



**Meeting Notice for the  
Governor's Commission on Disabilities  
Legislation Committees  
Monday June 8, 2009 3 – 4:30 PM**

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

(voice) 401-462-0100 (tty) 462-0101 (fax) 462-0106  
(e-mail) [disabilities@gcd.ri.gov](mailto:disabilities@gcd.ri.gov) (website) [www.disabilities.ri.gov](http://www.disabilities.ri.gov)

**----- Agenda Topics -----**

Call to Order and Acceptance of the Minutes	Tim Flynn, Chairperson	5 min.
Action Items:	Discussion Leader:	Time:
1. Consideration of Tabled Bills	Tim Flynn	10 min.
<ul style="list-style-type: none"> <li>09-S 0539 &amp; 09-H 5536 RELATING TO INSURANCE - SMALL EMPLOYER HEALTH INSURANCE</li> </ul>		
2. Consideration of New Bills & Budget Articles	Bob Cooper, Executive Secretary	55 min.
<ul style="list-style-type: none"> <li>09 H 5893 GBA 19 Governor's New Article RELATING TO RITE CARE PROGRAM</li> <li>09 H 5893 GBA 20 Governor's New Article RELATING TO HEALTH CARE PROVIDER ASSESSMENT</li> </ul> <p>09 H 5893 GBA 21 Governor's Amendment to Chapter 005 of P.L. of 2009, An Act Making Revised Appropriations For The Support Of The State For The Fiscal Year Ending June 30, 2009</p> <ul style="list-style-type: none"> <li>09 H 5893 GBA 22 Governor's Amendment to ARTICLE 1, RELATING TO MAKING APPROPRIATIONS IN SUPPORT OF FY 2010</li> <li>09 S 0242 Sub A as Amended RELATING TO HUMAN SERVICES -- MEDICAL ASSISTANCE-- LONG-TERM CARE AND FINANCE REFORM</li> </ul>		
3. Public Forum Planning	Bob Cooper	10 min.
Questions on Legislative Package Status Report:	Bob Cooper	5 min.
Announcements and Scheduling of Meetings	Tim Flynn	5 min.
Adjournment		

**Special notes:**

We ask that you use unscented personal care products - that you not wear perfumes or scents to an environmental illness accessible event. Please realize that what may seem to you to be a mild fragrance can constitute a toxic exposure for a person with environmental illness.

The public is welcome to any meeting of the Commission or its committees. If communication assistance (readers/interpreters/captioners) is needed, or any other accommodation to ensure equal participation, please contact the Commission at least three (3) business days prior to the meeting so arrangements can be made to provide such assistance at no cost to the person requesting it.

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**----- Agenda Topics -----**

<b>Attendees:</b>	Timothy Flynn (Chair.); Kate McCarthy-Barnett (Vice Chair.); Jeanne Behie; Sharon Brinkworth; Rosemary C. Carmody; Erin Casey; Linda Deschenes; Elaina Goldstein; Liberty Goodwin; William R. Inlow; Laura Jones; Paula Parker; Gwendolyn Reeve; Arthur M. Plitt; Rev. Gerard O. Sabourin; Janet Spinelli; & Linda Ward
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<b>Absent:</b>	
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Call to Order and Acceptance of the Minutes	Tim Flynn Chairperson	5 min.
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Potential MOTION: To accept the minutes of the previous meeting as *presented/revised to read as follows ...*

Action Items:	Discussion Leader:	Time:
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<b>1. Consideration of Tabled Bill</b>	Tim Flynn	10 min.
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**09-S 0539 & 09-H 5536 RELATING TO INSURANCE - SMALL EMPLOYER HEALTH INSURANCE**  
 This act would limit any increased adjustments to premium rates based on age and gender, to twenty percent (20%). It would also allow for differences in rates based on age and gender in otherwise identical groups.  
 This act would take effect upon passage.  
 The Substitute would require that if a small employer group is renewing its health insurance with the same carrier then the combined adjustment factor for age and gender will not exceed 120% of the combined adjustment factor for age and gender for the prior rate year.  
 Floor Amendment changes the effective date to January 1, 2010.

- 1-1 SECTION 1. Section 27-50-5 of the General Laws in Chapter 27-50 entitled "Small
- 1-2 Employer Health Insurance Availability Act" is hereby amended to read as follows:
- 1-3 **27-50-5. Restrictions relating to premium rates. [Effective January 1, 2009.]** -- (a)
- 1-4 Premium rates for health benefit plans subject to this chapter are subject to the following
- 1-5 provisions:
- 1-6 (1) Subject to subdivision (2) of this subsection, a small employer carrier shall develop
- 1-7 its rates based on an adjusted community rate and may only vary the adjusted community rate for:
- 1-8 (i) Age;
- 1-9 (ii) Gender; and
- 1-10 (iii) Family composition;
- 1-11 (2) The adjustment for age in paragraph (1)(i) of this subsection may not use age
- 1-12 brackets smaller than five (5) year increments and these shall begin with age thirty (30) and end
- 1-13 with age sixty-five (65).
- 1-14 (3) The small employer carriers are permitted to develop separate rates for individuals
- 1-15 age sixty-five (65) or older for coverage for which Medicare is the primary payer and coverage
- 1-16 for which Medicare is not the primary payer. Both rates are subject to the requirements of this
- 1-17 subsection.
- 1-18 (4) For each health benefit plan offered by a carrier, the highest premium rate for each
- 1-19 family composition type shall not exceed four (4) times the premium rate that could be charged to

2-1 a small employer with the lowest premium rate for that family composition.

2-2 (5) Premium rates for bona fide associations except for the Rhode Island Builders'

2-3 Association whose membership is limited to those who are actively involved in supporting the

2-4 construction industry in Rhode Island shall comply with the requirements of section 27-50-5.

2-5 (6) For a small employer group renewing its health insurance with the same small

2-6 employer carrier which provided it small employer health insurance in the prior year, the

2-7 combined adjustment factor for age and gender for that small employer group will not exceed one

2-8 hundred twenty percent (120%) of the combined adjustment factor for age and gender for that

2-9 small employer group in the prior rate year.

2-10 (b) The premium charged for a health benefit plan may not be adjusted more frequently

2-11 than annually except that the rates may be changed to reflect:

2-12 (1) Changes to the enrollment of the small employer;

2-13 (2) Changes to the family composition of the employee; or

2-14 (3) Changes to the health benefit plan requested by the small employer.

2-15 (c) Premium rates for health benefit plans shall comply with the requirements of this

2-16 section.

2-17 (d) Small employer carriers shall apply rating factors consistently with respect to all

2-18 small employers. Rating factors shall produce premiums for identical groups that differ only by

2-19 the amounts attributable to plan design and do not reflect differences due to the nature of the

2-20 groups assumed to select particular health benefit plans. Two groups that are otherwise identical,

2-21 but which have different prior year rate factors may, however, have rating factors that produce

2-22 premiums that differ because of the requirements of subdivision 27-50-5(a)(6). Nothing in this

2-23 section shall be construed to prevent a group health plan and a health insurance carrier offering

2-24 health insurance coverage from establishing premium discounts or rebates or modifying

2-25 otherwise applicable copayments or deductibles in return for adherence to programs of health

2-26 promotion and disease prevention, including those included in affordable health benefit plans,

2-27 provided that the resulting rates comply with the other requirements of this section, including

2-28 subdivision (a)(5) of this section.

2-29 The calculation of premium discounts, rebates, or modifications to otherwise applicable

2-30 copayments or deductibles for affordable health benefit plans shall be made in a manner

2-31 consistent with accepted actuarial standards and based on actual or reasonably anticipated small

2-32 employer claims experience. As used in the preceding sentence, "accepted actuarial standards"

2-33 includes actuarially appropriate use of relevant data from outside the claims experience of small

2-34 employers covered by affordable health plans, including, but not limited to, experience derived

3-1 from the large group market, as this term is defined in section 27-18.6-2(19).

3-2 (e) For the purposes of this section, a health benefit plan that contains a restricted

3-3 network provision shall not be considered similar coverage to a health benefit plan that does not

3-4 contain such a provision, provided that the restriction of benefits to network providers results in

3-5 substantial differences in claim costs.

3-6 (f) The health insurance commissioner may establish regulations to implement the

3-7 provisions of this section and to assure that rating practices used by small employer carriers are

3-8 consistent with the purposes of this chapter, including regulations that assure that differences in

3-9 rates charged for health benefit plans by small employer carriers are reasonable and reflect

3-10 objective differences in plan design or coverage (not including differences due to the nature of the

3-11 groups assumed to select particular health benefit plans or separate claim experience for

3-12 individual health benefit plans) and to ensure that small employer groups with one eligible

3-13 subscriber are notified of rates for health benefit plans in the individual market.

3-14 (g) In connection with the offering for sale of any health benefit plan to a small

3-15 employer, a small employer carrier shall make a reasonable disclosure, as part of its solicitation

3-16 and sales materials, of all of the following:

3-17 (1) The provisions of the health benefit plan concerning the small employer carrier's

3-18 right to change premium rates and the factors, other than claim experience, that affect changes in

3-19 premium rates;

3-20 (2) The provisions relating to renewability of policies and contracts;

3-21 (3) The provisions relating to any preexisting condition provision; and  
 3-22 (4) A listing of and descriptive information, including benefits and premiums, about all  
 3-23 benefit plans for which the small employer is qualified.  
 3-24 (h) (1) Each small employer carrier shall maintain at its principal place of business a  
 3-25 complete and detailed description of its rating practices and renewal underwriting practices,  
 3-26 including information and documentation that demonstrate that its rating methods and practices  
 3-27 are based upon commonly accepted actuarial assumptions and are in accordance with sound  
 3-28 actuarial principles.  
 3-29 (2) Each small employer carrier shall file with the commissioner annually on or before  
 3-30 March 15 an actuarial certification certifying that the carrier is in compliance with this chapter  
 3-31 and that the rating methods of the small employer carrier are actuarially sound. The certification  
 3-32 shall be in a form and manner, and shall contain the information, specified by the commissioner.  
 3-33 A copy of the certification shall be retained by the small employer carrier at its principal place of  
 3-34 business.  
 4-1 (3) A small employer carrier shall make the information and documentation described in  
 4-2 subdivision (1) of this subsection available to the commissioner upon request. Except in cases of  
 4-3 violations of this chapter, the information shall be considered proprietary and trade secret  
 4-4 information and shall not be subject to disclosure by the director to persons outside of the  
 4-5 department except as agreed to by the small employer carrier or as ordered by a court of  
 4-6 competent jurisdiction.  
 4-7 (4) For the wellness health benefit plan described in section 27-50-10, the rates proposed  
 4-8 to be charged and the plan design to be offered by any carrier shall be filed by the carrier at the  
 4-9 office of the commissioner no less than thirty (30) days prior to their proposed date of use. The  
 4-10 carrier shall be required to establish that the rates proposed to be charged and the plan design to  
 4-11 be offered are consistent with the proper conduct of its business and with the interest of the  
 4-12 public. The commissioner may approve, disapprove, or modify the rates and/or approve or  
 4-13 disapprove the plan design proposed to be offered by the carrier. Any disapproval by the  
 4-14 commissioner of a plan design proposed to be offered shall be based upon a determination that  
 4-15 the plan design is not consistent with the criteria established pursuant to subsection 27-50-10(b).  
 4-16 (i) The requirements of this section apply to all health benefit plans issued or renewed on  
 4-17 or after October 1, 2000.  
 4-18 SECTION 2. This act shall take effect on January 1, 2010.

