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STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2026

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A N A C T

RELATING TO HUMAN SERVICES -- JOINT COMMISSION TO STUDY WAYS TO  
MAXIMIZE REVENUE FOR CHILD WELFARE AND CHILDREN'S BEHAVIORAL  
HEALTH SERVICES

Introduced By: Representatives Tanzi, Cotter, Handy, Fogarty, Shallcross Smith, Ajello,  
Donovan, Spears, J. Lombardi, and Kislak

Date Introduced: February 12, 2026

Referred To: House Finance

It is enacted by the General Assembly as follows:

1 SECTION 1. Legislative findings and purpose:

2 (a) The General Assembly hereby finds and declares that:

3 (1) The State of Rhode Island is engaged in an ongoing Medicaid/fiscal transformation  
4 project administered by the executive office of health and human services ("EOHHS"), with  
5 significant implications for children, families, and vulnerable populations.

6 (2) Medicaid and related federal, state, and local funding streams are essential to sustaining  
7 the full continuum of care, including children's behavioral health services, child welfare-related  
8 services, community-based providers, and family support systems.

9 (3) Rhode Island receives federal funding through multiple mechanisms including, but not  
10 limited to, Medicaid state plan funding, TANF, Title IVB AND E, Maternal, Infant, and Early  
11 Childhood Home Visiting ("MIECHV"), Block Grants, Family First Prevention Services Act  
12 (FFPSA), enhanced federal matching funds, and federal grants administered across multiple state  
13 agencies.

14 (4) State and local funds, including general revenue, play a critical role in supplementing  
15 federal resources, and the commission's examination shall include how federal maximization  
16 strategies interact with and optimize these state investments to support a continuum of care for  
17 children.

18 (5) Coordinated legislative study and oversight are necessary to ensure that

1 Medicaid/Fiscal transformation efforts maximize all available federal revenue while preserving  
2 access, quality, and provider stability across the continuum of care.

3 (b) Purpose.

4 The purpose of this act is to establish a legislative commission to study Medicaid  
5 transformation initiatives and to identify opportunities to maximize revenue in support of children,  
6 families, and the broader continuum of care.

7 SECTION 2. Title 40 of the General Laws entitled "HUMAN SERVICES" is hereby  
8 amended by adding thereto the following chapter:

9 CHAPTER 23  
10 JOINT COMMISSION TO STUDY WAYS TO MAXIMIZE REVENUE FOR CHILD  
11 WELFARE AND CHILDREN'S BEHAVIORAL HEALTH SERVICES

12 **40-23-1. Establishment of the legislative commission.**

13 (a) There is hereby established a joint commission to study ways to maximize revenue for  
14 child welfare and children's behavioral health services ("the commission").

15 (b) The commission shall study:

16 (1) The goals, scope, and implementation of the Medicaid transformation project;

17 (2) Opportunities to maximize and better coordinate federal funding in support of  
18 children's services, behavioral health, and family-serving systems across state agencies; and

19 (3) Any other topics determined by the commission in furtherance of the purpose of the  
20 commission.

21 **40-23-2. Membership of the commission.**

22 The twenty-seven (27) members of the commission shall consist of the following members:

23 (1) Legislative members.

24 (i) The chairperson of the house finance committee, or designee;

25 (ii) The chairperson of the senate finance committee, or designee;

26 (iii) The chairperson of the house finance subcommittee on health and human services, or  
27 designee;

28 (iv) The chairperson of the senate finance subcommittee on health and human services, or  
29 designee;

30 (v) Two (2) members of the house of representatives appointed by the speaker of the house;  
31 and

32 (vi) Two (2) members of the senate appointed by the president of the senate.

33 (2) Executive and judicial branch members.

