



# Governor's Commission on Disabilities' Executive Committee

Tuesday May 12, 2009 4 – 6 PM

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

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

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

<b>Attendees:</b>	Timothy Flynn (Acting Chair.); Ronald McMinn; & Patricia Ryherd	
<b>Absent:</b>	Rosemary Carmody; Judi Drew; Kate McCarthy-Barnett; Bill Nieranowski; Lorna Ricci; & John Treat	
----- Minutes -----		
<b>Call to Order and Acceptance of the Minutes</b>	<b>Timothy Flynn, Acting Chairperson</b>	<b>5 min.</b>
Introductions:		
Potential MOTION: To accept the minutes of the previous meeting as <i>presented/revised as follows</i> :		
<b>Action Items:</b>	<b>Discussion Leader:</b>	<b>Time:</b>
<b>1. Interview and Selection of Fellows</b>	<b>Timothy Flynn</b>	<b>120 min.</b>
Discussion: Review of application criteria (table below indicates whether all material has been submitted).		
<ul style="list-style-type: none"> <li>➤ <b>Biographical data:</b> A listing of the following information on a single sheet or two: <ul style="list-style-type: none"> <li>* Name, home &amp; school addresses, and day time telephone numbers;</li> <li>* Education data (including universities or colleges attended, major fields, degree(s) granted and dates);</li> <li>* Employment history for two most recent positions (including title and dates, name of employer, and description of duties), and</li> <li>* Life experience(s) related to people with disabilities</li> </ul> </li> <li>➤ <b>Narrative Statement:</b> A one-page typewritten description (ASCII disk or audiotape) identifying: <ul style="list-style-type: none"> <li>* Which Fellowship(s) you are interested in;</li> <li>* Why you are applying for that (those) Fellowship(s);</li> <li>* What skills and experience you offer the Commission;</li> <li>* What you expect to gain and how will you use the knowledge and skills gained after you complete your fellowship; and</li> <li>* A description of your ability to perform the duties of the fellowship(s) [see list of duties on the attached pages]</li> </ul> </li> <li>➤ <b>Letter of Recommendation:</b> A letter of recommendation from a current or most recent supervisor (i.e. employer, teacher, counselor) describing your: <ul style="list-style-type: none"> <li>* Skills and abilities as they relate to the duties of the fellowship(s);</li> <li>* Ability to work with groups; and</li> <li>* Relationship to the supervisor (i.e. employer/ employee, teacher/ student, counselor/ client).</li> </ul> </li> <li>➤ <b>College Credit:</b> A letter from your college/university stating that if you are selected, the college will award credit for the fellowship.</li> </ul>		
Two possible fellowships the applicants could be considered for this summer: Mary Brennan (Public Policy) Fellowship – assisting with the public forums and		

G. Frank Hanaway (Architectural Access) Fellowship – assisting with ADA access surveys, plan reviews.

**MARY BRENNAN (PUBLIC AWARENESS) FELLOW**

The Fellow’s duties include:

1. Assisting in the Commission’s public relations activities concerning the week of Public Forums on the Concerns of People with Disabilities and their Families
  - a) Drafting press releases;
  - b) Event planning, a series of 5 – 6 forums during the same week in July; and
  - c) Other public relations activities.
2. Observing the rules of confidentiality regarding the privacy of the parties and cases before the Commission.

**G. FRANK HANAWAY (ARCHITECTURAL ACCESSIBILITY) FELLOW**

The Fellow’s duties include:

1. Assisting the Commission’s Civil Rights enforcement and technical assistance activities including:
  - a) Processing of discrimination complaints relating to architectural barriers;
  - b) On Site Investigations of those complaints;
  - c) Architectural Plan Reviews
  - d) Assist in answering telephone inquires regarding federal and state disability rights and services, utilizing CD-ROM searches of disability law, case law, regulations, and technical manuals;
  - e) Assist in preparing and mailing information in response to specific telephone inquires from businesses, organizations, or individuals; and
  - f) Assist in preparing general information packets on the federal/state laws and regulations regarding accessibility to and the use of facilities, programs, services, opportunities by individuals with disabilities, as well as tax credits and other benefits of accessibility, and mailing them as requested.
2. Observing the rules of confidentiality regarding the privacy of the parties and cases before the Commission.

