



Governor's Commission on Disabilities

Legislation Committee

Monday, May 2, 2016 3:00 PM - 4:30 PM

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Attendees: Jack Ringland (Vice Chair.); Rosemary C. Carmody; Regina Connor; Casey Gartland; Arthur M. Plitt; Meredith Sheehan; Angelina Stabile;

Absentees: Linda Ward (Chair.); Linda Deschenes; Barbara Henry; Kathleen Heren; Kathy Kushnir; William R. Inlow; & Dawn Wardyga

Guests: Norman Birenbaum (Governor's Office)

Staff: Bob Cooper & Hannah Vitello



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

Vice Chair calls the meeting to order at 3:03, in the absence of the Chair. Introductions of members and guests



MOTION: To accept the minutes of the previous meeting as presented

Motion moved by CG, seconded by AS, 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 at the April Meeting:

2016 S 2693 An Act Relating To Education -- The Recovery High Schools Act

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.

Tabled for information from the Departments of Elementary & Secondary Education and Behavioral Healthcare, Developmental Disabilities & Hospitals "The department of behavioral healthcare, developmental disabilities and hospitals (BHDDH) supports the vital role of a full continuum of care for individuals and youth struggling with substance use disorder to successfully support recovery. For youth, the delicate balance of proper placement and support are all the more critical in the early recovery process. Recovery support services need to include access to evidence-based practices, such as: recovery high schools, supported employment, and peer-operated services. These recovery support services need to be provided before, during, and after clinical treatment.

There are 22 recovery high schools across the United States. Recovery high schools help reduce the relapse risk environment for youth and typically have high retention rates and low relapse rates. This broad range of service and delivery options ensures that the life experiences of all individuals are valued and represented. BHDDH supports the recovery high school model for those best served by its programs.”

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 ~~considered~~
6 ~~by the sending district to be both clinically and academically appropriate for referral~~ ~~diagnosed~~
7 ~~with substance use disorder or dependency, as defined by the Diagnostic and Statistical Manual~~
8 ~~Of Mental Disorders IV-TR~~ ~~to a Rhode Island recovery high school~~ may be referred ~~to a~~
9 ~~Rhode~~
10 ~~Island recovery high school by a clinician licensed pursuant to chapter 35 of title 42~~ 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 ~~allotment it receives~~ ~~core~~
16 ~~instructional amount~~ 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; ~~and~~ (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 ~~;~~ ~~and (3)~~
3 ~~The~~ ~~If a~~ 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 ~~The~~ ~~the~~ district and the recovery
6 high
7 school shall arrange to confer a diploma when a student completes state and district-mandated
8 graduation requirements. ~~The local share of education funding shall be paid to the recovery high~~
9 ~~school in the same manner as the local share of education funding is paid to charter public~~
10 ~~schools, the William M. Davies, Jr. Career and Technical High School, and the Metropolitan~~
11 ~~Regional Career and Technical Center, as outlined in § 16-7.2-5.~~
12 (c) A recovery high school shall submit to the ~~board of regents~~ ~~council on elementary~~
13 ~~and secondary education~~ academic data considered necessary by the board to provide information
14 regarding each student's academic performance, subject to applicable health confidentiality laws
15 and regulations.
16 (d) The ~~board of regents~~ ~~council on elementary and secondary education~~, in
17 consultation
18 with the department of behavioral health, developmental disabilities and hospitals shall
19 promulgate rules and regulations as necessary to implement and carry out the intent of this
20 chapter.
21 ~~(e) Each recovery high school shall receive no less than five hundred thousand dollars~~
~~(\$500,000) per year from the state for administration and programmatic costs.~~

SECTION 2. This act shall take effect upon passage.



MOTION: To find beneficial 2016 S 2693 An Act Relating To
Education -- The Recovery High Schools Act
Motion moved by AP, seconded by CG, passed abstained RC

Civil Rights Bills:

2016 S 2898 & H 7866 Acts Relating to Businesses and Professions - The Rhode Island Health Information Exchange Act of 2008

This act would allow persons authorized by a patient to gain access to that patient's confidential health care information from the health information exchange. This act would also allow health plans: (1) To send information to the health information exchange; and (2) To receive information to which they are already legally entitled from the health information exchange for care coordination and management.
This act would take effect upon passage.

1 SECTION 1. Sections 5-37.7-3, 5-37.7-4, 5-37.7-7 and 5-37.7-10 of the General Laws in
2 Chapter 5-37.7 entitled "Rhode Island Health Information Exchange Act of 2008" are hereby
3 amended to read as follows:

4 ^{add}5-37.7-3. Definitions. --^{<add>} As used in this chapter:

5 (a) "Agency" means the Rhode Island department of health.

6 (b) "Authorized representative" means:

7 (1) A person empowered by the patient participant to assert or to waive the
8 confidentiality, or to disclose or authorize the disclosure of confidential information, as
9 established by this chapter. That person is not, except by explicit authorization, empowered to
10 waive confidentiality or to disclose or consent to the disclosure of confidential information; or

11 (2) A person appointed by the patient participant to make health care decisions on his or
12 her behalf through a valid durable power of attorney for health care as set forth in Rhode Island
13 general laws § 23-4.10-2; or

14 (3) A guardian or conservator, with authority to make health care decisions, if the patient
15 participant is decisionally impaired; or

16 (4) Another legally appropriate medical decision maker temporarily if the patient
17 participant is decisionally impaired and no health care agent, guardian or conservator is available;
18 or

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1 (5) If the patient participant is deceased, his or her personal representative or, in the
2 absence of that representative, his or her heirs-at-law; or

3 (6) A parent with the authority to make health care decisions for the parent's child; or

4 ^{add}(7) A person authorized by the patient participant or their authorized representative to
5 access their confidential health care information ~~from~~ the HIE, including family members or other
6 proxies as designated by the patient, to assist patient participant with the coordination of their
7 care.^{<add>}

8 (c) "Authorization form" means the form described in § 5-37.7-7 of this chapter and by
9 which a patient participant provides authorization for the RHIO to allow access to, review of,
10 and/or disclosure of the patient participant's confidential health care information by electronic,
11 written or other means.

12 (d) "Business associate" means a business associate as defined by HIPAA.

13 (e) "Confidential health care information" means all information relating to a patient
14 participant's health care history, diagnosis, condition, treatment, or evaluation.

15 (f) "Coordination of care" means the process of coordinating, planning, monitoring,
16 and/or sharing information relating to and assessing a care plan for treatment of a patient.

17 (g) "Data submitting partner" means an individual, organization or entity that has entered
18 into a business associate agreement with the RHIO and submits patient participants' confidential
19 health care information through the HIE.

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

21 (i) "Disclosure report" means a report generated by the HIE relating to the record of
22 access to, review of and/or disclosure of a patient's confidential health care information received,
23 accessed or held by the HIE.

24 (j) "Electronic mobilization" means the capability to move clinical information
25 electronically between disparate health care information systems while maintaining the accuracy
26 of the information being exchanged.

27 (k) "Emergency" means the sudden onset of a medical, mental or substance abuse or

28 other condition manifesting itself by acute symptoms of severity (e.g. severe pain) where the
29 absence of medical attention could reasonably be expected, by a prudent lay person, to result in
30 placing the patient's health in serious jeopardy, serious impairment to bodily or mental functions,
31 or serious dysfunction of any bodily organ or part.

32 (l) "Health care provider" means any person or entity licensed by this state to provide or
33 lawfully providing health care services, including, but not limited to, a physician, hospital,
34 intermediate care facility or other health care facility, dentist, nurse, optometrist, podiatrist,

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1 physical therapist, psychiatric social worker, pharmacist or psychologist, and any officer,
2 employee, or agent of that provider acting in the course and scope of his or her employment or
3 agency related to or supportive of health care services.

4 (m) "Health care services" means acts of diagnosis, treatment, medical evaluation,
5 referral or counseling or any other acts that may be permissible under the health care licensing
6 statutes of this state.

7 (n) "Health Information Exchange" or "HIE" means the technical system operated, or to
8 be operated, by the RHIO under state authority allowing for the statewide electronic mobilization
9 of confidential health care information, pursuant to this chapter.

10 ~~(o)~~ "Health plan" means an individual plan or a group plan that provides, or pays the cost
11 of, health care services for patient participants.

12 ~~(p)~~ (p) "HIE Advisory Commission" means the advisory body established by the
13 department of health in order to provide community input and policy recommendations regarding
14 the use of the confidential health care information of the HIE.

15 ~~(p)~~ (q) "HIPAA" means the health insurance portability and accountability act of
16 1996, as
17 amended.

18 ~~(r)~~ (r) "Participant" means a patient participant, a patient participant's authorized
19 representative, a provider participant, a data submitting partner, the regional health information
20 organization and the department of health, that has agreed to authorize, submit, access and/or
21 disclose confidential health care information via the HIE in accordance with this chapter.

22 ~~(s)~~ (s) "Participation" means a patient participant's authorization, submission,
23 access
24 and/or disclosure of confidential health care information via the HIE in accordance with this
25 chapter.

26 ~~(t)~~ (t) "Patient participant" means a person who receives health care services from a
27 provider participant and has agreed to participate in the HIE through the mechanisms established
28 in this chapter.

29 ~~(u)~~ (u) "Provider participant" means a pharmacy, laboratory, ~~or~~ health care
30 provider or health plan who is providing health care services or pays for the cost of health care services
31 for

32 a patient participant and/or is submitting or accessing health care information through the HIE
33 and has executed an electronic and/or written agreement regarding disclosure, access, receipt,
34 retention or release of confidential health care information to the HIE;

35 ~~(v)~~ (v) "Regional health information organization" or "RHIO" means the organization
36 designated as the RHIO by the state to provide administrative and operational support to the HIE.

37 **5-37.7-4. Participation in the health information exchange.** -- (a) There shall be

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1 established a statewide HIE under state authority to allow for the electronic mobilization of
2 confidential health care information in Rhode Island. Confidential health care information may
3 only be accessed, released or transferred from the HIE in accordance with this chapter.

4 (b) The state of Rhode Island has an interest in encouraging participation in the HIE by
5 all interested parties, including, but not limited to, health care providers, patients, health plans,
6 entities submitting information to the HIE, entities obtaining information from the HIE and the
7 RHIO. The Rhode Island department of health is also considered a participant for public health

8 purposes.

9 (c) Patients and health care providers shall have the choice to participate in the HIE, as
10 defined by regulations in accordance with § 5-37.7-3, provided, however, that provider
11 participants must continue to maintain their own medical record meeting the documentation and
12 other standards imposed by otherwise applicable law.

13 (d) Participation in the HIE shall have no impact on the content of or use or disclosure of
14 confidential health care information of patient participants that is held in locations other than the
15 HIE. Nothing in this chapter shall be construed to limit, change or otherwise affect entities' rights
16 to exchange confidential health care information in accordance with other applicable laws.

17 (e) The state of Rhode Island hereby imposes on the HIE and the RHIO as a matter of
18 state law, the obligation to maintain, and abide by the terms of, HIPAA complaint business
19 associate agreements, including, without limitation, the obligations to use appropriate safeguards
20 to prevent use or disclosure of confidential health care information in accordance with HIPAA
21 and this chapter, not to use or disclose confidential health care information other than as
22 permitted by HIPAA and this chapter, or to make any amendment to a confidential health care
23 record that a provider participant so directs and to respond to a request by a patient participant to
24 make an amendment to the patient participant's confidential health care record.

25 **5-37.7-7. Disclosure.** - (a) (1) Except as provided in subsection (b) of this section, a
26 patient participant's confidential health care information may only be accessed, released or
27 transferred from the HIE in accordance with an authorization form signed by the patient
28 participant or the patient's authorized representative.

29 (b) No authorization for release or transfer of confidential health care information from
30 the HIE shall be required in the following situations:

31 (1) To a health care provider who believes, in good faith, that the information is
32 necessary for diagnosis or treatment of that individual in an emergency; or

33 (2) To public health authorities in order to carry out their functions as described in this
34 title and titles 21 and 23, and rules promulgated under those titles. These functions include, but

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1 are not restricted to, investigations into the causes of disease, the control of public health hazards,
2 enforcement of sanitary laws, investigation of reportable diseases, certification and licensure of
3 health professionals and facilities, review of health care such as that required by the federal
4 government and other governmental agencies, and mandatory reporting laws set forth in Rhode
5 Island general laws; ~~and~~ ^{add>or<add}

6 (3) To the RHIO in order for it to effectuate the operation and administrative oversight of
7 the HIE; ^{add>and<add}

8 ^{{add>}(4) To a health plan if the information is necessary for care management of its plan
9 members, or for quality and performance measure reporting.^{<add}}

10 (c) The content of the authorization form for access to, or the disclosure, release or
11 transfer of confidential health care information from the HIE shall be prescribed by the RHIO in
12 accordance with applicable department of health regulations, but at a minimum shall contain the
13 following information in a clear and conspicuous manner:

14 (1) A statement of the need for and proposed uses of that information; and

15 (2) A statement that the authorization for access to, disclosure of and/or release of
16 information may be withdrawn at any future time and is subject to revocation.

17 (3) That the patient has the right not to participate in the HIE; and

18 (4) The patient's right to choose to: (i) enroll in and participate fully in the HIE; or (ii)
19 designate only specific health care providers that may access the patient participant's confidential
20 health care information.

