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STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2021

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A N A C T

RELATING TO HEALTH AND SAFETY -- ESTABLISHING THE RHODE ISLAND RARE
DISEASE MEDICATION ACCESSIBILITY, AFFORDABILITY, AND REINSURANCE ACT

Introduced By: Representative Joseph M. McNamara

Date Introduced: January 22, 2021

Referred To: House Health, Education & Welfare

It is enacted by the General Assembly as follows:

1 SECTION 1. Title 23 of the General Laws entitled "HEALTH AND SAFETY" is hereby
2 amended by adding thereto the following chapter:

3 CHAPTER 95

4 THE RHODE ISLAND RARE DISEASE MEDICATION ACCESSIBILITY,

5 AFFORDABILITY, AND REINSURANCE ACT

6 **23-95-1. Legislative findings and purpose.**

7 (a) Advancements in medical research are leading to medications which give new hope to
8 cure otherwise fatal or debilitating rare diseases. The state recognizes these medications have
9 exceedingly high and immediate costs. Due to the rareness of the conditions, the drug treatment
10 costs are not well distributed across the healthcare financing system. These high cost and rare
11 treatments trigger financial complications for an employer, municipality, the Medicaid program,
12 the state as an employer, and health insurers, in a way that treatments for common conditions do
13 not; some employers and programs may even consider excluding coverage. Therefore, it is in the
14 interest of the state to facilitate coverage and fair financing by allocating the costs incurred for
15 covering such medications as broadly as possible.

16 (b) This chapter establishes within the office of health and human services a program,
17 informed by an advisory council, to assure equitable financing and thereby to facilitate access to
18 life changing medication for rare diseases.

1 **23-95-2. Definitions.**

2 The following words and phrases as used in this chapter shall have the following meaning:

3 (1) "Contribution enrollee" means:

4 (i) An individual residing in this state, with respect to whom an insurer administers,
5 provides, pays for, insures, or covers healthcare services, unless excepted by this section;

6 (ii) An individual residing outside this state, when covered by a contract, policy, or plan
7 that is delivered, issued for delivery, or renewed in this state; or

8 (iii) An individual residing outside of this state, covered by a group that provides health
9 benefits on a self-insurance basis, when such group has elected to participate in the program,
10 pursuant to rules established by the secretary.

11 "Contribution enrollee" shall not include an individual whose healthcare services are paid
12 or reimbursed by Part A or Part B of the Medicare program, a Medicare supplemental policy as
13 defined in section 1882(g)(1) of the Social Security Act, 42 U.S.C. § 1395ss(g)(1), or Medicare
14 managed care policy, unless such federal program becomes eligible, as determined by the secretary.

15 (2) "Covered drug" means a high cost prescription drug, gene therapy, or cell therapy
16 designated as an orphan drug by the federal Food and Drug Administration and determined by the
17 secretary as a reinsurance eligible drug under the program. The secretary's designation of a drug as
18 a covered drug shall be made with the input of an advisory council created pursuant to § 23-95-4.

19 (3) "Fund" means the rare disease medication reinsurance fund established by § 23-95-3.

20 (4) "Insurer" means all persons offering, administering, and/or insuring healthcare services,
21 including, but not limited to:

22 (i) Policies of accident and sickness insurance, as defined by chapter 18 of title 27;

23 (ii) Nonprofit hospital or medical-service plans, as defined by chapters 19 and 20 of title
24 27;

25 (iii) Any person whose primary function is to provide diagnostic, therapeutic, or preventive
26 services to a defined population on the basis of a periodic premium;

27 (iv) All domestic, foreign, or alien insurance companies, mutual associations, and
28 organizations;

29 (v) Health maintenance organizations, as defined by chapter 41 of title 27;

30 (vi) All persons providing health benefits coverage on a self-insurance basis;

31 (vii) All third-party administrators described in chapter 20.7 of title 27; and

32 (viii) All persons providing health benefit coverage under Title XIX of the Social Security
33 Act (Medicaid) as a Medicaid managed care organization offering managed Medicaid.

34 "Insurer" shall not include any nonprofit dental service corporation as defined in §§ 27-

1 20.1-1 or 27-20.1-2, nor any insurer offering only those coverages described in § 42-7.4-14.