Time	Applicant	Biographical data	Narrative Statement	Letter of Recommendation	College Credit
4:10 - 4:30	Samantha Turner of the University of RI	Yes	Yes	Yes	Yes
4:30 - 4:50	Jenna Antonelli of Salve Regina University	Yes	Yes	Yes	Yes
4:50 – 5:10	Mikaela Manning	Yes	Yes		
5:10 - 5:30	Sarah Brady of Providence College <sup>1</sup>	Yes	Yes		

**MOTION:** To appoint Samantha Turner the Mary Brennan Fellow and Mikaela Manning the G.Frank Hanaway Fellow for the Summer of 2009 (with Jenna Annonelli as backup if MM does not provide letters of credit and reference). RMcM/PR Passed unanimously

<b>2. FY 2010 Disability Related Budget Articles</b>	<b>Bob Cooper, Executive Secretary</b>	<b>10 min.</b>
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Discussion: The Legislation Committee is meeting on Monday May 11<sup>th</sup> and might recommend the Commission support or oppose the following Budget Articles.

09 H 5983 Article 15 RELATING TO PHARMACEUTICAL ASSISTANCE TO THE ELDERLY Rep. Watson at the request of the Governor

This article would abolish the Rhode Island Pharmaceutical Assistance to the Elderly (RIPAE)

<sup>1</sup> Sara was unable to complete the telephone call from Greece

program effective January 1, 2010 by repealing chapter 42-66.2 in its entirety. Related general revenue cost savings for FY 2010 are \$1.1 million for both direct and indirect service costs.

Held for Further Study or Continued in the House Finance Committee

The Legislation Committee recommends Commission Oppose unless amended **09 H 5983 Article 15 Relating To Pharmaceutical Assistance To The Elderly** to provide coverage for persons 55 – 65 until they are Medicare eligible and Medicare Part D donut hole coverage for persons 55 and older.

## ARTICLE 15

### RELATING TO PHARMACEUTICAL ASSISTANCE TO THE ELDERLY

SECTION 1. Chapter 42-66.2 of the Rhode Island General Laws entitled

“Pharmaceutical Assistance to the Elderly Act” is hereby repealed in its entirety:

§ 42-66.2-1. Short title. This chapter shall be known and cited as the “Pharmaceutical Assistance to the Elderly Act”.

§ 42-66.2-2. Program established. There is established a program for pharmaceutical assistance to the elderly. This program is limited to eligible persons and eligible drugs.

§ 42-66.2-3 Definitions. As used in this chapter, unless the context requires otherwise:

(1) “Consumer” means any full-time resident of the state who fulfills the eligibility requirements set forth in § 42-66.2-5. Residence for purposes of this chapter shall be in accordance with the definitions and evidence standards set forth in § 17-1-3.1.

(2) “Contractor” means a third-party or private vendor capable of administering a program of reimbursement for prescription drugs, and drug program eligibility administrative support as required by the director, the vendor to be determined through a competitive bid process in which the director awards a three (3) year contract for services.

(3) “Department” means the department of elderly affairs.

(4) “Director” means the director of the department of elderly affairs.

(5) “Eligible drugs” means insulin, injectable drugs for multiple sclerosis, and shall mean non-injectable drugs which require a physician's prescription according to federal law and which are contained in the following American Hospital Formulary Service pharmacologic therapeutic classifications categories that have not been determined by the federal “Drug Efficacy and Safety Implementation (DESI) Commission” to lack substantial evidence of effectiveness. Eligible drugs are limited to the following classification categories: cardiac drugs, hypotensive drugs, diuretics, anti-diabetic agents, insulin, disposable insulin syringes, vasodilators (cardiac indications only), anticoagulants, hemoreologic agents, glaucoma drugs, drugs for the treatment of Parkinson's disease, antilipemic drugs and oral antineoplastic drugs and drugs for the treatment of asthma and other chronic respiratory diseases and prescription vitamin and mineral supplements for renal patients, and drugs approved for the treatment of Alzheimer's disease, drugs used for the treatment of depression, those drugs approved for the treatment of urinary incontinence, anti-infectives, drugs used for the treatment of arthritis, drugs approved for the treatment of osteoporosis, and neuraminidase inhibiting drugs indicated for the treatment of influenza A and B.