21 (d) Except as specifically provided by law or this chapter, or use for clinical care, a
22 patient participant's confidential health care information shall not be accessed by, given, sold,
23 transferred, or in any way relayed from the HIE to any other person or entity not specified in the
24 patient participant authorization form meeting the requirements of subsection (c) of this section
25 without first obtaining additional authorization.

26 (e) Nothing contained in this chapter shall be construed to limit the permitted access to

27 or the release, transfer, access or disclosure of confidential health care information described in
28 subsection (b) of this section or under other applicable law.

29 (f) Confidential health care information received, disclosed or held by the HIE shall not
30 be subject to subpoena directed to the HIE or RHIO unless the following procedures have been
31 completed: (i) the person seeking the confidential health care information has already requested
32 and received the confidential health care information from the health care provider that was the
33 original source of the information; and (ii) a determination has been made by the superior court
34 upon motion and notice to the HIE or RHIO and the parties to the litigation in which the

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1 subpoena is served that the confidential health care information sought from the HIE is not
2 available from another source and is either relevant to the subject matter involved in the pending
3 action or is reasonably calculated to lead to the discovery of admissible evidence in such pending
4 action. Any person issuing a subpoena to the HIE or RHIO pursuant to this section shall certify
5 that such measures have been completed prior to the issuance of the subpoena.

6 (g) Nothing contained herein shall interfere with or impact upon any rights or obligations
7 imposed by the Workers Compensation Act as contained in title 28, chapters 29 -- 38, of the
8 general laws.

9 ^{add>}(h) Nothing contained herein shall prohibit a health plan from becoming a data
10 submitting partner. A data submitting partner is not considered a managed care entity or a
11 managed care contractor and the HIE is not considered a regional or local medical information
12 database pursuant to §5-37.3-4.^{<add>}

13 **5-37.7-10. Patient's rights.** -- Pursuant to this chapter, a patient participant who has his
14 or her confidential health care information transferred through the HIE shall have the following
15 rights:

16 (1) To obtain a copy of his or her confidential health care information from the HIE;

17 (2) To obtain a copy of the disclosure report pertaining to his or her confidential health
18 care information;

19 (3) To be notified as required by chapter 49.2 of title 11, the Rhode Island identity theft
20 protection act, of a breach of the security system of the HIE;

21 (4) To terminate his or her participation in the HIE in accordance with rules and
22 regulations promulgated by the agency;

23 (5) To request to amend his or her own information through the provider participant- ;

24 ^{add>}(6) To request their confidential health care information from the HIE be disclosed to an
25 authorized representative; and

26 (7) To request their confidential health care information from the HIE be disclosed to
27 health care providers who are not provider participants as defined by this chapter.^{<add>}

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

	MOTION: To find beneficial 2016 S 2898 & H 7866 Acts Relating to Businesses and Professions - The Rhode Island Health Information Exchange Act of 2008 Motion moved by RCa, seconded by RCo, passed unanimously
	Health Insurance Bills
	2016 S 2460 & H 7710 Acts Relating to Insurance -- Accident and Sickness Insurance Policies
	This act would require all health insurance providers that provide prescription coverage to provide coverage for opioid antagonists (overdose preventive medicine), and all devices and services related to the use thereof. This would apply to nonprofit hospital service corporations, nonprofit medical service corporations and health maintenance organizations. This act would take effect on January 1, 2017.

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 section:

3 ^{{add>}27-18-82. Opioid antagonists. -- (a) Every individual or group health insurance contract,
4 plan, or policy that provides prescription coverage that is delivered, issued for delivery, amended
5 or renewed in this state on or after January 1, 2017, shall provide coverage for all opioid
6 antagonists and all necessary devices and services related thereto, including provision of patient
7 information.

8 (b) As used in this section:

9 (1) "Opioid antagonist" means naloxone hydrochloride and any other drug approved by
10 the United States Food and Drug Administration for the treatment of opioid overdose.

11 (2) "Patient" has the meaning provided in R.I. Admin. Code 31-2-9:1.0.

12 (3) "Patient information" has the meaning provided in R.I. Admin. Code 31-2-9:1.0

13 (c) The coverage mandated by this section shall include all opioid antagonists prescribed
14 or dispensed as permitted by R.I. Admin. Code 31-2-9 or any other statute or regulation,
15 including, without limitation, opioid antagonists prescribed or dispensed via standing order or
16 collaborative practice agreement and opioid antagonists intended for use on patients other than
17 the insured. No prior authorization may be required for any opioid antagonist.

18 (d) Notwithstanding §27-18-19 or any other provision to the contrary, this section shall
19 apply to blanket or group policies of insurance.^{<add>}

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

Same as SECTION 1.

18 SECTION 3. Chapter 27-20 of the General Laws entitled "Nonprofit Medical Service
19 Corporations" is hereby amended by adding thereto the following section:

Same as SECTION 1.

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1 SECTION 4. Chapter 27-41 of the General Laws entitled "Health Maintenance
2 Organizations" is hereby amended by adding thereto the following section:

Same as SECTION 1.

18 SECTION 5. This act shall take effect on January 1, 2017.

	<p>MOTION: To find beneficial if amended to require a notification to DoH for follow up treatment. 2016 S 2460 & H 7710 Acts Relating to Insurance -- Accident and Sickness Insurance Policies Motion moved by RCa, seconded by RCo, passed unanimously</p>
	<p>2016 H 7163 An Act Relating To Insurance - Access To Opioid Analgesics With Abuse Deterrent Properties</p>
	<p>Rep. Edwards in House Corporations This act would require policies and plans issued by health insurers to cover abuse-deterrent drug formulations of opioid analgesics in the same manner in which the policies and plans cover non-abuse deterrent drugs formations. This act would take effect upon passage.</p>

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

3 ^{{add>}**CHAPTER 81**

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

5 **27-81-1. Findings. -- The general assembly hereby finds and declares that:**

6 (1) The abuse of opioids is a serious problem that affects the health, social and economic
7 welfare of the state.

8 (2) An estimated four million five hundred thousand (4,500,000) people in the United
9 States suffered from substance use disorders related to prescription opioid pain relievers in 2012.

10 (3) The number of unintentional overdose deaths involving prescription pain relievers has
11 more than quadrupled since 1999.

12 (4) It is imperative for people suffering from pain to get the relief they need while

13 minimizing the potential for negative consequences from pain treatment.

14 **27-81-2. Definitions.--** As used in this chapter:

15 (a) "Abuse-deterrent opioid analgesic drug product" means a brand or generic opioid
16 analgesic drug product approved by the United States Food and Drug Administration (FDA) with
17 abuse-deterrence labeling claims that indicate the drug product is expected to result in a
18 meaningful reduction in abuse.

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1 (b) "Cost sharing" means any coverage limit, copayment, coinsurance, deductible, or
2 other out-of-pocket patient expense requirements.

3 (c) "Health care services" means any services included in the furnishing to any individual
4 of medical, podiatric, or dental care, or hospitalization, or incident to the furnishing of that care or
5 hospitalization, and the furnishing to any person of any and all other services for the purpose of
6 preventing, alleviating, curing, or healing human illness, injury, or physical disability.

7 (d) "Health maintenance organization" means a health maintenance organization as
8 defined in chapter 41 of this title.

9 (e) "Insurer" means any person, firm or corporation offering and/or insuring health
10 services on a prepaid basis, including, but not limited to, a nonprofit service corporation, a health
11 maintenance organization, or an entity offering a policy of accident and sickness insurance. It
12 includes all persons, firms, or corporations providing health benefits coverage for employees on a
13 self-insurance basis without the intervention of other entities.

14 (f) "Nonprofit service corporation" means a nonprofit hospital service corporation as
15 defined in chapter 19 of this title or a nonprofit medical service corporation as defined in chapter
16 20 of this title.

17 (g) "Opioid analgesic drug product" means a drug product in the opioid analgesic drug
18 class prescribed to treat moderate to severe pain or other conditions, whether in immediate release
19 or extended release/long-acting form and whether or not combined with other drug substances to
20 form a single drug product or dosage form.

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

23 **27-81-3. Coverage. --** (a) Each insurer that issues individual or group accident and
24 sickness insurance policies for health care services or provides health plans for health care
25 services shall provide coverage for abuse-deterrent opioid analgesic drug products and shall abide
26 by the following:

27 (1) Cost sharing for brand name abuse-deterrent opioid analgesic drug products shall not
28 exceed the lowest cost-sharing level applied to brand name non-abuse-deterrent opioid analgesic
29 drug products under the applicable health plan or policy.

30 (2) Cost sharing for generic abuse-deterrent opioid analgesic drug products shall not
31 exceed the lowest cost-sharing level applied to generic non-abuse-deterrent opioid analgesic drug
32 products under the applicable health plan or policy.

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

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1 **27-81-4. Utilization Management.--** (a) Any prior authorization requirements or other
2 utilization review measures for opioid analgesics, and any service denials made pursuant thereto,
3 shall not require the use of non-abuse-deterrent opioid analgesic drug products in order for the
4 patient to access abuse-deterrent opioid analgesic drug products.

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

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

	<i>Take no position</i> 2016 H 7163 An Act Relating To Insurance - Access To Opioid Analgesics With Abuse Deterrent Properties
---	2016 S 2896 An Act Relating to Insurance - Health Insurance - Type -1

	Diabetes Insulin Treatment
	This act would require health insurance contracts, plans, and policies to provide coverage for all insulin medications used to control type 1 diabetes. This act would take effect on January 1, 2017.

1 SECTION 1. Section 27-18-38 of the General Laws in Chapter 27-18 entitled "Accident
2 and Sickness Insurance Policies" is hereby amended to read as follows:

3 **27-18-38. Diabetes treatment.** -- (a) Every individual or group health insurance contract,
4 plan, or policy delivered, issued for delivery or renewed in this state which provides medical
5 coverage that includes coverage for physician services in a physician's office, and every policy
6 which provides major medical or similar comprehensive-type coverage, except for supplemental
7 policies which only provide coverage for specified diseases and other supplemental policies, shall
8 include coverage for the following equipment and supplies for the treatment of insulin treated
9 diabetes, non-insulin treated diabetes, and gestational diabetes, if medically appropriate and
10 prescribed by a physician: blood glucose monitors and blood glucose monitors for the legally
11 blind, test strips for glucose monitors and/or visual reading, insulin, ^{add>}including, without limitation,
12 all insulin medications used to control type-1 diabetes, ^{<add)} injection aids, cartridges for the legally
13 blind, syringes, insulin pumps and appurtenances to the pumps, insulin infusion devices, and oral
14 agents for controlling blood sugar and therapeutic/molded shoes for the prevention of amputation.

15 (b) Upon the approval of new or improved diabetes equipment and supplies by the Food
16 and Drug Administration, all policies governed by this section shall guarantee coverage of new
17 diabetes equipment and supplies when medically appropriate and prescribed by a physician.
18 These policies shall also include coverage, when medically necessary, for diabetes self-

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1 management education to ensure that persons with diabetes are instructed in the self-management
2 and treatment of their diabetes, including information on the nutritional management of diabetes.
3 The coverage for self-management education and education relating to medical nutrition therapy
4 shall be limited to medically necessary visits upon the diagnosis of diabetes, where a physician
5 diagnoses a significant change in the patient's symptoms or conditions which necessitate changes
6 in a patient's self-management, or where reeducation or refresher training is necessary. This
7 education when medically necessary and prescribed by a physician, may be provided only by the
8 physician or, upon his or her referral to an appropriately licensed and certified health care
9 provider and may be conducted in group settings. Coverage for self-management education and
10 education relating to medical nutrition therapy shall also include home visits when medically
11 necessary.

12 (c) Benefit plans offered by an insurer may impose co-payment and/or deductibles for
13 the benefits mandated by this chapter; however, in no instance shall the co-payment or deductible
14 amount be greater than the co-payment or deductible amount imposed for other supplies,
15 equipment or physician office visits. Benefits for services under this section shall be reimbursed
16 in accordance with the respective principles and mechanisms of reimbursement for each insurer,
17 hospital, or medical service corporation, or health maintenance organization.

18 SECTION 2. Section 27-19-35 of the General Laws in Chapter 27-19 entitled "Nonprofit
19 Hospital Service Corporations" is hereby amended to read as follows:

20 Same as SECTION 1

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17 SECTION 3. Section 27-20-30 of the General Laws in Chapter 27-20 entitled "Nonprofit
18 Medical Service Corporations" is hereby amended to read as follows:

Same as SECTION 1

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16 SECTION 4. Section 27-41-44 of the General Laws in Chapter 27-41 entitled "Health
17 Maintenance Organizations" is hereby amended to read as follows:

Same as SECTION 1

15 SECTION 5. This act shall take effect on January 1, 2017.

	<p>MOTION: To find beneficial S 2896 An Act Relating to Insurance - Health Insurance - Type-1 Diabetes Insulin Treatment Motion moved by RCa, seconded by CG, passed unanimously</p>
	<p>Special Education</p>
	<p>16 H 8113 An Act Relating To Education -- Public Preparatory Academy</p>
	<p>This act would authorize the cities of Providence and Central Falls to create an alternative academy for students having difficulty in traditional public school settings. This act would take effect upon passage.</p>

1 SECTION 1. Chapter 16-3.1 of the General Laws entitled "Cooperative Service Among
2 School Districts [See Title 16 Chapter 97 - The Rhode Island Board of Education Act]" is hereby
3 amended by adding thereto the following section:

4 ^{{add>}16-3.1-21. YouthBuild Preparatory Academy. – (a) Notwithstanding the provisions of
5 any general or special law to the contrary, the school committees of the cities of Providence and
6 Central Falls are authorized and empowered to initiate and implement cooperative efforts,
7 including, but not limited to, collaborative use of technology, to provide an alternative, diploma-
8 granting secondary education program to be known as the YouthBuild Preparatory Academy
9 (hereinafter "academy") for their respective resident students ages fourteen (14) to twenty-one
10 (21) who are achieving limited success in traditional settings.

