



Governor's Commission on Disabilities

Legislation Committee

Monday, June 6, 2016 3:00 PM - 4:30 PM

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

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Attendees: Linda Ward (Chair.); Jack Ringland (Vice Chair.); Rosemary C. Carmody; Regina Connor; Julie DeRosa; Linda Deschenes; Casey Gartland; Kathleen Heren; Kathy Kushnir; Arthur M. Plitt; Meredith Sheehan;

Absentees: William R. Inlow; Angelina Stabile; & Dawn Wardyga

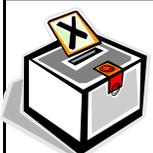
Guests: Colleen Polselli

Staff: Bob Cooper & Margaretta Schultz



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

Chair calls the meeting to order at 3:10 pm
Introductions of Commissioners and guests



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

Motion moved by CG, seconded by LD, *passed/unanimous/ opposed by_ / abstained_ / defeated/ supported by_*

Action Items:



3:05 Status of the 2016 Public Forums on the Concerns of Individuals with Disabilities and their Families, Margaretta Schultz

Purpose/Goal: To review the status of the July 25th - 29th Public Forums

Confirmed Forum Locations and Hosts, as of 06/01/16

Monday, July 25, 2016, from 4 - 6 PM

Rogers Free Library, 535 Hope Street, Providence

Hosted by RI Statewide Independent Living Council and National Federation of the Blind

Monday, July 25, 2016, from 4 - 6 PM

Warwick Library, 600 Sandy Lane, Warwick

Hosted by the Ocean State Center for Independent Living

Tuesday July 26, 2016, from 4 - 6 PM

Kingston Free Library, 2605 Kingstown Road, Kingston, RI, 02881

Hosted by National Multiple Sclerosis Society, Greater New England Chapter

Wednesday, July 27, 2016, 4 - 6 PM

Cumberland Public Library, 1464 Diamond Hill Road, Cumberland

Hosted by RI Department of Health

Thursday, July 28, 2016, from 4 - 6 PM

Middletown Library, 700 W. Main Road, Middletown

Hosted by Opportunities Unlimited For People with Differing Abilities

Thursday, July 28, 2016, from 4 – 6 PM
 Jesse M. Smith Library, 100 Tinkham Lane, Harrisville
 Hosted by Bridgemark

Friday, July 29, 2016, from 3:30– 5:30 PM
 North Providence Union Free Library, 1810 Mineral Springs Avenue, Providence
 Hosted by Perspectives Corporation

Year	Received	Expended	Difference
2015	\$7,706.45	\$8,644.46	(\$938.01)
2014	\$6,355.00	\$7,413.94	(\$1,058.94)
2013	\$3,800.00	\$6,097.20	(\$2,297.20)
2012	\$7,140.00	\$5,981.29	\$1,158.71
2011	\$6,518.93	\$7,227.19	(\$708.26)
2010	\$5,200.00	\$5,625.56	(\$425.56)

Deadline	Published Date	Projected Cost ¹	Publications
Friday July 15th	July 16 th or 17 th	\$1,950.00	RI Newspaper Group: BEACON COMMUNICATIONS Warwick Beacon (Thursday July 17th) Cranston Herald (Thursday July 17th) Johnston Sunrise (Thursday July 17th) BREEZE PUBLICATIONS Valley Breeze, Cumberland/Lincoln (Thursday July 17th) Valley Breeze, N. Providence (Wednesday July 16th) Valley Breeze, N. Smithfield/Woonsocket (Thursday July 17th) Valley Breeze, Pawtucket (Wednesday July 16th) Valley Breeze & Observer (Thursday July 17th) EAST BAY NEWSPAPERS Bristol Phoenix (Thursday July 17th) Barrington Times (Wednesday July 16th) Portsmouth Times (Thursday July 17th) Sakonnet Times (Thursday July 17th) Warren Times-Gazette (Wednesday July 16th) East Providence Posts (Friday July 18th) INDEPENDENT NEWSPAPERS North-East Independent (Thursday July 17th) South County Independent (Thursday July 17th) ISLAND PUBLISHING Newport This Week (Thursday July 17th)
Friday July 15th	July 21st and 22nd	\$872.80	Hometown Publications Narragansett Times (Friday July 18th) Standard Times (Thursday July 17) Chariho Times (Thursday July 17) East Greenwich Pendulum (Thursday July 17) Coventry Courier (Friday July 18th) The Kent County Daily Times (Tuesday July 15)
Two days before	Daily	\$465.00	Newport Daily News
Sunday July 10th	Thursday July 14th	\$360.00	Providence American, monthly

¹ Display Ad 2 column by 10 inches

Wednesday July 13th	July 21st	\$297.00 \$225.00	Westerly Sun, daily Westerly Pawcatuck Express, daily
Sunday July 10th	Friday July 15th	\$300.00	Nuevos Horizontes, monthly
		\$550.00	www.providencenespanol.com online only
Friday July 15th by noon	July 20 th	\$142.00	Bargain Buyer, weekly on Wednesday
		\$5,161.80	

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

No recently filed bills to review



3:30 2015 Legislative Package, Bob Cooper, Executive Secretary

Purpose/Goal: To review the status of the Commission's legislative package and if necessary revise its position on amended bills.

4 bills the Commission Supports

1 Recommend Passage 25% favorable
Senate Calendar
 Next Action on: 6/7/2016 #

16 S 2294 Sub A An Act Relating To Insurance -- Drug Coverage
 Sen. Crowley Requested by the Governor's Commission on Disabilities Identical to H 7931
 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.

The Substitute requires accident and sickness insurers, nonprofit hospital, medical and dental service corporations and health maintenance organizations to give thirty (30) days' notice authorized prescribers by established communication methods and by updating available references and web-based publications before making any change in preferred or tiered cost sharing status of a covered drug and affected subscribers. Any drug deemed unsafe by those entities or by the Food and Drug Administration may be removed immediately without prior notice.

This act would take effect on January 1, 2017.

The substitute language below is added to the statute, changes from the original are **highlighted** ^{new>}
 (d) 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, an accident and sickness insurer must provide at least ^{new>}thirty (30) ^{<new>} days' notice to authorized ^{new>}prescribers by established communication methods of policy and program updates and by updating available references on web-based publications. All ^{<new>} affected ^{new>} members must be ^{<new>} provided at least ^{new>}thirty (30) ^{<new>} days' ^{new>} notice prior to ^{<new>} the date such change becomes ^{new>}effective by a direct notification ^{<new>}.
 (i) The written or ^{new>}electronic notice ^{<new>} must contain the following information:

[\(A\) The name of the affected prescription drug;](#)

[\(B\) Whether the plan is removing the prescription drug from the formulary, or changing its preferred or tiered cost-sharing status; and](#)

[\(C\) The means by which subscribers may obtain a coverage determination or ^{new>}medical exception, in the case of drugs that will require prior authorization or are formulary exclusions respectively. _{<new}](#)

[\(ii\) An accident and sickness insurer may immediately remove from their plan formularies covered prescription drugs deemed unsafe by ^{new>}the accident and sickness insurer or _{<new}the Food and Drug Administration, or removed from the market by their manufacturer, without meeting the requirements of this section.](#)



MOTION: To continue to support as amended 16 S 2294 Sub A An Act Relating To Insurance -- Drug Coverage
Motion moved by AS, seconded by CG, *passed abstained LD*

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

Governor's Medicaid R.I. Health System Transformation Program Budget Amendments to 16 H 7454 Art. 07 Article Relating To Medicaid Reform Act Of 2008 Resolution & Art. 09 Sec. 03 & 04 Governor's Budget Amendment An Article Relating To Medical Assistance And Hospital Uncompensated Care

16 H 7454 Art. 07 Article Relating To Medicaid Reform Act Of 2008 Resolution
Rep. Gallison Requested by Governor

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.

Governor's Budget Amendment #? The proposed amendment to Article 7, subsection (g) adds authority to the Rhode Island Medicaid Reform Act of 2008 Resolution to implement the R.I. Health System Transformation Program which will utilize newly authorized federal

match for Costs Not Otherwise Matchable (CNOMS) and Designated State Health Programs (DSHPs) to make payments to health care providers participating in Alternative Payment Arrangements including but not limited to accountable entities to accelerate the transformation of Rhode Island's health care system to value based payment.
The Commission's initially concerned that the resolution might eliminates the General Assembly's role in approving all Categories II & III changes.