(ii) “Additional drugs” means non-injectable drugs which require a physician's prescription according to federal law and which are contained in the American Hospital Formulary Service pharmacologic therapeutic classifications categories that have not been determined by the federal “Drug Efficacy and Safety Implementation (DESI) Commission” to lack substantial evidence of effectiveness, which are not included in the definition of drugs as defined in this subdivision. However, this shall not include prescription drugs used for cosmetic purposes.

(6) “Income” for the purposes of this chapter means the sum of federal adjusted gross income as defined in the Internal Revenue Code of the United States, 26 U.S.C. § 1 et seq., and all nontaxable income including, but not limited to, the amount of capital gains excluded from adjusted gross income, alimony, support money, nontaxable strike benefits, cash public assistance

2-15 and relief (not including relief granted under this chapter), the gross amount of any pension or  
2-16 annuity (including Railroad Retirement Act benefits, 45 U.S.C. § 231 et seq., all payments  
2-17 received under the federal Social Security Act, 42 U.S.C. § 301 et seq., state unemployment  
2-18 insurance laws, and veterans' disability pensions), nontaxable interest received from the federal  
2-19 government or any of its instrumentalities, workers' compensation, and the gross amount of "loss  
2-20 of time" insurance. It does not include gifts from nongovernmental sources, or surplus foods or  
2-21 other relief in kind supplied by a public or private agency.

2-22 (7) "Pharmaceutical manufacturer" means any entity holding legal title to or possession  
2-23 of a national drug code number issued by the federal food and drug administration.

2-24 (8) "Pharmacy" means a pharmacy licensed by the state of Rhode Island.

2-25 (9) [Deleted by P.L. 2008, ch. 100, art. 8, § 2].

2-26 § 42-66.2-4 Amount of payment.—The state shall pay the percentage rate of the  
2-27 maximum allowable amount per prescription as formulated in the contract, as of the date of  
2-28 purchase of the drug, between the contractor and participating pharmacies in accordance with the  
2-29 income eligibility and co-payment shares set forth in § 42-66.2-5. The rebates generated pursuant  
2-30 to § 42-66.2-10 shall be used to offset the state's payment. The pharmacy shall collect from the  
2-31 consumer the percentage rate of the maximum allowable amount per prescription as formulated in  
2-32 the contract, as of the date of the purchase of the eligible drug or additional drug, between the  
2-33 contractor and participating pharmacies in accordance with the income eligibility and co-payment  
2-34 shares set forth in § 42-66.2-5.

3-1 § 42-66.2-4.1 Catastrophic illness coverage.—The state shall pay one hundred percent  
3-2 (100%) of the prescription drug costs for eligible drugs as defined in § 42-66.2-3(5) for any  
3-3 consumer, as defined in § 42-66.2-3(1), who is eligible to receive pharmaceutical drug coverage  
3-4 benefits under § 42-66.2-5(a)(1)(i) or (a)(2)(i) and who has expended at least one thousand five  
3-5 hundred dollars (\$1,500) in total co-payments within a state fiscal year. The initial one thousand  
3-6 five hundred dollars (\$1,500) paid by the consumer shall not be reimbursed by the state. The state  
3-7 shall make payments under this section only until the end of the fiscal year.

3-8 § 42-66.2-5 Persons eligible.—(a) Persons eligible for assistance under the provisions of  
3-9 this chapter include any resident of the state who is at least sixty five (65) years of age or at least  
3-10 fifty five (55) years of age and receiving social security disability benefits. State and consumer  
3-11 co-payment shares for these persons shall be determined as follows:

3-12 (1) For unmarried persons or married persons living separate and apart whose income for  
3-13 the calendar year immediately preceding the year in which assistance is sought is:

3-14 (i) Less than nineteen thousand three hundred forty one dollars (\$19,341) the state shall  
3-15 pay sixty percent (60%) of the cost of the prescriptions and the consumer shall pay forty percent  
3-16 (40%) of the cost of the prescriptions.

3-17 (ii) More than nineteen thousand three hundred forty one dollars (\$19,341) and less than,  
3-18 twenty four thousand two hundred and eighty dollars (\$24,280) the state shall pay thirty percent  
3-19 (30%) of the cost of the prescriptions and the consumer shall pay seventy percent (70%) of the  
3-20 cost of the prescriptions; and

3-21 (iii) More than twenty four thousand two hundred and eighty dollars (\$24,280) and less  
3-22 than forty two thousand four hundred and ninety three dollars (\$42,493), the state shall pay  
3-23 fifteen percent (15%) of the cost of prescriptions and the consumer shall pay eighty five percent  
3-24 (85%) of the cost of prescriptions.