11 (1) The purpose of this section is to further enable the school committees of the cities of
12 Providence and Central Falls:

13 (i) To support students at risk of school failure, with a special focus on the diverse needs
14 of urban students, to create an environment for individual growth, and to cultivate social and
15 emotional development;

16 (ii) To offer a rigorous and relevant standards-driven experiential learning community,
17 and to provide college and career preparatory education based on guided, project-based core
18 curriculum with an emphasis on education, human services, and community development; and

19 (iii) To provide an alternative learning environment for disconnected and at-risk students

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1 desiring to complete their academic careers in a setting that offers comprehensive support
2 services, accelerated academic curriculum, leadership development, and life skills that will enable
3 them to become resilient, self-sufficient adults.

4 (2) The YouthBuild Preparatory Academy shall be operated under the provisions of this
5 chapter. Students attending the YouthBuild Preparatory Academy will do so on a full-time basis
6 with the costs for their education at the academy being shared by the state and the district of
7 residence as described in §16-7.2-5.

8 (3) The YouthBuild Preparatory Academy shall be governed by a board of trustees, with
9 the exception of those powers and duties reserved by the commissioner of elementary and
10 secondary education, the board of education, and the school committees of the cities of
11 Providence and Central Falls, the board of trustees shall have the powers and duties of school
12 committees.

13 (4) Composition of the board of trustees - The board of trustees of the YouthBuild
14 Preparatory Academy shall consist of:

15 (i) One appointee of the board of trustees of the Central Falls school district;

16 (ii) One appointee of the school board of the city of Providence; and

17 (iii) The council on elementary and secondary education shall appoint the remaining
18 members of the board of trustees of the YouthBuild Preparatory Academy with input from the
19 commissioner of elementary and secondary education. Prior to enrolling students, the board of
20 trustees shall present a plan for the governance, administration, and operation of the YouthBuild
21 Preparatory Academy, including the nature and extent of parental, professional educator, and
22 community involvement in the governance and operation of the YouthBuild Preparatory

23 [Academy, and the means of ensuring accountability, to the commissioner, the Providence and](#)
 24 [Central Falls school districts, and the council on elementary and secondary education.](#)

25 [\(5\) The academy authorized under this section shall be subject to educational and](#)
 26 [financial standards and reporting as deemed necessary by the department of elementary and](#)
 27 [secondary education.](#)

28 [\(b\) The YouthBuild Preparatory Academy shall be eligible to receive other aid, grants,](#)
 29 [Medicaid revenue, and any other revenue according to Rhode Island law, as though it is a school](#)
 30 [district. Federal aid received by the state shall be used to benefit students in the YouthBuild](#)
 31 [Preparatory Academy, if the school qualifies for the aid, as though it is a school district.](#) ^{<add>}

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

	take no position 2016 H 8113 An Act Relating To Education -- Public Preparatory Academy
	3:30 2016 Legislative Package, Bob Cooper, Executive Secretary
	Purpose/Goal: To review the status of the Commission's legislative package and adjust the Commission's positions, if needed.
	Bills Amended since the last review
	16 S 2356 Sub A An Act Relating To Health And Safety - Insurance -- Mental Illness and Substance Abuse
	Sen. Miller, Senate Health & Human Services Committee recommended Substitute A be held for further study. This act would require comprehensive discharge planning for patients treated for substance use disorders and would require insurers to cover medication-assisted addiction treatment including methadone, buprenorphine, and naltrexone. This act would take effect upon passage. The Substitute A added a new number iii to discharge planning in Section 1 page 1. "(iii) Attempting to notify the person(s) listed as patients' emergency contacts and 14 recovery coach before discharge". Also added is a clause under (D) Recovery Coaches at the bottom of page 3 which states "If the clinically appropriate in-patient and out-patient services for the treatment of substance use disorder, opioid overdose, or chronic addiction are not immediately available, the hospital, health care clinic, urgent care center, and emergency room diversion facility shall provide medically necessary and appropriate services until the appropriate transfer of care is completed."
	<i>The Legislation Committee found this bill Beneficial, Comprehensive discharge planning is especially critical for individuals who are addicted. That lack of follow-up services will lead to re-admittance to a hospital most likely via the emergency department. (Senate letter sent 03/08/16)</i>

1 SECTION 1. Section 23-17.26-3 of the General Laws in Chapter 23-17.26 entitled
 2 "Comprehensive Discharge Planning" is hereby amended to read as follows:

3 **23-17.26-3. Comprehensive discharge planning.** -- (a) On or before July 1, ^{delete>2015<delete}{add>2016,
 4 each hospital operating in the State of Rhode Island shall submit to the director:

5 (1) Evidence of participation in a high-quality comprehensive discharge planning and
 6 transitions improvement project operated by a nonprofit organization in this state; or

7 (2) A plan for the provision of comprehensive discharge planning and information to be
 8 shared with patients transitioning from the hospitals care. Such plan shall contain the adoption of
 9 evidence-based practices including, but not limited to:

10 (i) Providing in-hospital education prior to discharge;

11 (ii) Ensuring patient involvement such that, at discharge, patients and caregivers
 12 understand the patient's conditions and medications and have a point of contact for follow-up
 13 questions;

14 ^{{new add>} **(iii) Attempting to notify the person(s) listed as patients' emergency contacts and**
 15 **recovery coach before discharge;** ^{<new add>}

16 ~~(iii)~~ ^(iv) Attempting to identify patients' primary care providers and assisting with
17 scheduling post-hospital follow-up appointments prior to patient discharge;
18 ~~(iv)~~ ^(v) Expanding the transmission of the department of health's continuity of care form,

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1 or successor program, to include primary care providers' receipt of information at patient
2 discharge when the primary care provider is identified by the patient; and

3 ~~(v)~~ ^(vi) Coordinating and improving communication with outpatient providers.

4 (3) The discharge plan and transition process shall ~~also be made~~ ^{include recovery}
5 planning tools ^{for patients with} ~~opioid and other substance use disorders~~ ^{substance use}
6 disorders,

7 opioid overdoses, and chronic addiction ^{which plan and transition process shall include the}
8 elements contained in subsections (a)(1) or (a)(2) of this section, as applicable. In addition, such
9 discharge plan and transition process shall also include:

10 (i) Assistance, with patient consent, in securing at least one follow-up appointment for
11 the patient within seven (7) days of discharge, as clinically appropriate:

12 (A) With a facility licensed by the department of behavioral healthcare, developmental
13 disabilities and hospitals to provide treatment of substance use disorders ^{opioid overdoses, and}
14 chronic addiction [;]

15 (B) With a certified recovery coach;

16 (C) With a licensed clinician with expertise in the treatment of substance use disorders ^{opioid overdoses, and}
17 chronic addiction [;] or

18 (D) With a Rhode Island licensed hospital with a designated program for the treatment of
19 substance use disorders, opioid overdoses, and chronic addiction ^{. The patient shall be informed of}
20 said appointment prior to the patient being discharged from the hospital;

21 ~~(ii) In the absence of a scheduled follow-up appointment pursuant to subsection (a)(3)(i),
22 every reasonable effort shall be made to contact the patient within thirty (30) days post discharge
23 to provide the patient with a referral and other such assistance as the patient needs to obtain a
24 follow-up appointment; and~~ ⁽ⁱⁱ⁾

25 ~~That the patient receives information about the real-time availability of appropriate
26 in-patient and out-patient services in Rhode Island.~~ ⁽ⁱⁱⁱ⁾

27 ^(iv) That the patient, or non-patient, presenting to hospitals, health care clinics, urgent
28 care centers, and emergency room diversion facilities with indication of a substance use disorder,
29 opioid overdose, or chronic addiction, shall receive information about the real-time availability of
30 clinically appropriate in-patient and out-patient services for the treatment of substance use
31 disorders, opioid overdose, or chronic addiction, including:

32 (A) Detoxification;

33 (B) Stabilization;

34 (C) Medication-assisted treatment or medication-assisted maintenance services, including
methadone, buprenorphine, naltrexone or other clinically appropriate medications; and ^(D)

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1 ^(D) Recovery coaches.

2 If the clinically appropriate in-patient and out-patient services for the treatment of
3 substance use disorder, opioid overdose, or chronic addiction are not immediately available, the
4 hospital, health care clinic, urgent care center, and emergency room diversion facility shall
5 provide medically necessary and appropriate services until the appropriate transfer of care is
6 completed. ⁽⁴⁾

7 (4) On or before November 1, ~~2014~~ ²⁰¹⁶, the director of the department of health
8 ~~shall~~

9 ~~develop and disseminate to all hospitals, health care clinics, urgent care centers, and emergency~~
10 ~~room diversion facilities a model discharge plan and transition process for patients with opioid~~
11 ~~and other substance use disorders. This model plan may be used as a guide, but may be amended~~
12 ~~and modified to meet the specific needs of each hospital, health care clinic, urgent care center and~~
13 ~~emergency room diversion facility.~~ ^{with the director of the department of behavioral healthcare,}
developmental disabilities and hospitals shall submit revised regulations for patients presenting to

14 [hospitals, health care clinics, urgent care centers, and emergency room diversion facilities with](#)
 15 [indication of a substance use disorder, opioid overdose, or chronic addiction to ensure prompt](#)
 16 [access to the clinically appropriate in-patient and out-patient services contained in subsection](#)
 17 [\(a\)\(3\)\(iv\) of this section. The revised regulations shall include a strategy for the development and](#)
 18 [maintenance of a database of real-time availability of clinically appropriate in-patient and out-](#)
 19 [patient services contained in subsection \(a\)\(3\)\(iv\) of this section. The director of the department](#)
 20 [of health with the director of the department of behavioral healthcare, developmental disabilities](#)
 21 [and hospitals shall develop and disseminate to all hospitals, health care clinics, urgent care](#)
 22 [centers, and emergency room diversion facilities model pre-admission, admission and discharge](#)
 23 [guidelines, a recovery plan and transition process for patients with substance use disorders, opioid](#)
 24 [overdose, or chronic addiction, presenting information on the real-time availability of appropriate](#)
 25 [in-patient and out-patient services contained in subsection \(a\)\(3\)\(iv\) of this section.](#)
 26 [Recommendations from the Rhode Island governor’s overdose prevention and intervention task](#)
 27 [force strategic plan may be incorporated into the model plan as a guide, but may be amended and](#)
 28 [modified to meet the specific needs of each hospital, health care clinic, urgent care center and](#)
 29 [emergency room diversion facility.](#) ^{<add>}

30 SECTION 2. Section 27-38.2-1 of the General Laws in Chapter 27-38.2 entitled
 31 "Insurance Coverage for Mental Illness and Substance Abuse" is hereby amended to read as
 32 follows:

33 **27-38.2-1. Coverage for the treatment of mental health and substance use disorders.**

34 **⚭ (a) A group health plan and an individual or group health insurance plan shall provide coverage**

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1 for the treatment of mental health and substance-use disorders under the same terms and
 2 conditions as that coverage is provided for other illnesses and diseases.

3 (b) Coverage for the treatment of mental health and substance-use disorders shall not
 4 impose any annual or lifetime dollar limitation.

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

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

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

18 (f) Medication-assisted ^{{delete>}therapy^{<delete>} ^{{add>}treatment or medication-assisted maintenance services of
 19 [substance use disorders, opioid overdoses, and chronic addiction, including methadone,](#)
 20 [buprenorphine, naltrexone or other clinically appropriate medications,](#) ^{<add>} ^{{delete>}~~maintenance services, for~~
 21 ~~the treatment of substance use disorders, opioid overdoses, and chronic addiction~~ ^{<delete>} is included
 22 within the appropriate classification based on the site of the service.

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

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

	16 S 2502 Sub A An Act Relating To State Affairs and Government - Department of Children, Youth, and Families
	Sen. Miller, Passed and referred to House Finance. This act would require the DCYF to transition from child placement in group homes to child placement in foster care. It would also require the DCYF to submit to the house and senate finance committees, annual reports which would include such details as the number of children in foster care and those in group homes and the costs associated with those

placements, as well as recommendations for placement and options to pay for certain services for children and families.
This act would take effect upon passage.
Substitute A strikes the words "and preferences" from line 16. The sentence now reads: "On or before October 1, 2016, the department of children, youth, and families shall recommend the allocation of existing resources as needed to ensure that those children in need of residential care, including foster homes and support services receive them in the least restrictive setting appropriate to their needs."

