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LC02883
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STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2013

J O I N T R E S O L U T I O N

**CREATING A SPECIAL JOINT COMMISSION TO STUDY THE INTEGRATION OF
PRIMARY AND BEHAVIORAL HEALTH IN THE STATE OF RHODE ISLAND**

Introduced By: Representatives Bennett, Shekarchi, Tomasso, Abney, and Blazejewski

Date Introduced: June 26, 2013

Referred To: House Health, Education & Welfare

1 WHEREAS, It is the long-standing policy of the State of Rhode Island to take cognizance
2 of the interests of life and health among the peoples of the state, to make investigations into the
3 causes of diseases, the prevalence of epidemics and endemics among the people, the sources of
4 mortality, the effect of localities, employments, and all other conditions and circumstances on the
5 public health, do all in its power to ascertain the causes and the best means for the prevention and
6 control of diseases or conditions detrimental to the public health, and adopt proper and expedient
7 measures to prevent and control diseases and conditions detrimental to the public health in the
8 state; and

9 WHEREAS, Population health outcomes in Rhode Island, as in the nation as a whole, are
10 persistently and significantly worse for factors such as infant mortality, prevalence of chronic
11 disease, serious mental illness, and life expectancy than in other developed countries with similar
12 socio-economic resources; and

13 WHEREAS, The federal Substance Abuse and Mental Health Services Administration
14 (SAMHSA) and the Health Research and Services Administration (HRSA) established the Center
15 for Integrated Health Solutions (CIHS) to promote the development of integrated primary and
16 behavioral health services to better address the needs of individuals with mental health and
17 substance use conditions; and

18 WHEREAS, Despite these inferior health outcomes, the global cost of medical and other
19 health care services in the State of Rhode Island, as in the nation as a whole, is among the highest

1 in the world and imposes significant burdens on business, government, families, and individuals;
2 and

3 WHEREAS, Rhode Island's Health Homes Project is working to integrate physical and
4 mental health services, partly by requiring care providers to collaborate with community
5 organizations and in-the-market resources; and

6 WHEREAS, The Rhode Island Chronic Care Sustainability Initiative (CSI-RI), is one of
7 the first multi-payer patient-centered medical home (PCMH) demonstration projects in the
8 country, with plans to expand the successful project; and

9 WHEREAS, In Rhode Island, as in the nation as a whole, global medical and other health
10 care costs are projected to continue rising faster than the gross national product, than family
11 income, and than the rate of inflation, and unless effectively addressed, will soon become
12 unsustainable, threatening the economy, public budgets, and Rhode Islanders' access to
13 affordable care; and

14 WHEREAS, There is a large body of data and other research that demonstrate the
15 potential for improving the public health and population-based outcomes through improving the
16 delivery of and access to primary care that is community-based and patient-centered; and

17 WHEREAS, Improving population-based health outcomes and integrating behavioral
18 health and primary care will result in significant savings by averting the costs incurred by treating
19 chronic diseases, premature death, and diminished productivity at work and school; now
20 therefore, be it

21 RESOLVED, That a special joint commission be and the same hereby is created and
22 shall consist of twenty-one (21) members: one of whom shall be a member of the Senate, to be
23 appointed by the Senate President, who shall serve as co-chairman; one of whom shall be a
24 member of the House, to be appointed by the Speaker of the House, who shall serve as co-
25 chairman; one of whom shall be the Director of the Department of Health or his/her designee; one
26 of whom shall be the Director of the Department of Behavioral Healthcare, Developmental
27 Disabilities, and Hospitals or his/her designee; one of whom shall be a representative of the
28 Rhode Island AFL-CIO; one of whom shall be a representative of the UNAP; one of whom shall
29 be the President of the Hospital Association of Rhode Island or his/her designee; one of whom
30 shall be Family Physician who is a member of the Rhode Island Chronic Care Sustainability
31 Initiative Committee or his/her designee; one of whom shall be the President of the American
32 Academy of Pediatrics Rhode Island Chapter or his/her designee; one of whom shall be President
33 of the Rhode Island Academy of Physician Assistants or his/her designee; one of whom shall be
34 the Executive Director of the Rhode Island Medical Society or his/her designee; one of whom

