AN ACT RELATING TO TOWNS AND CITIES - STATE AID

Rep. Edwards

House letter 3/8/2016 Testified: Senate letter Testified: Gov.  
3/29/2016

16 H 7227 AN ACT RELATING TO MOTOR AND OTHER VEHICLES -- OPERATORS' AND CHAUFFEURS' LICENSES--

MEDICAL INFORMATION

Rep. Diaz

House letter 2/3/2016 Testified: Senate letter Testified: Gov. Identical to S 2376  
3/29/2016

Senate Education Committee

16 S 2572 AN ACT RELATING TO EDUCATION

Sen. DiPalma

House letter Testified: Senate letter 3/8/2016 Testified: Gov.  
3/29/2016

Senate Housing and Municipal Government Committee

16 S 2625 AN ACT RELATING TO STATE AFFAIRS AND GOVERNMENT - DEPARTMENT OF ADMINISTRATION

Sen. Cote  
House letter 3/29/2016      Testified: Senate letter 3/8/2016      Testified: Identical to H 7107 Gov.  
Senate Judiciary Committee  
16 S 2116 AN ACT RELATING TO HUMAN SERVICES -- PUBLIC ASSISTANCE ACT  
Sen. Kettle  
House letter 3/29/2016      Testified: Senate letter 2/3/2016      Testified: Gov.

**Beneficial as Amended**

**Held for Further Study, Continued, or Heard**  
Senate Health and Human Services Committee  
16 S 2579  
AN ACT RELATING TO BEHAVIORAL HEALTHCARE, DEVELOPMENTAL DISABILITIES AND HOSPITALS  
Sen. Lynch Prata Identical to H 7117  
House letter 3/29/2016      Testified: Senate letter 3/4/2016      Testified: Gov.

	<p><b><i>4:25 Agenda for the Next Meeting, Linda Ward</i></b></p>
	<p><b>Purpose/Goal: To set the agenda for the next meeting.</b></p>
	<p>Discussion: The Legislation Committee meetings in 2015 will be on the 1<sup>st</sup> Monday 3 - 4:30 PM 05/02/16</p>
	
	<p><b><i>4:30 Adjournment, Linda Ward</i></b>  <b>MOTION: To adjourn at 4:57 pm</b>  <b>Motion moved by RC, seconded by JR, passed unanimously</b></p>