3-25 (2) For married persons whose income for the calendar year immediately preceding the  
3-26 year in which assistance is sought hereunder when combined with any income of the person's  
3-27 spouse in the same year is:

3-28 (i) Twenty four thousand one hundred and seventy nine dollars (\$24,179) or less, the  
3-29 state shall pay sixty percent (60%) of the cost of the prescriptions and the consumer shall pay  
3-30 forty percent (40%) of the cost of the prescriptions;

3-31 (ii) More than twenty four thousand one hundred and seventy nine dollars (\$24,179) and

3-32 less than thirty thousand three hundred and fifty two dollars (\$30,352), the state shall pay thirty  
3-33 percent (30%) of the cost of the prescriptions and the consumer shall pay seventy percent (70%)  
3-34 of the cost of prescriptions; and

4-1 (iii) More than thirty thousand three hundred and fifty two dollars (\$30,352) and less than  
4-2 forty eight thousand five hundred and sixty three dollars (\$48,563), the state shall pay fifteen  
4-3 percent (15%) of the cost of prescriptions and the consumer shall pay eighty five percent (85%)  
4-4 of the cost of prescriptions.

4-5 (3) Eligibility may also be determined by using income data for the ninety (90) days prior  
4-6 to application for benefits and projecting that income on an annual basis. The income levels shall  
4-7 not include those sums of money expended for medical and pharmaceutical that exceed three  
4-8 percent (3%) of the applicant's annual income or three percent (3%) of the applicant's preceding  
4-9 ninety (90) day income computed on an annual basis.

4-10 (4) For persons on social security disability benefits who are: (i) unmarried or married  
4-11 and living separate and apart with income for the calendar year immediately preceding the year in  
4-12 which assistance is sought that is less than forty two thousand four hundred and ninety three  
4-13 dollars (\$42,493); or (ii) married with income that is less than forty eight thousand five hundred  
4-14 and sixty three dollars (\$48,563) the state shall pay fifteen percent (15%) of the cost of  
4-15 prescriptions and the consumer shall pay eighty five percent (85%) of the cost.

4-16 (b) On July 1 of each year, the maximum amount of allowable income for both unmarried  
4-17 and married residents set forth in subsection (a) shall be increased by a percentage equal to the  
4-18 percentage of the cost of living adjustment provided for social security recipients.

4-19 (c) No person whose prescription drug expenses are paid or reimbursable, either in whole  
4-20 or in part, by any other plan of assistance or insurance is eligible for assistance under this section,  
4-21 until the person's prescription drug coverage for a specific covered prescription medication is  
4-22 exhausted or the specific prescription medication is not covered by the plan during a benefit year,  
4-23 and as provided in subsection (d).

4-24 (d) The fact that some of a person's prescription drug expenses are paid or reimbursable  
4-25 under the provisions of the federal Medicare program shall not disqualify that person, if he or she  
4-26 is otherwise eligible, to receive assistance under this chapter. In those cases, the state shall pay  
4-27 the eligible percentage of the cost of those prescriptions for qualified drugs for which no payment  
4-28 or reimbursement is made by the federal government.

4-29 (e) Eligibility for receipt of any other benefit under any other provisions of the Rhode  
4-30 Island general laws as a result of eligibility for the pharmaceutical assistance program authorized  
4-31 under this section shall be limited to those persons whose income qualify them for a sixty percent  
4-32 (60%) state co-payment share of the cost of prescriptions.

4-33 (f) For all additional drugs, the consumer shall pay one hundred percent (100%) of the  
4-34 cost of prescriptions as set forth in § 42-66.2-4.

5-1 (g) To promote coordination of benefits between the pharmaceutical assistance program  
5-2 created under this chapter and the Medicare Part D prescription drug program created in the  
5-3 federal Medicare Prescription Drug, Improvement and Modernization Act of 2003, RIPAE  
5-4 enrollees must apply for and enroll in the Medicare Part D prescription drug program.

