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STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2013

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A N A C T

RELATING TO HEALTH AND SAFETY - HEALTH ANALYTICS, POLICY AND
PLANNING COMMISSION ACT

Introduced By: Senators Goldin, Cool Rumsey, Satchell, Miller, and Ottiano

Date Introduced: April 04, 2013

Referred To: Senate Health & Human Services

It is enacted by the General Assembly as follows:

1 WHEREAS, Rhode Island's health care system is an integral part of the state, meeting
2 the critical need of health services for its residents but also serving as a major economic engine
3 supporting research, technology development, education and service sector employment; and

4 WHEREAS, The implementation of the Patient Protection and Affordable Care Act is the
5 first in a series of steps necessary to reform the state's health care system in a manner that
6 improves health outcomes, improves the patient experience and lowers the overall cost of care;
7 and

8 WHEREAS, Agencies and departments with influence over the state's health care system
9 have different areas of focus, responsibility, authority and expertise in the system, while none
10 have a holistic, system-wide focus; and

11 WHEREAS, Systematic collection and analysis of health data has not been fully utilized
12 to address policy and regulatory activities in the state; and

13 WHEREAS, The development of a comprehensive, coordinated state health plan is a
14 critical need in addressing the challenges facing the state's health system;

15 THEREFORE, The General Assembly finds it necessary and proper to enact the
16 following amendments to the General Laws.

17 SECTION 1. Chapter 23-81 of the General Laws entitled "RHODE ISLAND
18 COORDINATED HEALTH PLANNING ACT OF 2006" is hereby amended to read as follows:

1 ~~CHAPTER 23-81~~

2 ~~Rhode Island Coordinated Health Planning Act of 2006~~

3 CHAPTER 81

4 HEALTH ANALYTICS, POLICY AND PLANNING COMMISSION ACT

5 **23-81-1. Short title.** -- This chapter shall be known as the "~~Rhode Island Coordinated~~
6 ~~Health Planning Act of 2006.~~" "Health Analytics, Policy and Planning Commission Act."

7 **23-81-2. Legislative findings.** -- It is hereby found and declared:

8 (a) The vast majority of Rhode Islanders believe that quality, affordable health care
9 should be available to all in our state;

10 (b) Our current health care crisis affects all facets of Rhode Island's economy, with a
11 particular burden on small business owners, young people, and those approaching retirement;

12 (c) A majority of Rhode Islanders believe that the state government has a significant role
13 to play in solving this health care crisis;

14 (d) The current state health care infrastructure is fragmented with an array of state
15 departments and offices carrying out health care planning, along with a myriad of private efforts,
16 all with a lack of coordination;

17 (e) Because an essential component of health planning is resource allocation, there is a
18 need to professionalize the health services council and revitalize the certificate of need process;

19 (f) Recognizing that many departments of state government are involved in the
20 collection of data and information related to health care, health care outcomes, health care
21 insurance, consumer behavior and trends, and that accurate and accessible, collection and housing
22 of this information is necessary for the general assembly to enact useful health care policy;

23 (g) Rhode Island's small size makes us the perfect laboratory to create a unified health
24 care system, planned and coordinated with a functioning public/private partnership, with broad
25 representation of all of the health care stakeholders;

26 (h) The general assembly finds that the people of this state have a fundamental interest in
27 the establishment of a comprehensive strategic health care planning process and the preparation,
28 maintenance, and implementation of plans to improve the quality, accessibility, portability, and
29 affordability of health care in Rhode Island; that the continued growth, viability and development
30 of the health care infrastructure by the private and public sectors requires effective planning by
31 the state; and that state and local plans and programs must be properly coordinated with the
32 planning requirements and programs of the federal government; ~~and~~

33 (i) The coordinated health planning process should create usable and dynamic guidance
34 that helps design a health care system and improves the health of Rhode Islanders: ~~;~~ and

1 (j) Systematic collection and analysis of health data has not been fully utilized to address
2 policy and regulatory activities in the state.