The Legislation Committee found this bill Beneficial if amended, Developing a state strategy for transitioning children and youth into stable families is a good first step. Providing additional funding to implement that strategy will be required. We can't expect better out-comes without the appropriate resources to assist foster and natural family succeed. The bill should be amended to include reporting on out-of-state placements, identifying the lack of appropriate in-state services and appropriating resources necessary to create those services in-state. (Senate letter sent 3/8/2016 House letter sent 4/25/2016)

1 SECTION 1. Chapter 42-72 of the General Laws entitled "Department of Children,
2 Youth and Families" is hereby amended by adding thereto the following sections:
3 ^{{add>} **42-72-36.1. System reform and rebalancing goal.** -- On or before October 1, 2016, the
4 department of children, youth, and families shall begin to implement a strategy to transition from
5 reliance on congregate care placements to greater use of foster homes with community-based
6 services for children and families. Said strategy shall assure quality outcomes, performance
7 measures and incentives that promote service excellence and improve the system's overall
8 stability by reinvesting the benefits that accrue from the more efficient and effective utilization of
9 congregate care, foster homes and community-based services. Attaining system-wide reform of
10 the magnitude set forth herein shall require rebalancing the system by making significant changes
11 in the organization, financing and delivery of services that must be implemented incrementally.
12 **42-72-36.2. Recommendations as to allocation of resources.** -- On or before October 1,
13 2016, the department of children, youth, and families shall recommend the allocation of existing
14 resources as needed to ensure that those children in need of residential care, including foster
15 homes and support services, receive them in the least restrictive setting appropriate to their needs ^{{new}
~~delete>~~ **and preferences** ^{<new delete>}
16 The department is hereby authorized to utilize screening criteria to avoid unnecessary congregate
17 care placements of children.
18 **42-72-36.3. Reporting.** -- Annual reports showing progress in residential care system

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1 reform and rebalancing shall be submitted by April 1, 2017, and annually thereafter on or before
2 April 1 of each year by the department to the finance committees of both the senate and the house
3 of representatives and shall include:
4 (1) The number of congregate care placements and associated funds;
5 (2) The number of foster care placements and associate funds;
6 (3) The percentage of screenings completed within thirty (30) days of placement;
7 (4) Recommendations to promote the expansion of foster homes and community-based
8 service capacity including payment methodology reforms that increase access to foster homes and
9 community-based services; and
10 (5) Recommendations for options to pay for certain services and supports necessary to
11 transition or divert children from restrictive settings and optimize their health and safety when
12 receiving care in a home or the community. ^{<add>}

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

16 S 2572 as Amended An Act Relating To Education

This act would require the department of elementary and secondary education to promulgate rules and regulations regarding graduation requirements for public school students fourteen (14) years of age or older who are under the care and control of the state.
This act would take effect upon passage.

	<p>Amendment adds DCYF on page 1 line 4. The department of education will promulgate rules and regulations regarding graduation requirements in consultation with both the school districts and DCYF. Sen. DiPalma, Passed and referred to House Health, Education, & Welfare Committee.</p>
	<p><i>The Legislation Committee found this bill Harmful, Graduation requirements should not be different for adolescents under the care and control of the state. Nor should students be graduating at fourteen. Many students in the care and control of the state have disabilities. Federal law requires those with significant disabilities to receive public education until their 21st birthday, if they are unable to meet the general graduation requirements. (Senate letter sent on 03/08/16)</i></p>

1 SECTION 1. Chapter 16-64 of the General Laws entitled "Residence of Children for
2 School Purposes" is hereby amended by adding thereto the following section:
3 ^{{add>} **16-64-1.4. Graduation requirements for students in state care. --** The department of
4 elementary and secondary education, in consultation with local school districts ^{{new add>} and DCYF ^{<new add}
5 shall
6 promulgate rules and regulations regarding graduation requirements for public school students
7 who are under the care and control of the state at any time on or after the student's fourteenth
8 birthday. The rules and regulations shall consider the requirements for admission into post-
9 secondary institutions and shall take effect no later than January 2, 2017. Local school districts
10 shall award the diplomas if all state graduation requirements are met. ^{<add}}

11 SECTION 2. Section 42-72.4-1 of the General Laws in Chapter 42-72.4 entitled
12 "Compulsory School Attendance - Children Under State Care" is hereby amended to read as
13 follows:

14 **42-72.4-1. Children under state care -- Admission to public schools -- Intra-state**
15 **education identification card. --** (a) It is the duty of the director of the department of children,
16 youth, and families to ensure that all children in the care of the state are allowed immediate
17 admission, subject to the provisions of § 16-64-1 -- § 16-64-8, to a public school in the city or
18 town in which they are residing in an authorized placement. To facilitate the discharge of this
19 duty, the director shall issue to every child in the state's care who has completed three (3) years of
life and has not completed eighteen (18) years of life and to every other child in the state's care

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1 who is eligible to be enrolled in a public school, an intra-state education identification card. The
2 intra-state education identification card shall include evidence of immunization as provided in §
3 16-38-2.

4 (b) It is the duty of the director to update the intra-state education identification card for
5 each child in order to provide current information regarding the residence of the parent or
6 guardian and evidence of immunization as provided in § 16-38-2 on an annual basis prior to and
7 each time the child transfers to another school district. This card shall provide that each city or
8 town be required to immediately enroll the child in its school system and for purposes of
9 determining the school district financially responsible for the child's education in accordance with
10 § 16-64-1.1, the parent's residence designated on the intra-state education identification card shall
11 constitute prima facie evidence of the parent's residence in that district.

12 (c) It is the duty of both the receiving and sending school system to effect the immediate
13 transfer of the child's school records without any additional documentation except as provided by
14 the department of elementary and secondary education. The requirements of this section are in
15 addition to the provisions of § 16-64-7, which empowers the department of children, youth, and
16 families to authorize the transfer of school records in certain situations. The director of the
17 department of children, youth, and families is authorized to promulgate rules and regulations
18 necessary to the implementation of this chapter. The director shall comply with the terms of this
19 chapter upon passage for all children in state care who are not then enrolled and/or registered in
20 the school district within which they reside and shall comply with the terms of the chapter for
21 children who are currently so enrolled or registered no later than the time of the children's next
22 school transfer.

23 (d) All inmates in the training school, without regard to their age, must attend or

24 participate in a school, vocational, general equivalency diploma program, or other training
25 program, located on the training school grounds as part of the training school's programs while
26 committed to the training school.

27 ^{add}(e) Beginning no later than January 2, 2017, any child who is under the care and control
28 of the state at any time on or after such child's fourteenth birthday may meet the state graduation
29 requirements prescribed by the department of elementary and secondary education pursuant to
30 §16-64-1.4. ^{<add>}

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

	16 S 2876 Sub A An Act Relating To Towns And Cities - Low And Moderate Income Housing
	This act would change the determination of whether enough low or moderate income housing exists, in the case of an urban city or town, from 5,000 rental units to 3,000 occupied year-round rental units and the units, as reported in the latest decennial census of the city or town, comprise twenty-five percent (25%) or more of the year-round housing units, is in excess of fifteen percent (15%) of the total occupied year-round rental units; or (B) in the case of all other cities or towns, is in excess of ten percent (10%) of the year-round housing units reported in the census. This act would take effect upon passage. The Substitute also would lower the determination of "excess units" from 15% to 12% of the total occupied year-round rental units.
	<i>The Legislation Committee found this bill harmful, Affordable housing is important throughout the state. There is currently a shortage of housing for families that include a member with mobility impairments or other disability that is both accessible and affordable. These families often live in inaccessible dwellings, carrying the family member up and down stairs or leaving them inside, a prisoner in their own home.</i>

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 inconsistent 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 ^{{delete}>}~~5,000~~^{<delete>}^{{add}>} three thousand (3,000) occupied year-round rental units and

the
 9 units, as reported in the latest decennial census of the city or town, comprise twenty-five percent
 10 (25%) or more of the year-round housing units, is in excess of ^{new delete}~~fifteen percent (15%)~~^{<new delete>} ^{{new}
 11 ^{add}}twelve
 12 ^{percent (12%)}^{<new add>} of the total occupied year-round rental units; or (B) in the case of all other cities or
 13 towns, is in excess of ten 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).

	2016 S 2476 As Amended An Act Relating To State Affairs and Government -- Governor's Workforce Board Rhode Island
	Sen. Conley Identical to H 8035* 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. Amendment adds "and other significant disabilities" On page 5 line 27-28 when referring to the distribution of funds for adult training activities.
	<i>The Commission's Floor Amendment was adopted by Senate and passed, and referred to House Health, Education, & Welfare Committee (Senate letter was sent on 4/5/16 the House letter was sent on 4/15/2016</i> 16 H 8035 An Act Relating To State Affairs And Government -- Governor's Workforce Board Rhode Island Rep. Amore Identical to S 2476 House letter 4/6/2016 Testified: 4/27/2016 <i>(Was heard by the House HEW Committee on 04/27/2016 and will be amended to mirror the S 2475 as Amended.)</i>
25 26 27 28	(D) Developing allocation formulas for the distribution of funds for adult employment- and-training activities, ^{delete} and ^{<delete>} youth activities to local areas ^{add} , <u>and creating and expanding</u> <u>job and</u> <u>career opportunities for individuals with intellectual</u> ^{new delete} and ^{<new delete>} ^{new add} , <u>developmental, or</u> <u>other significant</u> ^{<new add>} ^{add} <u>disabilities;</u> ^{<add>}
	16 H 7454 Art. 14 An Article Relating To Caregivers/Compassion Centers Rep. Gallison Requested by the Governor in the House Finance Committee This article restructures and expands regulation of Rhode Island's medical marijuana system. The Department of Business Regulation (DBR) will regulate primary caregivers, compassion centers, cooperative cultivations, and a new class of cultivator licenses for people and businesses who wish to operate as wholesale suppliers of marijuana to compassion centers. The Department of Health will continue to regulate patients and a new group called authorized purchasers. This article implements a system requiring every medical marijuana plant in the state to be tagged, and tag holders will be charged an annual fee for each tag. This article also lowers the number of plants a qualifying patient or primary caregiver can grow, and decreases the surcharge on compassion centers from 4% to 3%.
	<i>Commission opposed, Medicinal marijuana should be treated the same as all other prescription drugs, not subject to sales or other "special fees, etc. The individual patients that having a prescription for medicinal marijuana often have other medical expenses, not covered by their health insurer. To be approved for medicinal marijuana the individual most</i>

	<p><i>have a debilitating medical condition such as cancer, glaucoma, positive status for human immunodeficiency virus, acquired immune deficiency syndrome, Hepatitis C, or the treatment of these conditions; chronic or debilitating disease or medical condition, or its treatment, that produces one or more of the following: cachexia or wasting syndrome; severe, debilitating, chronic pain; severe nausea; seizures, including but not limited to, those characteristic of epilepsy; or severe and persistent muscle spasms, including but not limited to, those characteristic of multiple sclerosis or Crohn's disease; or agitation of Alzheimer's Disease; or any other medical condition or its treatment approved by the department of health.</i></p> <p><i>(House letter sent 3/28/2016) {Governor's Office is sending a representative to the meeting to discuss potential revisions of the budget article}</i></p>
	<p>Norman briefed the committee: The Governor is aware of the community's concerns and will be adjusting the limits for plant counts and adjusting fees. The Governor's article tries to address of the lack of regulations, testing and labeling of marijuana (mold, toxic pesticide spray, quality), create a restricted receipt account in the Department of Health, to speed up processing of patient applicant. Would allow patients register with more than one compassion center, and license large growers, to create completion and reduce cost.</p>
	<p>Held for Further Study, Continued, or Heard 16 H 7361 & S 2643 Acts Relating To Health and Safety - Personal Care Assistant Services Rep. Naughton Requested by Attorney General Identical to S 2643 in the House Health, Education, & Welfare Committee Sen. Lombardi Requested by Attorney General Identical to H 7361 in the Senate Judiciary Committee</p>
	<p>These acts would require registration of those individuals who provide personal care assistant services to a consumer. This act would authorize the department of health to supervise and investigate compliance with such issues as, consumer rights, the registration process, national criminal records checks and training for applicants. This act would take effect on January 1, 2017.</p>
	<p><i>Commission opposed, Personal care assistants do not need continuing education. Initial training in independent living and consumer directed care, should be followed by specific consumer directed training - tailored to that consumer's needs. The consumer should determine any "refresher" training, as that person's needs change, not according to the calendar. Requiring personal care assistants to attend two (2) hours of continuing education training, biennially, is not needed.</i></p> <p><i>These are very low paying jobs, requiring registration and renewal fees will reduce the hours of service available. Fees whether for registration or the criminal records check, will ultimately come from the recipient of the services.</i></p> <p><i>This act treats the consumer/employer different from other criminal background checks in shifting from the employer to the Department of Health to judge whether a history of criminal behavior makes the applicant unqualified for the job.</i></p> <p><i>(House & Senate letters sent 3/4/2016) {Rep. Naughton has scheduled a meeting for 05/05/16 of all interested parties to discuss/draft a Substitute of her bill & Sen. Lombardi's}</i></p>
	<p>MOTIONS: To recommend the Executive Committee reconsider the Commission's opposition of:</p> <ul style="list-style-type: none"> • 16 H 7454 Art. 14 An Article Relating To Caregivers / Compassion Centers - if amended to address: of the lack of regulations, testing and labeling of marijuana (mold, toxic pesticide spray, quality); create a restricted receipt account in the Department of Health, to speed up processing of patient applicant; allow patients register with more than one compassion center; and license large growers, to create completion, improve quality, and reduce cost.