2 (5) "Person" means any individual, corporation, company, association, partnership, limited
3 liability company, firm, state governmental corporations, districts, and agencies, joint stock
4 associations, trusts, and the legal successor thereof.

5 (6) "Rare disease medication funding contribution" means per capita amount each
6 contributing insurer shall contribute to support the program funded by the method established
7 pursuant to the provisions of this chapter, with respect to each contribution enrollee.

8 (7) "Secretary" means the secretary of health and human services.

9 **23-95-3. Establishment of program fund.**

10 (a) The rare disease medication reinsurance fund is hereby established to provide funding
11 for the operation and administration of the program in carrying out the purposes of the program
12 under this chapter. A restricted-receipt account shall be established for the fund which may be used
13 for the purposes set forth in this chapter and shall be exempt from the indirect cost recovery
14 provisions of § 35-4-27. The general treasurer is authorized and directed to draw his or her orders
15 on the account upon receipt of properly authenticated vouchers from the secretary.

16 (b) The secretary is authorized to administer the fund.

17 (c) The fund shall consist of monies collected pursuant to this chapter. In addition, the
18 secretary may seek or receive, and the general treasurer is authorized to accept, any grant, devise,
19 bequest, donation, gift, or assignment of money, bonds, or securities; funds from any state or federal
20 agency, and; settlements. The funds shall be used solely for the purposes of the "rare diseases
21 medication reinsurance fund", and no other.

22 (d) No general revenue funding shall be used for reinsurance payments.

23 (e) The secretary shall submit to the general assembly an annual report on the program and
24 costs related to the program, on or before February 1 of each year. The executive office shall make
25 the report available to each insurer required to make a contribution pursuant to this chapter.

26 **23-95-4. Access to medication for rare diseases advisory council.**

27 (a) Creation of an advisory council. There is hereby created and established a funding for
28 rare diseases medication advisory council, to be referred to in this chapter as "the council."

29 (1) The council shall be composed of the following fifteen (15) members, each to be
30 selected by the secretary unless otherwise noted:

31 (i) The directors of the following four (4) departments or their designees: the department
32 of health, the department of administration, the department of human services Medicaid program,
33 and office of the health insurance commissioner;

34 (ii) One representative of the University of Rhode Island School of Pharmacy with

1 expertise in the study of clinical effectiveness, to be appointed by the dean of the school;

2 (iii) Three representatives of insurers, one of which shall be a Medicaid managed care
3 organization;

4 (iv) One representative of a pharmacy benefit manager;

5 (v) Three (3) representatives of prescribers, representing different clinical specialties,
6 knowledgeable about the treatment of rare diseases, and at least one of whom shall be a licensed
7 pediatrician;

8 (vi) One representative of the Rhode Island parent information network or if such
9 organization ceases to exist then another local representative from another patient advocacy
10 organization;

11 (vii) One representative of an organization that self-funds its health coverage; and
12 (viii) One representative of a municipality or municipal purchasing collaborative.

13 (2) Council members shall be independent and free of conflict with respect to any
14 pharmaceutical manufacturer or distributor that might be interested in the decision to include a
15 medication as a covered drug. The secretary shall protect against such conflict of interest by
16 requiring disclosures and preclude a person's service on the council based on economic or other
17 interests, including employment or appointments, financial interests, payments, funding, gifts, or
18 other relationships that would compromise a council member's independence.

19 (3) The secretary may solicit input from other organizations or experts the secretary
20 determines are essential for the proper execution of the program.

21 (4) Should any member cease to be an officer or employee of the entity he or she is
22 appointed to represent, his or her membership shall terminate immediately. Any vacancy shall be
23 filled by the appointing authority in the same manner as the original appointment.

24 (5) The members of the council shall elect a chairperson and vice chairperson by a majority
25 vote of those present and voting.

26 (6) The secretary shall make the appointments to the council as described above and call
27 the first meeting of the council within four (4) months of enactment of the chapter.

28 (b) Duties of the advisory council. Based on information from the secretary, the council
29 shall recommend the drugs to be covered, an assessment rate, and a funding distribution method.