5-5 § 42-66.2-6 Responsibilities of department of elderly affairs. — (a) Determination of  
5-6 eligibility. The department shall adopt regulations relating to the determination of eligibility of  
5-7 prospective consumers and the determination and elimination of program abuse. The department  
5-8 has the power to declare ineligible any consumer who abuses or misuses the established  
5-9 prescription plan. The department has the power to investigate cases of suspected provider or  
5-10 consumer fraud.

5-11 (b) Rebates for expenses prohibited. (1) A system of rebates or reimbursements to the  
5-12 consumer for pharmaceutical expenses shall be prohibited.

5-13 (2) Subdivision (1) shall not be interpreted to exclude other consumers not participating  
5-14 in the pharmaceutical assistance to the elderly program from receiving financial offers or

5-15 ~~redeemable coupons that are available to only those who have paid for the service or product~~  
5-16 ~~through direct cash payment, insurance premiums, or cost sharing with an employer.~~

5-17 ~~(c) Program criteria. The program includes the following criteria:~~

5-18 ~~(1) Collection of the co-payment by pharmacies is mandatory;~~

5-19 ~~(2) Senior citizens participating in the program are not required to maintain records of~~  
5-20 ~~each transaction but shall sign a receipt for eligible and additional drugs;~~

5-21 ~~(3) A system of rebates or reimbursements to the consumer for pharmaceutical expenses~~  
5-22 ~~is prohibited;~~

5-23 ~~(ii) This subdivision shall not be interpreted to exclude other consumers from receiving~~  
5-24 ~~financial offers or redeemable coupons that are available to only those who have paid for the~~  
5-25 ~~service or product through direct cash payment, insurance premiums, or cost sharing with an~~  
5-26 ~~employer.~~

5-27 ~~(4) Prescription benefits for any single prescription may be dispensed in the amounts~~  
5-28 ~~authorized by the physician, and agreed to by the consumer, up to a maximum of a one hundred~~  
5-29 ~~(100) day supply or two hundred (200) doses, whichever is less and/or a one hundred (100) day~~  
5-30 ~~supply or one quart of liquid, whichever is less; provided, however, that disposable insulin~~  
5-31 ~~syringes are dispensed in a quantity of one hundred (100);~~

5-32 ~~(5) Experimental drugs are excluded from the program;~~

5-33 ~~(6) A system of mail order delivery for prescriptions is allowed under this program; and~~

5-34 ~~(7) Eligible and additional drugs must be dispensed within one year of the original~~  
6-1 ~~prescription order.~~

6-2 ~~(d) The director shall issue an eligibility card containing a program ID number and the~~  
6-3 ~~time period for which the card is valid.~~

6-4 ~~(e) The director shall provide a mechanism, within the department, to handle all public~~  
6-5 ~~inquiries concerning the program.~~

6-6 ~~(f) The director shall establish a process, in accordance with the Administrative~~  
6-7 ~~Procedures Act, chapter 35 of this title, to provide an appeals hearing on the determination of~~  
6-8 ~~eligibility.~~

6-9 ~~(g) The director shall forward to the contractor a list of all eligible consumers.~~

6-10 ~~(h) Expenditures for multiple sclerosis drugs shall not exceed thirty thousand dollars~~  
6-11 ~~(\$30,000).~~

6-12 ~~(i) Generic drug substitution is mandatory when there is an available generic drug~~  
6-13 ~~equivalent.~~

6-14 ~~§ 42-66.2-7 Contract.— (a) The director is authorized and shall enter into a contract with~~  
6-15 ~~the contractor for the effective administrative support of this program.~~

6-16 ~~(b) A competitive bid and contract award shall occur in accordance with the state~~  
6-17 ~~Medicaid authority's competitive bid process and cycle.~~

6-18 ~~§ 42-66.2-8 Penalties.— (a) Criminal penalties. Any person who submits a false or~~  
6-19 ~~fraudulent claim under this chapter, or who aids or abets another in the submission of a false or~~  
6-20 ~~fraudulent claim, or who is eligible under a private, state, or federal program for prescription~~  
6-21 ~~assistance and who claims or receives duplicative benefits hereunder or who otherwise violates~~  
6-22 ~~any provisions of this chapter is deemed guilty of a misdemeanor and is subject to imprisonment~~  
6-23 ~~for a term of not more than one year or a fine of not less than five hundred dollars (\$500), or both.~~