The substitute language below is added to the article, changes from the original are highlighted ^{new>}

(g) Alternative Payment Arrangements – The EOHHS proposes to leverage all available resources by repurposing funds derived from various savings initiatives and obtaining federal financial participation for costs not otherwise matchable to expand the reach and enhance the effectiveness of alternative payment arrangements that maximize value and cost-effectiveness, and tie payments to improvements in service quality and health outcomes. ^{new>} EOHHS proposes to fund the R.I. Health System Transformation Program by seeking federal authority for federal financial participation (FFP) in financing both Costs Not Otherwise Matchable (CNOMS) and Designated State Health Programs (DSHPs) that either not previously utilized although authorized or were not authorized for federal financial participation prior to June 1, 2016 and for which authority is obtained after June 1, 2016. Utilizing the funds made available by this new authority for federal financial participation, the R.I. Health System Transformation Program payments will be made to health care providers participating in Alternative Payment Arrangements including but not limited to accountable entities and to those engages in electronic exchange of clinical information necessary for optimal management of patient care. Any funds newly authorized and/or utilized for federal financial participation for Costs Not Otherwise Matchable and Designated State Health Programs after June 1, 2016 for purposes of implementing the R.I. Health System Transformation Incentive Program shall be used in lieu of reductions to the uncompensated care payments referred to as disproportional share hospital (DSH) payments otherwise provided for in Article 9, Section 3 of this Act and in lieu of reductions to the hospitals adjustment payments referred to as upper payment limit (UPL) payments otherwise provided for in Article 9, Section 4 of this Act. ^{<new>} Amendments to the section 1115 waiver and/or the Medicaid state plan ^{new>} including alternations to the section 1115 waiver and/or the Medicaid state plan as it relates to payments made pursuant to R.I.G.L. 40-8.3-3 (DSH) and R.I.G.L. 40-8.3-10 (UPL) ^{<new>} may be required to implement any alternative payment arrangements the EOHHS is authorized to pursue.

16 H 7454 Art. 09 Sec. 03 & 04 Governor's Budget Amendment An Article Relating To Medical Assistance And Hospital Uncompensated Care
 Rep. Gallison Requested by the Governor 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.
 These Sections amends Chapter 40-8.3 Uncompensated Care. The amendments changes the "Base year" means for the purpose of calculating a disproportionate share payments to hospitals from 2014 to 2015. The payments would be capped at \$125.0 million, starting in FY 2017.
 § 40-8.3-10. Hospital adjustment payments, for in-patient and outpatient services would be repealed.
 The Governor's Budget Amendment #? provides that if the R.I. Health System Transformation Program is implemented utilizing newly authorized federal match for Costs Not Otherwise Matchable (CNOMS) and Designated State Health Programs (DSHPs) to make payments to health care providers participating in Alternative Payment Arrangements, including, but not limited to, accountable entities, then elimination of the UPL payments otherwise provided for in Section 4 will not occur. Under this scenario, the UPL payments will be made and the newly authorized federal funds will be used for the Health System Transformation Program instead.

The substitute language below is added to the article, changes from the original are highlighted ^{new>}

28 SECTION 3. Sections 40-8.3-2 and 40-8.3-3 of the General Laws in Chapter 40-8.3
 29 entitled "Uncompensated Care" are hereby amended to read as follows:

30 **40-8.3-2. Definitions.** -- As used in this chapter:

31 (1) "Base year" means for the purpose of calculating a disproportionate share payment for
32 any fiscal year ending after September 30, ~~2014~~ 2015, the period from October 1,
~~2012~~ 2013
33 through September 30, ~~2013~~ 2014, and for any fiscal year ending after September
30, ~~2015~~ 2016,
34 the period from October 1, ~~2014~~ 2015 through September 30, ~~2014~~ 2015

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1 (2) "Medicaid inpatient utilization rate for a hospital" means a fraction (expressed as a
2 percentage) the numerator of which is the hospital's number of inpatient days during the base year
3 attributable to patients who were eligible for medical assistance during the base year and the
4 denominator of which is the total number of the hospital's inpatient days in the base year.

5 (3) "Participating hospital" means any nongovernment and nonpsychiatric hospital that:

6 (i) was licensed as a hospital in accordance with chapter 17 of title 23 during the base
7 year; and shall mean the actual facilities and buildings in existence in Rhode Island, licensed
8 pursuant to § 23-17-1 et seq. on June 30, 2010, and thereafter any premises included on that
9 license, regardless of changes in licensure status pursuant to § 23-17.14 (hospital conversions)
10 and § 23-17-6(b) (change in effective control), that provides short-term acute inpatient and/or
11 outpatient care to persons who require definitive diagnosis and treatment for injury, illness,
12 disabilities, or pregnancy. Notwithstanding the preceding language, the negotiated Medicaid
13 managed care payment rates for a court-approved purchaser that acquires a hospital through
14 receivership, special mastership or other similar state insolvency proceedings (which court-
15 approved purchaser is issued a hospital license after January 1, 2013) shall be based upon the
16 newly negotiated rates between the court-approved purchaser and the health plan, and such rates
17 shall be effective as of the date that the court-approved purchaser and the health plan execute the
18 initial agreement containing the newly negotiated rate. The rate-setting methodology for inpatient
19 hospital payments and outpatient hospital payments set for the §§ 40-8-13.4(b)(1)(B)(iii) and 40-
20 8-13.4(b)(2), respectively, shall thereafter apply to negotiated increases for each annual twelve
21 (12) month period as of July 1 following the completion of the first full year of the court-
22 approved purchaser's initial Medicaid managed care contract.

23 (ii) achieved a medical assistance inpatient utilization rate of at least one percent (1%)
24 during the base year; and

25 (iii) continues to be licensed as a hospital in accordance with chapter 17 of title 23 during
26 the payment year.

27 (4) "Uncompensated care costs" means, as to any hospital, the sum of: (i) the cost
28 incurred by such hospital during the base year for inpatient or outpatient services attributable to
29 charity care (free care and bad debts) for which the patient has no health insurance or other third-
30 party coverage less payments, if any, received directly from such patients; and (ii) the cost
31 incurred by such hospital during the base year for inpatient or out-patient services attributable to
32 Medicaid beneficiaries less any Medicaid reimbursement received therefor; multiplied by the
33 uncompensated care index.

34 (5) "Uncompensated care index" means the annual percentage increase for hospitals

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1 established pursuant to § 27-19-14 for each year after the base year, up to and including the
2 payment year, provided, however, that the uncompensated care index for the payment year ending
3 September 30, 2007 shall be deemed to be five and thirty-eight hundredths percent (5.38%), and
4 that the uncompensated care index for the payment year ending September 30, 2008 shall be
5 deemed to be five and forty-seven hundredths percent (5.47%), and that the uncompensated care
6 index for the payment year ending September 30, 2009 shall be deemed to be five and thirty-eight

7 hundredths percent (5.38%), and that the uncompensated care index for the payment years ending
8 September 30, 2010, September 30, 2011, September 30, 2012, September 30, 2013, September
9 30, 2014, ~~and~~ September 30, 2015, ~~and~~ September 30, 2016^{add} and
September 30, 2017^{<add>} shall be

10 deemed to be five and thirty hundredths percent (5.30%).