Potential MOTION: To *take no position/recommend the Commission support /if amended /oppose /unless amended* on **09-S 0539 & 09-H 5536 RELATING TO INSURANCE - SMALL EMPLOYER HEALTH INSURANCE**

<b>2. Consideration of New Budget Articles</b>	Bob Cooper, Executive Secretary	55 min.
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**09 H 5893 GBA 19 Governor's New Article RELATING TO RITE CARE PROGRAM** Requested by the Department of Human, in House Finance Committee

The Governor's Budget Amendment # 19 requests that an amendment be made to the FY 2009 Supplemental Appropriations Act, which was enacted on April 10, 2009 as Chapter 005 of the Public Laws of 20089, to include a new article entitled "Relating to Rite Care Program". The new article repeals the Rite Care co-share medical premium requirement for individuals with incomes between 133% and 150% of the federal poverty level. The Governor requests that the article take effect retroactively to May 31, 2009 to comply with eligibility maintenance of effort (MOE) provisions outlined in the American Reinvestment and Recovery Act of 2009 (ARRA) and clarified in subsequent guidance. Attached you will find correspondence from the Centers for Medicare and Medicaid Services detailing the require premium adjustments necessary to comply with the ARRA MOE provisions.

In addition to the requested statutory changes detailed above, premiums for RItE Care/RItE Share recipients between 150 and 250% of the FPL must be restored to their July 1, 2008 levels. Current statute authorizes the Department of Human Services to implement cost sharing "not to exceed five percent (5%) of annual income."

The Department has the authority to adjust premiums for those recipients through regulation and proposes the adoption of emergency rules to effect these premium changes. Failure to amend cost sharing provisions for these RItE Care/RItE Share recipients will result in the forfeiture of the increase Federal Medical Assistant Percentage (FMAP) rate granted through the ARRA.

The estimated fiscal impact of this amendment in FY 2009 is \$170,382 from all funds, including \$61,525 in general revenues. For FY 2010, the estimated fiscal impact is \$2.0 million from all funds, including \$737,688 in general revenues. Appropriation amendments for FY 2009 and FY 2010 for costs associated with the reduced co-share revenues will be transmitted in the next few days.

**Potential MOTION: To take no position/recommend the Commission support /if amended/oppose /unless amended on 09 H 5893 GBA 19 Gov Amendment RELATING TO RITE CARE PROGRAM**

**09 H 5893 GBA 20 Governor's New Article RELATING TO HEALTH CARE PROVIDER ASSESSMENT ACT**

Requested by the Governor, in House Finance Committee

The Governor's Budget Amendment # 20 requests that a new article entitled "Relating to Health Care Provider Assessment Act" be considered for the FY 2010 Appropriations Act. This article was originally submitted with the FY 2009 Supplemental Appropriations Act, but was not included in the final legislation that passed the General Assembly on April 10. If this article is not passed to repeal the Health Care Provider Assessment Act, the State will be out of compliance with federal regulations as a result of the new Global Medicaid Waiver. As previously noted, the Health Care Provider Assessment was allowed only under the State's previous Medicaid Waiver, and was unique to Rhode Island. The provisions to be repealed include 44 -50-3 Imposition of assessment - Residential services for individuals with developmental disabilities.

SECTION 2. This article shall take effect for provider tax assessment of gross patient revenues related to services provided after June 30, 2009, but shall not apply to assessments of gross patient revenue that due and payable to the State for services provided prior to July 1, 2009.

**Potential MOTION: To take no position/recommend the Commission support /if amended /oppose /unless amended on 09 H 5893 GBA 20 Gov Amendment RELATING TO HEALTH CARE PROVIDER ASSESSMENT ACT**

**09 H 5893 GBA 21 Governor's Amendment to Chapter 005 of P.L. of 2009, An Act Making Revised Appropriations For The Support Of The State For The Fiscal Year Ending June 30, 2009**

The amendments reflect the following:

- the results of the May Caseload Estimating Conference (\$5.5 million);
- additional caseload costs for TANF populations served under the state only category prior to October 1, 2009 (\$2.8 million); and
- the funds necessary to restore co-sharing to 150% FPL and co-share amounts to the July 18, 2008 levels as required to ensure enhanced FMAP under ARRA (\$0.1 million) (see letter dated May 28, 2009);
- reductions in appropriations of certain agencies as a result of surpluses projected in the third quarter report that was issued on May 15, 2009.

**Executive Office of Health and Human Services**

Decrease General Revenues, page 10, line 16 by \$174,437. This amendment reflects the transfer of costs for 3.0 FTE to the Governor's Office of Economic Recovery and Reinvestment. These employees have been reassigned to administer the American Recovery and Reinvestment Act funds.

Decrease Federal Funds, page 10, line 17 by \$20,465. This amendment reflects the transfer of costs for 3.0 FTE to the Governor's Office of Economic Recovery and Reinvestment. These employees have been reassigned to administer the American Recovery and Reinvestment Act funds.

**Department of Health**

Increase General Revenues in the Central Management Program, page 12, line 3 by \$182,398. This increase consists of the following: a) it finances unusual and extraordinary costs incurred for the HINI (Swine Flu) virus for salary and benefits of \$49,000 and operating supplies and expense of \$6,700; and b) restores general revenue funding of \$126,698 for community health centers under the category of costs not otherwise matchable for Medicaid (CNOM) for a portion of the fiscal year, as reported in department's third quarter report. The original general revenue reduction for the CNOM was \$270,451.

Decrease General Revenues in the Environmental and Health Services Regulation Program, page 12, line 12 by \$851,720. This decrease recognizes the Governor's withdrawal of general revenue supplemental authorization due to payroll cost savings reported in department's third quarter report.

Decrease General Revenues in the Health Laboratories Program, page 12, line 18 by \$206,082. This decrease recognizes the Governor's withdrawal of general revenue supplemental authorization due to payroll cost savings reported in

department's third quarter report.

Decrease General Revenues in the Public Health Information Program, page 12, line 22 by \$148,280. This decrease recognizes the Governor's withdrawal of general revenue supplemental authorization due to personnel and other operating cost savings reported in department's third quarter report.

Decrease General Revenue in the Community and Family Health Equity Program, page 12, line 27 by \$507,200. This decrease consists of the following: a) withdrawal of supplemental authority of \$107,200 due to department's reported third quarter other operating cost savings; and b) shift of general revenue expenditures to available federal funds in the amount of \$400,000 for HIV treatment. This reduction is offset by a corresponding increase in federal funds associated with the HIV Care Grant Rebate account.

Increase Federal Funds in the Community and Family Health and Equity Program, page 12, line 30 by \$715,997. This increase is supported by higher than anticipated financial resources in the HIV Care Grant Drug Rebate account, which would permit savings in general revenue expenditures of \$400,000, and unspent and renewed federal grant funds under federal Ryan White authorization of \$315,997.

Decrease General Revenues in the Infectious Disease and Epidemiology Program, page 13, line 4 by \$28,668. This decrease reflects the Governor's withdrawal of supplemental authority due to reported savings in other operating as reported in department's third quarter report.

#### **Department of Human Services**

Increase General Revenues in the Individual and Family Support Program, page 13, line 22 by \$15,977. This increase provides additional general revenue financing within the IFS program to remove an unachievable CNOM for adaptive telephone equipment.

Decrease Federal Funds in the Individual and Family Support Program, page 13, line 23 by \$15,977. This withdrawal of federal financing mirrors the above addition to general revenues within the IFS program for the unachievable CNOM for adaptive telephone equipment.

Increase Federal Funds in the Health Care Quality, Financing and Purchasing Program, page 14, line 3 by \$125,000. This increase provides additional financing authorization under the federal grant for medical services administration to comport with the Department's estimate of final expenditures.

Increase Hospitals General Revenues in the Medical Benefits Program, page 14, line 9 by \$5,320,589. This increase aligns the level of financing within this category of Medicaid expenditure with caseloads as adopted by the May 2009 Caseload Estimating Conference.

Increase Nursing Facilities General Revenues in the Medical Benefits Program, page 14, line 10 by \$2,126,595. This increase aligns the level of financing within this category of Medicaid expenditure with caseloads as adopted by the May 2009 Caseload Estimating Conference.

Decrease Managed Care General Revenues in the Medical Benefits Program, page 14, line 11 by \$10,506,484. This decrease aligns the level of financing within this category of Medicaid expenditure with caseloads as adopted by the May 2009 Caseload Estimating Conference. Also included herein are two upward adjustments for modified co-sharing requirements within the month of June, each undertaken to preserve the State's eligibility for ARRA-enhanced FMAP: (1) \$43,810 for the removal of co-sharing requirements for Rite Care families with incomes ranging between 133 and 150 percent of the FPL and (2) \$60,647 for the freezing of co-share amounts to levels in effect on July 1, 2008 for families with incomes ranging between 150 and 250 percent of the FPL. The Centers for Medicare and Medicaid Services indicates that families which have moved between FPL-based co-sharing tiers during FY 2009 cannot incur a higher co-share payment than that which was in effect on July 1, 2008.

Increase Pharmacy General Revenues in the Medical Benefits Program, page 14, line 12 by \$5,879,994. This increase aligns the level of financing within this category of Medicaid expenditure with caseloads as adopted by the May 2009 Caseload Estimating Conference.