6-24 ~~(b) Any provider or consumer found guilty of intentionally violating the provisions of~~  
6-25 ~~this chapter shall be subject to immediate termination from this program for a period of no less~~  
6-26 ~~than one year.~~

6-27 ~~(c) Repayment of gain. Any provider or consumer who is found guilty under this chapter~~  
6-28 ~~is subject to repay three (3) times the value of the material gain he or she received.~~

6-29 ~~§ 42-66.2-9 Annual report.— (a) The director shall submit an annual report to the~~  
6-30 ~~governor, the budget officer, the chairperson of the house finance committee, the chairperson of~~  
6-31 ~~the senate finance committee, and the chairperson of the board of pharmacy as established by § 5-~~

6-32 19.1-4. The report shall contain the number of consumers eligible for the program, the number of  
6-33 consumers utilizing the program, the number of appeals, an outline of problems encountered in  
6-34 the administration of the program and suggested solutions to the problems, and any  
7-1 recommendations to enhance the program.

7-2 (b) The contractor shall submit an annual report to the governor, the budget officer, the  
7-3 chairperson of the house finance committee, the chairperson of the senate finance committee, and  
7-4 the board of pharmacy as established by § 5-19.1-4. The report shall contain financial and  
7-5 utilization statistics as to drug use by therapeutic category, actuarial projections, an outline of  
7-6 problems encountered in the administration of the program, and suggested solutions to the  
7-7 problems and any recommendations to enhance the program.

7-8 (c) [Deleted by P.L. 2008, ch. 100, art. 8, § 2].

7-9 § 42-66.2-10 Pharmaceutical manufacturer drug rebates. —(a) The director shall enter  
7-10 into prescription drug rebate agreements with individual pharmaceutical manufacturers under  
7-11 which the department shall receive a rebate from the pharmaceutical manufacturer equal to the  
7-12 basic rebate supplied by the manufacturer under 42 U.S.C. § 1396a for every eligible prescription  
7-13 drug dispensed under the program. Each prescription drug rebate agreement shall provide that the  
7-14 pharmaceutical manufacturer shall make quarterly rebate payments to the department equal to the  
7-15 basic rebate supplied by the manufacturer under 42 U.S.C. § 1396a for the total number of dosage  
7-16 units of each form and strength of a prescription drug which the department reports as reimbursed  
7-17 to providers of prescription drugs, provided these payments shall not be due until thirty (30) days  
7-18 following the manufacturer's receipt of utilization data from the department including the number  
7-19 of dosage units reimbursed to providers of eligible prescription drugs during the quarter for which  
7-20 payment is due.

7-21 (b) Upon receipt of the utilization data from the department, the pharmaceutical  
7-22 manufacturer shall calculate the quarterly payment. The department may, at its expense, hire a  
7-23 mutually agreed upon independent auditor to verify the calculation and payment. In the event that  
7-24 a discrepancy is discovered between the pharmaceutical manufacturer's calculation and the  
7-25 independent auditor's calculation, the pharmaceutical manufacturer shall justify its calculations or  
7-26 make payment to the department for any additional amount due.

7-27 (2) The pharmaceutical manufacturer may, at its expense, hire a mutually agreed upon  
7-28 independent auditor to verify the accuracy of the utilization data provided by the department. In  
7-29 the event that a discrepancy is discovered, the department shall justify its data or refund any  
7-30 excess payment to the pharmaceutical manufacturer. The department may, at its expense,  
7-31 establish a grievance adjudication procedure, which provides for independent review of  
7-32 manufacturer documentation substantiating the basic rebate amount per unit delivered under 42  
7-33 U.S.C. § 1396a. In the event that a discrepancy is discovered, the department shall justify its data  
7-34 or refund any excess payment to the pharmaceutical manufacturer.

8-1 (c) All eligible prescription drugs of a pharmaceutical manufacturer that enters into an  
8-2 agreement pursuant to subsection (a) shall be immediately available and the cost of these eligible  
8-3 drugs shall be reimbursed and not subject to any restrictions or prior authorization requirements.  
8-4 Any prescription drug of a manufacturer that does not enter into an agreement pursuant to  
8-5 subsection (a) shall not be reimbursable, unless the department determines the eligible  
8-6 prescription drug is essential to program participants.