30 (1) The council shall recommend for inclusion only those medications that are high cost
31 prescription drugs, gene therapies or cell therapies designated as orphan drugs by the federal drug
32 administration. The council shall review and recommend for inclusion those medications with the
33 greatest medical efficacy and which treat those conditions expected to occur with the lowest
34 frequency, and may consider any other factor or factors the council determines to be relevant, in

1 making a recommendation to the secretary that a medication be a covered drug eligible for
2 reimbursement under the program.

3 (2) The council shall be informed by the secretary of the price of each prospective
4 medication, and the estimated number of treatable cases based on the treatment frequency for each
5 drug and the population eligible for coverage under the program.

6 (3) The council shall recommend a preliminary funding contribution for each
7 recommended drug in an amount equal to: the price for each drug multiplied by the estimated
8 number of treatable cases, divided by the number of contribution enrollees. An additional amount
9 shall be included to improve the likelihood that sufficient funds will be available and for
10 administering the program, by adding an amount not to exceed four percent (4%) of the preliminary
11 funding contribution for each covered drug. No additional costs shall be added to the contribution
12 rate.

13 (4) The council shall review and advise the secretary on the process for distributing
14 reinsurance funds.

15 **23-95-4.1. Rare disease medication pricing.**

16 The secretary is hereby authorized and directed to create a drug pricing plan for covered
17 drugs. Manufacturers and distributors of the covered drugs shall offer and accept such prices and
18 terms from participating insurers. In developing the pricing plan, the secretary shall:

19 (1) Utilize and base the price of a covered drug on the current medical assistance
20 (Medicaid) drug program price or may negotiate state-specific prices or participate in multi-state
21 pooling or other collaborative programs, either of which may include rebates, discounts, or other
22 agreements with pharmaceutical companies; and

23 (2) Utilize alternative payment methods including, but not limited to, value-based
24 payments or performance guarantees, or which distribute the financial burden over time by
25 amortizing the costs.

26 **23-95-5. Determination of covered drugs and funding contribution.**

27 (a) Beginning February 1, 2022, and annually thereafter, the secretary shall announce the
28 covered drugs and set the rare disease medication funding contribution in accordance with the
29 provisions of this chapter.

30 (b) The secretary shall determine the covered drug or drugs and the contribution rate to
31 generate program funds, based on the recommendation of the council. The secretary may determine
32 not to include a drug recommended by the council. To determine the final funding contribution
33 rate, the secretary shall add the individual contribution rates for each drug the secretary determines
34 shall be a covered drug under the program.

1 (c) Each insurer is required to pay the rare disease medication funding contribution for each
2 contribution enrollee of the insurer at the time the contribution is calculated and paid, at the rate set
3 forth by the secretary in accordance with the provisions of this section.

4 (d) The contribution set forth herein shall be in addition to any other fees or assessments
5 upon the insurer allowable by law.

6 (e) The contribution shall be paid by the insurer; provided, however, a person providing
7 health benefits coverage on a self-insurance basis that uses the services of a third-party
8 administrator shall not be required to make a contribution for a contribution enrollee where the
9 contribution on that enrollee has been or will be made by the third-party administrator.

10 (f) A person providing health benefits coverage on a self-insurance basis shall inform the
11 secretary of the intent to participate in the program for the individuals covered by the plan residing
12 outside of this state, pursuant to rules established by the secretary. An affirmative election shall be
13 in place and contributions made for these out-of-state enrollees at least one year prior to a claim
14 being submitted for such out of state enrollees.

15 **23-95-6. Returns and payment.**

16 (a) Beginning in April of 2023, and subject to subsection (b) of this section, every insurer
17 required to make a contribution shall, on or before the last day of January, April, July, and October
18 of each year, make a return to the secretary together with payment of the quarterly funding
19 contribution for the preceding three (3) month period.

20 (b) Any insurer required to make the contribution that can substantiate that the insurer's
21 contribution liability would average less than twenty-five thousand dollars (\$25,000) per month
22 may file returns and remit payment annually on or before the last day of January each year
23 (beginning January of 2024); provided, however, that the insurer shall be required to make quarterly
24 payments if the secretary determines that:

25 (1) The insurer has become delinquent in either the filing of the return or the payment of
26 the funding contribution due thereon; or

27 (2) The liability of the insurer exceeds seventy-five thousand dollars (\$75,000) in funding
28 contributions per quarter for any two (2) subsequent quarters.