Increase Other General Revenues in the Medical Benefits Program, page 14, line 13 by \$3,857,259. This increase aligns the level of financing within this category of Medicaid expenditure with caseloads as adopted by the May 2009 Caseload Estimating Conference.

Increase Home and Community Based Services General Revenues in the Medical Benefits Program, page 14, line 14 by \$525,120. This increase aligns the level of financing within this category of Medicaid expenditure with caseloads as adopted by the May 2009 Caseload Estimating Conference.

Decrease Rhody Health General Revenues in the Medical Benefits Program, page 14, line 15 by \$1,235,026. This decrease aligns the level of financing within this category of Medicaid expenditure with caseloads as adopted by the May 2009 Caseload Estimating Conference.

Decrease Hospitals Federal Funds in the Medical Benefits Program, page 14, line 18 by \$7,768,786. This decrease aligns

the level of financing within this category of Medicaid expenditure with caseloads as adopted by the May 2009 Caseload Estimating Conference.

Decrease Nursing Facilities Federal Funds in the Medical Benefits Program, page 14, line 19 by \$8,498,442. This decrease aligns the level of financing within this category of Medicaid expenditure with caseloads as adopted by the May 2009 Caseload Estimating Conference.

Decrease Managed Care Federal Funds in the Medical Benefits Program, page 14, line 20 by \$2,933,177. This decrease aligns the level of financing within this category of Medicaid expenditure with caseloads as adopted by the May 2009 Caseload Estimating Conference. Also included herein are two upward adjustments for modified co-sharing requirements within the month of June, each undertaken to preserve the State's eligibility for ARRA-enhanced FMAP: (1) \$63,805 for the removal of co-sharing requirements for Rite Care families with incomes ranging between 133 and 150 percent of the FPL and (2) \$88,325 for the freezing of co-share amounts to levels in effect on July 1, 2008 for families with incomes ranging between 150 and 250 percent of the FPL. The Centers for Medicare and Medicaid Services indicates that families which have moved between FPL-based co-sharing tiers during FY 2009 cannot incur a higher co-share payment than that which was in effect on July 1, 2008.

Decrease Pharmacy Federal Funds in the Medical Benefits Program, page 14, line 21 by \$578,270. This decrease aligns the level of financing within this category of Medicaid expenditure with caseloads as adopted by the May 2009 Caseload Estimating Conference.

Increase Other Federal Funds in the Medical Benefits Program, page 14, line 22 by \$12,399,895. This increase aligns the level of financing within this category of Medicaid expenditure with caseloads as adopted by the May 2009 Caseload Estimating Conference.

Increase Home and Community Based Services Federal Funds in the Medical Benefits Program, page 14, line 23 by \$6,518,680. This increase aligns the level of financing within this category of Medicaid expenditure with caseloads as adopted by the May 2009

Caseload Estimating Conference.

Decrease Rhydy Health Federal Funds in the Medical Benefits Program, page 14, line 24 by \$1,662,088. This decrease aligns the level of financing within this category of Medicaid expenditure with caseloads as adopted by the May 2009 Caseload Estimating Conference.

Decrease Special Education Federal Funds in the Medical Benefits Program, page 14, line 25 by \$4,886,864. This decrease reduces the financing authorization for the federal share of local special education Medicaid expenditures in accordance with the Department's third-quarter estimate. As the non-federal share of these expenditures are incurred by municipalities, there is no corresponding general revenue adjustment

Increase Federal Funds - Stimulus in the Medical Benefits Program, page 14, line 27 by \$2,297,650. This increase primarily reflects the addition of \$2.6 million in federal stimulus funding for the application of the ARRA-enhanced FMAP to local Medicaid expenditures for special education. Also included herein are two upward adjustments for modified co-sharing requirements within the month of June, each undertaken to preserve the State's eligibility for ARRA-enhanced FMAP: (1) \$13,710 for the removal of co-sharing requirements for Rite Care families with incomes ranging between 133 and 150 percent of the FPL and (2) \$18,978 for the freezing of co-share amounts to levels in effect on July 1, 2008 for families with incomes ranging between 150 and 250 percent of the FPL. The Centers for Medicare and Medicaid Services indicates that families which have moved between FPL-based co-sharing tiers during FY 2009 cannot incur a higher co-share payment than that which was in effect on July 1, 2008. The balance of this adjustment aligns the level of federal stimulus financing with caseloads as adopted by the May 2009

Caseload Estimating Conference.

Decrease Restricted Receipts in the Medical Benefits Program, page 14, line 28 by \$9,025. This decrease aligns the level of financing within this category of Medicaid expenditure with caseloads as adopted by the May 2009 Caseload Estimating Conference.

Decrease General Revenues in the Supplemental Security Income Program, page 14, line 31 by \$43,449. This decrease aligns the level of financing within this program of cash assistance with caseloads as adopted by the May 2009 Caseload Estimating Conference.

Decrease Child Care General Revenues in the Family Independence Program, page 14, line 35 by \$3,772,921. This decrease aligns the level of financing within this program of cash assistance with caseloads as adopted by the May 2009 Caseload Estimating Conference.

Decrease TANF/Family Independence Program General Revenues in the Family Independence Program, page 14, line 36 by \$4,652,869. This decrease aligns the level of financing within this program of cash assistance with caseloads as adopted by the May 2009 Caseload Estimating Conference. Also included herein is an upward revision of \$2,852,500

(relative to adopted CEC levels) to accommodate State-only expenditures from the first quarter of FY 2009 that are ineligible for federal TANF financing.

Increase Federal Funds in the Family Independence Program, page 15, line 2 by \$12,445,550. This increase aligns the level of financing within this program of cash assistance with caseloads as adopted by the May 2009 Caseload Estimating Conference.

Also included herein is a downward revision of \$2,852,500 (relative to adopted CEC levels) to withdraw State-only expenditures from the first quarter of FY 2009 that are ineligible for federal TANF financing.

Decrease General Public Assistance General Revenues in the State Funded Programs, page 15, line 8 by \$67,322. This decrease aligns the level of financing within this program of cash assistance with caseloads as adopted by the May 2009 Caseload Estimating Conference. There are two components to this adjustment: (1) a downward revision of \$30,844 within the standard GPA general revenue account; and (2) a downward revision of \$36,478 within the GPA Medical "CNOM" account relative to the enacted level.

Decrease Federal Funds in the State Funded Programs, page 15, line 11 by \$40,431. This decrease aligns the level of financing within the GPA Medical "CNOM" program with caseloads as adopted by the May 2009 Caseload Estimating Conference.

#### **Mental Health, Retardation, and Hospitals**

Increase Restricted Receipts in the Hospital and Community Rehabilitation Services Program, page 16, line 28 by \$200,000. This amendment reflects additional resources available from Medicare Part D rebates for Eleanor Slater Hospital expenditures.

Increase Federal Funds in the Substance Abuse Program, page 17, line 1 by \$600,000. This amendment reflects additional expenditures in the Access To Independence federal grant program.

#### **Department of Elementary and Secondary Education**

Decrease General Revenues in the Administration of the Comprehensive Education Strategy Program, page 17, line 32 by \$400,901 and decrease General Revenues in the RI School for the Deaf Program, page 18, line 24 by \$599,099. This amendment reduces the department's budget by the surplus amount projected in their third quarter report.

**Potential MOTION: To take no position/recommend the Commission support /if amended /oppose /unless amended on Chapter 005 of P.L. of 2009, An Act Making Revised**

### **Appropriations For The Support Of The State For The Fiscal Year Ending June 30, 2009**

#### **09 H 5893 GBA 22 Governor's Amendment to ARTICLE 1, RELATING TO MAKING APPROPRIATIONS IN SUPPORT OF FY 2010**

The Governor requests several amendments to the FY 2010 Appropriations Act, which was submitted to the General Assembly on March 11, 2009. The amendments requested include changes to Section 1 of Article 1, as well as adjustments to FTE authorizations.

#### **Department of Labor and Training**

Decrease Temporary Disability Insurance Fund Other Funds in the Income Support Program, page 9, line 1 by \$4,000,000. This reflects current estimates for temporary disability insurance benefits.

Decrease General Revenue Total, page 12, line 22 by \$271,254. This decrease reflects the general revenue portion of the transfer of 5.6 FTE from the Executive Office of Health and Human Services to the Department of Health and 1.0 to the Governor's Office of Economic Recovery and Reinvestment. The Governor previously submitted an article which would remove the Department of Health from the OHHS umbrella and this amendment transfers 5.6 FTE back to the Health Department.

Decrease Federal Funds Total, page 12, line 23 by \$104,248. This decrease reflects the federal funds portion of the transfer of 5.6 FTE from the Executive Office of Health and Human Services to the Department of Health and 1.0 FTE to the Governor's Office of Economic Recovery and Reinvestment.

Decrease Restricted Receipts Total, page 12, line 24 by \$239,602. This decrease reflects the restricted receipts portion of the transfer of 5.6 FTE from the Executive Office of Health and Human Services to the Department of Health.

#### **Department of Children, Youth & Families**

Insert "Other Funds- RICAP- Rhode Island Training School", page 13, after line 15 in the amount of \$353,785. These additional resources, in conjunction with resources requested for FY 2009 totaling \$0.9 million, will be used to complete work on the new Rhode Island Training School for Youth and payments that will formalize the vendor contracts associated with this project.

#### **Department of Elderly Affairs**

Decrease General Revenue, page 14, line 6 by \$404,748. This net decrease consists of the following:

a) it recognizes an increase of \$55,236 in the state share of benefits expenditures under the department's adult day care co-pay program to reflect an increase of \$3.50 to the co-pay rate for clients in the upper income cohort (Level II) from \$11.50 to \$15.00 rather than \$18.00, a \$6.50 increase, but now a loss of \$3.00. This decrease in the client rate translates into a similar increase in the state and federal share equal to \$55,236 and \$61,272 based on Federal Matching Assistance Percentage (FMAP) rates of 48% (state) and 52% (federal) respectively, pursuant to the Rhode Island Global Consumer Choice Compact Demonstration Waiver for costs not otherwise matchable (CNOM); and

b) it reflects the shift of financial resources to the Department of Human Services for MEDICAID-eligible specialized para-transit transportation services (RIDE) in the amount of \$459,984.