34 (i) The Medicaid director, or designee;

- 1           (ii) The secretary of the executive office of health and human services (“EOHHS”), or  
2 designee;
- 3           (iii) The director of the department of human services (“DHS”), or designee;
- 4           (iv) The director of the department of children, youth, and families (“DCYF”), or designee;
- 5           (v) The director of the Rhode Island department of health (“RIDOH”), or designee;
- 6           (vi) The commissioner of the Rhode Island department of elementary and secondary  
7 education (RIDE), or designee;
- 8           (vii) The commissioner of the office of the health insurance commissioner (“OHIC”), or  
9 designee;
- 10          (viii) The director of the department of labor and training (“DLT”), or designee;
- 11          (ix) A representative of the Rhode Island family court, appointed by the chief judge of the  
12 court; and
- 13          (x) The child advocate, or designee.
- 14          (3) Provider, coalition, and expert members.
- 15          (i) A representative of the Rhode Island coalition of children and families (“RICCF”) to be  
16 appointed by the coalition’s governing body;
- 17          (ii) A representative of the community providers network of Rhode Island (CPNRI) to be  
18 appointed by the CPNRI executive committee;
- 19          (iii) A representative of Leadership RI to be appointed by the chair of the board of directors;
- 20          (iv) A representative of the Hassenfeld Child Health Innovation Institute to be appointed  
21 by the institute’s governing body;
- 22          (v) A representative of the Rhode Island College school of social work with expertise in  
23 children’s behavioral health to be appointed by the president of the college;
- 24          (vi) A community based provider with expertise in juvenile justice, to be appointed by the  
25 speaker of the house;
- 26          (vii) A community based provider with expertise in child welfare, to be appointed by the  
27 speaker of the house;
- 28          (viii) A community based provider with expertise in children’s behavioral health, to be  
29 appointed by the president of the senate; and
- 30          (ix) A community based provider with expertise in children with intellectual and  
31 developmental differences, to be appointed by the president of the senate.
- 32          (c) Appointing authorities shall make appointments within thirty (30) days of the effective  
33 date of this chapter.

34           **40-23-3. Duties and scope of the commission.**

1           The commission shall:

2           (1) Review the structure, objectives, and implementation timeline of Medicaid  
3 transformation in the context of maximizing financing initiatives affecting children and family-  
4 serving systems.

5           (2) Examine how Medicaid policy changes impact:

6           (i) Children’s behavioral health services;

7           (ii) Child welfare–related services;

8           (iii) Community-based providers; and

9           (iv) Family support and prevention services.

10          (3) Identify all federal funding sources supporting Medicaid and related services, including  
11 but not limited to:

12          (i) Medicaid state plan funding;

13          (ii) Section 1115, 1915(b), and 1915(c) waivers;

14          (iii) Enhanced FMAP and time-limited federal funding;

15          (iv) TANF, Title IVB and IVE, MICVIH; and

16          (v) Federal grants administered by the department of human services, the department of  
17 children, youth and families, the department of health, and the department of elementary and  
18 secondary education.

19          (4) Assess opportunities to:

20          (i) Maximize federal revenue;

21          (ii) Improve cross-agency coordination of federal funds;

22          (iii) Reduce fragmentation or duplication; and

23          (iv) Mitigate the impact of expiring or declining federal funding.

24          (5) Evaluate barriers to accessing or drawing down federal funds for children’s behavioral  
25 health and family-serving systems.

26          (6) Solicit public input through at least two (2) public hearings and consider testimony  
27 from stakeholders not represented on the commission.

28          **40-23-4. Reporting requirements.**

29          (a) The commission shall issue an interim report to the general assembly no later than  
30 January 15, 2027, summarizing preliminary findings.

31          (b) The commission shall issue a final report no later than June 30, 2027, which shall  
32 include:

33          (1) Findings and analysis;

34          (2) Recommendations for statutory changes;

1           (3) Budgetary and fiscal recommendations; and  
2           (4) Administrative or policy recommendations to maximize federal revenue and protect the  
3 continuum of care.

4           (c) The report shall be submitted to the speaker of the house, the president of the senate,  
5 and the chairs of the house and senate finance committees.

6           **40-23-5. Administration and support.**

7           (a) The commission shall elect a chairperson from among the legislative members.

8           (b) The executive office of health and human services shall provide staff support and data  
9 access as requested by the commission.

10          (c) Members of the commission shall serve without compensation.

11          SECTION 3. This act shall take effect upon passage.

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EXPLANATION  
BY THE LEGISLATIVE COUNCIL  
OF

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HEALTH SERVICES

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- 1           This act would establish a twenty-seven (27) member joint commission to study ways to
- 2 maximize revenue for child welfare and children's behavioral health services.
- 3           This act would take effect upon passage.

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