

2023 -- H 5998

LC002211

STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2023

A N A C T

RELATING TO STATE AFFAIRS AND GOVERNMENT -- OFFICE OF HEALTH AND HUMAN SERVICES

Introduced By: Representatives Spears, Tanzi, Casimiro, Fenton-Fung, Morales, Henries, Cortvriend, and Kislak

Date Introduced: March 01, 2023

Referred To: House Finance

It is enacted by the General Assembly as follows:

1 SECTION 1. Section 42-7.2-5 of the General Laws in Chapter 42-7.2 entitled "Office of
2 Health and Human Services" is hereby amended to read as follows:

3 **42-7.2-5. Duties of the secretary.**

4 The secretary shall be subject to the direction and supervision of the governor for the
5 oversight, coordination, and cohesive direction of state-administered health and human services
6 and in ensuring the laws are faithfully executed, notwithstanding any law to the contrary. In this
7 capacity, the secretary of the executive office of health and human services (EOHHS) shall be
8 authorized to:

9 (1) Coordinate the administration and financing of healthcare benefits, human services, and
10 programs including those authorized by the state's Medicaid section 1115 demonstration waiver
11 and, as applicable, the Medicaid state plan under Title XIX of the U.S. Social Security Act.
12 However, nothing in this section shall be construed as transferring to the secretary the powers,
13 duties, or functions conferred upon the departments by Rhode Island public and general laws for
14 the administration of federal/state programs financed in whole or in part with Medicaid funds or
15 the administrative responsibility for the preparation and submission of any state plans, state plan
16 amendments, or authorized federal waiver applications, once approved by the secretary.

17 (2) Serve as the governor's chief advisor and liaison to federal policymakers on Medicaid
18 reform issues as well as the principal point of contact in the state on any such related matters.

1 (3)(i) Review and ensure the coordination of the state's Medicaid section 1115
2 demonstration waiver requests and renewals as well as any initiatives and proposals requiring
3 amendments to the Medicaid state plan or formal amendment changes, as described in the special
4 terms and conditions of the state's Medicaid section 1115 demonstration waiver with the potential
5 to affect the scope, amount or duration of publicly funded healthcare services, provider payments
6 or reimbursements, or access to or the availability of benefits and services as provided by Rhode
7 Island general and public laws. The secretary shall consider whether any such changes are legally
8 and fiscally sound and consistent with the state's policy and budget priorities. The secretary shall
9 also assess whether a proposed change is capable of obtaining the necessary approvals from federal
10 officials and achieving the expected positive consumer outcomes. Department directors shall,
11 within the timelines specified, provide any information and resources the secretary deems necessary
12 in order to perform the reviews authorized in this section.

13 (ii) Direct the development and implementation of any Medicaid policies, procedures, or
14 systems that may be required to assure successful operation of the state's health and human services
15 integrated eligibility system and coordination with HealthSource RI, the state's health insurance
16 marketplace.

17 (iii) Beginning in 2015, conduct on a biennial basis a comprehensive review of the
18 Medicaid eligibility criteria for one or more of the populations covered under the state plan or a
19 waiver to ensure consistency with federal and state laws and policies, coordinate and align systems,
20 and identify areas for improving quality assurance, fair and equitable access to services, and
21 opportunities for additional financial participation.

22 (iv) Implement service organization and delivery reforms that facilitate service integration,
23 increase value, and improve quality and health outcomes.

24 (4) Beginning in 2020, prepare and submit to the governor, the chairpersons of the house
25 and senate finance committees, the caseload estimating conference, and to the joint legislative
26 committee for health-care oversight, by no later than September 15 of each year, a comprehensive
27 overview of all Medicaid expenditures outcomes, administrative costs, and utilization rates. The
28 overview shall include, but not be limited to, the following information:

29 (i) Expenditures under Titles XIX and XXI of the Social Security Act, as amended;

30 (ii) Expenditures, outcomes and utilization rates by population and sub-population served
31 (e.g., families with children, persons with disabilities, children in foster care, children receiving
32 adoption assistance, adults ages nineteen (19) to sixty-four (64), and elders);

33 (iii) Expenditures, outcomes and utilization rates by each state department or other
34 municipal or public entity receiving federal reimbursement under Titles XIX and XXI of the Social

1 Security Act, as amended;

2 (iv) Expenditures, outcomes and utilization rates by type of service and/or service provider;
3 and

4 (v) Expenditures by mandatory population receiving mandatory services and, reported
5 separately, optional services, as well as optional populations receiving mandatory services and,
6 reported separately, optional services for each state agency receiving Title XIX and XXI funds.

