

2025 -- S 0254

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STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2025

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A N A C T

RELATING TO STATE AFFAIRS AND GOVERNMENT -- HEALTH CARE FOR
CHILDREN AND PREGNANT WOMEN

Introduced By: Senators Lauria, DiMario, Euer, Pearson, Urso, Acosta, DiPalma,
Lawson, Valverde, and Kallman

Date Introduced: February 13, 2025

Referred To: Senate Finance

It is enacted by the General Assembly as follows:

1 SECTION 1. Legislative findings.

2 The general assembly hereby finds as follows:

3 (1) Stable health coverage for infants and young children helps ensure children receive high-
4 quality and timely preventive health care, including vaccinations and screenings, routine care for
5 illnesses, specialized health care when needed, and emergency health care services;

6 (2) Routine physical and developmental screenings that occur over eleven (11) recommended
7 scheduled well-child preventive health care visits from birth until age three (3) years help to identify
8 potential developmental delays and disabilities, as well as emerging vision, hearing, dental, and
9 physical conditions, as well as developmental delays and disabilities, as early as possible so that
10 further appropriate evaluations, interventions, and treatments can be provided;

11 (3) Young children experience six (6) to nine (9) acute, short-term illnesses per year that can
12 require a health care visit and treatment, including respiratory viruses, gastrointestinal illness,
13 croup, ear infections, conjunctivitis, fevers, and skin rashes and some young children have chronic,
14 long-term illnesses that require frequent health care visits for evaluations, diagnosis, treatment, and
15 management of these chronic conditions;

16 (4) At least sixty percent (60%) of infants and young children under the age of three (3) in
17 Rhode Island have Medicaid/Rite Care coverage;

18 (5) Children may lose their health coverage at the required yearly redetermination of

1 eligibility due solely to administrative barriers and then requalify within a short period of time
2 (commonly referred to as “churn”); nationally, 44% of children who were terminated from
3 Medicaid in 2018 re-enrolled within twelve (12) months.

4 (6) Continuous eligibility for Medicaid (RIte Track/RIte Care) during infancy and the early
5 childhood years will prevent gaps in coverage, ensuring that children remain enrolled in their health
6 plan with consistent coverage so that they can receive timely and necessary preventative, routine,
7 and emergency care services and treatment for identified conditions to promote healthy
8 development; and

9 (7) Continuous eligibility also promotes health equity by limiting gaps in coverage for low-
10 income children who experience disproportionate rates of health disparities, particularly children
11 of color.

12 (8) As of January 15, 2025, eight states (HI, MN, NC, NM, NY, OR, PA, and WA) are
13 implementing continuous coverage for young children up to age six, one state is implementing
14 continuous coverage up to age three (CO) and three states and the District of Columbia have taken
15 administrative or legislative action to implement continuous coverage for children up to age four
16 (OH), age five (CA), and age six (IL and DC).

17 SECTION 2. The title of Chapter 42-12.3 of the General Laws entitled "Health Care for
18 Children and Pregnant Women" is hereby amended to read as follows:

19 ~~CHAPTER 42-12.3~~

20 ~~Health Care for Children and Pregnant Women~~

21 CHAPTER 42-12.3

22 ACT TO STABILIZE HEALTH COVERAGE FOR YOUNG CHILDREN

23 SECTION 3. Chapter 42-12.3 of the General Laws entitled "Health Care for Children and
24 Pregnant Women" is hereby amended by adding thereto the following section:

25 **42-12.3-17. Continuous coverage for children up to age three (3).**

26 (a) Individuals up to age three (3) years who are enrolled in RIte Track/RIte Care pursuant
27 to this chapter shall qualify for continuous eligibility until the end of the month in which their third
28 birthday falls. Continuous eligibility shall end if the individual is no longer a resident of Rhode
29 Island, the parent or guardian of the individual requests termination of eligibility, the individual
30 dies or the executive office of health and human services determines that eligibility was erroneously
31 granted.

32 (b) The executive office of health and human services shall seek any necessary
33 amendments to the Rhode Island Medicaid Section 1115 waiver to implement continuous
34 eligibility.

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

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EXPLANATION
BY THE LEGISLATIVE COUNCIL
OF

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1 This act would provide children up to age three (3) with continuous coverage eligibility for
2 RItE Track/RItE Care so that they are not at risk of losing coverage at the yearly redetermination
3 due solely to administrative barriers.

4 This act would take effect upon passage.

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