3 ~~**23-81-3.1. Establishment of health care planning and accountability advisory**~~
4 ~~**council.**~~—Contingent upon funding:

5 ~~(a) The health care planning and accountability advisory council shall be appointed by~~
6 ~~the secretary of the executive office of health and human services and the health insurance~~
7 ~~commissioner, no later than September 30, 2011, to develop and promote recommendations on~~
8 ~~the health care system in the form of health planning documents described in subsection 23-81-~~
9 ~~4(a).~~

10 ~~(b) The secretary of the executive office of health and human services and the health~~
11 ~~insurance commissioner shall serve as co chairs of the health care planning council.~~

12 ~~(c) The department of health, in coordination with the executive office of health and~~
13 ~~human services and the office of the health insurance commissioner, shall be the principal staff~~
14 ~~agency of the council to develop analysis of the health care system for use by the council,~~
15 ~~including, but not limited to, health planning studies and health plan documents; making~~
16 ~~recommendations for the council to consider for adoption, modification and promotion; and~~
17 ~~ensuring the continuous and efficient functioning of the health care planning council.~~

18 ~~(d) The health care planning council shall consist of, but not be limited to, the following:~~

19 ~~(1) Five (5) consumer representatives. A consumer is defined as someone who does not~~
20 ~~directly or through a spouse or partner receive any of his/her livelihood from the health care~~
21 ~~system. Consumers may be nominated from the labor unions in Rhode Island; the health care~~
22 ~~consumer advocacy organizations in Rhode Island; the business community; and organizations~~
23 ~~representing the minority community who have an understanding of the linguistic and cultural~~
24 ~~barriers to accessing health care in Rhode Island;~~

25 ~~(2) One hospital CEO nominated from among the hospitals in Rhode Island;~~

26 ~~(3) One physician nominated from among the primary care specialty societies in Rhode~~
27 ~~Island;~~

28 ~~(4) One physician nominated from among the specialty physician organizations in Rhode~~
29 ~~Island;~~

30 ~~(5) One nurse or allied health professional nominated from among their state trade~~
31 ~~organizations in Rhode Island;~~

32 ~~(6) One practicing nursing home administrator, nominated by a long term care provider~~
33 ~~organization in Rhode Island;~~

34 ~~(7) One provider from among the community mental health centers in Rhode Island;~~

- 1 ~~(8) One representative from among the community health centers of Rhode Island;~~
- 2 ~~(9) One person from a health professional learning institution located in Rhode Island;~~
- 3 ~~(10) Director of the Department of Health;~~
- 4 ~~(11) Director of the department of human services or designee;~~
- 5 ~~(12) CEOs of each health insurance company that administers the health insurance of ten~~
- 6 ~~percent (10%) or more of insured Rhode Islanders;~~
- 7 ~~(13) The speaker of the house or designee;~~
- 8 ~~(14) The house minority leader or designee;~~
- 9 ~~(15) The president of the senate or designee;~~
- 10 ~~(16) The senate minority leader or designee; and~~
- 11 ~~(17) The health care advocate of the department of the attorney general.~~

12 **23-81-3.2. Commission established.** – (a) In order to create a state entity responsible for
13 a holistic approach to the development of policy and planning for the state’s healthcare system,
14 including the analysis of relevant data to guide the planning and policy development, there is
15 hereby established within the executive branch of state government a health analytics, policy and
16 planning commission to serve as the principal statewide health policy development and planning
17 entity consisting of eleven (11) members:

- 18 (1) The secretary of health and human services;
- 19 (2) The health insurance commissioner;
- 20 (3) The director of the department of health;
- 21 (4) The director of the department of administration or his or her designee whose
22 principle duties relate to health and/or health insurance;
- 23 (5) The health care advocate of the department of the attorney general; and
- 24 (6) Six (6) members of the public with expertise in the health care system, appointed by
25 the governor with the advice and consent of the senate, and in accordance with chapter 28-5.1,
26 two (2) of whom shall serve an initial term of three (3) years, two (2) of whom shall serve an
27 initial term of two (2) years and one of whom shall serve an initial term of one year, and until his
28 or her successor is appointed and qualified. Thereafter, the members appointed pursuant to this
29 subsection shall serve for a term of three (3) years and until his or her successor is appointed and
30 qualified.

31 (b) The governor shall select the chair of the commission from the appointed public
32 members.