8-7 (d) All rebates collected by the department from the rebate payments made for drugs for  
8-8 persons eligible under the provisions of § 42-66.2-5(a) shall be deposited in a restricted receipt  
8-9 account, hereby created within the agency and known as Pharmaceutical Rebates, to pay costs in  
8-10 accordance with the provisions of § 42-66.2-4.

8-11 SECTION 2. This article shall take effect as of January 1, 2010.

**MOTION: To Oppose unless amended 09 H 5983 Article 15 Relating To  
Pharmaceutical Assistance To The Elderly to provide coverage for persons 55 – 65**

until they are Medicare eligible and Medicare Part D donut hole coverage for persons 55 and older. PR/RMcM passed unanimously

09 H 5983 Article 32 RELATING TO PUBLIC ASSISTANCE ACT

Rep. Watson at the request of the Governor

This article amends the act to include as eligible living situations under the Supplementary and Security Income (SSI)

Program, state licensed assisted living residences and supportive residential care settings, meeting certain criteria established through rules or selective contraction. The state's monthly share of supplementary assistance to the supplementary security income program would be revised. Individuals living in state licensed assisted living facilities residence would continue to receive \$575. Individuals living in state licensed supportive residential care settings that, depending on the population served, meet the standards set by the department of human services in conjunction with the department(s) of children, youth and families, elderly affairs and/or mental health, retardation and hospitals would be reduced from \$575 to \$300. Of the amount received individuals living in state licensed supportive residential care settings and assisted living residences who are receiving SSI would be allowed to retain a minimum personal needs allowance of \$55 per month from their SSI monthly benefit prior to payment of any monthly fees.

Held for Further Study or Continued in the House Finance Committee

The Legislation Committee recommends Commission Oppose **09 H 5983 Article 32 Relating To Public Assistance Act**, since the term “supportive residential care settings” is not defined in law or regulation

**ARTICLE 32**

**RELATING TO PUBLIC ASSISTANCE ACT**

SECTION 1. Section 40-6-27 of the General Laws in Chapter 40-6 entitled “Public Assistance Act” is hereby amended to read as follows:

**40-6-27. Supplemental security income.** -- (a)(1) The director of the department is hereby authorized to enter into agreements on behalf of the state with the secretary of the Department of Health and Human Services or other appropriate federal officials, under the supplementary and security income (SSI) program established by title XVI of the Social Security Act, 42 U.S.C. § 1381 et seq., concerning the administration and determination of eligibility for SSI benefits for residents of this state, except as otherwise provided in this section. The state's monthly share of supplementary assistance to the supplementary security income program effective January 1, 2003, shall be as follows:

(i) Individual living alone: \$57.35

(ii) Individual living with others: \$69.94

(iii) Couple living alone: \$108.50

(iv) Couple living with others: \$128.50

(v) Individual living in state licensed ~~residential care and assisted living facilities~~ residence: \$ 575.00

(vi) Individual living in state licensed supportive residential care settings that, depending on the population served, meet the standards set by the department of human services in conjunction with the department(s) of children, youth and families, elderly affairs and/or mental health, retardation and hospitals: \$300.00.

Provided, however, that the department of human services shall by regulation reduce, effective January 1, 2009, the state's monthly share of supplementary assistance to the supplementary security income program for each of the above listed payment levels, by the same value as the annual federal cost of living adjustment to be published by the federal social security

1-27 administration in October 2008 and becoming effective on January 1, 2009, as determined under  
1-28 the provisions of title XVI of the federal social security act [42 U.S.C. § 1381 et seq.]; and  
1-29 provided further, that it is the intent of the general assembly that the January 1, 2009 reduction in  
1-30 the state's monthly share shall not cause a reduction in the combined federal and state payment  
2-1 level for each category of recipients in effect in the month of December 2008; and provided  
2-2 further, that the department of human services is authorized and directed to provide for payments  
2-3 to recipients in accordance with the above directives beginning January 1, 2009 pending formal  
2-4 revisions to the above table of payment levels by the general assembly during the 2009 session of  
2-5 the general assembly.

2-6 (2) Individuals living in institutions shall receive a twenty dollar (\$20.00) per month  
2-7 personal needs allowance from the state which shall be in addition to the personal needs  
2-8 allowance allowed by the Social Security Act, 42 U.S.C. § 301 et seq.