Decrease Federal Funds, page 14, line 11 by \$398,712. This net decrease recognizes the following: a) an increase in the federal share of benefits expenditures under the department's adult day care co-pay program This increase in the client rate translates into a similar increase in the state and federal share equal to \$55,236 and \$61,272 based on Federal Matching Assistance Percentage (FMAP) rates of 48% (state) and 52% (federal) respectively; and b) it reflects the shift of financial resources to the Department of Human Services for MEDICAID-eligible specialized para-transit transportation services (RIDE) in the amount of \$459,984.

Increase Federal Funds - Stimulus, page 14, line 12 by \$85,000. This increase programs and corrects the allocation of Federal Stimulus funds made available to the State of Rhode Island pursuant to the American Recovery and Reinvestment Act. The Notice of Grant Award from the Administration on Aging of the US Department of Health and Human Services allocates a total of \$485,000, \$325,000 for elder congregate meals and \$160,000 for home-delivered meals.

#### **Department of Health**

Increase General Revenue Total, Page 14, line 22 by \$144,000. This increase represents the purchase of 10,000 antiviral doses in preparation for a potential outbreak (pandemic) of the H1N1 influenza virus.

Decrease General Revenue Total in the Health Laboratories Program, page 15, line 2 by \$65,896. The decrease consists of the following adjustments: a) a decrease of \$133,848 to correct for a position duplicated and funded in both the departments of health and public safety. This vacant position of Supervisor, Forensic Sciences (Toxicology) [Grade 334] was included in the positions transferred to the Department of Public Safety as part of the overall transfer of the Forensic Sciences Unit from the Department of Health to the Department of Public Safety. The position was erroneously included in roster of the Health Laboratories, although it also had also been included in the Forensics Unit transfer to the Department of Public Safety; b) an increase of \$67,952 to recognize the transfer of financial resources back to the Department of Health in fulfillment of the decoupling of the department from the Executive Office of Health and Human Services (EOHHS).

Increase General Revenue Total in the Community and Family Health & Equity Program, page 15, line 10 by \$11,588. This increase recognizes the transfer of financial resources back to the Department of Health in fulfillment of the decoupling of the department from the Executive Office of Health and Human Services (EOHHS).

Increase Federal Funds in the Community and Family Health & Equity Program, page 15, line 12 by \$43,618. This increase recognizes the transfer of financial resources back to the Department of Health in fulfillment of the decoupling of the department from the Executive Office of Health and Human Services (EOHHS).

#### **Department of Human Services**

Decrease General Revenue Total in the Individual and Family Support Program, page 16, line 10 by \$906,346. This decrease reflects the withdrawal of \$938,300 in general revenue associated with the provision of formerly non-Medicaid homemaker services. Beginning in FY 2010, the Department will subsume these services under the auspices of the Global Medicaid Waiver, and thus transfer associated expenditures to the Medical Benefits program. Also included herein is additional general revenue financing of \$31,954 to remove an unachievable CNOM for adaptive telephone equipment.

Decrease Federal Funds in the Individual and Family Support Program, page 16, line 12 by \$1,184,276. This decrease reflects the withdrawal of \$1,152,322 in Title XX (Social Services Block Grant) financing associated with the provision of formerly non-Medicaid homemaker services. Beginning in FY 2010, the Department will subsume these services under the auspices of the Global Medicaid Waiver, and thus transfer associated expenditures to the Medical Benefits program. Available Title XX block grant financing will henceforth be utilized by the Department of Mental Health, Retardation and Hospitals. Also included herein is the removal of \$31,954 in federal financing stemming from the unachievable CNOM for adaptive telephone equipment.

Increase Federal Funds - Stimulus in the Individual and Family Support Program, page 16, line 13 by \$90,527. This increase provides the expenditure authority for the Emergency Food Assistance Program (TEFAP) funding available to the State pursuant to the ARRA.

Insert "Federal Funds - Stimulus \$2,139,843" in the Health Care Quality, Financing and Purchasing Program, page 16, after line 27. This insert provides expenditure authorization for new IDEA Part C (Early Intervention) monies available to

the State pursuant to the ARRA.

Decrease Managed Care General Revenues in the Medical Benefits Program, page 16, line 32 by \$10,579,320. This decrease aligns the level of financing within this category of Medicaid expenditure with caseloads as adopted by the May 2009 Caseload Estimating Conference. Also included herein are two upward adjustments for modified co-sharing requirements, each undertaken to preserve the State's eligibility for ARRA-enhanced FMAP: (1) \$525,289 for the removal of co-sharing requirements for Rite Care families with incomes ranging between 133 and 150 percent of the FPL and (2) \$727,161 for the freezing of co-share amounts to levels in effect on July 1, 2008 for families with incomes ranging between 150 and 250 percent of the FPL. The Centers for Medicare and Medicaid Services indicates that families which have moved between FPL-based co-sharing tiers during FY 2009 cannot incur a higher co-share payment than that which was in effect on July 1, 2008, if enhanced Medicaid match is received.

Increase Hospitals General Revenues in the Medical Benefits Program, page 16, line 33 by \$1,451,190. This increase aligns the level of financing within this category of Medicaid expenditure with caseloads as adopted by the May 2009 Caseload Estimating Conference. Also included herein is an upward adjustment of \$2.9 million for the restoration of unachievable savings associated with the implementation of a hospital payment methodology utilizing Diagnostic Related Groups (DRGs). Although the DRG initiative remains part of the Governor's FY 2010 budget recommendations, the Department has downwardly revised the all-funds savings estimate by \$8.0 million (from \$10.5 million to \$2.5 million).

Increase Nursing Facilities General Revenues in the Medical Benefits Program, page 17, line 1 by \$2,326,234. This increase aligns the level of financing within this category of Medicaid expenditure with caseloads as adopted by the May 2009 Caseload Estimating Conference.

Increase Home and Community Based Services General Revenues in the Medical Benefits Program, page 17, line 2 by \$3,027,999. This increase aligns the level of financing within this category of Medicaid expenditure with caseloads as adopted by the May 2009 Caseload Estimating Conference. Also included herein is the transfer of \$938,300 from Individual and Family Support for formerly non-Medicaid homemaker services being subsumed under the Global Waiver in FY 2010.

Increase Other General Revenues in the Medical Benefits Program, page 17, line 3 by \$5,856,037. This increase aligns the level of financing within this category of Medicaid expenditure with caseloads as adopted by the May 2009 Caseload Estimating Conference. Also included herein is an upward adjustment of \$459,984 for the provision of transportation services to elderly Medicaid clients on RIDE vans. Commencing in FY 2010, expenditures for these services will no longer be charged to the Department of Elderly Affairs.

Increase Pharmacy General Revenues in the Medical Benefits Program, page 17, line 4 by \$118,375. This increase aligns the level of financing within this category of Medicaid expenditure with caseloads as adopted by the May 2009 Caseload Estimating Conference.

Increase Rhody Health General Revenues in the Medical Benefits Program, page 17, line 5 by \$10,356,535. This increase aligns the level of financing within this category of Medicaid expenditure with caseloads as adopted by the May 2009 Caseload Estimating Conference.

Decrease Managed Care Federal Funds in the Medical Benefits Program, page 17, line 8 by \$17,404,337. This decrease aligns the level of financing within this category of Medicaid expenditure with caseloads as adopted by the May 2009 Caseload Estimating Conference. Also included herein are two upward adjustments for modified co-sharing requirements, each undertaken to preserve the State's eligibility for ARRA-enhanced FMAP: (1) \$766,095 for the removal of co-sharing requirements for Rite Care families with incomes ranging between 133 and 150 percent of the FPL and (2) \$1,060,510 for the freezing of co-share amounts to levels in effect on July 1, 2008 for families with incomes ranging between 150 and 250 percent of the FPL. The Centers for Medicare and Medicaid Services indicates that families which have moved between FPL-based co-sharing tiers during FY 2009 cannot incur a higher co-share payment than that which was in effect on July 1, 2008, if enhanced Medicaid match is received.

Decrease Hospitals Federal Funds in the Medical Benefits Program, page 17, line 9 by \$5,083,305. This decrease aligns the level of financing within this category of Medicaid expenditure with caseloads as adopted by the May 2009 Caseload Estimating Conference. Also included herein is an upward adjustment of \$4.2 million for the restoration of unachievable savings associated with the implementation of a hospital payment methodology utilizing Diagnostic Related Groups (DRGs). Although the DRG initiative remains part of the Governor's FY 2010 budget recommendations, the Department has downwardly revised the all-funds savings estimate by \$8.0 million (from \$10.5 million to \$2.5 million).

Increase Nursing Facilities Federal Funds in the Medical Benefits Program, page 17, line 11 by \$738,341. This increase aligns the level of financing within this category of Medicaid expenditure with caseloads as adopted by the May 2009 Caseload Estimating Conference.

Increase Home and Community Based Services Federal Funds in the Medical Benefits Program, page 17, line 12 by

\$4,457,571. This increase aligns the level of financing within this category of Medicaid expenditure with caseloads as adopted by the May 2009 Caseload Estimating Conference. Also included herein is an additional \$1,368,441 to finance the federal share of formerly non-Medicaid homemaker services being subsumed under the Global Waiver in FY 2010.

Increase Other Federal Funds in the Medical Benefits Program, page 17, line 13 by \$16,692,914. This increase aligns the level of financing within this category of Medicaid expenditure with caseloads as adopted by the May 2009 Caseload Estimating Conference. Also included herein is an upward adjustment of \$459,984 for the provision of transportation services to elderly Medicaid clients on RIDE vans. Commencing in FY 2010, expenditures for these services will no longer be charged to the Department of Elderly Affairs.

Increase Pharmacy Federal Funds in the Medical Benefits Program, page 17, line 14 by \$187,454. This increase aligns the level of financing within this category of Medicaid expenditure with caseloads as adopted by the May 2009 Caseload Estimating Conference. Increase Rhydy Health Federal Funds in the Medical Benefits Program, page 17, line 15 by \$15,195,133. This increase aligns the level of financing within this category of Medicaid expenditure with caseloads as adopted by the May 2009 Caseload Estimating Conference.