	<p>Motion moved by RC seconded by CG passed, opposed AP</p> <ul style="list-style-type: none"> • 16 H 7361 & S 2643 Acts Relating to Health and Safety - Personal Care Assistant Services - if amended to match our 2015 <p>Motion moved by AP, seconded by AS, passed unanimously</p>
	<p>16 H 8038 AN ACT RELATING TO BEHAVIORAL HEALTHCARE, DEVELOPMENTAL DISABILITIES AND HOSPITALS - DEVELOPMENTAL DISABILITIES OMBUDSPERSON ACT OF 2016</p> <p>Rep. Naughton Requested by the RI Developmental Disabilities Council</p> <p>This act would create a developmental disabilities ombudsperson program to be administratively attached to the department of administration. The developmental disabilities ombudsperson would be selected by a committee, named by the governor, and would advocate on behalf of adults with developmental disabilities.</p> <p>This act would take effect upon passage.</p>
	<p><i>Commission Supports if amended, to be attached to the Long Term Care Ombudsperson Office, not the Department of Administration, include within the oversight: shared living, group home, family homes and other home health services and make the Long Term Care Ombudsperson's Office, independent of Elderly Affairs - Aging and Disabilities Advocate</i></p>
	<p>MOTION: To authorize the submission of the draft Substitute of 16 H 8038 An Act Relating To Behavioral Healthcare, Developmental Disabilities And Hospitals - Developmental Disabilities Ombudsperson Act Of 2016, as presented/revised as follows...</p> <p>Motion moved by AS, seconded by RCo, passed unanimously</p>
	<p>16 H 7454 Art. 11 Governor's Amendment An Article Relating To Strengthening Neighborhood Schools</p>
	<p>Rep. Gallison Requested by the Governor in the House Finance Committee</p> <p>This article amends several sections of law relating to school district accounting and the education funding formula, including review of the formula on a regular interval, change to the weight for high-cost special education and adjusting per pupil funding for charter school students. Also, new accounting standards for greater transparency at the local level are proposed.</p> <p>The amendment removed Sections 3 and 5 of the Governor's original submission. The new version combined Section 2 with Section 3, titled "Foundation Level School Support". This version restores language requiring full day kindergarten for districts in the upcoming school year. The new version also combined Section 4 and 5, which were previously both titled "The Education Equity and Property Tax Relief Act". The Governor also has added a new section, Section 7 titled "School and Family Empowerment Act". This section will establish voluntary 'empowerment schools' that will receive high levels of regulatory and statutory flexibility. Also, the language would allow for students to enroll in an empowerment school that is different than their assigned school.</p> <p><i>{no changes to the extraordinary special education costs provision}</i></p>
	<p><i>The Commission Supports, The education formula needs to take into account the impact on a school district of extraordinary special education costs. While few in number, the impact on a small school district can be immense.</i></p> <p><i>(House letter sent on 3/28/2016, Senate letter sent on 04/28/16)</i></p>
	<p>16 H 7454 Art. 23 Governor's Amendment An Article Relating To Safe Harbor For Sexually Exploited Children</p>
	<p>Rep. Gallison Requested by the Governor in the House Finance Committee</p> <p>This article creates a Safe Harbor for Sexually Exploited Children by treating children under age 17, who are victims of sex trafficking, as victims rather than criminals by shielding the minor from prosecution. Minors would be referred to the appropriate state services for proper assessment of their needs, and the article adds sex trafficking of a minor to the list</p>

of offenses for which victims may receive compensation from the Crime Victims Compensation Fund.

The Governor's Amendment would change:

Section 2 as follows:

- One definition for "child or minor victim of sex trafficking or sexual exploitation" has been created by combining the original definitions §14-1.1-2 (c) and (d). The original § 14-1.1-2(d) has been removed and the enumeration of all subsequent subparagraphs has been updated.

(Note: The original article inadvertently had two sections numbered §14-1.1-2; one was entitled "Purposes" and one entitled "Definitions.")

- The original § 14-1.1-3 entitled.. Immunity from Prosecution for Prostitution" has been renumbered to § 14-1.1-4 and has been amended to provide statutory immunity from prosecution for the crimes of prostitution (§11-34. 1-2) or loitering for the purpose of prostitution (§ 11-34.1-3) for any child victim of sexual trafficking or sexual exploitation if the child is under the age of eighteen. The original § 14-1.1-3(b) has been entirely deleted to remove the language regarding affirmative defense for sixteen (16) or seventeen (17) year old victims of sex trafficking or sexual exploitation, as the immunity provision supersedes the need for a statutory permitted affirmative defense.

- The original §14-1.1-4 has been renumbered to § 14-1.1-5, and subparagraph (b) has been amended to delete the reference to " ... the department of public safety ... "and insert in its place" ... local law enforcement agencies ... "This subparagraph is also amended to delete the word" ... develop ..." and insert in its place the word " ... implement. ... "

- The original § 14-1.1-5 has been renumbered to §14-1.1-6, and subparagraph (a) has been amended to delete the phrase " ... has an affirmative duty ... " and insert in its place the phrase " ... shall report ... " Also, subparagraph (c) has been amended to delete the phrase " ... shall indicate ... " and insert in its place the phrase " ... Shall provide, if needed, ... " Additionally, in this subparagraph the phrase " ... In accordance with normal child welfare practices ... " has been deleted and inserted in its place is the phrase "... may file a dependency, neglect, and/or abuse petition in the family court."

Section 3 - has been renumbered to reflect the modifications made to the section. It also has been amended as follows:

- Clarification has been provided as to the definition of an "abused and/or neglected" child where the alleged perpetrator of the abuse is a parent or other caregiver[§ 40-11-2 (l)(i)] and an "abused and/or neglected" child where the alleged perpetrator of the abuse may be any person, regardless of that person's relationship to the child, has sexually exploited the child [§ 40-11-2(1)(ii)(a) through (d)].

- In the new § 40-11 -2 (l)(ii)(a), the terms "sex trafficking" and "or other sex acts" has been added, as has the reference to § 40-1.1-2.

- One definition for "victim of sex trafficking" has been created § 40-11-2(16) by deleting from the original § 40-11-2 subparagraph (q) the definition "victim of severe forms of trafficking".

Commission supports if amended, In addition to children, the safe harbor should extend to adult with severe impairments, as defined in 11-5-12 Abuse, neglect and/or exploitation of adults with severe impairments. There have been several cases of young adults with intellectual and/or developmental disabilities that have been sex trafficked in RI.

On page 301 line 34 after the word "child" insert "or adult with severe impairments".

On page 302 line 5 after the word "child" insert "or adult with severe impairments".

On page 301 line 9 after "(a)" insert "Adult with severe impairments" means a person over the age of eighteen (18) who has a disability which is attributable to a mental or physical impairment or combination of mental and physical impairments and results in substantial functional limitations in one or more of the following areas of major life activity: (i) mobility; (ii) self-care; (iii) communication; (iv) receptive and/or expressive language; (v) learning; (vi) self-direction; (vii) capacity for independent living; or (viii) economic self-sufficiency." and renumber the remaining definitions.

On page 302 line 30 after the word "minors" insert "or adult with severe impairments".

*On page 303 line 8 after the word "age" insert "or adult with severe impairments".
On page 303 line 9 after the word "minor" insert "or adult with severe impairments". (House letter sent 3/28/2016 House Testimony on 3/30/2016).*

Commission Supports these Bills

Held for Further Study, Continued, or Heard

16 H 7931 & S 2294 ACT RELATING TO INSURANCE -- DRUG COVERAGE

Rep. Corvese Requested by the Governor's Commission on Disabilities Identical to S 2294 House Corporations Committee House letter 3/29/2016

Sen. Crowley Requested by the Governor's Commission on Disabilities Identical to H 7931 Senate Health and Human Services Committee Senate Testified: 3/4/2016

This act would require any health care insurance company to notify authorized prescribers, network pharmacies, and pharmacists at least sixty (60) days' prior to removing a prescription drug from its plan's formulary, or making any change in the preferred or tiered cost-sharing status of a covered prescription drug. Any health care insurer must provide direct written notice to affected subscribers at least sixty (60) days prior to the date the change becomes effective; or at the time an affected subscriber requests a refill of the prescription drug, provide such subscriber with a sixty (60) day supply of the prescription drug under the same terms as previously allowed, and written notice of the formulary change.

This act would take effect on January 1, 2017.

GCD Position: **Commission Supports**

The Governor's Commission on Disabilities is very concerned with the health insurers' prescription drug policy requiring individuals with chronic health conditions to require an individual and prescriber to change medications every time the drug formulary changes. This year the Commission is suggesting a different approach, requiring health insurance companies to provide the same advanced notice and 60 day appeal procedure that they are required to follow for Medicare Part D Prescription Coverage. This advanced notice/appeal procedure allows the individual and prescriber to determine if the required change in medications will be safe and effective for the individual patient.

Referred to Committee

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

Sen. Nesselbush Requested by the Multiple Sclerosis Society of RI Similar to H 7980 & S 2623 Senate Finance Committee Senate letter 3/28/2016

This act would establish the "Rhode Island Livable Home Tax Credit Act", and provide for its administration. This act would take effect upon passage.

GCD Position: **Commission Supports**

People with disabilities, who remain active in their community, do not utilize health care services as they would in assisted living, nursing homes or other institutions. One of the keys to remaining in your community is the ability to get into and out of your own home, with or without assistance. Renovating a home by removing barriers allows the family member with significant disabilities to stay independent and out of long-term care facilities.

Commission Supports if amended these Bills

16 H 7980 & S 2623 ACTS RELATING TO TAXATION -- RHODE ISLAND LIVABLE HOME TAX CREDIT ACT

Rep. Craven Requested by the Multiple Sclerosis Society of RI Identical to S 2623 Similar to S 2814 House Finance Committee House letter 3/28/2016

Sen. Nesselbush Requested by the Multiple Sclerosis Society of RI Similar to H 7980 & S 2623 Senate Finance Committee Senate letter 3/4/2016

This act would establish a "Rhode Island Livable Home Tax Credit," granting tax credits to taxpayers who purchase a new residence or retrofit an existing residence. The Rhode Island Housing and Mortgage Finance Corporation would issue a certification for an approved application to eligible taxpayers who apply for the credit. This act would take effect upon passage.

GCD Position: **Commission Supports if amended**

People with disabilities, who remain active in their community, do not utilize health care services as they would in assisted living, nursing homes or other institutions. One of the keys to remaining in your community is the ability to get into and out of your own home, with or without assistance.

Renovating a home by removing barriers allows the family member with significant disabilities to stay independent and out of long-term care facilities.

If RI Housing does not wish to administer the program, the Governor's Commission on Disabilities would undertake the administration of the program.

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

Rep. Gallison Requested by Governor Heard by both the House and Senate Finance Committees

This article is a joint resolution authorizing the Executive Office of Health and Human Services to undertake various reforms within the Medical Assistance (Medicaid) program. Included in the resolution are measures requiring changes to the Medicaid State Plan, Category II or III changes under the terms and conditions of Rhode Island's Section 1115 Waiver, and/or changes to state rules and regulations.

The annual appropriation bill passed by the General Assembly typically includes an article that provides legal authority for Medicaid initiatives that have budgetary savings associated with them. In recent budgets, this article has also included a series of resolutions that describe changes to the Medicaid program that underlie the budget's appropriation but that do not require statutory action, rather regulatory changes. This article grants OHHS the authority to undertake all actions required to realize the funding levels included in Article 1. Article 9 includes language for the statutory changes needed to implement several of the associated initiatives.

The Governor's budget includes \$8.8 million (\$22.7 million all funds) in savings and recommends expenditure of \$2.0 million in general revenues and (\$4.1 million all funds) for a net savings of \$6.8 million (\$18.6 million all funds) in FY 2017.

This article establishes the legal authority for the Secretary of the Executive Office of Health and Human Services to review and coordinate any Medicaid section 1115-demonstration waiver requests and renewals as well as any initiatives and proposals requiring amendments to the Medicaid state plan or category II or III changes as described in the demonstration. The changes include: Nursing Facility Payment Rates; Beneficiary Liability Collection Enhancements; Medicaid Managed Care Organizations (MCO) - Administrative Rate-Setting; Managed Care Plan Re-procurement; Increase in Long Term Services and Supports (LTSS) Home Care Provider Wages; Integrated Care Initiative (ICI) - Enrollment; Alternative Payment Arrangements; Implementation of Approved Authorities: Section 1115 Waiver Demonstration Extension and Amendments; and Federal Financing Opportunities.

GCD Position: **Commission Supports if amended**

Opposes if the resolution eliminates the General Assembly's role in approving all Categories II & III changes.