29 (c) All returns shall be signed by the insurer required to make the contribution, or by its
30 authorized representative, subject to the pains and penalties of perjury.

31 (d) If a return shows an overpayment of the contribution due, the secretary shall refund or
32 credit the overpayment to the insurer required to make the contribution, or the insurer may deduct
33 the overpayment from the next quarterly or annual return.

34 (e) The secretary, for good cause shown, may extend the time within which an insurer is

1 required to file a return, and if the return is filed during the period of extension no penalty or late
2 filing charge may be imposed for failure to file the return at the time required by this section, but
3 the insurer shall be liable for interest as prescribed in § 23-95-8. Failure to file the return during the
4 period for the extension shall void the extension.

5 **23-95-7. Set-off for delinquent payment.**

6 If an insurer required to make the contribution pursuant to this chapter shall fail to pay a
7 contribution within thirty (30) days of its due date, the secretary may request any agency of state
8 government making payments to the insurer to set-off the amount of the delinquency against any
9 payment or amount due the insurer from the agency of state government and remit the sum to the
10 secretary. Upon receipt of the set-off request from the secretary, any agency of state government is
11 authorized and empowered to set-off the amount of the delinquency against any payment or
12 amounts due the insurer. The amount of the set-off shall be credited against the contribution due
13 from the insurer.

14 **23-95-8. Assessment on available information -- Interest on delinquencies -- Penalties**
15 **-- Collection powers.**

16 If any insurer shall fail to file a return within the time required by this chapter, or shall file
17 an insufficient or incorrect return, or shall not pay the contribution imposed by this section when it
18 is due, the secretary shall assess the contribution upon the information as may be available, which
19 shall be payable upon demand and shall bear interest at the annual rate provided by § 44-1-7, from
20 the date when the contribution should have been paid. If the failure is due, in whole or part, to
21 negligence or intentional disregard of the provisions of this section, a penalty of ten percent (10%)
22 of the amount of the determination shall be added to the contribution. The secretary shall collect
23 the contribution with interest. The secretary may request any agency to assist in collection,
24 including the tax administrator, who may collect the contribution with interest in the same manner
25 and with the same powers as are prescribed for collection of taxes in title 44.

26 **23-95-9. Claims for refund or payment -- Hearing upon denial.**

27 (a) Any insurer required to pay the contribution or making a request for reinsurance
28 payment may file a claim for refund or payment with the secretary at any time within one year after
29 the contribution has been paid or reinsurance payment request made. If the secretary shall determine
30 that the contribution has been overpaid, or that a payment to the insurer was due or underpaid, he
31 or she shall make a refund or payment with ten percent (10%) interest from the date of overpayment,
32 or the date the payment was due.

33 (b) Any insurer whose claim for refund or reinsurance payment has been denied may,
34 within thirty (30) days from the date of the mailing by the secretary of the notice of the decision,

1 request a hearing and the secretary shall, as soon as practicable, set a time and place for the hearing
2 and shall notify the person.

3 **23-95-10. Hearing by secretary on application.**

4 Any insurer aggrieved by the action of the secretary in determining the amount of any
5 contribution, reinsurance payment, or penalty imposed under the provisions of this chapter may
6 apply to the secretary, within thirty (30) days after the notice of the action is mailed to it, for a
7 hearing relative to the contribution, payment, or penalty. The secretary shall fix a time and place
8 for the hearing and shall so notify the person. Upon the hearing the secretary shall correct manifest
9 errors, if any, disclosed at the hearing and thereupon assess and collect, or pay, the amount lawfully
10 due together with any penalty or interest thereon.

11 **23-95-11. Appeals.**

12 Appeals from administrative orders or decisions made pursuant to any provisions of this
13 chapter shall be pursued pursuant to chapter 35 of title 42. The right to appeal under this section
14 shall be expressly made conditional upon prepayment of all contribution, interest, and penalties
15 unless the insurer demonstrates to the satisfaction of the court that the insurer has a reasonable
16 probability of success on the merits and is unable to prepay all contribution, interest, and penalties,
17 considering not only the insurer's own financial resources but also the ability of the insurer to
18 borrow the required funds. If the court, after appeal, holds that the insurer is entitled to a refund or
19 payment, the insurer shall also be paid interest on the amount at the rate provided in § 44-1-7.