Increase Federal Funds - Stimulus in the Medical Benefits Program, page 17, line 17 by \$9,602,220. This increase largely reflects the addition of \$4.5 million in federal stimulus funding for the application of the ARRA-enhanced FMAP to local Medicaid expenditures for special education. Also included herein are two upward adjustments for modified co-sharing requirements, each undertaken to preserve the State's eligibility for ARRA enhanced FMAP: (1) \$164,517 for the removal of co-sharing requirements for Rite Care families with incomes ranging between 133 and 150 percent of the FPL and (2) \$227,742 for the freezing of co-share amounts to levels in effect on July 1, 2008 for families with incomes ranging between 150 and 250 percent of the FPL. The Centers for Medicare and Medicaid Services indicates that families which have moved between FPL-based co-sharing tiers during FY 2009 cannot incur a higher co-share payment than that which was in effect on July 1, 2008. An additional upward adjustment of \$904,000 for the restoration of unachievable savings associated with the implementation of a hospital payment methodology utilizing Diagnostic Related Groups (DRGs) is also included, while the balance of the adjustment aligns the level of federal stimulus financing with caseloads as adopted by the May 2009 Caseload Estimating Conference.

Decrease General Revenue Total in the Supplemental Security Income Program, page 17, line 22 by \$71,607. This decrease primarily reflects savings of \$185,626 in SSI expenditures stemming from the selective contracting initiative for assisted living services. The balance of this adjustment aligns the level of program financing with caseloads as adopted by the May 2009 Caseload Estimating Conference.

Decrease Child Care General Revenues in the Family Independence Program, page 17, line 26 by \$3,787,500. This decrease aligns the level of financing within this program of cash assistance with caseloads as adopted by the May 2009 Caseload Estimating Conference.

Decrease TANF/Family Independence Program General Revenues in the Family Independence Program, page 17, line 27 by \$7,990,790. This decrease aligns the level of financing within this program of cash assistance with caseloads as adopted by the May 2009 Caseload Estimating Conference.

Increase Federal Funds in the Family Independence Program, page 17, line 30 by \$14,158,990. This increase aligns the level of financing within this program of cash assistance with caseloads as adopted by the May 2009 Caseload Estimating Conference.

Decrease General Public Assistance General Revenues in the State Funded Programs, page 18, line 2 by \$10,824. This decrease aligns the level of financing within this program of cash assistance with caseloads as adopted by the May 2009 Caseload Estimating Conference. There are two components to this adjustment: (1) an upward revision of \$122,038 within the standard GPA general revenue account; and (2) a downward revision of \$132,862 within the GPA Medical "CNOM" account relative to the original recommended level.

Decrease Federal Funds in the State Funded Programs, page 18, line 5 by \$147,556. This decrease aligns the level of financing within the GPA Medical "CNOM" program with caseloads as adopted by the May 2009 Caseload Estimating Conference.

### **Mental Health, Retardation, and Hospitals**

Increase RICAP - Community Facilities Fire Code in the Hospital and Community System Support Program, page 18, line 24 by \$300,000. This amendment restores \$300,000 of RICAP funding that was shifted from this project to the RICAP Developmental Disability Group Homes project, the MR Community Facilities project, and MH Community Facilities Repair project in FY 2009 to fund completed projects and emergency repairs.

Decrease RICAP - MR Community Facilities/Access to Independence in the Services for the Developmentally Disabled Program, page 19, line 3 by \$330,000. This amendment offsets \$330,000 of RICAP funding that was shifted to this project from other projects in FY 2009 to fund completed projects and emergency repairs.

Decrease RICAP - Developmental Disability Group Homes in the Services for the Developmentally Disabled Program, page 19, line 4 by \$240,000. This amendment offsets \$240,000 of RICAP funding that was shifted to this project from other projects in FY 2009 to fund completed projects and emergency repairs.

Decrease RICAP - MH Community Facilities Repairs in the Integrated Mental Health Services Program, page 19, line 14 by \$50,000. This amendment offsets \$50,000 of RICAP funding that was shifted to this project from other projects in FY 2009 to fund completed projects and emergency repairs.

Decrease General Revenues in the Integrated Mental Health Services Program, page 19, line 8 by \$546,315; and increase Federal Funds in the Integrated Mental Health Program, page 19, line 9 by \$546,315. This amendment reflects a reduction in CNOM MH Inpatient non-Hospital Care expenditures of \$1,152,322, of which \$546,315 is general revenue and \$606,007 is federal Medicaid funding, and an increase of Title XX Social Services Block Grant expenditures of \$1,152,322. The Title XX grant funds were provided through the Department of Human Services, and will allow MHRH to shift \$546,315 general revenue expenditures to federal funds.

Increase RICAP - Hospital Consolidation in the Hospital and Community Rehabilitation Services Program, page 19, line 28 by \$320,000. This amendment restores \$320,000 of RICAP funding that was shifted to the RICAP Developmental Disability Group Homes project, the MR Community Facilities project, and the MH Facilities Repair project in FY 2009 to fund completed projects and emergency repairs.

#### **Elementary and Secondary Education**

Increase Federal Funds - Stimulus in the RI School for the Deaf Program, page 21, line 27 by \$1,718. This reflects the full funding of State Fiscal Stabilization funding for 2010 of \$37.2 million rather than \$37.0 million.

Increase Restricted Receipt Total in the Education Aid Program, page 22, line 7 by \$8,600,000. This reflects the new statewide student transportation initiative. The state will pay the transportation service providers and then be reimbursed by the individual districts into this restricted receipt account. All expenditures will be fully offset by payments from the districts. (A new article was submitted previously requesting the authorization to establish this new restricted receipt account and to exempt it from the indirect cost recovery assessment.)

#### **Public Higher Education**

Increase RI Developmental Disabilities Council Federal Funds in the University of Rhode Island program, page 23, line 4 by \$9,424. This reflects a federal grant award increase.

### **SECTION 13, FTE POSITION AUTHORIZATION**

#### **Executive Office of Health and Human Services**

Decrease FTE Position Authorization for Office of Health and Human Services, page 36, line 18 by a net of 6.6 FTE positions. This amendment reverses the transfer of 5.6 positions from the Department of Health, which includes two Human Service Business Officers, a Sr. Human Service Policy and Systems Specialist, a Fiscal Management Officer, and two Asst. Business Management Officers. There is also a transfer of 1.0 FTE to the Governor's Office of Economic Recovery and Reinvestment.

#### **Department of Health**

Increase FTE Position Authorization for Health, page 36, line 21 by a net of 4.6 FTE positions, consisting of the following: a) Reduce the Division of Health Laboratories by 1.0 FTE position. This decrease corrects for a position duplicated and funded in both the departments of health and public safety. This vacant position of Supervisor, Forensic Sciences (Toxicology) [Grade 334] was included in the positions transferred to the Department of Public Safety as part of the overall transfer of the Forensic Sciences Unit from the Department of Health to the Department of Public Safety. Position was erroneously included in roster of the Health Laboratories although it also had been included in the Forensics Unit transfer to the Department of Public Safety;

b) Increase the FTE positions by 5.6 FTE positions in fulfillment of decoupling Health from the Executive Office of Health and Human Services (EOHHS) as follows:

1) Division of Central Management - 2.8 FTE positions: a) Senior Human Services Policy and Systems Specialist (Grade 328A) - 1.0 FTE position; b) Human Service

Business Officer (Grade 322A) - 1.6 FTE positions; c) Assistant Business Management Officer (Grade 319) - 0.2 FTE position

2) State Medical Examine - 1.0 FTE position: Fiscal Management Officer (Grade 326A) - 1.0 FTE position

3) Health Laboratories - 1.0 FTE position: Assistant Business Management Officer (Grade 319A) - 1.0 FTE position

4) Community and Family Health and Equity - 0.8 FTE position: Assistant Business Management Officer (Grade 319A) - 0.8 FTE.

**Potential MOTION: To take no position/recommend the Commission support /if amended /oppose /unless amended on 09 H 5893 GBA 22 Gov Amendment ARTICLE 1, RELATING**

TO MAKING APPROPRIATIONS IN SUPPORT OF FY 2010

09 S 0242 Sub A as Amended RELATING TO HUMAN SERVICES -- MEDICAL ASSISTANCE--LONG-TERM CARE AND FINANCE REFORM

This act would amend certain provisions relative to medical assistance, long-term care service and finance reform.

This act would take effect upon passage

1-1 SECTION 1. Sections 40-8.9-2, 40-8.9-4, 40-8.9-5, 40-8.9-6 and 40-8.9-9 of the General  
1-2 Laws in Chapter 40-8.9 entitled "Medical Assistance - Long-Term Care Service and Finance  
1-3 Reform" are hereby amended to read as follows:

1-4 **40-8.9-2. System reform goal System reform and rebalancing goal. --** On or before  
1-5 July 1, 2007, the department of human services shall begin to implement a model system for  
1-6 integrated long-term care, that expands the capacity of the long-term care system as a whole to  
1-7 support consumer choice and independence; enables consumers to access coordinated services;  
1-8 assures quality outcomes through certification standards, performance measures and incentives  
1-9 and rewards that promote service excellence and generates the information consumers need to  
1-10 make reasoned choices about their health care; and improves the system's overall stability by  
1-11 reinvesting the benefits that accrue from the more efficient utilization of services to enhance the  
1-12 capacity of each of its component parts. Attaining system-wide reform of the magnitude set forth  
1-13 herein will require rebalancing the system by making significant changes in the organization,  
1-14 financing and delivery of services that must be implemented incrementally.

1-15 **40-8.9-4. Unified long-term care budget. --** Beginning on July 1, 2007, a unified long-  
1-16 term care budget shall combine in a single line-item appropriation within the department of  
1-17 human services budget, annual department of human services Medicaid appropriations for  
1-18 nursing facility and community-based long-term care services for elderly sixty-five (65) years and  
2-1 older and younger persons at risk of nursing home admissions (including adult day care, home  
2-2 health, pace, and personal care in assisted living settings). Beginning on July 1, 2007, the total  
2-3 system savings attributable to the value of the reduction in nursing home days including hospice  
2-4 nursing home days paid for by Medicaid shall be allocated in the budget enacted by the general  
2-5 assembly for the ensuing fiscal year for the express purpose of promoting and strengthening  
2-6 community-based alternatives. ~~Beginning on January 1, 2008, the~~ The allocation shall include,  
2-7 but not be limited to, funds to support an on-going statewide community education and outreach  
2-8 program to provide the public with information on home and community services and the  
2-9 establishment of presumptive eligibility criteria for the purposes of accessing home and  
2-10 community care. The home and community care service presumptive eligibility criteria shall be  
2-11 developed through rule or regulation on or before September 30, 2007. The allocation may also  
2-12 be used to fund home and community services provided by the department of elderly affairs for  
2-13 persons eligible for Medicaid long-term care, and the co-pay program administered pursuant to  
2-14 section 42-66.3. Any monies in the allocation that remain unexpended in a fiscal year shall be  
2-15 carried forward to the next fiscal year for the express purpose of strengthening community-based  
2-16 alternatives.