16 H 7454 Art. 09 Sections 06 & 07 AN ARTICLE RELATING TO MEDICAL ASSISTANCE AND HOSPITAL UNCOMPENSATED CARE

Rep. Gallison Requested by the Governor Heard by both the House and Senate Finance Committees

House Testified: 3/23/2016 Senate Testified: 4/28/2016

This article implements several changes to the organization, financing and delivery of the Medicaid program that build on the foundation of the Reinventing Medicaid Act including leveraging funds from all available sources to ensure access to coordinated health care services and promotion of better health outcomes through performance-based payment incentives and reforms. The changes include: § 27-18-64. Coverage for early intervention services; § 40-8-13.4. Rate methodology for payment for in state and out of state hospital services; § 40-8-19. Rates of payment to nursing facilities; Chapter 40-8.3 13 Uncompensated Care; Chapter 40-8.4 19 Health Care for Families; Chapter 40-8.5 Health Care for Elderly and Disabled Residents Act; Chapter 40-8.9 Medical Assistance - Long-Term Care Service and Finance Reform; Chapter 40-8.13 Long-Term Managed Care Arrangements; Chapter 42-7.2 Office of Health and Human Services; § 42-12-29. Children's health account. This article would increase general revenues by \$4.0 million in FY2017. These adjustments are attributed to an increase general revenue expenditures of \$2.0 million (\$4.1 million all funds) for a direct care worker wage increase, a \$4.0 million increase in general revenue collections due to an assessment rate increase on commercial insurers to fund the Children's Health Account, and a

GCD Position: **Commission Supports if amended**

SECTION 06 amending 40-8.5-1.1. Managed health care delivery systems. In order to ensure coordination of services, the community health teams for individuals receiving both Medicaid and services for intellectual or developmental disabilities, behavioral healthcare, and or office of rehabilitation services shall include personnel from that individual's other service provider(s).

On page 115 line 1 following the period (.) insert "The community health teams for individuals receiving both Medicaid and services for intellectual or developmental disabilities, behavioral healthcare, and or office of rehabilitation services shall include personnel from that individual's other service provider(s)."

SECTION 07 amending § 40-8.9-9. Long-term care re-balancing system reform goal, The Commission supports the rate increase for home care service providers; personal care attendants and home health aides. [page 120 lines 13 - 26]. We are very concerned about the extraordinary cut in funding for the non-Medicaid eligible personal care attendant funding from \$414,977 to \$9,911 a 97.6% reduction.

10.069 2270126.01 CNOM - Personal Care Attendant FY 16 \$ 206,244 to FY 17 \$9,911 and

10.069 2275138.02 CNOM - Personal Care Attendant FY 16 \$208,733 to FY 17 \$0.

GCD Position: **Commission Supports if amended**

People with disabilities, who remain active in their community, do not utilize health care services as they would in assisted living, nursing homes or other institutions. One of the keys to remaining in your community is the

ability to get into and out of your own home, with or without assistance. Renovating a home by removing barriers allows the family member with significant disabilities to stay independent and out of long-term care facilities. If RI Housing does not wish to administer the program, the Governor's Commission on Disabilities would undertake the administration of the program.

16 S 2476 As Amended AN ACT RELATING TO STATE AFFAIRS AND GOVERNMENT -- GOVERNOR'S WORKFORCE BOARD RHODE ISLAND

Sen. Conley Identical to H 8035 House Health, Education, & Welfare Committee

House letter 4/15/2016 Senate letter 4/5/2016 Arranged for Senate Floor Amendment adopted 4/13/16

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.

The Floor Amendment adds "and other significant disabilities" On page 5 line 27-28 when referring to the distribution of funds for adult training activities.

GCD Position: **Commission Supports as amended**

There is a need to expand job and career opportunities for individuals with disabilities. This bill would ensure that individuals with intellectual, developmental, and other disabilities, clients of Services for the Blind and Visually Impaired, Commission on the Deaf and Hard of Hearing, and the Division of Behavioral Healthcare, are fully addressed.

Commission Opposes unless amended

16 H 7951 HOUSE RESOLUTION CREATING A SPECIAL LEGISLATIVE COMMISSION TO STUDY AND MAKE RECOMMENDATIONS FOR PROTECTING AND PROVIDING EFFECTIVE CARE FOR VULNERABLE POPULATIONS IN STATE-FUNDED HOME CARE PROGRAMS

Rep. O'Grady House Desk Recommended for Passage

Sponsor letter requesting a floor amendment 4/27/2016

This resolution would create an eleven (11) member special legislative study commission whose purpose it would be to study the best practices and provide recommendations for protecting and providing effective care for vulnerable populations participating in state-funded home care programs in Rhode Island, and who would report back to the House of Representatives no later than February 7, 2017, and whose life would expire on May 7, 2017.

GCD Position: **Commission Opposes unless amended**

A comprehensive review of residential options for vulnerable populations of all ages needs to be undertaken. Problems in unlicensed foster homes, group homes, shared living arrangements, etc. all need to be reviewed. The study commission's membership should be expanded to include as members the: Long Term Care Ombudsperson; Child Advocate; Mental Health Advocate; Community Provider Network of RI, Community Behavioral Organization; Attorney General; RIPIN; Kids Count; Senior Agenda, parents and adults with disabilities, and the Commission.

Legislation Committee found these bills Beneficial

16 S 2595 & H 7979 ACT RELATING TO HUMAN SERVICES - EQUAL RIGHTS OF BLIND AND DEAF PERSONS TO PUBLIC FACILITIES

Sen. Walaska Identical to H 7979 Senate Health and Human Services Committee Meeting Postponed Senate letter 3/8/2016

Rep. Handy Identical to S 2595 House Health, Education, & Welfare Committee House letter 3/29/2016

This act would require movie theaters to provide open captioning for persons who are deaf or hard-of-hearing. This act would take effect on January 1, 2017 and would be repealed on January 1, 2019.

GCD Position: **Legislation Committee finds this bill Beneficial**

Individuals who are deaf or hard-of-hearing enjoy movies just as much as other patrons. The same is true of individuals who are blind or vision impaired. Most movies are captioned and many come with an audio description of the action on the screen.

16 H 7054 & S 2338 ACTS RELATING TO EDUCATION - SCREENING FOR READING DISABILITIES

Rep. Lombardi Identical to S 2338 Passed the House and Referred to Senate Education Committee

House letter 2/3/2016

Sen. Lombardi Identical to H 7054 Senate Education Committee Senate letter 3/4/2016

This act would require school districts to conduct screening for dyslexia and other reading disabilities of school children who have exhibited one or more potential indicators using certain screening methods selected by the commissioner of education.

This act would take effect upon passage and would be implemented at the commencement of the 2016-2017 school year.

GCD Position: **Legislation Committee finds this bill Beneficial**

The earlier reading disabilities are diagnosed the quicker remediation begins. Early intervention reduces the likelihood of long-term impairment. Low literacy impacts all of society. Most of the heads-of-households enrolled in the TANF/FIP program are persons with low literacy skills based on studies from the National Center for the Study of Adult Learning and Literacy {NCSALL Reports #10B, April 1999 report Welfare, Jobs And Basic Skills: The Employment Prospects Of Welfare Recipients In The Most Populous U.S. Counties}. Most of the prisoners in jails and prisons also have low literacy skills, based on the US Department of Justice's Bureau of Justice Statistics reports.

16 H 7816 & S 2755 ACTS RELATING TO BUSINESSES AND PROFESSIONS - PHARMACIES

Rep. Serpa Identical to S 2755 House Health, Education, & Welfare Committee Held on 4/27/2016 House letter 4/5/2016

Sen. Coyne Identical to H 7816 Senate Health and Human Services Committee Senate Letter 4/5/2016

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.

GCD Position: **Legislation Committee finds this bill Beneficial**

Being able to purchase biological pharmaceuticals at the same pharmacy as all your other prescriptions is not only more efficient, its also safer. The pharmacist can identify counter acting medications that could if not identified lead to very serious outcomes.

Held for Further Study, Continued, or Heard

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

Rep. Casey House Corporations Committee House letter 2/3/2016

This act would require that health insurance policies include coverage for temporomandibular joint disorder.

This act would take effect upon passage.

GCD Position: **Legislation Committee finds this bill Beneficial**

Temporomandibular joint and muscle disorders, commonly called "TMJ," are a group of conditions that cause pain and dysfunction in the jaw joint and the muscles that control jaw movement. For most people, pain in the area of the jaw joint or muscles does not signal a serious problem. Generally, discomfort from these conditions is occasional and temporary, often occurring in cycles. The pain eventually goes away with little or no treatment. Some people, however, develop significant, long-term symptoms.

Complex cases, often marked by prolonged, persistent and severe pain; jaw dysfunction; co-existing conditions; and diminished quality of life, likely require a team of experts from various fields, such as neurology, rheumatology, pain management and others, to diagnose and treat this condition. [source National Institute of Dental and Craniofacial Research of the National Institutes of Health]

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

Rep. Shekarchi House Corporations Committee Similar to S 2499 & H 7512

House letter 3/8/2016

This act would require insurance coverage for off-label prescription drugs when there is evidence in peer-reviewed medical literature to support their use.

This act would take effect upon passage.

GCD Position: **Legislation Committee finds this bill Beneficial**

More than one in five outpatient prescriptions written in the U.S. are for off-label therapies. "Off-label" means the medication is being used in a manner not specified in the FDA's approved packaging label, or insert. Every prescription drug marketed in the U.S. carries an individual, FDA-approved label. This label is a written report that provides detailed instructions regarding the approved uses and doses, which are based on the results of clinical studies that the drug maker submitted to the FDA. Off-label use of a drug or combination of drugs often represents the standard of care. Beta-blockers are another example of beneficial off-label prescribing. Such medications are FDA-approved for the treatment of high blood pressure, but are widely recognized by cardiologists as a standard of care for patients with heart failure. And in fact, some beta blockers are now formally approved to treat heart failure.

It's not uncommon for off-label uses to eventually get approved by the FDA. Other drugs commonly prescribed off-label include tricyclic antidepressants for chronic pain, and antipsychotics for attention deficit hyperactivity disorder (ADHD).

16 H 7512 & S 2499 ACTS RELATING TO INSURANCE -- OFF-LABEL USES OF PRESCRIPTION DRUGS

Rep. Shekarchi Identical to S 2499 House Corporations Committee House letter 3/8/2016

Sen. Walaska Requested by Attorney General Identical to H 7512 Senate Health and Human Services Committee Senate letter 3/8/2016

This act would provide that no health insurer issuing a policy which provides coverage for prescription drugs shall exclude coverage of any drug used for the treatment of disabling or life-threatening chronic disease on the grounds that the drug is considered "off-label" in that the drug has not been approved by the FDA for that indication, provided that the drug is recognized for treatment of that indication in one of the standard reference compendia, or in the medical literature.

This act would take effect upon passage.

GCD Position: **Legislation Committee finds this bill Beneficial**

More than one in five outpatient prescriptions written in the U.S. are for off-label therapies. "Off-label" means the medication is being used in a manner not specified in the FDA's approved packaging label, or insert. Every prescription drug marketed in the U.S. carries an individual, FDA-approved label. This label is a written report that provides detailed instructions regarding the approved uses and doses, which are based on the results of clinical studies that the drug maker submitted to the FDA. Off-label use of a drug or combination of drugs often represents the standard of care. Beta-blockers are another example of beneficial off-label prescribing. Such medications are FDA-approved for the treatment of high blood pressure, but are widely recognized by cardiologists as a standard of care for patients with heart failure. And in fact, some beta blockers are now formally approved to treat heart failure.

It's not uncommon for off-label uses to eventually get approved by the FDA. Other drugs commonly prescribed off-label include tricyclic antidepressants for chronic pain, and antipsychotics for attention deficit hyperactivity disorder (ADHD).

16 H 7616 ACTS RELATING TO HEALTH AND SAFETY -- INSURANCE--MENTAL ILLNESS AND SUBSTANCE ABUSE

Rep. Bennett Similar to S 2356 House Corporations Committee House letter 3/8/2016

This act would require comprehensive discharge planning for patients treated for substance use disorders and would require insurers to cover medication-assisted addiction treatment including methadone, buprenorphine, and naltrexone.

GCD Position: **Legislation Committee finds this bill Beneficial**

Comprehensive discharge planning is especially critical for individuals who are addicted. That lack of follow-up services will lead to re-admittance to a hospital most likely via the emergency department.

16 H 7617 & S 2461 ACT RELATING TO INSURANCE - INSURANCE COVERAGE FOR MENTAL ILLNESS AND SUBSTANCE

Rep. Bennett Identical to S 2461, Similar to H 7710 & S 2460 House Corporations Committee House letter 3/8/2016

Sen. Miller Identical to H 7617, Similar to H 7710 & S 2460 Senate Health and Human Services Committee Senate letter 3/8/2016

This act would require health practitioners and health plan coverage to support clinical practices fostering the appropriate use of abuse-deterrent opioid analgesic drug product formulations approved by the U.S. Food and Drug Administration.

This act would take effect upon passage.

GCD Position: **Legislation Committee finds this bill Beneficial**

Rhode Island and the nation are facing an epidemic of drug overdose deaths. Many people with chronic pain first became "addicted" while legitimately using opioid pain medication. Non-opioid drugs should be the preferred pain medication, to avoid future drug overdose deaths.

16 H 7625 & S 2510 ACTS RELATING TO INSURANCE -- INSURANCE COVERAGE FOR MENTAL ILLNESS AND SUBSTANCE ABUSE

Rep. Serpa Requested by Attorney General Identical to S2510 House Corporations Committee House letter 4/5/2016

Sen. Crowley Requested by Attorney General Identical to H 7625 Senate Health and Human Services Committee Senate letter 4/5/2016

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.