33 (c) The governor shall consider the expertise of the other members of the commission and
34 attempt to make appointments so that the commission’s composition reflects a range and diversity

1 of skills, backgrounds, and geographic and stakeholder perspectives.

2 (d) A member of the commission shall not be employed by, a consultant to, a member of
3 the board of directors of, affiliated with, or otherwise a representative of, an insurer, a health
4 insurance agent or broker, a health care provider, or a health care facility or health clinic while
5 serving on the commission. A member of the commission shall not be a member, a board
6 member, or an employee of a trade association of insurers, health facilities, health clinics, or
7 health care providers while serving on the board or on the staff of the exchange. A member of the
8 commission shall not be a health care provider unless he or she receives no compensation for
9 rendering services as a health care provider and does not have an ownership interest in a
10 professional health care practice.

11 (e) Six (6) members shall constitute a quorum of the health analytics, policy and planning
12 commission.

13 (f) The commission shall not abridge the powers, duties and authorities of any other state
14 entity in the administration, operations or management of duly authorized programs.

15 **23-81-3.3. Authority of commission. --** The commission is authorized and empowered
16 to hold public and private hearings, to enter into contracts, within the limit of funds available for
17 these contracts, with individuals, organizations, and institutions for services furthering the
18 objectives of the commission's programs; to enter into contracts, within the limit of funds
19 available for these contracts, with local and regional associations for co-operative endeavors
20 furthering the objectives of the commission's programs; to accept gifts, contributions, and
21 bequests of unrestricted funds from individuals, foundations, corporations, and other
22 organizations or institutions which shall be deposited as general revenues; to make and sign any
23 agreements and to do and perform any acts that may be necessary to carry out the purposes of this
24 chapter. The commission may request and shall receive from any department, division, board,
25 bureau, commission, or agency of the state any assistance and data that will enable it properly to
26 carry out its powers and duties. The commission may empanel any advisors that it deems
27 necessary.

28 ~~**23-81-4. Powers of the health care planning and accountability advisory council.**~~
29 **Powers of the health analytics, policy and planning commission. --** Powers of the ~~council~~
30 commission shall include, but not be limited to the following:

31 (a) The authority to develop and promote studies, advisory opinions and to recommend a
32 unified health plan on the state's health care delivery and financing system, including but not
33 limited to:

34 (1) Ongoing assessments of the state's health care needs and health care system capacity

1 that are used to determine the most appropriate capacity of and allocation of health care
2 providers, services, including transportation services, and equipment and other resources, to meet
3 Rhode Island's health care needs efficiently and affordably. These assessments shall be used to
4 advise the "determination of need for new health care equipment and new institutional health
5 services" or "certificate of need" process through the health services council;

6 (2) The establishment of Rhode Island's long range health care goals and values, and the
7 recommendation of innovative models of health care delivery, that should be encouraged in
8 Rhode Island;

9 (3) Health care payment models that reward improved health outcomes;

10 (4) Measurements of quality and appropriate use of health care services that are designed
11 to evaluate the impact of the health planning process;

12 (5) Plans for promoting the appropriate role of technology in improving the availability
13 of health information across the health care system, while promoting practices that ensure the
14 confidentiality and security of health records; and

15 (6) Recommendations of legislation and other actions that achieve accountability and
16 adherence in the health care community to the ~~council's~~ commission's plans and
17 recommendations.

18 (b) Convene meetings of the ~~council~~ commission no less than every sixty (60) days,
19 which shall be subject to the open meetings laws and public records laws of the state, and shall
20 include a process for the public to place items on the ~~council's~~ commission's agenda.

21 (c) Appoint advisory committees as needed for technical assistance throughout the
22 process.

23 (d) Modify recommendations and plans in order to reflect changing health care systems
24 needs.

25 (e) Promote responsiveness to recommendations among all state agencies that provide
26 health service programs, not limited to the ~~five (5)~~ four (4) state agencies coordinated by the
27 executive office of health and human services, the office of health insurance commissioner, and
28 the department of administration.

29 (f) Coordinate the review of existing data sources from state agencies and the private
30 sector that are useful to developing a unified health plan.

31 (g) Formulating, testing, and selecting policies and standards that will achieve desired
32 objectives.

33 (h) Managing the analysis and reporting of health data and information.