2-17 The caseload estimating conference pursuant to section 35-17-1 shall determine the  
2-18 amount of general revenues to be added to the current service estimate of community based long-  
2-19 term care services for elderly sixty-five (65) and older and younger persons at risk of nursing  
2-20 home admissions for the ensuing budget year by multiplying the combined cost per day of  
2-21 nursing home and hospice nursing home days estimated at the caseload conference for that year  
2-22 by the reduction in nursing home and hospice nursing home days from those in the second fiscal  
2-23 year prior to the current fiscal year to those in the first fiscal year prior to the current fiscal year.

2-24 **40-8.9-5. Administration and regulations. --** The single state agency designated to  
2-25 administer the Rhode Island Medicaid program is hereby directed and authorized to develop and  
2-26 submit any requests for waivers, demonstration projects, grants and state plan amendments or  
2-27 regulations that may be considered necessary and appropriate to support the general purposes and  
2-28 specific requirements of this statute. Such requests shall be made in consultation with any  
2-29 affected departments and, to the extent feasible, any consumer group, advisory body, or other  
2-30 entity designated for such purposes.

2-31 **40-8.9-6. Reporting. --** Annual reports showing progress in long-term care system

2-32 reform and rebalancing shall be submitted by April 1st of each year the department to the Joint  
2-33 Legislative Committee on Health Care Oversight as well as the finance committees of both the  
2-34 senate and the house of representatives and shall include: the number of persons aged sixty-five  
3-1 (65) years and over and adults with disabilities served in nursing facilities, the number of persons  
3-2 transitioned from nursing homes to Medicaid supported home and community based care, the  
3-3 number of persons aged sixty-five (65) years and over and adults with disabilities served in home  
3-4 and community care to include home care, adult day services, assisted living and shared living,  
3-5 the dollar amounts and percent of expenditures spent on nursing facility care and home and  
3-6 community-based care, and estimates of the continued investments necessary to provide stability  
3-7 to the existing system and establish the infrastructure and programs required to achieve system-  
3-8 wide reform and the targeted goal of spending fifty percent (50%) of Medicaid long-term care  
3-9 dollars on nursing facility care and fifty percent (50%) on home and community-based services.

3-10 **40-8.9-9. Long-term care re-balancing system reform goal. --** (a) Notwithstanding any  
3-11 other provision of state law, the department of human services is authorized and directed to apply  
3-12 for and obtain any necessary waiver(s), waiver amendment(s) and/or state plan amendments from  
3-13 the secretary of the United States department of health and human services, and to promulgate  
3-14 rules necessary to adopt an affirmative plan of program design and implementation that addresses  
3-15 the goal of allocating a minimum of fifty percent (50%) of Medicaid long-term care funding to  
3-16 home and community-based care on or before December 31, ~~2012~~ 2013; provided, further, the  
3-17 executive office of health and human services shall report annually as part of its budget  
3-18 submission, the percentage distribution between institutional care and home community-based  
3-19 care by population and shall report current and projected waiting lists for long-term care and  
3-20 home and community-based care services. The department is further authorized and directed to  
3-21 prioritize investments in home and community-based care and to maintain the integrity and  
3-22 financial viability of all current long-term care services while pursuing this goal.

3-23 (b) The reformed long-term care system re-balancing goal is person-centered and  
3-24 encourages individual self-determination, family involvement, interagency collaboration, and  
3-25 individual choice through the provision of highly specialized and individually tailored home-  
3-26 based services. Additionally, individuals with severe behavioral, physical, or developmental  
3-27 disabilities must have the opportunity to live safe and healthful lives through access to a wide  
3-28 range of supportive services in an array of community-based settings, regardless of the  
3-29 complexity of their medical condition, the severity of their disability, or the challenges of their  
3-30 behavior. Delivery of services and supports in less costly and less restrictive community settings,  
3-31 will enable children, adolescents and adults to be able to curtail, delay or avoid lengthy stays in  
3-32 residential treatment facilities, juvenile detention centers, psychiatric facilities, and/or  
3-33 intermediate care or skilled nursing facilities.

3-34 (c) Pursuant to federal authority procured under section 42-7.2-16 of the general laws,  
4-1 the department of human services is directed and authorized to adopt a tiered set of criteria to be  
4-2 used to determine eligibility for long-term care services. Such criteria shall be developed in  
4-3 collaboration with the state's health and human services departments and, to the extent feasible,  
4-4 any consumer group, advisory board, or other entity designated for such purposes, and shall  
4-5 encompass eligibility determinations for services in nursing facilities, hospitals, and intermediate  
4-6 care facilities for the mentally retarded as well as home and community-based alternatives, and  
4-7 shall provide a common standard of income eligibility for both institutional and home and  
4-8 community-based care. The department is, subject to prior approval of the general assembly,  
4-9 authorized to adopt criteria for admission to a nursing facility, hospital, or intermediate care  
4-10 facility for the mentally retarded that are more stringent than those employed for access to home  
4-11 and community-based services. The department is also authorized to promulgate rules that define  
4-12 the frequency of re-assessments for services provided for under this section.

4-13 (d) The department of human services is further authorized and directed to consolidate  
4-14 all home and community-based services currently provided pursuant to section 1915(c) of title  
4-15 XIX of the United States Code into a single program system of home and community-based  
4-16 services that include options for consumer direction and shared living. The resulting single home  
4-17 and community-based services program system shall replace and supersede all section 1915(c)

4-18 programs when fully implemented. Notwithstanding the foregoing, the resulting single program  
4-19 home and community-based services program system shall include the continued funding of  
4-20 assisted living services at any assisted living facility financed by the Rhode Island housing and  
4-21 mortgage finance corporation prior to January 1, 2006, and shall be in accordance with chapter  
4-22 66.8 of title 42 of the general laws as long as assisted living services are a covered Medicaid  
4-23 benefit.

4-24 (e) The department of human services is authorized to promulgate rules that permit  
4-25 certain optional services including, but not limited to, homemaker services, home modifications,  
4-26 respite, and physical therapy evaluations to be offered subject to availability of state-appropriated  
4-27 funding for these purposes.

4-28 (f) To promote the expansion of home and community-based service capacity, the  
4-29 department of human services is authorized and directed to pursue rate reform for homemaker,  
4-30 personal care (home health aide) and adult day care services, as follows:

4-31 (1) A prospective base adjustment effective, not later than July 1, 2008, across all  
4-32 departments and programs, of ten percent (10%) of the existing standard or average rate,  
4-33 contingent upon a demonstrated increase in the state-funded or Medicaid caseload by June 30,  
4-34 2009;

5-1 (2) Development, not later than September 30, 2008, of certification standards  
5-2 supporting and defining targeted rate increments to encourage service specialization and  
5-3 scheduling accommodations including, but not limited to, medication and pain management,  
5-4 wound management, certified Alzheimer's Syndrome treatment and support programs, and shift  
5-5 differentials for night and week-end services; and

5-6 (3) Development and submission to the governor and the general assembly, not later than  
5-7 December 31, 2008, of a proposed rate-setting methodology for home and community-based  
5-8 services to assure coverage of the base cost of service delivery as well as reasonable coverage of  
5-9 changes in cost caused by wage inflation.

5-10 (g) The department, in collaboration with the executive office of human services, shall  
5-11 implement a long-term care options counseling program to provide individuals or their  
5-12 representatives, or both, with long-term care consultations that shall include, at a minimum,  
5-13 information about: long-term care options, sources and methods of both public and private  
5-14 payment for long-term care services and an assessment of an individual's functional capabilities  
5-15 and opportunities for maximizing independence. Each individual admitted to or seeking  
5-16 admission to a long-term care facility regardless of the payment source shall be informed by the  
5-17 facility of the availability of the long-term care options counseling program and shall be provided  
5-18 with long-term care options consultation if they so request. Each individual who applies for  
5-19 Medicaid long-term care services shall be provided with a long-term care consultation.

5-20 (h) The department of human services is also authorized, subject to availability of  
5-21 appropriation of funding, to pay for certain non-Medicaid reimbursable expenses necessary to  
5-22 transition residents back to the community; provided, however, payments shall not exceed an  
5-23 annual or per person amount.

5-24 (i) To assure the continued financial viability of nursing facilities, the department of  
5-25 human services is authorized and directed to develop a proposal for revisions to section 40-8-19  
5-26 that reflect the changes in cost and resident acuity that result from implementation of this re-  
5-27 balancing goal. Said proposal shall be submitted to the governor and the general assembly on or  
5-28 before January 1, 2010.

5-29 (j) To ensure persons with long-term care needs who remain living at home have  
5-30 adequate resources to deal with housing maintenance and unanticipated housing related costs, the  
5-31 department of human services is authorized to develop higher resource eligibility limits for  
5-32 persons on home and community waiver services who are living in their own homes or rental  
5-33 units.

5-34 SECTION 2. This act shall take effect upon passage.