11 **§ 40-8.3-3. Implementation.** ~~(a) For federal fiscal year 2014, commencing on October 1,~~
12 ~~2013 and ending September 30, 2014, the executive office of health and human services shall~~
13 ~~submit to the Secretary of the U.S. Department of Health and Human Services a state plan~~
14 ~~amendment to the Rhode Island Medicaid state plan for disproportionate share hospital payments~~
15 ~~(DSH Plan) to provide:~~

16 (1) ~~That the disproportionate share hospital payments to all participating hospitals, not to~~
17 ~~exceed an aggregate limit of \$136.8 million, shall be allocated by the executive office of health~~
18 ~~and human services to the Pool A, Pool C and Pool D components of the DSH Plan; and,~~

19 (2) ~~That the Pool D allotment shall be distributed among the participating hospitals in~~
20 ~~direct proportion to the individual participating hospital's uncompensated care costs for the base~~
21 ~~year, inflated by the uncompensated care index to the total uncompensated care costs for the base~~
22 ~~year inflated by uncompensated care index for all participating hospitals. The disproportionate~~
23 ~~share payments shall be made on or before July 14, 2014 and are expressly conditioned upon~~
24 ~~approval on or before July 7, 2014 by the Secretary of the U.S. Department of Health and Human~~
25 ~~Services, or his or her authorized representative, of all Medicaid state plan amendments necessary~~
26 ~~to secure for the state the benefit of federal financial participation in federal fiscal year 2014 for~~
27 ~~the disproportionate share payments.~~ ~~<delete>~~

28 ~~(b)~~(a) For federal fiscal year 2015, commencing on October 1, 2014 and ending
29 September 30, 2015, the executive office of health and human services shall submit to the
30 Secretary of the U.S. Department of Health and Human Services a state plan amendment to the
31 Rhode Island Medicaid state plan for disproportionate share hospital payments (DSH Plan) to
32 provide:

33 (1) That the ~~disproportionate share hospital payments~~ ~~<delete>~~ ^{add} DSH Plan ^{<add>} to all
34 participating

hospitals, not to exceed an aggregate limit of \$140.0 million, shall be allocated by the executive

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1 office of health and human services to the Pool A, Pool C and Pool D components of the DSH
2 Plan; and,

3 (2) That the Pool D allotment shall be distributed among the participating hospitals in
4 direct proportion to the individual participating hospital's uncompensated care costs for the base
5 year, inflated by the uncompensated care index to the total uncompensated care costs for the base
6 year inflated by uncompensated care index for all participating hospitals. The ~~disproportionate~~
7 ~~Share~~ ~~<delete>~~ ^{add} DSH Plan ^{<add>} payments shall be made on or before July 13, 2015 and are expressly
conditioned

8 upon approval on or before July 6, 2015 by the Secretary of the U.S. Department of Health and
9 Human Services, or his or her authorized representative, of all Medicaid state plan amendments
10 necessary to secure for the state the benefit of federal financial participation in federal fiscal year
11 2015 for the disproportionate share payments.

12 ~~(e)~~(b) For federal fiscal year 2016, commencing on October 1, 2015 and ending
13 September 30, 2016, the executive office of health and human services shall submit to the
14 Secretary of the U.S. Department of Health and Human Services a state plan amendment to the
15 Rhode Island Medicaid ~~state plan for disproportionate share hospital payments~~ ~~<delete>~~ DSH
Plan ~~<delete>~~ ~~<delete>~~ to
16 provide:

17 (1) That the disproportionate share hospital payments to all participating hospitals, not to

18 exceed an aggregate limit of \$~~138.2~~^{add}125.0^{add} million, shall be allocated by the
executive office of
health and human services to the Pool A, Pool C and Pool D components of the DSH Plan;
^{new} provided however that should the executive office of health and human services implement a R.I. Health
System Transformation Program utilizing federal authority for federal financial participation (FFP) in
financing both Costs Not Otherwise Matchable (CNOMS) and Designated State Health Programs (DSHPs)
19 that were either not previously utilized although authorized or were not authorized for federal financial
participation prior to June 1, 2016 and for which authority is obtained after June 1, 2016., any funds newly
authorized and/or utilized for Costs Not Otherwise Matchable and Designated State Health Programs after
June 1, 2016 for purposes of implementing the R.I. Health System Transformation Incentive Program shall be
used in lieu of reductions to the (DSH) payments and the disproportionate share hospital payments to all
participating hospitals, shall not exceed an aggregate limit of \$138.2^{{<new>} and,

20 (2) That the Pool D allotment shall be distributed among the participating hospitals in
21 direct proportion to the individual participating hospital's uncompensated care costs for the base
22 year, inflated by the uncompensated care index to the total uncompensated care costs for the base
23 year inflated by uncompensated care index for all participating hospitals. The ^{delete}~~disproportionate~~
^{delete}~~share payments~~^{add} DSH Plan^{add} shall be made on or before July 11, 2016 and are
24 expressly conditioned
25 upon approval on or before July 5, 2016 by the Secretary of the U.S. Department of Health and
26 Human Services, or his or her authorized representative, of all Medicaid state plan amendments
27 necessary to secure for the state the benefit of federal financial participation in federal fiscal year
28 2016 for the disproportionate share payments.

29 federal financial participation in federal fiscal year 2016 for the ^{delete}~~disproportionate share~~
30 ~~payments~~^{add} DSH Plan^{add}.

31 ^{add}(c) For federal fiscal year 2017, commencing on October 1, 2016 and ending September
32 30, 2017, the executive office of health and human services shall submit to the Secretary of the
33 U.S. Department of Health and Human Services a state plan amendment to the Rhode Island
34 Medicaid DSH Plan to provide:

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1 (1) That the DSH Plan to all participating hospitals, not to exceed an aggregate limit of
2 \$125.0 million, shall be allocated by the executive office of health and human services to the Pool
3 A, Pool C and Pool D components of the DSH Plan; and,

4 (2) That the Pool D allotment shall be distributed among the participating hospitals in
5 direct proportion to the individual participating hospital's uncompensated care costs for the base
6 year, inflated by the uncompensated care index to the total uncompensated care costs for the base
7 year inflated by uncompensated care index for all participating hospitals. The disproportionate
8 share payments shall be made on or before July 11, 2017 and are expressly conditioned upon
9 approval on or before July 5, 2017 by the Secretary of the U.S. Department of Health and Human
10 Services, or his or her authorized representative, of all Medicaid state plan amendments necessary
11 to secure for the state the benefit of federal financial participation in federal fiscal year 2017 for
12 the disproportionate share payments.^{<add>}

13 (d) No provision is made pursuant to this chapter for disproportionate share hospital
14 payments to participating hospitals for uncompensated care costs related to graduate medical
15 education programs.

16 (e) The executive office of health and human services is directed, on at least a monthly
17 basis, to collect patient level uninsured information, including, but not limited to, demographics,
18 services rendered, and reason for uninsured status from all hospitals licensed in Rhode Island.

19 (f) Beginning with federal FY 2016, Pool D DSH payments will be recalculated by the
20 state based on actual hospital experience. The final Pool D payments will be based on the data

21 from the final DSH audit for each federal fiscal year. Pool D DSH payments will be redistributed
22 among the qualifying hospitals in direct proportion to the individual qualifying hospital's
23 uncompensated care to the total uncompensated care costs for all qualifying hospitals as
24 determined by the DSH audit. No hospital will receive an allocation that would incur funds
25 received in excess of audited uncompensated care costs.

26 SECTION 4. Section 40-8.3-10 of the General Laws in Chapter 40-8.3 entitled
27 "Uncompensated Care" is hereby ^{new delete>}repealed^{{<new delete}{new>}} amended to read as follows
28 ^{restored>} **§ 40-8.3-10. Hospital adjustment payments.** – Effective July 1, 2012 and for each

29 subsequent year, the executive office of health and human services is hereby authorized and
30 directed to amend its regulations for reimbursement to hospitals for inpatient and outpatient
31 services as follows:

32 (a) Each hospital in the state of Rhode Island, as defined in subdivision 23-17-
33 38.19(b)(1), shall receive a quarterly outpatient adjustment payment each state fiscal year of an
34 amount determined as follows:

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1 (1) Determine the percent of the state's total Medicaid outpatient and emergency
2 department services (exclusive of physician services) provided by each hospital during each
3 hospital's prior fiscal year;

4 (2) Determine the sum of all Medicaid payments to hospitals made for outpatient and
5 emergency department services (exclusive of physician services) provided during each hospital's
6 prior fiscal year;

7 (3) Multiply the sum of all Medicaid payments as determined in subdivision (2) by a
8 percentage defined as the total identified upper payment limit for all hospitals divided by the sum
9 of all Medicaid payments as determined in subdivision (2); and then multiply that result by each
10 hospital's percentage of the state's total Medicaid outpatient and emergency department services
11 as determined in subdivision (1) to obtain the total outpatient adjustment for each hospital to be
12 paid each year;

13 (4) Pay each hospital on or before July 20, October 20, January 20, and April 20 one
14 quarter (1/4) of its total outpatient adjustment as determined in subdivision (3) above.