20 **23-95-12. Records.**

21 Every insurer required to make the contribution shall:

22 (1) Keep records as may be necessary to determine the amount of its liability or claim for
23 reinsurance payment under this chapter;

24 (2) Preserve those records for a period of three (3) years following the date of filing of any
25 return or claim required by this chapter, or until any litigation or prosecution under this chapter has
26 been finally adjudicated or decided and all appeals exhausted; and

27 (3) Make those records available for inspection by the secretary or his/her authorized
28 agents, upon demand, at reasonable times during regular business hours.

29 **23-95-13. Method of payment and deposit of contribution.**

30 (a) The payments required by this chapter may be made by electronic transfer of monies to
31 the general treasurer.

32 (b) The general treasurer shall take all steps necessary to facilitate the transfer of monies
33 to the rare disease medication funding account established pursuant to § 23-95-3.

34 (c) Any remainder in the account after funds have been distributed in a program year shall

1 be retained for use in subsequent program years.

2 (d) The general treasurer shall provide the secretary with a record of any monies transferred
3 and deposited.

4 **23-95-14. Rules and regulations.**

5 The secretary is authorized to make and promulgate rules, regulations, and procedures not
6 inconsistent with state law and fiscal procedures as he or she deems necessary for the proper
7 administration of this chapter and to carry out the provisions, policies, and purposes of this chapter
8 including, but not limited to, data deemed necessary by the secretary from insurers for the correct
9 computation of the funding contribution, collaboration with other state agencies for collecting
10 necessary information, and the form of the return and the data which shall be included for the
11 correct computation of the funding contribution.

12 **23-95-15. Excluded coverage from the health care services funding plan act.**

13 In addition to any exclusion and exemption contained elsewhere in this chapter, this
14 chapter shall not apply to insurance coverage providing benefits for, nor shall an individual be
15 deemed a contribution enrollee solely by virtue of receiving benefits for the following:

16 (1) Hospital confinement indemnity;

17 (2) Disability income;

18 (3) Accident only;

19 (4) Long-term care;

20 (5) Medicare supplement;

21 (6) Limited benefit health;

22 (7) Specified disease indemnity;

23 (8) Sickness or bodily injury or death by accident or both; or

24 (9) Other limited benefit policies.

25 **23-95-16. Impact on health insurance rates.**

26 (a) Allocation. An insurer required to make a funding contribution under this chapter may
27 pass on the cost of that contribution in the cost of its services, such as its premium rates for insurers,
28 without being required to specifically allocate those costs to individuals or populations that actually
29 incurred the contribution. The costs are to be fairly allocated among the market segments incurring
30 such costs.

31 (b) Oversight. The health insurance commissioner shall ensure, through the rate review and
32 approval process that the rates filed for fully insured groups and individuals, pursuant to chapter
33 18.5, 18.6 or 50 of title 27 reflect the transition to the funding method provided by this section.

34 **23-95-17. Distribution from the rare disease medication reinsurance fund.**

1 (a) The secretary shall by regulation implement a state-based reinsurance program to
2 provide insurers with reinsurance payments for covered drugs. The program is intended to mitigate
3 the impact of high-cost prescription drugs and gene or cell therapies on the cost of healthcare
4 coverage offered by the insurer.

5 (1) Reinsurance payments shall be available for claims for covered drugs paid by an insurer
6 on or after January 1, 2023.

7 (2) An insurer becomes eligible for payment from the reinsurance fund when it pays for
8 one or more covered drugs in a calendar year.

9 (3) Insurers may request reinsurance payments on a calendar year basis. The secretary shall
10 establish a timely filing requirement for insurers to receive a reinsurance payment for a covered
11 drug. Such timely filing requirement shall not be less than one hundred eighty (180) days nor more
12 than twelve (12) months following the end of the calendar year. An insurer that does not submit a
13 request for reinsurance payment within the timely filing period shall not be eligible for reinsurance
14 payment

15 (4) The secretary will calculate the total reinsurance payment owed to each insurer within
16 ninety (90) days of the date all insurer requests for payment are due to the secretary.