Potential MOTION: To take no position/recommend the Commission support /if amended /oppose /unless amended on 09 S 0242 Sub A as Amended RELATING TO HUMAN

<b>SERVICES -- MEDICAL ASSISTANCE--LONG-TERM CARE AND FINANCE REFORM</b>		
<b>Public Forum Planning</b>	Bob Cooper	10 min.
Discussion:		
<b>Questions on Legislative Package Status Report:</b>	Bob Cooper	5 min.
<b>GCD Legislative Package Status as of Thursday, June 04, 2009</b>		
<b>House Calendar 6/4/2009 # 011</b>		
<b>Recommend Passage</b>		
<b>09 H 5600 Sub A RELATING TO MOTOR AND OTHER VEHICLES - REGISTRATION OF VEHICLES,</b> Rep. Naughton <b>Committee finds this bill Beneficial</b>		
Sent House Letter 4/20/2009		
<b>House Constituent Services Committee Referred to Committee</b>		
<b>09 H 6073 RELATING TO MOTOR VEHICLES-REGISTRATION OF MOTOR VEHICLES-BREAST</b> <b>CANCER SUPPORT LICENSE PLATES</b>		
Rep. Gemma <b>Committee finds this bill Beneficial</b>		
Sent House Letter 4/20/2009		
<b>House Corporations Committee</b>		
<b>Held for Further Study or Continued</b>		
<b>09 H 5149 RELATING TO PUBLIC UTILITIES AND CARRIERS -- WHEELCHAIR ACCESSIBLE</b> <b>TAXICABS</b>		
Rep. Coderre Requested by Governor's Commission on Disabilities <b>Commission Supports</b>		
Sent House Letter 2/3/2009 House Testimony 2/3/2009		
<b>09 H 5394 RELATING TO PUBLIC UTILITIES AND CARRIERS -- TERMINATION OF SERVICE TO</b> <b>PERSONS WHO ARE DISABLED OR SERIOUSLY ILL</b>		
Rep. Slater <b>Committee finds this bill Beneficial</b>		
Sent House Letter 3/11/2009		
<b>09 H 5612 RELATING TO PUBLIC UTILITIES AND CARRIERS -- PUBLIC UTILITIES COMMISSION</b>		
Rep. Handy <b>Committee finds this bill Beneficial if amended</b>		
Sent House Letter 3/11/2009		
<b>Passed and Transferred</b>		
<b>09 H 0748 Sub A RELATING TO HEALTH AND SAFETY - LONG TERM CARE COORDINATING COUNCIL</b>		
Sen. Lynch Requested by the Lieutenant Governor <b>Committee finds this bill Beneficial</b>		
Sent House Letter Sent Senate Letter 5/14/2009 House Testimony Senate Testimony		
<b>Postponed by sponsor</b>		
<b>09 H 5946 RELATING TO PUBLIC UTILITIES AND CARRIERS - TAXICABS AND LIMITED PUBLIC</b> <b>MOTOR VEHICLES</b>		
Rep. Coderre <b>Commission Supports</b>		
Sent House Letter 3/16/2009		
<b>House Desk</b>		
<b>Recommend Passage</b>		
<b>09 S 0245 Sub B RELATING TO HEALTH AND SAFETY</b>		
Sen. Levesque <b>Committee finds this bill Beneficial</b>		
Sent House Letter 5/14/2009		
<b>Passed</b>		
<b>09 H 5449 Sub A RELATING TO HEALTH AND SAFETY - LONG TERM CARE COORDINATING COUNCIL</b>		
Rep. Naughton Requested by the Lieutenant Governor <b>Committee finds this bill Beneficial</b>		
Sent House Letter 3/11/2009		

**House Finance Committee**

**Referred to Committee**

**09 H 5152 RELATING TO MOTOR AND OTHER VEHICLES - MOTOR FUEL TAX**

Rep. Pacheco **Committee finds this bill Beneficial**

Sent House Letter 2/10/2009

**09 H 5158 RELATING TO TAXATION - PROPERTY SUBJECT TO TAXATION**

Rep. Winfield **Committee finds this bill Beneficial**

Sent House Letter 2/10/2009

**09 H 5987 RELATING TO STATE AFFAIRS AND GOVERNMENT -- HOUSING RESOURCES - NEIGHBORHOOD OPPORTUNITIES PROGRAM**

Rep. Fox **Committee finds this bill Beneficial**

Sent House Letter 4/20/2009

**Held for Further Study or Continued**

**09 H 5210 RELATING TO PUBLIC PROPERTY AND WORKS -- MINORITY BUSINESS ENTERPRISE**

Rep. Almeida **Commission Supports if amended**

House Testimony 3/10/2009

**09 H 5546 RELATING TO HUMAN SERVICES - THE RHODE ISLAND WORKS PROGRAM**

Rep. Slater **Committee finds this bill Beneficial**

Sent House Letter 3/11/2009

**09 H 5638 RELATING TO PUBLIC PROPERTY AND WORKS**

Rep. Naughton **Committee finds this bill Beneficial if amended**

Sent House Letter 3/11/2009 House Testimony 5/6/2009

**09 H 5806 RELATING TO ELECTIONS - CAMPAIGN FIDUCIARY**

Rep. Ajello **Committee finds this bill Harmful unless amended**

Sent House Letter 3/16/2009

**09 H 5978 RELATING TO EDUCATION -- THE EDUCATION EQUITY AND PROPERTY TAX RELIEF ACT**

Rep. Ajello **Committee finds this bill Beneficial**

Sent House Letter 4/20/2009

**09 H 5983 Article 15 RELATING TO PHARMACEUTICAL ASSISTANCE TO THE ELDERLY**

Rep. Watson Requested by the Governor **Commission Opposes unless amended**

Sent House Letter 5/13/2009 Sent Senate Letter 5/13/2009 House Testimony 4/8/2009

**09 H 5983 Article 17 RELATING TO MOTOR FUEL TAX**

Rep. Watson Requested by the Governor **Commission Opposes**

Sent House Letter 4/30/2009 Sent Senate Letter House Testimony Senate Testimony

**09 H 5983 Article 28 RELATING TO THE CHILDREN'S HEALTH INSURANCE PROGRAM**

Rep. Watson Requested by the Governor **Commission Supports**

Sent House Letter 4/30/2009

**09 H 5983 Article 30 RELATING TO LONG TERM CARE SERVICE REFORM FOR MEDICAID ELIGIBLE INDIVIDUALS**

Rep. Watson Requested by the Governor **Commission Opposes unless amended**

Sent House Letter 4/9/2009 Sent Senate Letter 4/30/2009 House Testimony 4/9/2009 Senate Testimony 4/30/2009

**09 H 5983 Article 31 Gov Amendment RELATING TO RHODE ISLAND GLOBAL CONSUMER DEMONSTRATION WAIVER**

Rep. Watson Requested by the Governor **Commission Opposes unless amended**

Sent House Letter 4/7/2009 Sent Senate Letter 4/30/2009 House Testimony Senate Testimony 4/30/2009

**09 H 5983 Article 32 RELATING TO PUBLIC ASSISTANCE ACT**

Rep. Watson Requested by the Governor **Commission Opposes**

Sent House Letter 5/13/2009 Sent Senate Letter 5/13/2009

**09 H 5983 Article 34 RELATING TO LONG-TERM CARE SERVICE AND FINANCE REFORM**

Rep. Watson Requested by the Governor **Commission Supports**

Sent House Letter 4/7/2009

**09 H 5983 Article 39 Gov Amendment RELATING TO EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES**

Rep. Watson Requested by the Governor **Commission Opposes unless amended**

Sent House Letter 4/7/2009 Sent Senate Letter 4/30/2009 House Testimony Senate Testimony 4/30/2009

**09 H 5983 Article 40 RELATING TO MEDICAL ASSISTANCE DENTAL BENEFITS**

Rep. Watson Requested by the Governor **Commission Opposes**

Sent House Letter 4/30/2009

**Indefinitely Postponed**

**09 H 5019 Article 06 RELATING TO EMPLOYMENT SECURITY FUND – LOANS AND INTEREST**

Rep. Watson Requested by the Governor **Committee finds this bill Harmful**

Sent House Letter 1/14/2009 Sent Senate Letter 1/28/2009

**09 H 5019 Article 23 RELATING TO HEALTH AND SAFETY OF PUPILS - SCHOOL NURSES**

Rep. Watson Requested by the Governor **Committee finds this bill Beneficial**

Sent House Letter 1/14/2009

**09 H 5019 Gov New Article Gov Amendment RELATING TO HEALTH CARE PROVIDER ASSESSMENT ACT**

Rep. Watson Requested by the Governor **Committee finds this bill Harmful**

Sent House Letter 1/14/2009 Sent Senate Letter 1/28/2009

**Withdrawn by sponsor**

**09 H 5019 Article 36 RELATING TO MEDICAL ASSISTANCE FOR DISABLED CHILDREN**

Rep. Watson Requested by the Governor **Committee finds this bill Harmful**

Sent House Letter 1/14/2009

**Recommitted**

**09 H 5264 Section 10 Sub A RELATING TO TAXATION**

Rep. Costantino **Committee finds this bill Beneficial**

Sent House Letter 4/20/2009

**Passed and Transferred**

**09 S 0053 Sub A as Amended STATE AFFAIRS AND GOVERNMENT -- THE RHODE ISLAND MEDICAID REFORM ACT**

Sen. DaPonte **Commission Supports as amended**

Sent House Letter 3/2/2009 Senate Testimony 1/21/2009

**09 H 5112 Sub B RELATING TO CENTERS FOR MEDICARE AND MEDICAID SERVICES WAIVER AND EXPENDITURE AUTHORITY**

**AUTHORITY**

Rep. Costantino **Commission Supports as amended**

Sent House Letter Sent Senate Letter 3/2/2009 House Testimony 1/20/2009

**Postponed by sponsor**

**09 H 5641 RELATING TO STATE AFFAIRS AND GOVERNMENT -- OFFICE OF HEALTH AND HUMAN SERVICES**

Rep. Slater **Commission Opposes**

Sent House Letter 3/10/2009

**House Health, Education, & Welfare Committee**

**Referred to Committee**

Posted on 6/4/2009 2:21 PM

**09 H 5852 RELATING TO STATE AFFAIRS AND GOVERNMENT -- HEALTH CARE REFORM ACT OF 2009**

Rep. Ferri **Committee finds this bill Harmful**

Sent House Letter 3/11/2009

**09 H 6087 RELATING TO INSURANCE -INSURANCE COVERAGE FOR MENTAL ILLNESS AND SUBSTANCE ABUSE**

Rep. Wasylyk **Committee finds this bill Beneficial**

Sent House Letter 4/20/2009

**Held for Further Study or Continued**

**09 H 5038 AN ACT RELATING TO HEALTH AND SAFETY - CHILDREN'S PRODUCT SAFETY ACT**

Rep. Rice **Committee finds this bill Beneficial**

Sent House Letter 2/10/2009

**09 H 5132 RELATING TO HEALTH AND SAFETY - BANNING HARMFUL TOXINS - BISPHENOL A (BPA) FROM CONTAINERS THAT CONTACT BABY FOOD**