15 (b) Each hospital in the state of Rhode Island, as defined in subdivision 3-17-38.19(b)(1),
16 shall receive a quarterly inpatient adjustment payment each state fiscal year of an amount
17 determined as follows:

18 (1) Determine the percent of the state's total Medicaid inpatient services (exclusive of
19 physician services) provided by each hospital during each hospital's prior fiscal year;

20 (2) Determine the sum of all Medicaid payments to hospitals made for inpatient services
21 (exclusive of physician services) provided during each hospital's prior fiscal year;

22 (3) Multiply the sum of all Medicaid payments as determined in subdivision (2) by a
23 percentage defined as the total identified upper payment limit for all hospitals divided by the sum
24 of all Medicaid payments as determined in subdivision (2); and then multiply that result by each
25 hospital's percentage of the state's total Medicaid inpatient services as determined in subdivision
26 (1) to obtain the total inpatient adjustment for each hospital to be paid each year;

27 (4) Pay each hospital on or before July 20, October 20, January 20, and April 20 one
28 quarter (1/4) of its total inpatient adjustment as determined in subdivision (3) above.

29 (c) The amounts determined in subsections (a) and (b) are in addition to Medicaid
30 inpatient and outpatient payments and emergency services payments (exclusive of physician
31 services) paid to hospitals in accordance with current state regulation and the Rhode Island Plan
32 for Medicaid Assistance pursuant to Title XIX of the Social Security Act and are not subject to
33 recoupment or settlement. ^{<restored}

^{new>} (d) Effective July 1, 2016 no payments shall be made pursuant to this section of the
General Laws provided however that should the executive office of health and human services

implement a R.I. Health System Transformation Program utilizing federal authority for federal financial participation (FFP) in financing both Costs Not Otherwise Matchable (CNOMS) and Designated State Health Programs (DSHPs) that were either not previously utilized although authorized or were not authorized for federal financial participation prior to June 1, 2016 and for which authority is obtained after June 1, 2016., any funds newly authorized and/or utilized for Costs Not Otherwise Matchable and Designated State Health Programs after June 1, 2016 for purposes of implementing the R.I. Health System Transformation Incentive Program shall be used in lieu of the elimination of payments that would be made under this section and the payments shall be made as described in this section of the General Laws. {<new}

16 H 7454 Art. 09 Sec. 07 Governor's Budget Amendment An Article Relating To Medical Assistance And Hospital Uncompensated Care

Rep. Gallison Requested by the Governor House Testified: 3/24/2016 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.

This Section amends Chapter 40-8.9 Medical Assistance - Long-Term Care Service and Finance Reform. By October 1, 2016, an increase in the base payment rates for home care service providers, for the purpose of implementing a wage pass-through program for personal care attendants and home health aides assisting long-term care beneficiaries. Governor's Budget Amendment 19, will permit home care provider agencies participating in the wage pass-through program targeted to increase wages for direct care home care workers to retain any costs related to payroll taxes, insurance contributions and only those other expenses of implementing the wage increase that are required by state and federal law.

The Commission initially supported SECTION 7 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.

3 SECTION 7. Sections 40-8.9-3, 40-8.9-4, 40-8.9-6, 40-8.9-7, 40-8.9-8 and 40-8.9-9 of
4 the General Laws in Chapter 40-8.9 entitled "Medical Assistance - Long-Term Care Service and
5 Finance Reform" are hereby amended to read as follows:

29 § 40-8.9-9. Long-term care re-balancing system reform goal.- (a) Notwithstanding

28 {add> (3) By October 1, 2016, institute an increase in the base payment rates for home care
29 service providers, in an amount to be determined through the appropriations process, for the
30 purpose of implementing a wage pass-through program for personal care attendants and home
31 health aides assisting long-term care beneficiaries. On or before September 1, 2016, Medicaid-
32 funded home health providers seeking to participate in the program shall submit to the secretary
33 for his or her approval a written plan describing and attesting to the manner in which the
34 increased payment rates shall be passed {new delete>} **fully** {<new delete} through to personal care attendants
and home health

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1 aides {new add>} in their salaries or wages less any attendant costs incurred by the provider for additional
payroll taxes, insurance, contributions and other costs required by federal or state law regulation or

policy and directly attributable to the wage pass through program established in this section. ^{<new add>} Any such providers contracting with a Medicaid managed care organization shall develop the plan for the wage pass-through program in conjunction with the managed care entity and shall include assurances by both parties that the base-rate increase is implemented in accordance with the goal of raising the wages of the health workers targeted in this subsection. Participating providers who do not comply with the terms of their wage pass-through plan shall be subject to a clawback, paid by the provider to the state, for any portion of the rate increase administered under this section that the secretary deems appropriate. ^{<add>}

	<p>16 S 2461 Sub A An Act Relating To Insurance - Insurance Coverage For Mental Illness And Substance</p> <p>Sen. Miller Identical to H 7617, Similar to H 7710 & S 2460 House letter 5/26/2016 Senate letter: 3/8/2016</p> <p>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.</p> <p>This act would take effect upon passage.</p> <p>The Substitute requires health care 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 and department of health regulations. It would require health plans to include at least one abuse-deterrent formulation on the lower cost prescription drug co-payment tiers.</p> <p><i>The Commission noted 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.</i></p>
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^{<new add>} ^{<new add>} **(h)** Health practitioners prescribing as permitted under chapter 28.1 of title 21 (uniform controlled substance act) and health plan coverage shall support clinical practices that foster the appropriate use of abuse-deterrent opioid analgesic drug product formulations that are approved by the U.S. Food and Drug Administration, in accordance with subsection (c) of this section ^{<new add>}, and department of health regulations ^{<new add>}.

^{<new add>} ^{<new add>} **(i)** When clinically appropriate, coverage for said abuse-deterrent formulations will not require the use of a non-deterrent opioid analgesic drug product formulation in order for patients to assess abuse deterrent products. All health plans shall include at least one ^{<new delete>} ~~or more~~ ^{<new delete>} abuse-deterrent formulation on ^{<new delete>} ~~low or~~ ^{<new delete>} lower cost prescription drug co-payment tiers.

	<p>House Health, Education, & Welfare Committee</p> <p>16 S 2755 Sub A An Act Relating To Businesses And Professions - Pharmacies</p> <p>Sen. Coyne Identical to H 7816 Senate letter: 4/5/2016</p> <p>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.</p> <p>This act would take effect upon passage.</p> <p>The Substitute expands on the definition of "Interchangeable biological product" by adding, "lists of licensed biologic products with reference product exclusivity and biosimilarity or interchangeability evaluations". It also authorizes "The pharmacist will make a biological product selection from approved interchangeable prescription biological products, which shall be less expensive to the patient in accordance with §21-31-16.1(b)." The pharmacist is allow to dispense the product when prescribe in writing or orally and the product information is available on a computerized system.</p> <p>The Substitute also deletes the phrase "shall pass the savings on to the ultimate consumer".</p>
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The Commission noted 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.

SECTION 1. Section 5-19.1-2 of the General Laws in Chapter 5-19.1 entitled "Pharmacies" is hereby amended to read as follows:

5-19.1-2. Definitions. – ^{add>} (a) "Biological product" means a "biological product" as defined ^{new add>} under § 351 ^{<new add>} ^{new delete>} ~~in~~ ^{<new delete>} the "Public Health Service Act", 42 U.S.C. §262. ^{<add>}

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^{add>} (m) "Interchangeable biological product" means a biological product that the United States Food and Drug Administration has:

(1) Licensed and determined meets the standards for interchangeability pursuant to 42 U.S.C. §262(k)(4); or ^{new add>} lists of licensed biologic products with reference product exclusivity and biosimilarity or interchangeability evaluations; or ^{<new add>}

(2) Determined is therapeutically equivalent as set forth in the latest edition of or supplement to the United States Food and Drug Administration's Approved Drug Products with Therapeutic Equivalence Evaluations. ^{<add>}

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

^{add>} **5-19.1-19.1. Pharmacists - Substitution of biological products.** – (a) Pharmacists when dispensing a prescription for any biological product shall, unless requested otherwise by the individual presenting the prescription in writing, substitute such product with an interchangeable biological product in accordance with the provisions of §21-31-16.1 ^{new delete>} ~~(a)~~ ^{new delete>} ^{new add>} ~~(b)~~ ^{<new add>} . No substitution under this

section shall be allowed if the prescribing physician orders the pharmacist to dispense as brand name necessary on the prescription form, or if the prescriber gives oral direction to that effect to the dispensing pharmacist. The requirements of this section shall not apply to an order to dispense a biological product for immediate administration to a licensed hospital, nursing facility, or hospice facility in-patient. The pharmacist will make a biological product selection from approved interchangeable prescription biological products ^{new add>} which shall be less expensive to the patient in accordance with §21-31-16.1(b) ^{<new add>} ^{new delete>} ~~and shall pass the savings on to the ultimate consumer~~ ^{<new delete>} . When a biological product selection is made, the pharmacist shall inform the

patient of the selection made and shall indicate the product dispensed on the written prescription or on the oral prescription, which has been reduced to writing ^{new add>} , or product information may be maintained on a computerized system if information is readily retrievable ^{<new add>} .