34 ~~(h)~~ (i) Provide an annual report each July, after the convening of the ~~council~~

1 [commission](#), to the governor and general assembly on implementation of the plan adopted by the
2 ~~council~~ [commission](#). This annual report shall:

- 3 (1) Present the strategic recommendations, updated annually;
- 4 (2) Assess the implementation of strategic recommendations in the health care market;
- 5 (3) Compare and analyze the difference between the guidance and the reality;
- 6 (4) Recommend to the governor and general assembly legislative or regulatory revisions
7 necessary to achieve the long-term goals and values adopted by the ~~council~~ [commission](#) as part of
8 its strategic recommendations, and assess the powers needed by the council or governmental
9 entities of the state deemed necessary and appropriate to carry out the responsibilities of the
10 ~~council~~ [commission](#). ~~The initial priority of the council shall be an assessment of the needs of the~~
11 ~~state with regard to hospital services and to present recommendations, if any, for modifications to~~
12 ~~the Hospital Conversion Act and the Certificate of Need Program to execute the strategic~~
13 ~~recommendations of the council. The council shall provide an initial report and recommendations~~
14 ~~to the governor and general assembly on or before March 1, 2013.~~

15 (5) Include the request for a hearing before the appropriate committees of the general
16 assembly.

17 (6) Include a response letter from each state agency that is affected by the state health
18 plan describing the actions taken and planned to implement the ~~plans~~ [plan's](#) recommendations.

19 ~~**23-81-5. Implementation of the council recommendations. Implementation of the**~~
20 ~~**commission plans and policies. --**~~ In order to promote effective implementation of the unified
21 health plan, the ~~council~~ [commission](#) shall recommend to the governor, the general assembly, and
22 other state agencies actions that may be taken to promote and ensure implementation of the
23 council's policy and program guidance. The secretary of the executive office of health and human
24 services, ~~and~~ the health insurance commissioner, ~~and the director of administration, as members~~
25 ~~of the commission, as co chairs, of the council,~~ shall use the powers of their offices to implement
26 the recommendations adopted by the ~~council~~ [commission](#), as deemed appropriate, or as required
27 by the governor or general assembly. The secretary shall coordinate the implementation of the
28 recommended actions by the state agencies within the executive office of health and human
29 services.

30 ~~**23-81-6. Funding Appropriations. --**~~ ~~The executive office of health and human services~~
31 ~~may provide funding to carry out the requirements of this chapter. The general assembly shall~~
32 ~~annually appropriate such sums as it may deem necessary to enable the commission to carry out~~
33 ~~its assigned purposes; and the state controller is hereby authorized and directed to draw his or her~~
34 ~~orders upon the general treasurer for the payment of such sums appropriated or so much thereof~~

1 as may be from time to time required, upon receipt by him or her of proper vouchers approved by
2 the chairperson, or the executive director as delegated by section 23-81-7.

3 **23-81-7. Executive director - Employees. --** The health analytics, policy and planning
4 commission shall appoint an executive director, who shall not be subject to the provisions of
5 chapter 4 of title 36; and shall set his or her compensation and terms of employment. The
6 executive director, through a vote of the commission, may be delegated to act as authorized agent
7 for the approval of all fiscal and personnel documents requiring an authorized signature. The
8 commission shall also cause to be employed such staff, and technical and professional
9 consultants, as may be required to carry out the powers and duties set forth in this chapter.

10 **23-81-8. Health data and information analysis and reporting. –** No later than January
11 1, 2014, the commission shall report to the general assembly and the governor of the general
12 status of analyses and reports relating to follow subject areas:

13 (1) Financial and quality reports for licensed health care providers;

14 (2) Health outcomes; and

15 (3) Health expenditures.

16 The report shall provide recommendations for the transfer of the analytical and reporting
17 process to the commission, including the transfer of any employees, funding and/or authorities to
18 the commission.

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

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EXPLANATION
BY THE LEGISLATIVE COUNCIL
OF

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RELATING TO HEALTH AND SAFETY - HEALTH ANALYTICS, POLICY AND
PLANNING COMMISSION ACT

- 1 This act would replace the health care planning and accountability advisory council with
- 2 the health analytics, policy and planning commission.
- 3 This act would take effect upon passage.

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