1 shall be the President of the Rhode Island Psychological Association or his/her designee; one of
2 whom shall be the Executive Director of the Rhode Island State Nurses Association or his/her
3 designee; one of whom shall be the Executive Director of the National Association of Social
4 Workers Rhode Island Chapter or his/her designee; one of whom shall be the President/CEO of
5 the Rhode Island Health Centers Association or his/her designee; one of whom shall be the
6 President/CEO of Blue Cross and Blue Shield of Rhode Island or his/her designee; one of whom
7 shall be the Associate Dean of Medicine for Brown University School of Public Health or his/her
8 designee; one of whom shall be President of United Healthcare of Rhode Island or his/her
9 designee; one of whom shall be the CEO of Neighborhood Health Plan of Rhode Island or his/her
10 designee; one of whom shall be the President of the Rhode Island Council of Community Mental
11 Health Organizations or his/her designee; and one of whom shall be the Executive Director of the
12 Drug and Alcohol Treatment Association of Rhode Island or his/her designee.

13 In lieu of any appointment of a member of the legislature to this commission, the
14 appointing authority may appoint a member of the general public to serve in lieu of a legislator,
15 provided that the majority leader or minority leader of the political party which is entitled to the
16 appointment consents to the appointment of the member of the general public and the public
17 member is a resident of the State of Rhode Island.

18 The purpose of said commission shall be to make a comprehensive study of the current
19 status of primary care and behavioral health in Rhode Island; of the available research, data and
20 analyses of the impact of primary care and behavioral health service availability and delivery
21 system architecture on population outcomes; and of the advisability of creating a Primary Care
22 Trust or other mechanism to fund and otherwise support a comprehensive integrated primary care
23 and behavioral health system for all Rhode Islanders. In studying this issue, the commission is
24 encouraged to:

25 (1) Examine trends, current policies, and data pertaining to Rhode Island behavioral
26 health and primary care utilization trends;

27 (2) Identify policy restrictions which currently prevent Rhode Island from integrating
28 primary care and behavioral health systems;

29 (3) Identify and seek ways to remedy gaps in the system, specifically in the area of
30 linkages and connections among providers and agencies in delivering comprehensive,
31 community-based healthcare services;

32 (4) Examine the role of multi payers within the market and potential innovative delivery
33 systems and payment reforms.

34 (5) Examine potential funding and grant opportunities to advance the recommendations

1 of the commission.

2 Forthwith upon passage of the resolution, the members of the commission shall meet at
3 the call of the Speaker of the House and President of the Senate. The commission shall have the
4 authority to organize and form subcommittees, when deemed appropriate by a majority of the
5 members.

6 Vacancies in said commission shall be filled in the manner as the original appointment.

7 The membership of said commission shall receive no compensation for their services.

8 All departments and agencies of the state shall furnish such advice and information,
9 documentary and otherwise, to said commission and its agents as is deemed necessary or
10 desirable by the commission to facilitate the purposes of this resolution.

11 The Joint Committee on Legislative Services is hereby authorized and directed to provide
12 suitable quarters for said commission; and be it further

13 RESOLVED, That the commission shall report its findings and recommendations to the
14 Governor, the Secretary of the Executive Office of Health and Human Services, and the General
15 Assembly no later than January 28, 2014, and said commission shall expire on June 13, 2016.

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EXPLANATION
BY THE LEGISLATIVE COUNCIL
OF
JOINT RESOLUTION
CREATING A SPECIAL JOINT COMMISSION TO STUDY THE INTEGRATION OF
PRIMARY AND BEHAVIORAL HEALTH IN THE STATE OF RHODE ISLAND

1 This resolution would create a twenty-three (23) member special joint commission whose
2 purpose would be to make a comprehensive study of the current status of primary care and
3 behavioral health services in Rhode Island; of the available research, data and analyses of the
4 impact of primary care and behavioral health service availability and delivery system architecture
5 on population outcomes; and of the advisability of creating a Primary Care Trust or other
6 mechanism to fund and otherwise support a comprehensive integrated primary care and
7 behavioral health system for all Rhode Islanders, and who would report back to the general
8 assembly no later than January 28, 2014, and whose life would expire on June 13, 2016.
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