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

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

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accessible to the prescriber through:

- (1) An interoperable electronic medical records system;
- (2) An electronic prescribing technology;
- (3) A pharmacy benefit management system; or
- (4) A pharmacy record.

(d) Entry into an electronic records system as described in this subsection is presumed to provide notice to the prescriber. Otherwise, the pharmacist shall communicate the biological product dispensed to the prescriber using facsimile, telephone, electronic transmission, or other prevailing means. ^{new delete>} ~~provided that~~ ^{new delete>} ~~The~~ communication shall not be required where:

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

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

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

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

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

[moved from end of this section] (b) Biological product selection. The director shall permit
substitution of a less expensive biological product, as defined in §5-19.1-2, for a prescribed biological
product only if said less

31 expensive biological product is an interchangeable biological product as defined in §5-19.1-2.
The director shall maintain on the public website of the Rhode Island state department of health a
link to the current list of each biological product determined by the United States Food and Drug
Administration to be an interchangeable biological product.

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

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

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

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

average savings to the general public.

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

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

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

**16 H 7816 Sub A An Act Relating To Businesses And Professions -
Pharmacies**

Rep. Serpa Identical to S 2755 House letter 4/5/2016 - **Scheduled for reconsideration
6/8/16**

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.
The Substitute deletes the phrase "shall pass the savings on to the ultimate consumer".
The Commission noted 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.

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

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

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

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

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1 accessible to the prescriber through:

2 (1) An interoperable electronic medical records system;

3 (2) An electronic prescribing technology;

4 (3) A pharmacy benefit management system; or

5 (4) A pharmacy record.

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

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

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

Senate Health and Human Services Committee

**16 H 7512 Sub A & S 2499 Sub B Acts Relating To Insurance -- Off-
Label Uses Of Prescription Drugs**

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

House Desk

16 Sen. Walaska Requested by Attorney General Identical to H 7512

House letter 5/19/2016 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.
 The Substitute would define "peer-reviewed medical journals" and 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. The Substitute would take effect January 1, 2017.

The Commission commented that 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).

The Substitute amends

3 **27-55-1. Definitions.** -- For the purpose of this chapter, the following words and terms
 4 have the following meanings:

17 {new add>} (4) "Peer-reviewed medical journals" means a published study in a journal or other
 18 publication in which original manuscripts have been critically reviewed for scientific accuracy,
 19 validity and reliability by unbiased independent experts, and that has been determined by the

Page 1 of 3

1 International Committee of Medical Journal Editors to have met its Uniform Requirements for
 2 Manuscripts Submitted to Biomedical Journals. It does not include publications or supplements to
 3 publications that are sponsored to a significant extent by a pharmaceutical manufacturing
 4 company or any health insurer, health care center, hospital service corporation, medical service
 5 corporation or fraternal benefit society that delivers, issues for delivery, renews, amends or
 6 continues a health insurance policy in this state. {<new add}

7 ~~(4)~~(5) "Standard reference compendia" means: (i) the United States Pharmacopoeia drug
 8 information, (ii) the American Medical Association drug evaluations, or (iii) the American
 9 Hospital Formulary Service drug information;

10 {new delete>} ~~(5)~~ "Drug" means the primary anti-cancer or antineoplastic agent or agents. {<new delete}{new add>} (6)
 11 "Drug" or
 12 "drugs" means any substance prescribed by a licensed health care provider acting within the
 13 scope of the provider's license and that is intended for use in the diagnosis, mitigation, treatment
 14 or prevention of disease that is taken by mouth, injected into a muscle, the skin, a blood vessel or
 15 cavity of the body; applied to the skin; or otherwise assimilated by the body. The term includes
 only those substances that are approved by the FDA for a least one indication. {<new add}

4 Passed 10% favorable
House Calendar

16 H 7625 Sub A An Act Relating To Insurance -- Insurance Coverage For Mental Illness And Substance Abuse

Rep. Serpa Requested by Attorney General Identical to S 2510 House 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

	<p>of Addiction Medicine levels of care 3.1 and 3.3. This act would take effect upon passage. The Substitute would prohibit insurers for mental illness and/or substance abuse from denying continued coverage for residential or inpatient services if such services are medically necessary and if the insured is admitted and currently in residential or inpatient treatment or if the continued treatment is recommended based on the criteria of the American Society of Addiction Medicine. <i>The Commission noted that 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.</i></p>
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Original

(h) The coverage required by this section shall include 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.

Sub A

^{new>} (h) A payor may not deny continued residential or inpatient treatment coverage due to medical necessity and appropriateness of treatment under §27-38.2-3 if the subscriber has been admitted and is currently in residential or inpatient services for a mental health and/or substance abuse disorder and the provider of treatment has recommended continued residential or inpatient treatment based upon the criteria of the American Society of Addiction Medicine. _{<new}

	<p>MOTION: To continues to find beneficial as amended 16 H 7625 Sub A An Act Relating To Insurance - Insurance Coverage For Mental Illness And Substance Abuse Motion moved by AS, seconded by AP, passed abstained LD</p>
	<p>2 Bills the Legislation Committee finds Beneficial as amended 1 Recommend Pass in Concurrence House Desk 16 S 2426 Sub A & H 7154 Sub A Acts Relating To State Affairs And Government -- Freedom From Prone Restraint Act Sen. Goldin Identical to H 7154 Senate letter: 3 /5 /2015 House letter 4/25/2016 Rep. Canario Identical to S 2426 House letter 2/3/2016 - Hearing in Senate Judiciary 6/7 This act would prohibit the use of prone restraints in certain facilities; would require training of all service providers in the reduction / elimination of restraint and seclusion, and would create a eighteen (18) member study commission to study prone restraint and training approaches in covered facilities. This act would take effect upon passage. The Substitute increases the study commission membership to 20, adding the director of the Community Provider Network of Rhode Island; and a director of a provider of mental health services. <i>The Commission felt 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.</i> <i>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.</i></p>

(b) The study commission will be comprised of ^{new delete>}eighteen (18) _{<new delete} ^{new>}twenty (20) _{<new} members: one member of the House of Representatives, to be appointed by the Speaker of the House; one member of the Senate, to be appointed by the President of the Senate; two (2) of whom shall be individuals restrained by a covered facility or knowledgeable about restraint, one of whom to be appointed by the Speaker of the House and one of whom to be appointed by the President of the Senate; two (2) of whom shall be family members of individuals restrained by a covered facility or knowledgeable about restraint, one of whom to be appointed by

the Speaker of the House and one of whom to be appointed by the President of the Senate; one of whom shall be the director of the Department of Children, Youth, and Families, or designee; one of whom shall be the commissioner of the Department of Elementary and Secondary Education, or designee; one of whom shall be the Director of the Department of Behavioral Healthcare Developmental Disabilities and Hospitals, or designee; one of whom shall be the director of the Paul V. Sherlock Center on Disabilities, or designee; one of whom shall be the director of the Rhode Island Developmental Disabilities Council, or designee; one of whom shall be the Rhode Island Child Advocate, or designee; one of whom shall be the Rhode Island Mental Health Advocate, or designee; one of whom shall be the director of the Disability Law Center, or designee; one of whom shall be the director of Bradley Hospital, or designee; one of whom shall be the director of the Hospital Association of Rhode Island, or designee; one of whom shall be the director of Butler Hospital, or designee; one of whom shall be the director of the Groden Center, or designee; ^{new>}one of whom shall be the director of the Community Provider Network of Rhode Island; and one of whom shall be a director of a provider of mental health services ^{<new>}.