Rep. Pollard **Committee finds this bill Beneficial**

Sent House Letter 2/10/2009

**09 H 5217 RELATING TO EDUCATION - - MANDATES**

Rep. DaSilva **Committee finds this bill Harmful**

Sent House Letter 2/10/2009

**09 H 5287 RELATING TO HEALTH AND SAFETY**

Rep. Palumbo **Committee finds this bill Beneficial if amended**

Sent House Letter 2/10/2009

**09 H 5358 RELATING TO EDUCATION -- HEALTH AND SAFETY OF PUPILS**

Rep. Silva **Committee finds this bill Beneficial**

Sent House Letter 3/31/2009

**09 H 5601 RELATING TO HUMAN SERVICES -- RIGHTS OF BLIND AND DEAF PERSONS**

Rep. Jacquard **Committee finds this bill Beneficial if amended**

Sent House Letter 3/11/2009

**09 H 5656 RELATING TO BUSINESSES AND PROFESSIONS - PATIENT PROTECTION**

Rep. Naughton **Committee finds this bill Beneficial**

Sent House Letter 3/11/2009

**09 H 5980 RELATING TO STATE AFFAIRS AND GOVERNMENT -- HEALTH CARE FOR CHILDREN AND PREGNANT WOMEN**

Rep. Gemma **Committee finds this bill Beneficial**

Sent House Letter 4/20/2009

**09 H 6153 RELATING TO HEALTH AND SAFETY -- TOXIC MOLD PROTECTION ACT**

Rep. Lima **Committee finds this bill Beneficial if amended**

Sent House Letter 5/14/2009

**Scheduled for consideration**

**6/4/2009 @ Rise in rm 135**

**09 H 5655 RELATING TO BUSINESSES AND PROFESSIONS - HEARING AID DEALERS AND FITTERS**

Rep. Naughton **Committee finds this bill Beneficial**

Sent House Letter 3/11/2009

**House Judiciary Committee**

**Referred to Committee**

**09 H 5494 RELATING TO PROPERTY -RHODE ISLAND FAIR HOUSING PROTECTION ACT**

Rep. Segal **Committee finds this bill Beneficial**

Sent House Letter 3/16/2009

**09 H 6021 RELATING TO MOTOR AND OTHER VEHICLES -- MOTOR VEHICLE OFFENSES**

Rep. Marcello **Committee finds this bill Beneficial**

Sent House Letter 4/20/2009

**Held for Further Study or Continued**

**09 H 5135 RELATING TO STATE AFFAIRS AND GOVERNMENT - THE CIVIL RIGHTS ACT OF 1990**

Rep. Walsh **Committee finds this bill Beneficial**

Sent House Letter 2/10/2009

**09 H 5431 RELATING TO HUMAN SERVICES - MENTAL HEALTH, RETARDATION, AND HOSPITALS**

Rep. Slater **Committee finds this bill Beneficial if amended**

Sent House Letter 3/11/2009

**09 H 5570 RELATING TO ELECTIONS**

Rep. Handy **Committee finds this bill Beneficial**

Sent House Letter 3/11/2009

**09 H 5932 RELATING TO MOTOR AND OTHER VEHICLES - PARKING FACILITIES AND PRIVILEGES**

Rep. Ucci **Committee finds this bill Beneficial if amended**

Letter House Testimony 3/24/2009

**09 H 5935 RELATING TO STATE AFFAIRS AND GOVERNMENT - CIVIL RIGHTS OF PEOPLE WITH DISABILITIES**

Rep. Naughton **Commission Supports as amended**

Sent House Letter 3/11/2009

**09 H 5989 RELATING TO MOTOR AND OTHER VEHICLES -PARKING FACILITIES AND PRIVILEGES**

Rep. Baldelli-Hunt **Committee finds this bill Beneficial if amended**

Sent House Letter 4/20/2009 Sent Senate Letter House Testimony Senate Testimony

**Passed and Transferred**

**09 S 0162 RELATING TO STATE AFFAIRS AND GOVERNMENT - THE CIVIL RIGHTS ACT OF 1990**

Sen. Connor **Committee finds this bill Beneficial**

Sent House Letter 5/14/2009 Sent Senate Letter 2/10/2009

**Senate Calendar**

**Recommend Passage**

**6/4/2009 # 004**

**09 S 0383 RELATING TO ELECTIONS**

Sen. Walaska **Committee finds this bill Beneficial**

Sent Senate Letter 3/11/2009

**Senate Constitutional and Regulatory Issues Committee**

**Referred to Committee**

**09 S 0170 RELATING TO HEALTH AND SAFETY - THE RHODE ISLAND AUTISM SPECTRUM DISORDER EVALUATION AND TREATMENT ACT**

Sen. Doyle **Committee finds this bill Beneficial**

Sent Senate Letter 2/10/2009

**Passed and Transferred**

**09 H 5654 As Amended JOINT RESOLUTION CREATING A SPECIAL LEGISLATIVE COMMISSION TO STUDY AND ESTABLISH HEALTH CARE REFORM MODELS TO EXPAND HEALTH CARE COVERAGE AND TO DECREASE HEALTH CARE COSTS FOR RHODE ISLAND RESIDENTS**

Rep. Dennigan **Committee finds this bill Beneficial**

Sent Senate Letter 5/7/2009

**09 H 5691 JOINT RESOLUTION CREATING A SPECIAL JOINT COMMISSION TO STUDY THE**

**EDUCATION OF CHILDREN WITH AUTISM IN THE STATE OF RHODE ISLAND**

Rep. Palumbo **Committee finds this bill Beneficial**

Sent Senate Letter 3/5/2009

**Senate Corporations Committee**

**Held for Further Study or Continued**

**09 S 0172 RELATING TO PUBLIC UTILITIES AND CARRIERS -- WHEELCHAIR ACCESSIBLE TAXICABS**

Sen. Walaska **Commission Supports**

Sent Senate Letter 2/10/2009

**Senate Education Committee**

**Held for Further Study or Continued**

**09 S 0060 RELATING TO EDUCATION - - MANDATES**

Sen. Blais **Committee finds this bill Harmful**

Sent Senate Letter 2/10/2009

**09 S 0173 RELATING TO EDUCATION - HEALTH AND SAFETY OF PUPILS**

Sen. Walaska **Committee finds this bill Harmful**

Sent Senate Letter 3/11/2009

**Senate Finance Committee**

**Referred to Committee**

**09 S 0030 RELATING TO MOTOR AND OTHER VEHICLES -- REGISTRATION FEES**

Sen. Tassoni By Request **Committee finds this bill Harmful unless amended**

Sent Senate Letter 2/10/2009

**09 S 0075 RELATING TO MOTOR AND OTHER VEHICLES - MOTOR FUEL TAX**

Sen. Tassoni By Request **Committee finds this bill Beneficial**

Sent Senate Letter 2/10/2009

**09 S 0116 RELATING TO PUBLIC PROPERTY AND WORKS -- MINORITY BUSINESS ENTERPRISE**

Sen. Metts **Commission Supports if amended**

Sent Senate Letter 3/16/2009

**Held for Further Study or Continued**

**09 S 0032 RELATING TO TAXATION - PROPERTY SUBJECT TO TAXATION**

Sen. Tassoni **Committee finds this bill Beneficial**

Sent Senate Letter 2/10/2009

**09 S 0036 RELATING TO EDUCATION - SCHOOL AND MUNICIPAL PLAYGROUND SAFETY**

Sen. Blais **Committee finds this bill Beneficial**

Sent Senate Letter 2/10/2009

**09 S 0775 RELATING TO HUMAN SERVICES - THE RHODE ISLAND WORKS PROGRAM**

Sen. Ciccone **Committee finds this bill Beneficial**

Sent Senate Letter 3/11/2009

**Senate Health and Human Services Committee**

**Referred to Committee**

**09 S 0056 RELATING TO HEALTH AND SAFETY -- RIGHTS OF NURSING HOME PATIENTS**

Sen. Lanzi **Committee finds this bill Beneficial if amended**

Sent Senate Letter 2/10/2009

**09 S 0538 RELATING TO HUMAN SERVICES -- RIGHTS OF BLIND AND DEAF PERSONS**

Sen. Walaska **Committee finds this bill Beneficial if amended**

Sent Senate Letter 3/16/2009

**Held for Further Study or Continued**

**09 S 0126 RELATING TO HEALTH AND SAFETY - PUBLIC HEALTH AND WORKPLACE SAFETY ACT**

Sen. Fogarty **Committee finds this bill Beneficial**

Sent Senate Letter 2/10/2009

**09 S 0533 RELATING TO HEALTH AND SAFETY -- TOXIC MOLD PROTECTION ACT**

Sen. Lanzi **Committee finds this bill Beneficial**

Sent Senate Letter 3/11/2009

**Passed and Transferred**

**09 H 5266 Sub A RELATING TO HEALTH AND SAFETY - THE RHODE ISLAND AUTISM SPECTRUM DISORDER EVALUATION AND TREATMENT ACT**

Rep. Palumbo **Committee finds this bill Beneficial**

Sent House Letter 2/10/2009

**09 H 5415 Sub A as Amended RELATING TO HEALTH AND SAFETY**

Rep. Naughton **Committee finds this bill Beneficial**

**Senate Judiciary Committee**

**Held for Further Study or Continued**

**09 S 0327 RELATING TO ELECTIONS - CAMPAIGN FIDUCIARY**

Sen. Perry **Committee finds this bill Harmful unless amended**

Sent Senate Letter 3/16/2009

**09 S 0783 RELATING TO CRIMINAL OFFENSES - PERSONS WITH DISABILITIES**

Sen. McCaffrey Requested by the Governor's Commission on Disabilities **Commission Supports**

Sent Senate Letter 3/31/2009 Senate Testimony 4/21/2009

**Passed and Transferred**

**09 H 5175 RELATING TO PROPERTY -- RESIDENTIAL LANDLORD AND TENANT ACT**

Rep. Savage **Committee finds this bill Beneficial**

Sent House Letter 3/11/2009

**09 H 5949 Sub A RELATING TO CRIMINAL OFFENSES - PERSONS WITH DISABILITIES**

Rep. Lally Requested by Governor's Commission on Disabilities **Commission Supports**

Sent House Letter 3/31/2009 House Testimony 4/29/2009

**Announcements and Scheduling of Meetings**

Tim Flynn

5 min.

Next meeting will be on:

Starting at: M

**Adjournment**

Chairperson adjourned the meeting at

**Observers:**

Bob Cooper, Committee Staff

**Resource persons:**