7 The directors of the departments, as well as local governments and school departments,
8 shall assist and cooperate with the secretary in fulfilling this responsibility by providing whatever
9 resources, information and support shall be necessary.

10 (5) Resolve administrative, jurisdictional, operational, program, or policy conflicts among
11 departments and their executive staffs and make necessary recommendations to the governor.

12 (6) Ensure continued progress toward improving the quality, the economy, the
13 accountability and the efficiency of state-administered health and human services. In this capacity,
14 the secretary shall:

15 (i) Direct implementation of reforms in the human resources practices of the executive
16 office and the departments that streamline and upgrade services, achieve greater economies of scale
17 and establish the coordinated system of the staff education, cross-training, and career development
18 services necessary to recruit and retain a highly-skilled, responsive, and engaged health and human
19 services workforce;

20 (ii) Encourage EOHHS-wide consumer-centered approaches to service design and delivery
21 that expand their capacity to respond efficiently and responsibly to the diverse and changing needs
22 of the people and communities they serve;

23 (iii) Develop all opportunities to maximize resources by leveraging the state's purchasing
24 power, centralizing fiscal service functions related to budget, finance, and procurement,
25 centralizing communication, policy analysis and planning, and information systems and data
26 management, pursuing alternative funding sources through grants, awards and partnerships and
27 securing all available federal financial participation for programs and services provided EOHHS-
28 wide;

29 (iv) Improve the coordination and efficiency of health and human services legal functions
30 by centralizing adjudicative and legal services and overseeing their timely and judicious
31 administration;

32 (v) Facilitate the rebalancing of the long term system by creating an assessment and
33 coordination organization or unit for the expressed purpose of developing and implementing
34 procedures EOHHS-wide that ensure that the appropriate publicly funded health services are

1 provided at the right time and in the most appropriate and least restrictive setting;

2 (vi) Strengthen health and human services program integrity, quality control and
3 collections, and recovery activities by consolidating functions within the office in a single unit that
4 ensures all affected parties pay their fair share of the cost of services and are aware of alternative
5 financing;

6 (vii) Assure protective services are available to vulnerable elders and adults with
7 developmental and other disabilities by reorganizing existing services, establishing new services
8 where gaps exist and centralizing administrative responsibility for oversight of all related initiatives
9 and programs.

10 (7) Prepare and integrate comprehensive budgets for the health and human services
11 departments and any other functions and duties assigned to the office. The budgets shall be
12 submitted to the state budget office by the secretary, for consideration by the governor, on behalf
13 of the state's health and human services agencies in accordance with the provisions set forth in §
14 35-3-4.

15 (8) Utilize objective data to evaluate health and human services policy goals, resource use
16 and outcome evaluation and to perform short and long-term policy planning and development.

17 (9) Establishment of an integrated approach to interdepartmental information and data
18 management that complements and furthers the goals of the unified health infrastructure project
19 initiative and that will facilitate the transition to a consumer-centered integrated system of state
20 administered health and human services.

21 (10) At the direction of the governor or the general assembly, conduct independent reviews
22 of state-administered health and human services programs, policies and related agency actions and
23 activities and assist the department directors in identifying strategies to address any issues or areas
24 of concern that may emerge thereof. The department directors shall provide any information and
25 assistance deemed necessary by the secretary when undertaking such independent reviews.

26 (11) Provide regular and timely reports to the governor and make recommendations with
27 respect to the state's health and human services agenda.

28 (12) Employ such personnel and contract for such consulting services as may be required
29 to perform the powers and duties lawfully conferred upon the secretary.

30 (13) Assume responsibility for complying with the provisions of any general or public law
31 or regulation related to the disclosure, confidentiality and privacy of any information or records, in
32 the possession or under the control of the executive office or the departments assigned to the
33 executive office, that may be developed or acquired or transferred at the direction of the governor
34 or the secretary for purposes directly connected with the secretary's duties set forth herein.

1 (14) Hold the director of each health and human services department accountable for their
2 administrative, fiscal and program actions in the conduct of the respective powers and duties of
3 their agencies.

4 (15) For all health and human services programs, develop a sliding scale decrease in
5 benefits as a beneficiary's income increases up to two hundred fifty percent (250%) of the federal
6 poverty level.

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

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EXPLANATION
BY THE LEGISLATIVE COUNCIL
OF

A N A C T

RELATING TO STATE AFFAIRS AND GOVERNMENT -- OFFICE OF HEALTH AND
HUMAN SERVICES

1 This act would authorize the secretary of the executive office of health and human services
2 (EOHHS) to develop a sliding scale decrease in benefits as a beneficiary's income increases up to
3 two hundred fifty percent (250%) of the federal poverty level.

4 This act would take effect upon passage.

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