GCD Position: **Legislation Committee finds this bill Beneficial**

Behavioral health is as much a product of our physical self's in many instances as other chronic health conditions (diabetes, cancer, etc.) The provision of services should be determined by medical necessity not the underlying condition.

16 H 8023 & S 2694 ACT RELATING TO INSURANCE - ACCIDENT AND SICKNESS INSURANCE POLICIES - STEP THERAPY PROTOCOL

Rep. Edwards Identical to S 2694 House Corporations Committee House letter 4/5/2016

Sen. Gallo Identical to H 8023 Senate Health & Human Services Committee Senate letter 4/5/2016

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.

GCD Position: **Legislation Committee finds this bill Beneficial**

Creating a narrowly tailored exception to step therapy protocols for complex chronic condition treatments, such as multiple sclerosis, reduces the risk of serious long term complications and much greater healthcare costs.

16 H 7274 AN ACT RELATING TO FOOD AND DRUGS -- GENETICALLY ENGINEERED RAW AND PACKAGED FOOD LABELING ACT

Rep. Canario House Health, Education, & Welfare Committee House letter 2/3/2016

This act would require the labeling of all raw and packaged food that is entirely or partially produced with genetic engineering, commencing January 1, 2017.

This act would take effect upon passage

GCD Position: **Legislation Committee finds this bill Beneficial**

Consumers have the right to know what is in the foods they purchase. Genetically modified organisms are tested and not approved if likely to cause an allergic reaction to common food allergies. A food intolerance, is a different matter. Food intolerance usually refers to difficulty digesting or processing some protein or chemical present in certain foods. Examples are lactose intolerance and sensitivity to wheat caused by celiac disease, an autoimmune condition. Whereas allergic reactions are well categorized and reasonably well understood, food intolerances are a much more diverse. Each of these conditions results from different underlying causes that are the results of an individual's physiology. Different conditions have unique sets of symptoms and there are likely many food intolerances that are not well characterized. As a result, generally testing food sources for possible intolerance in some individuals is not a possibility. {Source: About Money, Dec 19, 2013}

16 H 7283 AN ACT RELATING TO CRIMINAL OFFENSES - WEAPONS

Rep. Amore Similar to S2571 House Judiciary Committee House letter 2/3/2016

This act would prohibit any person convicted of a misdemeanor offense under §12-29-2 1 (a crime involving domestic violence) from purchasing, owning, transporting, carrying, or possessing any firearm. Offenses punishable as petty misdemeanors would be excluded from this prohibition. Further, it would provide that those people who have had their convictions expunged, set aside, or who have had their civil rights restored would not be considered a prohibited person under this chapter.

This act would take effect upon passage.

GCD Position: **Legislation Committee finds this bill Beneficial**

Domestic violence often results in life changing injuries, including physical impairments, post-traumatic-stress disorders, and other medical conditions, not just to the victim but to other bystanders, especially children.

16 H 7481 & S 2318 ACTS RELATING TO STATE AFFAIRS AND GOVERNMENT - HUMANE ALTERNATIVES TO LONG-TERM SOLITARY CONFINEMENT

Rep. Regunberg Identical to S 2318 House Judiciary Committee House letter 3/9/2016

Sen. Metts Identical to H 7481 Senate Judiciary Committee Senate letter 3/9/2016

This act would limit the time an inmate can spend in segregated confinement, prohibit the segregated confinement of certain vulnerable persons, and create more humane and effective methods of instituting such confinement.

This act would take effect upon passage.

GCD Position: **Legislation Committee finds this bill Beneficial**

New York State requires their department of corrections requires "the department, in consultation with mental health clinicians, shall divert or remove inmates with serious mental illness, as defined in paragraph (e) of this subdivision, from segregated confinement, where such confinement could potentially be for a period in excess of thirty days, to a residential mental health treatment unit."

Most of the inmates in our correctional facilities have behavioral healthcare, substance use disorders, and/or Attention Deficit Hyperactivity Disorder.

16 H 7599 & 2706 ACTS RELATING TO PROPERTY - FAIR HOUSING PRACTICES

Rep. Williams Identical to S 2706 House Judiciary Committee House letter 4/5/2016

Sen. Metts Identical to H 7599 Senate Judiciary Committee Senate Letter 4/5/2016

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

This act would take effect upon passage.

GCD Position: **Legislation Committee finds this bill Beneficial**

Equal access to affordable and physically accessible housing is a basic civil right. That right should not be diminished based on the lawful source of income (i.e. Social Security Disability Income, Section 8 Housing Vouchers, etc.). Source of income discrimination is prohibited in half of the New England states (Connecticut, Maine, Massachusetts, and Vermont).

16 H 7835 AN ACT RELATING TO STATE AFFAIRS AND GOVERNMENT -- GOVERNOR'S WORKFORCE BOARD RHODE ISLAND

Rep. McEntee Requested by the Department of Labor & Training House Labor Committee House letter 4/5/2016

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.

GCD Position: **Legislation Committee finds this bill Beneficial**

Adding the Office of Rehabilitation Services to the Governor's Workforce Board, brings the composition of state workforce boards in line with the federal Workforce Innovation and Opportunities Act.. The Office of Rehabilitation Services is already a partner in the netWORKri centers. Mainstreaming job training of individuals with significant disabilities is the most effective way towards job placement in local businesses.

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

Sen. Lombardi Similar to H 7639 Senate Education Committee Senate letter 2/3/2016

This act would refine the law on guidelines for concussions at school and youth programs so that an adult trained in recognizing the symptoms of a concussion is required to be present during all events.

This act would take effect upon passage

GCD Position: **Legislation Committee finds this bill Beneficial**

Having at recreational and athletic events personnel trained on the symptoms of concussion with the authority to bench students would reduce the long-term effects of traumatic brain injury,

16 S 2495 AN ACT RELATING TO EDUCATION - SOCIAL SERVICES

Sen. Picard Senate Education Committee Senate letter 3/8/2016

This act would define and declare the purpose of child opportunity zones and would provide for annual reporting from the commissioner of elementary and secondary education to the general assembly on each zone. The purpose of the zones is to provide: early childhood initiatives; before-school, after-school, and summer enrichment programs; health and mental health services; parent engagement, adult education, workforce development training; or any combination of these programs based upon the students and the community's needs.

This act would take effect upon passage.

GCD Position: **Legislation Committee finds this bill Beneficial**

Providing one-stop social services located in public schools will enhance family supports that are often needed to ensure success in the classroom for students with disabilities. Disability affects the whole family, not just the individual with the disability. It impacts siblings, and can be a source of stress between parents.

16 S 2050 AN ACT RELATING TO HEALTH AND SAFETY - THE NATUROPATHIC PHYSICIANS ACT OF 2016

Sen. Picard Senate Health and Human Services Committee Senate letter 2/3/2016

This act would establish procedures for the licensing of naturopathic physicians, and defines the practice of naturopathic medicine. This practice would include the use of botanical and homeopathic medicines, as well as counseling and nutrition. The practice of naturopathic medicine would be subject to oversight by the director of the Rhode Island department of health.

This act would take effect upon passage.

GCD Position: **Legislation Committee finds this bill Beneficial**

Establishing minimum standards for naturopathic physicians, and regulating the practice of naturopathic medicine, provides consumer protection.

16 S 2697 AN ACT RELATING TO HEALTH AND SAFETY -- RHODE ISLAND BEHAVIORAL HEALTH CARE REFORM ACT OF 2016

Sen. Nesselbush Senate Health and Human Services Committee Senate letter 4/5/2016

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.

GCD Position: **Legislation Committee finds this bill Beneficial**

Behavioral health is as much a product of our physical self's in many instances as other chronic health conditions (diabetes, cancer, etc.) The provision of services should be determined by medical necessity not the underlying condition.

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

Sen. Lombardi Senate Judiciary Committee Senate letter 2/3/2016

This act would enable nursing home residents whose rights are violated to bring an action against the facility for actual and punitive damages. Any plaintiff who prevails shall be entitled to recover attorneys' fees and costs of the action.

GCD Position: **Legislation Committee finds this bill Beneficial**

Residents on Medicaid find it difficult to get legal assistance, due to their limited ability to pay for a lawyer. This bill will improve their chance to retain legal assistance.

Referred to Committee

16 H 7885 AN ACT RELATING TO EDUCATION -- THE EDUCATION EQUITY AND PROPERTY TAX RELIEF ACT

Rep. O'Brien House Finance Committee House letter 4/5/2016

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.

This act would take effect upon passage.

GCD Position: **Legislation Committee finds this bill Beneficial**

The education formula needs to take into account the impact on a school district of extraordinary special education costs. While few in number, the impact on a small school district can be immense.

16 H 7937 & S 2685 ACTS RELATING TO PUBLIC UTILITIES AND CARRIERS -- PUBLIC TRANSIT- - POWERS AND DUTIES OF THE AUTHORITY

Rep. Barros Identical to S 2685 House Finance Committee House letter

Sen. Pichardo Identical to H 7937 Senate Finance Committee Senate letter 3/16/2016

This act would remove the Rhode Island transit authority's bus fare adjustments enacted in fiscal year 2016 budget.

GCD Position: **Legislation Committee finds this bill Beneficial**

According to the Senior Agenda Coalition of RI about 10,500 low-income disabled persons and 3,250 low-income seniors rely on no-fare passes for their mobility and access to vital services and everyday needs. The elimination of the no-fare bus passes for low-income seniors and disabled persons, requiring them to pay a half-fare of \$1.00 plus \$.50 for a transfer for each one-way trip will harm some of RI's most vulnerable persons. Attached in an article from Jan. 31, 2016 published in the Washington Post titled "Loneliness Grows from Individual Ache to Public Health Hazard" regarding the isolation of seniors and disabled persons leading to loneliness, which is linked to poorer health and a shorter life span.

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

Rep. Naughton House Health, Education, & Welfare Committee House letter 3/8/2016

This act would require all public colleges, as defined in §16-59-13, to establish and maintain an office that assists students with disabilities in aspects of academic, social, living, and career-planning in the postsecondary education setting. The act also requires that Rhode Island residents who are or were in foster care would be able to access the services of these offices.

This act would take effect upon passage.

GCD Position: **Legislation Committee finds this bill Beneficial**

The state's 3 public colleges all have disability services, to assist students arrange reasonable accommodations. Extending services to students who had been in foster care, should not overburden the current programs.

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

Sen. Pichardo Senate Finance Committee Senate letter 3 /8/2016

This act would provide for a bond referendum which would authorize the issuance of bonds for Affordable Housing in the amount of one hundred million dollars (\$100,000,000), at the election to be held in November, 2016.

Sections 1, 2, 3, and 13 of this act would take effect upon passage. The remaining sections of this act would take effect if and when the state board of elections would certify to the secretary of state that a majority of the qualified electors voting on the propositions contained in Section 1 hereof have indicated their approval of the project thereunder.

GCD Position: **Legislation Committee finds this bill Beneficial**

There is a shortage of housing for families that include a member with mobility impairments that is both accessible affordable. These families often live in inaccessible dwellings, carrying the family member up and down stairs or leaving them inside, a prisoner in their own home.

Legislation Committee found these bill Beneficial if amended

16 H 7056, H 7057 & S 2168 ACTS RELATING TO EDUCATION - SCHOOL COMMITTEES AND SUPERINTENDENTS

Rep. Diaz Identical to S 2168 & H 7057 House Desk Recommend Passage House letter 1/26/2016

Rep. Lombardi Identical to H 7056 & @ 2168 House Health, Education, & Welfare Committee heard House letter 1/26/2016

Sen .Pichardo Identical to H 7056 & H 7057 Senate Education Committee heard Senate letter 3/4/2016

This act would direct all school superintendents to review discipline data for their school district, to decide whether there is an unequal impact on students based on race, ethnicity, or disability status, and to respond to any disparity. Every school district would submit a report to the council on elementary and secondary education describing any action taken on the disparity. All such reports shall be public records. Also, student suspensions would not be served out of school unless the student's conduct meets certain standards or the student represents a demonstrable threat to students, teachers or administrators.

This act would take effect upon passage.

GCD Position: **Legislation Committee finds this bill Beneficial if amended**

The collection of information regarding the disciplining of students could assist schools and the Department of Elementary and Secondary Education determine if new intervention strategies need to be developed, in order to reduce the incidence where disciplining a student is needed. The Act should be amended to define "discipline". On page 2 line 14 following the period "(.)" insert "The department of elementary and secondary education shall issue regulations defining discipline."

16 H 7329 AN ACT RELATING TO PUBLIC UTILITIES AND CARRIERS - RHODE ISLAND PUBLIC TRANSIT AUTHORITY

Rep. Naughton House Desk Recommend Passage House letter 2/3/2016

This act would provide that the governor's appointments to the RIPTA authority shall include a regular user of fixed-route RIPTA transportation and also a disabled person.

This act would take effect upon passage.

GCD Position: **Legislation Committee finds this bill Beneficial if amended**

Travelers with disabilities are more dependent on RIPTA bus and RId e paratransit service than most other Rhode Islanders. Having a vote on the RIPTA board ensures their concerns are voiced. Nominations for the person with a disability's position should be expanded beyond the National Federation of the Blind to include organizations advocating on behalf of other disabilities.

The act should be amended on page 1 line 13 between the words "the" and "National" insert "organizations of people with disabilities, including but not limited to".