	<p>MOTION: To continues to find beneficial as amended 16 S 2426 Sub A & H 7154 Sub A Acts Relating To State Affairs And Government -- Freedom From Prone Restraint Act</p> <p>Motion moved by RCaa, seconded by CG, <i>passed abstained LD</i></p>
	<p>4 Passed and Referred to 19% House Corporations Committee</p> <p>16 S 2460 Sub A as Amended An Act Relating To Insurance -- Accident And Sickness Insurance Policies</p> <p>Sen. Miller Identical to H 7710 & H 7163, Similar to S 2461 & H 7617 House letter 5/26/2016 Senate letter: 5/3/2016</p> <p>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.</p> <p>This act would take effect on January 1, 2017.</p> <p>The Substitute requires all health insurance providers that provide prescription coverage include coverage for generic opioid antagonists (overdose preventive medicine), and devices. It would permit prior authorization for non-generic forms of opioid antagonists and devices. This act would apply to nonprofit hospital service corporations, nonprofit medical service corporations and health maintenance organizations.</p> <p><i>The Commission commented that Access by the family of a person who is a substance user, to naloxone hydrochloride or other opioid antagonist could save lives. The bill should be amended to require coverage of referral to and coverage for substance use disorder treatment.</i></p>

27-18-82. Opioid antagonists. -- (a) Every individual or group health insurance contract, plan, or policy that provides prescription coverage that is delivered, issued for delivery, amended renewed in this state on or after January 1, 2017, shall provide coverage for ^{new delete>}all ^{{<new delete>{new>}} at least one generic ^{<new>} opioid antagonist ^{new>} and device. Prior authorization may be required for non-generic forms of opioid antagonists ^{<new>} and ^{new delete>}all necessary ^{<new delete>} devices ^{new delete>} and services related thereto, including provision of patient information ^{<new delete>}.

(b) As used in this section:

^{new delete>}(1) ^{<new delete>}"Opioid antagonist" means naloxone hydrochloride and any other drug approved by the United States Food and Drug Administration for the treatment of opioid overdose.

^{new delete>}(2) "Patient" has the meaning provided in R.I. Admin. Code 31-2-9-1.0.

^{new delete>}(3) "Patient information" has the meaning provided in R.I. Admin. Code 31-2-9-1.0 ^{<new delete>}.

(c) The coverage mandated by this section shall include all ^{new>} generic ^{<new>} opioid antagonists prescribed or dispensed ^{new delete>} as permitted by R.I. Admin. Code 31-2-9 ^{<new delete>}-via standing order or collaborative practice agreement intended for use on patients other than ^{new>}the insured, as permitted by Rhode Island Admin.

Code 31-2-9 {<new>} {<new delete>} ~~No~~ {<new delete>} Prior authorization may be required for {<new>} non-generic forms of opioid antagonists {<new>} and devices {<new>}

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

House Health, Education, & Welfare Committee

16 S 2579 Sub A An Act Relating To Behavioral Healthcare, Developmental Disabilities And Hospitals

Sen. Lynch Prata Identical to H 7117 & H 8056 House letter 5/26/2016 Senate letter: 3/4/2016 **H 8056 original on House calendar**

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.

The Substitute would authorize the department of behavioral healthcare, developmental disabilities and hospitals to certify recovery-housing facilities directly or through a contracted entity, subject to appropriations, using National Alliance for Recovery Residences (NARR) standards. This act would further provide that, in accordance with a schedule to be determined by department regulations, all referrals from state funded facilities would be to certified houses, and only certified recovery housing would be eligible to receive funding to deliver recovery-housing services.

The Commission felt 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."

House Version

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

(b) After October 1, 2016, only certified recovery housing shall be eligible to receive state funding to deliver recovery housing services.

Senate Sub A

(18) Subject to appropriation, to certify recovery housing facilities directly or through a contracted entity, as defined by department guidelines, which includes adherence to using National Alliance for Recovery Residences (NARR) standards. In accordance with a schedule to be determined by the department, all referrals from state agencies or state funded facilities shall be to certified houses, and only certified recovery housing facilities shall be eligible to receive state funding to deliver recovery housing services.

SECTION 2. This act shall take effect upon passage.

16 S 2693 Sub A as Amended An Act Relating To Education -- The Recovery High Schools Act

Sen. DiPalma House letter 5/26/2016 Senate letter: 5/3/2016

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.

The Substitute allows for but does not require appropriations of no less than five hundred thousand dollars (\$500,000) per year from the state for administration and programmatic costs at each recovery high school.

The Floor Amendment changes the citation for licensing clinicians.
The Commission noted that returning a student with substance use disorders or dependency into the same environment she/he abused substances makes it very difficult for that student to recover and more likely the student will again abuse substances.

(e) ^{new>} Subject to appropriation. ^{<new} 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.

	<p style="text-align: center;">4 bills the Commission Supports</p> <p>3 Held for Further Study, Continued, or Heard 75% <u>House Corporations Committee</u> 16 H 7931 AN ACT RELATING TO INSURANCE -- DRUG COVERAGE Rep. Corvese Requested by the Governor's Commission on Disabilities Identical to S 2294 House letter: 3/29/2016 <u>House Finance Committee</u> 16 H 7454 Art. 11 Governor's Amendment AN ARTICLE RELATING TO STRENGTHENING NEIGHBORHOOD SCHOOLS Rep. Gallison Requested by the Governor House letter: 3/28/2016 Senate letter: 4/29/2016 <u>Senate Finance Committee</u> 16 S 2814 AN ACT RELATING TO TAXATION -- RHODE ISLAND LIVABLE HOME TAX CREDIT ACT Sen. Nesselbush Requested by the Multiple Sclerosis Society of GNE Similar to H 7980 & S 2623 Senate letter: 3/28/2016 Testified: 5/24/2016 Gov. Staff 3/29/2016</p>
	<p style="text-align: center;">bills the Commission Supports if amended</p> <p>Held for Further Study, Continued, or Heard 57% <u>House Finance Committee</u> 16 H 7454 Art. 09 Sec. 06 AN ARTICLE RELATING TO MEDICAL ASSISTANCE AND HOSPITAL UNCOMPENSATED CARE Rep. Gallison Requested by the Governor 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. This Section amends Chapter 40-8.5 Health Care for Elderly and Disabled Residents Act; Chapter 40-8.9. Managed care systems would be expanded to include community health teams, and/or other such arrangements.</p>
	<p>16 H 7454 Art. 23 Governor's Budget Amendment AN ARTICLE RELATING TO SAFE HARBOR FOR SEXUALLY EXPLOITED CHILDREN Rep. Gallison Requested by the Governor House letter 3/28/2016 Testified: 3/30/2016 3 Referred to Committee 43% <u>House Finance Committee</u> 16 H 7980 AN ACT RELATING TO TAXATION -- RHODE ISLAND LIVABLE HOME TAX CREDIT ACT Rep. Craven Identical to S 2623 Similar to S 2814 House letter 3/28/2016 16 H 8038 AN ACT RELATING TO BEHAVIORAL HEALTHCARE, DEVELOPMENTAL DISABILITIES AND HOSPITALS - DEVELOPMENTAL DISABILITIES OMBUDSPERSON ACT OF 2016 Rep. Naughton Requested by the RI Developmental Disabilities Identical to S 3028 & Similar to S 3035 House letter 5/19/2016 <u>Senate Finance Committee</u> 16 S 2623 AN ACT RELATING TO TAXATION -- RHODE ISLAND LIVABLE HOME TAX CREDIT ACT Sen. Nesselbush Identical to H 7980 Similar to S 2814 Senate letter: 3/4/2016</p>