2-9 (3) Individuals living in state licensed supportive residential care settings and assisted  
2-10 living facilities residences who are receiving SSI shall be allowed to retain a minimum personal  
2-11 needs allowance of fifty-five dollars (\$55.00) per month from their SSI monthly benefit prior to  
2-12 payment of ~~the residential care and assisted living facility~~ any monthly fee fees.

2-13 (4) To ensure that supportive residential care or an assisted living residence is a safe and  
2-14 appropriate service setting. The ~~the~~ department is authorized and directed to ~~establish rules for~~  
2-15 make a determination of the medical need and whether a setting provides the appropriate services  
2-16 ~~screening and assessment procedures and eligibility criteria~~ for those persons who:

2-17 (i) Have applied for or are receiving SSI, and who apply for admission to supportive  
2-18 residential care setting and assisted living facilities residences on or after October 1, 1998; or

2-19 (ii) Who are residing in supportive residential care settings and assisted living facilities  
2-20 residences, and who apply for or begin to receive SSI on or after October 1, 1998.

2-21 (5) ~~The department shall collaborate with the department of elderly affairs to design~~  
2-22 ~~and implement the screening and assessment procedures as required in the above section. The~~  
2-23 process for determining medical need required by subsection (4) of this section shall be  
2-24 developed by the office of health and human services in collaboration with the departments of  
2-25 that office and shall be implemented in a manner that furthers the goals of establishing a  
2-26 statewide coordinated long-term care entry system as required pursuant to the Global Consumer  
2-27 Choice Compact Waiver.

2-28 (6) To assure access to high quality coordinated services, the department is further  
2-29 authorized and directed to establish rules specifying the payment certification standards that must  
2-30 be met by those state licensed supportive residential care settings and assisted living residences  
2-31 admitting or serving any persons eligible for state-funded supplementary assistance under this  
2-32 section. Such payment certification standards shall define:

2-33 (i) The scope and frequency of resident assessments, the development and  
2-34 implementation of individualized service plans, staffing levels and qualifications, resident  
3-1 monitoring, service coordination, safety risk management and disclosure, and any other related  
3-2 areas;

3-3 (ii) The procedures for determining whether the payment certifications standards have  
3-4 been met; and

3-5 (iii) The criteria and process for granting a one time, short-term good cause exemption  
3-6 from the payment certification standards to a licensed supportive residential care setting or  
3-7 assisted living residence that provides documented evidence indicating that meeting or failing to  
3-8 meet said standards poses an undue hardship on any person eligible under this section who is a  
3-9 prospective or current resident.

3-10 (7) The payment certification standards required by this section shall be developed in  
3-11 collaboration by the departments, under the direction of the executive office of health and human  
3-12 services, so as to ensure that they comply with applicable licensure regulations either in effect or  
3-13 in development.

3-14 (b) The department is authorized and directed to provide additional assistance to  
 3-15 individuals eligible for SSI benefits for:  
 3-16 (1) Moving costs or other expenses as a result of an emergency of a catastrophic nature  
 3-17 which is defined as a fire or natural disaster; and  
 3-18 (2) Lost or stolen SSI benefit checks or proceeds of them; and  
 3-19 (3) Assistance payments to SSI eligible individuals in need because of the application of  
 3-20 federal SSI regulations regarding estranged spouses; and the department shall provide such  
 3-21 assistance in a form and amount, which the department shall by regulation determine.  
 3-22 SECTION 2. This article shall take effect upon passage.

<p>Potential MOTION: To Oppose <b>09 H 5983 Article 32 Relating To Public Assistance Act</b>, since the term “supportive residential care settings” is not defined in law or regulation PR/RMcM passed unanimously</p>		
<p><b>Announcements &amp; Scheduling of Meetings</b></p>	<p><b>Timothy Flynn</b></p>	<p><b>5 min.</b></p>
<p>We need to schedule meetings to interview potential nominees to fill vacancies on the Commission Will to outreach then</p>		
<p>Adjournment:</p>	<p>Chairperson adjourned the meeting at 6:05 PM</p>	
<p><b>Resource persons:</b></p>	<p>Bob Cooper, Secretary &amp; Harvey Salvas, State ADA Coordinator</p>	