Held for Further Study, Continued, or Heard

16 H 7117, H 8056 & S 2579 ACTS RELATING TO BEHAVIORAL HEALTHCARE, DEVELOPMENTAL DISABILITIES AND HOSPITALS

Rep. McNamara Identical to S 2579 & 8056 House Finance Committee House letter 2/3/2016

Rep. Casey Identical to H 7177 & S 2579 House Health, Education, & Welfare Committee heard House letter 4/25/2016

Sen. Lynch Prata Identical to H 7117 & H8056 Senate Health and Human Services Committee Senate letter 3/4/2016

This act would authorize the department of behavioral healthcare, developmental disabilities and hospitals to certify recovery housing facilities and programs for residential substance abuse treatment. In addition, after July 1, 2017, only department-certified recovery housing facilities would be eligible to receive funding to delivery recovery housing services.

This act would take effect upon passage

GCD Position: **Legislation Committee finds this bill Beneficial if amended**

The act should provide grandparent rights to facilities existing prior to the effective date of the regulations. Many small peer-to-peer programs started up when very little services were available should remain. Peer to peer supports are often the most effective. The act should be amended to retain peer-to-peer support system.

On page 1 line 5 delete "mental health, retardation," and insert there in "behavioral healthcare, developmental disabilities,".

On page 3 line 2 between the word "treatment" and the period (".") insert "including peer-to-peer support."

16 H 7059 AN ACT RELATING TO STATE AFFAIRS AND GOVERNMENT -- COMMISSION ON STANDARDS AND TRAINING

Rep. Lombardi House Health, Education, & Welfare Committee House letter 1/27/2016

This act would require mandatory training standards for police officers and trainees, in identifying, responding, and handling all incidents involving any person with a developmental disability.

This act would take effect upon passage.

GCD Position: **Legislation Committee finds this bill Beneficial if amended**

There is a need for comprehensive training regarding interactions between police officers and individuals with substantial disabilities (behavioral, developmental, deaf/hard of hearing, traumatic brain injury, etc.), to protect both the police officer and the individual with the disability.

On page 1 line 4 strike the words "Developmental disability recognition" and insert therein "Disability interaction"; and

On page 1 line 8 insert after the citation "40.1-1-8.1" the following ", mental health as defined in § 40.1-5-2(8), deaf or hard of hearing, and/or traumatic brain injury"

The change in the definition of developmental disabilities in Section 2 of this bill should NOT be revised. That definition relates to qualification for services through the Division of Developmental Disabilities and mirrors the 16 H 7060 AN ACT RELATING TO STATE AFFAIRS AND GOVERNMENT -- COMMISSION ON STANDARDS AND TRAINING

Rep. Lombardi House Health, Education, & Welfare Committee House testified: 1/27/2016

This act would require the police officer commission on standards and training to establish mandatory training standards for police officers and trainees in all incidents involving mental health literacy.

This act would take effect upon passage.

GCD Position: **Legislation Committee finds this bill Beneficial if amended**

There is a need for comprehensive training regarding interactions between police officers and individuals with substantial disabilities (behavioral, developmental, deaf/hard of hearing, traumatic brain injury, etc.), to protect both the police officer and the individual with the disability. This bill should be merged into an expanded H 7059 to include training regarding interactions with persons with behavioral, developmental, deaf/hard of hearing, traumatic brain injury impairments.

16 H 7154 & S 2426 ACT RELATING TO STATE AFFAIRS AND GOVERNMENT -- FREEDOM FROM PRONE RESTRAINT ACT

Rep. Canario Identical to S 2426 House Health, Education, & Welfare Committee House letter 2/3/2016

Sen. Goldin Identical to H 7154 Senate Judiciary Committee Senate letter 3/5/2016

This act would prohibit the use of prone restraint in certain covered facilities licensed or certified by the state, and would create a study commission to study the restraint reporting requirements of covered facilities.

This act would take effect upon passage.

GCD Position: **Legislation Committee finds this bill Beneficial if amended**

Restraints (whether prone, supine, basket, etc.) should always be that last option for addressing aggressive behavior. Service providers need to be trained in positive behavior interventions and de-escalation strategies. The RI Developmental Disability Council's draft Sub A needs to expand the membership of the Study Commission, by 2. The membership should include a representative of the developmental disability provider network and a representative of the behavioral healthcare provider network.

16 S 2005 & H 7008 ACT RELATING TO HIGHWAYS - SIDEWALKS

Sen. Goodwin Identical to H 7008 Senate Housing and Municipal Government Committee Senate letter 1/26/2016

Rep. Blasejewski Identical to S 2005 House Finance Committee House letter 1/26/2016

This act would require the director of the department of transportation to organize and complete snow removal on all sidewalks located on state highway overpasses and on all pedestrian overhead walkways under the control of the state, that have significant pedestrian traffic, within twenty-four (24) hours after the end of a snowstorm.

This act would take effect upon passage.

GCD Position: **Legislation Committee finds this bill Beneficial if amended**

Roads, crosswalks, curb cuts, and sidewalks that have not been cleared create unsurmountable barriers for people with mobility impairments. They are unable to go to school, work, shopping, etc. or are forced into the street without any place to get out of the way of automobiles. On page 1 at the beginning of line 5 insert ", curb cuts, and crosswalks". On page 1 line 8 insert after the word "sidewalks" the following " curb cuts, crosswalks,"

On page 1 line 10 insert after the word "sidewalks" the following " curb cuts, crosswalks,"
16 H 7490 AN ACT RELATING TO FOOD AND DRUGS -- DRIVE-THROUGH WINDOWS -- ASSISTANCE TO DEAF AND HARD-OF-HEARING

Rep. Nardolillo House Health, Education, & Welfare Committee heard House letter 3/8/2016

This act would require establishments selling drinks or food by the use of drive-through windows to install at the ordering station serving each such window, equipment to be used to assist the deaf and hard-of-hearing in ordering, and train its personnel in the use of such equipment.

This act would take effect upon passage.

GCD Position: **Legislation Committee finds this bill Beneficial if amended**

Individuals who are deaf or hard-of-hearing should be able to place an order at a drive through window of a restaurant. There are several methods recommended by the US Department of Justice including having a "restaurant provide training to its staff on serving customers with disabilities, particularly those who are deaf or hard of hearing; inform its employees that corrective or disciplinary action will be taken against employees who do not comply with its accessibility policy; place picture menus at the drive-through window and interior cash registers; place pen and paper at drive-through windows." {source www.ada.gov/aprsep09.pdf}

Withdrawn by sponsor

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

Rep. Lombardi House Finance Committee House letter 1/26/2016

This act would create a committee to establish homeless shelter standards. The committee would include: One homeless or formerly homeless person; Two (2) representatives of the Rhode Island homeless advocacy project; One representative of the Rhode Island coalition for the homeless; Two (2) homeless shelter providers operating a shelter for individuals; Two (2) homeless shelter providers operating a shelter for families; One representative from the Rhode Island office of housing and community development; One domestic violence shelter provider; and One resident or former resident of a domestic violence shelter.

This act would take effect upon passage.

GCD Position: **Legislation Committee finds this bill Beneficial if amended**

Minimum standards for homeless shelters is important to accomplish the longer term goal of moving individuals and families from shelters to permanent housing. Many individuals who are homeless also have disabilities. The committee membership should be expanded to include one (1) representative of either EOHHS/BHDDH and one (1) representative of disability consumer organization.

On page 3 on line 4 strike the word "and"; insert between lines 4 and 5 the following "(8) One representative from the mental health consumers association; (9) One representative from the department of behavioral healthcare, developmental disabilities, and hospitals or the executive office of health and human services, and"; and on line 5 strike the "(8)" and insert therein "(10)".

Legislation Committee finds this bill Harmful

Held for Further Study, Continued, or Heard

16 H 7880 & S 2210 ACT RELATING TO HEALTH AND SAFETY -- HEALTH CARE ACCESSIBILITY AND QUALITY ASSURANCE ACT

Rep. Slater Identical to S 2210 House Corporations Committee House letter 3/15/2016

Sen. Goodwin Identical to H 7880 Senate Health and Human Services Committee Senate letter 2/3/2016

This act would prohibit health care facilities from using licensed nursing services agencies to cover shifts resulting from vacancies due to chronic short staffing and would require that health care facilities seek the use of licensed Rhode Island nurses to satisfy staffing needs but would permit exceptions in certain emergency situations.

This act would take effect on March 1, 2017.

GCD Position: **Legislation Committee finds this bill Harmful**

There is a shortage of nurses willing to work in RI. From time to time nursing homes and other healthcare facilities must seek the assistance of licensed nursing services to adequately staff their facilities and avoid placing residents in harmful situations.

16 H 7227 & S 2376 ACT RELATING TO MOTOR AND OTHER VEHICLES -- OPERATORS' AND CHAUFFEURS' LICENSES-- MEDICAL INFORMATION

Rep. Diaz Identical to S 2376 House Finance Committee House letter 2/3/2016

Sen. Metts Identical to H 7227 Senate Judiciary Committee Senate letter 3/4/2016

This act would allow drivers' licenses and state-issued identification cards to contain medical information to assist medical personnel. This act would take effect upon passage.

GCD Position: **Legislation Committee finds this bill Harmful**

Drivers' licenses and other state issued identification cards are used for many purposes not related to driving.

The potential misuse of medical information on drivers' licenses and identification cards is great; People may not even realize the danger until it is too late. RI moved from disability parking license plates to placards because occupants in autos with the plates were being assaulted.

The best method for alerting medical personnel of a person's medical condition is with a medical alert bracelet or pendant.

16 H 8014 AN ACT RELATING TO TOWNS AND CITIES - LOW AND MODERATE INCOME HOUSING

Rep. Kennedy Similar to S 2876 House Municipal Government Committee House letter 4/8/2016

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 down from five thousand (5,000) occupied year round rental units.

This act would take effect upon passage.

GCD Position: **Legislation Committee finds this bill Harmful**

Affordable housing is important throughout the state. There is currently a shortage of housing for families that include a member with mobility impairments or other disability that are both accessible and affordable. These families often live in inaccessible dwellings, carrying the family member up and down stairs or leaving them inside, a prisoner in their own home.

16 H 7107 & S 2625 ACT RELATING TO STATE AFFAIRS AND GOVERNMENT - DEPARTMENT OF ADMINISTRATION

Rep. Price Identical to S 2625 House Finance Committee House letter 3/8/2016

Sen. Cote Identical to H 7107 Senate Housing and Municipal Government Committee Senate letter 3/8/2016

This act would prohibit certain affordable housing programs with requirements that exceed those set forth in the general laws of the state or ordinances of the cities and towns from being included in the statewide planning program.

GCD Position: **Legislation Committee finds this bill Harmful**

There is a shortage of housing for families that include a member with mobility impairments that is both accessible affordable. These families often live in inaccessible dwellings, carrying the family member up and down stairs or leaving them inside, a prisoner in their own home. No community should be able to divert its low income and disabled residents to other communities.

16 H 7177 AN ACT RELATING TO TOWNS AND CITIES - STATE AID

Rep. Edwards House Finance Committee House letter 3/8/2016

This act would provide that if during any fiscal year the state reimbursement to cities and towns and school districts is insufficient to cover the costs of state mandates as reported by the department of revenue, those affected cities, towns, and school districts may cease implementation of state mandates at their discretion, in an amount not greater than fifty percent (50%) of the value of the reimbursement shortfall.

This act would take effect upon passage.

GCD Position: **Legislation Committee finds this bill Harmful**

The permanent foundation education aid no longer earmarks funds for career and technical education, general education, or most special education services. It would be impossible to determine whether the cost of any specific state mandate was insufficiently funded or not. A school system could decide to allocate all the state school aid to one or more mandated programs, or use it for non-mandated activities.

Mandates were established to ensure equal educational opportunities for all students.

16 S 2116 AN ACT RELATING TO HUMAN SERVICES -- PUBLIC ASSISTANCE ACT

Sen. Kettle Senate Judiciary Committee Senate letter 2/3/2016

This act would require retailers to examine photo identification to verify that a buyer presenting an EBT card ("food stamps") is in fact the person entitled to use the card. It further provides that a retailer who neglects to perform such verification shall be suspended from the program for one month.

This act would take effect upon passage.

GCD Position: **Legislation Committee finds this bill Harmful**

Requiring a merchant to examine a photo identification whenever a buyer uses an EBT card will not stop food stamp fraud. Fake photo IDs are easy to acquire. As recent arrests demonstrate often, the merchant is the instigator of food stamp fraud.

Many elders and adults with disabilities rely on a family member or service provider to shop for them.

Federal law requires merchants to treat all customers using credit or debit cards the same. This act would require the merchant to ask every customer to show a photo ID at the checkout counter, greatly burdening small as well as large merchants.

	<p><i>4:25 Agenda for the Next Meeting, Linda Ward</i></p>
	<p>Purpose/Goal: To set the agenda for the next meeting.</p>
	<p>Discussion: The Legislation Committee meetings in 2016 will be on the 1st Monday 3 - 4:30 PM: 06/06th; 07/11th; 08/15th; 10/1^{7th}; 11/07th; and 12/05th.</p>
	<p><i>4:30 Adjournment, Linda Ward</i></p> <p>Potential MOTION: To adjourn at 4:37 PM</p> <p>Motion moved by AS, seconded by RCa, <i>passed unanimously</i></p>