	<p style="text-align: center;">3 bills the Commission Supports as amended</p> <p>1 Recommend Pass in Concurrence 33% favorable <u>House Desk</u> 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 letter 4/15/2016 Senate letter: 4/5/2016</p> <p>2 Held for Further Study, Continued, or Heard 67% <u>House Finance Committee</u> 16 H 7454 Art. 01/10 Governor's Amendment AN ARTICLE RELATING TO MAKING APPROPRIATIONS IN SUPPORT OF FY 2017 - GOVERNOR'S COMMISSION ON DISABILITIES Rep. Gallison Requested by the Governor House Testified: 3/30/2016 16 H 7454 Art. 04 Governor's Amendment AN ARTICLE RELATING TO GOVERNMENT ORGANIZATION Rep. Gallison Requested by the Governor House Testified: 5/26/2016</p>
	<p style="text-align: center;">4 bills the Commission Opposes unless amended</p> <p>1 Resolution Adopted 25% unfavorable <u>House Resolution 2016</u> 16 H 7951 As Amended 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 Letter to sponsor asking for a floor amendment 4/27/2016</p> <p>3 Held for Further Study, Continued, or Heard 75% <u>House Finance Committee</u> 16 H 7454 Art. 14 AN ARTICLE RELATING TO CAREGIVERS/COMPASSION CENTERS Rep. Gallison Requested by the Governor House letter 3/28/2016 Senate letter: 5/5/2016</p> <p><u>House Health, Education, & Welfare Committee</u> 16 H 7361 AN ACT RELATING TO HEALTH AND SAFETY - PERSONAL CARE ASSISTANT SERVICES Rep. Naughton Requested by Attorney General Identical to S 2643 House letter 3/4/2016 Meeting with OSCIL, AG, AARP & Sponsors to discuss Sub A 5/5/2016.</p> <p><u>Senate Judiciary Committee</u> 16 S 2643 AN ACT RELATING TO HEALTH AND SAFETY - PERSONAL CARE ASSISTANT SERVICES Sen. Lombardi Requested by Attorney General Identical to H 7361 Senate letter: 3/4/2016 Meeting with OSCIL, AG, AARP & Sponsors to discuss Sub A 5/5/2016.</p>
	<p style="text-align: center;">38 bills the Legislation Committee finds Beneficial</p> <p>2 Passed in Concurrence and Transmitted to the Governor 5% favorable <u>Governor's Desk</u> Next Action on:6/8/2016 16 H 7835 Sub A AN ACT RELATING TO STATE AFFAIRS AND GOVERNMENT -- GOVERNOR'S WORKFORCE BOARD RHODE ISLAND Rep. McEntee Requested by the Department of Labor & Training Identical to S 2853 House letter 4/5/2016 Senate letter: 5/19/2016 16 S 2853 Sub A as amended AN ACT RELATING TO STATE AFFAIRS AND GOVERNMENT -- GOVERNOR'S WORKFORCE BOARD RHODE ISLAND Sen. Goodwin Requested by Department of Labor & Training</p> <p>2 Recommend Pass in Concurrence 5% favorable <u>Senate Desk</u> 16 H 7866 AN ACT RELATING TO BUSINESSES AND PROFESSIONS -- THE RHODE ISLAND HEALTH INFORMATION EXCHANGE ACT OF 2008 Rep. Coughlin Requested by Office of Health & Human Services Identical to S 2898 House letter 5/3/2016 Senate letter: 5/26/2016</p>

16 S 2898 AN ACT RELATING TO BUSINESSES AND PROFESSIONS -- THE RHODE ISLAND HEALTH INFORMATION EXCHANGE ACT OF 2008

Sen. Miller Requested by Office of Health and Human Services Identical to H 7866
Senate letter: 5/3/2016

5 Passed and Referred to 13% favorable

House Finance Committee

Corporations Committee

16 S 2356 Sub A as Amended AN ACT RELATING TO HEALTH AND SAFETY -- INSURANCE--MENTAL ILLNESS AND SUBSTANCE ABUSE

Sen. Miller Identical to H 7616 House letter 5/26/2016 Senate letter: 3/8/2016

16 S 2495 Sub A AN ACT RELATING TO EDUCATION - SOCIAL SERVICES

Sen. Picard Senate letter: 3/8/2016

26 Held for Further Study, Continued, or Heard 66%

House Corporations Committee

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

Rep. Casey House letter 2/3/2016

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

Rep. Shekarchi Similar to S 2499 & H 7512

House letter 3/8/2016 Gov. 3/29/2016

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

Rep. Bennett Identical to S 2356 House letter 3/8/2016

16 H 7617 AN ACT RELATING TO INSURANCE - INSURANCE COVERAGE FOR MENTAL ILLNESS AND SUBSTANCE

Rep. Bennett Identical to S 2461, Similar to H 7710 & S 2460

House letter 3/8/2016

16 H 8023 AN ACT RELATING TO INSURANCE - ACCIDENT AND SICKNESS INSURANCE POLICIES - STEP THERAPY PROTOCOL

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

House Finance Committee

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

Rep. Barros Identical to S 2685 House letter 3 /15/2016 Senate letter: 3/16/2016 Gov. 3/29/2016

House Health, Education, & Welfare Committee

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

Rep. Canario House letter 2/3/2016

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

Rep. Naughton House letter 3/8/2016

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

Rep. Handy Identical to S 2595 House letter 3/29/2016

16 H 8268 AN ACT RELATING TO EDUCATION

Rep. McNamara Similar to H 7885

House Judiciary Committee

16 H 7283 AN ACT RELATING TO CRIMINAL OFFENSES - WEAPONS

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

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

Rep. Regunberg Identical to S 2318 House letter 3/9/2016
 16 H 7599 AN ACT RELATING TO PROPERTY - FAIR HOUSING PRACTICES

Rep. Williams Identical to S 2706 House letter 4/5/2016
Senate Education Committee
 16 S 2091 AN ACT RELATING TO EDUCATION - SCHOOL AND YOUTH PROGRAMS
 CONCUSSION ACT

Sen. Lombardi Similar to H 7639 Senate letter: 2/3/2016
 16 S 2338 AN ACT RELATING TO EDUCATION - SCREENING FOR READING
 DISABILITIES

Sen. Lombardi Identical to H 7054 Senate letter: 3/4/2016
 16 H 7054 AN ACT RELATING TO EDUCATION - SCREENING FOR READING
 DISABILITIES

Rep. Lombardi Identical to S 2338 House letter 2/3/2016 Senate letter: 3/4/2016
Senate Finance Committee
 16 S 2446 AN ACT RELATING TO AFFORDABLE HOUSING -- CAPITAL
 DEVELOPMENT PROGRAM

Sen. Pichardo Senate letter: 3/8/2016
 16 S 2685 AN ACT RELATING TO PUBLIC UTILITIES AND CARRIERS -- PUBLIC
 TRANSIT-- POWERS AND DUTIES OF THE AUTHORITY

Sen. Pichardo Identical to H 7937 House letter 3/15/2016 Senate letter: 3/16/2016
Senate Health and Human Services Committee
 16 S 2050 AN ACT RELATING TO HEALTH AND SAFETY - THE NATUROPATHIC
 PHYSICIANS ACT OF 2016

Sen. Picard Senate letter: 2/3/2016 Gov. 3/29/2016
 16 S 2510 AN ACT RELATING TO INSURANCE -- INSURANCE COVERAGE FOR
 MENTAL ILLNESS AND SUBSTANCE ABUSE

Sen. Crowley Requested by Attorney General Identical to H 7625 Senate letter: 4/5/2016
 16 S 2595 AN ACT RELATING TO HUMAN SERVICES - EQUAL RIGHTS OF BLIND
 AND DEAF PERSONS TO PUBLIC FACILITIES

Sen. Walaska Identical to H 7979 Senate letter: 3/8/2016
 16 S 2694 AN ACT RELATING TO INSURANCE - ACCIDENT AND SICKNESS
 INSURANCE POLICIES - STEP THERAPY PROTOCOL

Sen. Gallo Identical to H 8023 Senate letter: 4/5/2016
 16 S 2697 AN ACT RELATING TO HEALTH AND SAFETY -- RHODE ISLAND
 BEHAVIORAL HEALTH CARE REFORM ACT OF 2016

Sen. Nesselbush Senate letter: 4/5/2016
Senate Judiciary Committee
 16 S 2101 AN ACT RELATING TO HEALTH AND SAFETY - RIGHTS OF NURSING
 HOME PATIENTS

Sen. Lombardi Senate letter: 2/3/2016
 16 S 2318 AN ACT RELATING TO STATE AFFAIRS AND GOVERNMENT - HUMANE
 ALTERNATIVES TO LONG-TERM SOLITARY CONFINEMENT

Sen. Metts Identical to H 7481 Senate letter: 3 /9 /2016
 16 S 2706 AN ACT RELATING TO PROPERTY - FAIR HOUSING PRACTICES

Sen. Metts Identical to H 7599 Senate letter: 4/5/2016
Referred to Committee 5%
House Finance Committee
 16 H 7885 AN ACT RELATING TO EDUCATION -- THE EDUCATION EQUITY AND
 PROPERTY TAX RELIEF ACT

Rep. O'Brien House letter 4/5/2016
Senate Health and Human Services Committee
 16 S 2896 AN ACT RELATING TO INSURANCE - HEALTH INSURANCE - TYPE-1
 DIABETES INSULIN TREATMENT

Sen. Morgan Senate letter: 5/3/2016

17 bills the Legislation Committee finds Beneficial if amended

1 Withdrawn by sponsor 5%

House Finance Committee

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

Rep. Lombardi House letter 1/26/2016

4 Recommend Pass in Concurrence 19%

Senate Calendar

Next Action on: 6/2/2016

16 H 7056 AN ACT RELATING TO EDUCATION - SCHOOL COMMITTEES AND SUPERINTENDENTS

Rep. Diaz Identical to S 2168 & H 7057

Senate Desk

House letter 1/26/2016

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

Rep. Naughton Identical to S 2373 House letter 2/3/2016 Senate letter: 5/26/2016

16 S 2373 AN ACT RELATING TO PUBLIC UTILITIES AND CARRIERS - RHODE ISLAND PUBLIC TRANSIT AUTHORITY

Sen. Pichardo Identical to H 7329 House letter Senate letter:

House Finance Committee

16 S 2502 Sub A AN ACT RELATING TO STATE AFFAIRS AND GOVERNMENT - DEPARTMENT OF CHILDREN, YOUTH, AND FAMILIES

Sen. Miller House letter 4/25/2016 Senate letter: 3/8/2016

Senate Labor Committee

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

2 Recommend Passage 9%

Senate Calendar

Next Action on: 6/1/2016 # 005

16 S 2168 AN ACT RELATING TO EDUCATION - SCHOOL COMMITTEES AND SUPERINTENDENTS

Sen. Pichardo Identical to H 7056 & H 7057 Senate letter: 3/4/2016

16 H 8056 AN ACT RELATING TO BEHAVIORAL HEALTHCARE, DEVELOPMENTAL DISABILITIES AND HOSPITALS

Rep. Casey Identical to H 7177 & S 2579

9 Held for Further Study, Continued, or Heard 43%

House Finance Committee

16 H 7008 AN ACT RELATING TO HIGHWAYS - SIDEWALKS

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

16 H 7117 AN ACT RELATING TO BEHAVIORAL HEALTHCARE, DEVELOPMENTAL DISABILITIES AND HOSPITALS

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

House Health, Education, & Welfare Committee

16 H 7057 AN ACT RELATING TO EDUCATION -- SCHOOL COMMITTEES AND SUPERINTENDENTS

Rep. Lombardi Identical to H 7056 & @ 2168

House letter 1/26/2016

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

Rep. Lombardi House letter 1/27/2016

16 H 7060 AN ACT RELATING TO STATE AFFAIRS AND GOVERNMENT -- COMMISSION ON STANDARDS AND TRAINING

	<p>Rep. Lombardi House Testified: 1/27/2016 Gov. 3/29/2016 16 H 7490 AN ACT RELATING TO FOOD AND DRUGS -- DRIVE-THROUGH WINDOWS -- ASSISTANCE TO DEAF AND HARD-OF-HEARING</p> <p>Rep. Nardolillo House letter 3/8/2016 <u>Senate Health and Human Services Committee</u> 16 S 3028 AN ACT RELATING TO BEHAVIORAL HEALTHCARE, DEVELOPMENTAL DISABILITIES AND HOSPITALS - DEVELOPMENTAL DISABILITIES OMBUDSPERSON ACT OF 2016</p> <p>Sen. Satchell Requested by the RI Developmental Disabilities Council Identical to H 8038 & Similar to S 3035</p> <p>Senate letter: 5 /26/2016 16 S 3035 AN ACT RELATING TO HEALTH AND SAFETY - LICENSING OF HEALTH CARE FACILITIES</p> <p>Sen. Conley Similar to S 3028 & 8038 Senate letter: 5/25/2016 <u>Senate Housing and Municipal Government Committee</u> 16 S 2005 AN ACT RELATING TO HIGHWAYS - SIDEWALKS</p> <p>Sen. Goodwin Identical to H 7008 Senate letter: 1/26/2016 Gov. 3/29/2016</p>
	<p style="text-align: center;">11 bills the Legislation Committee finds Harmful</p> <p>1 Meeting Postponed 9% <u>Senate Judiciary Committee</u> 16 S 2376 AN ACT RELATING TO MOTOR AND OTHER VEHICLES -- OPERATORS' AND CHAUFFEURS' LICENSES -- MEDICAL INFORMATION INCLUDED ON LICENSE</p> <p>Sen. Metts Identical to H 7227 Senate letter: 3/4/2016</p> <p>1 Passed and Referred to 9% <u>House Health, Education, & Welfare Committee</u> 16 S 2572 As Amended AN ACT RELATING TO EDUCATION</p> <p>Sen. DiPalma House letter 5/10/2016 Senate letter: 3/8/2016</p> <p>1 Scheduled for consideration 9% <u>Senate Health and Human Services Committee</u> Next Action on: 6/2/2016@ Rise in Senate Lounge</p> <p>16 S 2210 AN ACT RELATING TO HEALTH AND SAFETY -- HEALTH CARE ACCESSIBILITY AND QUALITY ASSURANCE ACT</p> <p>Sen. Goodwin Identical to H 7880 Senate letter: 2/3/2016</p> <p>5 Held for Further Study, Continued, or Heard 45% <u>House Corporations Committee</u> 16 H 7880 AN ACT RELATING TO HEALTH AND SAFETY -- HEALTH CARE ACCESSIBILITY AND QUALITY ASSURANCE ACT</p> <p>Rep. Slater Identical to S 2210 House letter 3/15/2016 <u>House Finance Committee</u> 16 H 7107 AN ACT RELATING TO STATE AFFAIRS AND GOVERNMENT - DEPARTMENT OF ADMINISTRATION</p> <p>Rep. Price Identical to S 2625 House letter 3/8/2016 16 H 7227 AN ACT RELATING TO MOTOR AND OTHER VEHICLES -- OPERATORS' AND CHAUFFEURS' LICENSES -- MEDICAL INFORMATION</p> <p>Rep. Diaz Identical to S 2376 House letter 2/3/2016 <u>House Municipal Government Committee</u> 16 H 8014 AN ACT RELATING TO TOWNS AND CITIES - LOW AND MODERATE INCOME HOUSING</p> <p>Rep. Kennedy Identical to S 2876 House letter 4/8/2016 <u>Senate Housing and Municipal Government Committee</u> 16 S 2876 Sub A AN ACT RELATING TO TOWNS AND CITIES - LOW AND MODERATE INCOME HOUSING</p> <p>Sen. Algieri by request Identical to H 8014 Senate letter: 4/8/2016</p> <p>3 Referred to Committee 27%</p>

	<p><u>House Finance Committee</u> 16 H 7177 AN ACT RELATING TO TOWNS AND CITIES - STATE AID Rep. Edwards House letter 3/8/2016</p> <p><u>Senate Housing and Municipal Government Committee</u> 16 S 2625 AN ACT RELATING TO STATE AFFAIRS AND GOVERNMENT - DEPARTMENT OF ADMINISTRATION Sen. Cote Identical to H 7107 Senate letter: 3/8/2016</p> <p><u>Senate Judiciary Committee</u> 16 S 2116 AN ACT RELATING TO HUMAN SERVICES -- PUBLIC ASSISTANCE ACT Sen. Kettle Senate letter: 2/3/2016</p>
	<i>4:25 Agenda for the Next Meeting, Linda Ward</i>
	<p>Purpose/Goal: To set the agenda for the next meeting.</p> <p>Discussion: The Legislation Committee meetings in 2015 will be on the 1st Monday 3 - 4:30 PM: 01/05th; 02/02nd; 03/02nd; 04/06th; 05/4th; 06/01st; 07/06th; 08/10th; 09/21st; 11/02nd; and 12/07th.</p>
	<p>MOTION: To convene a special meeting on Thursday June 9th 3 PM to review and comment on the proposed Medicaid Regulations - Access to Medicaid Coverage under the Affordable Care Act Section 1475: Managed Care Service Delivery Options for Elders and Adults with Disabilities and Long-Term Care Beneficiaries</p> <p>Motion moved by CG, seconded by JD, passed unanimously</p>
	<p><i>4:30 Adjournment, Linda Ward</i></p> <p>MOTION: To adjourn at 4:39 PM</p> <p>Motion moved by CG, seconded by MS, passed unanimously</p>