17 (5) The secretary may establish such program elements as it deems appropriate to ensure
18 equitable distribution of the fund, including attachment points, coinsurance rates, and/or
19 coinsurance caps which may be applied in aggregate or per covered drug. Such program elements
20 may be adjusted no more frequently than annually with the input of the rare diseases advisory
21 council.

22 (6) In no event shall the reinsurance payment to an insurer exceed the total amount paid by
23 the insurer for a covered drug after rebates.

24 (b) Insurers shall provide the secretary with data prescribed by the secretary in rules and
25 regulations as necessary in order to substantiate a claim for reinsurance payment from the fund in
26 a time and manner determined by the secretary.

27 (c) Any balance remaining in the fund after such reinsurance payments shall be applied to
28 claims in subsequent years as described in this section. In no event shall all reinsurance payments
29 in a calendar year to all insurers exceed the amount collected pursuant to § 23-95-6 plus any funds
30 remaining from prior years.

31 SECTION 2. Section 35-4-27 of the General Laws in Chapter 35-4 entitled "State Funds"
32 is hereby amended to read as follows:

33 **35-4-27. Indirect cost recoveries on restricted receipt accounts.**

34 Indirect cost recoveries of ten percent (10%) of cash receipts shall be transferred from all

1 restricted-receipt accounts, to be recorded as general revenues in the general fund. However, there
2 shall be no transfer from cash receipts with restrictions received exclusively: (1) From contributions
3 from non-profit charitable organizations; (2) From the assessment of indirect cost-recovery rates
4 on federal grant funds; or (3) Through transfers from state agencies to the department of
5 administration for the payment of debt service. These indirect cost recoveries shall be applied to all
6 accounts, unless prohibited by federal law or regulation, court order, or court settlement. The
7 following restricted receipt accounts shall not be subject to the provisions of this section:

8 Executive Office of Health and Human Services
9 [Rare Disease Medication Reinsurance Fund](#)
10 Organ Transplant Fund
11 HIV Care Grant Drug Rebates
12 Health System Transformation Project
13 Department of Human Services
14 Veterans' home -- Restricted account
15 Veterans' home -- Resident benefits
16 Pharmaceutical Rebates Account
17 Demand Side Management Grants
18 Veteran's Cemetery Memorial Fund
19 Donations -- New Veterans' Home Construction
20 Department of Health
21 Pandemic medications and equipment account
22 Miscellaneous Donations/Grants from Non-Profits
23 State Loan Repayment Match
24 Healthcare Information Technology
25 Department of Behavioral Healthcare, Developmental Disabilities and Hospitals
26 Eleanor Slater non-Medicaid third-party payor account
27 Hospital Medicare Part D Receipts
28 RICLAS Group Home Operations
29 Commission on the Deaf and Hard of Hearing
30 Emergency and public communication access account
31 Department of Environmental Management
32 National heritage revolving fund
33 Environmental response fund II
34 Underground storage tanks registration fees

1 De Coppet Estate Fund
2 Rhode Island Historical Preservation and Heritage Commission
3 Historic preservation revolving loan fund
4 Historic Preservation loan fund -- Interest revenue
5 Department of Public Safety
6 E-911 Uniform Emergency Telephone System
7 Forfeited property -- Retained
8 Forfeitures -- Federal
9 Forfeited property -- Gambling
10 Donation -- Polygraph and Law Enforcement Training
11 Rhode Island State Firefighter's League Training Account
12 Fire Academy Training Fees Account
13 Attorney General
14 Forfeiture of property
15 Federal forfeitures
16 Attorney General multi-state account
17 Forfeited property -- Gambling
18 Department of Administration
19 OER Reconciliation Funding
20 Health Insurance Market Integrity Fund
21 RI Health Benefits Exchange
22 Information Technology Investment Fund
23 Restore and replacement -- Insurance coverage
24 Convention Center Authority rental payments
25 Investment Receipts -- TANS
26 OPEB System Restricted Receipt Account
27 Car Rental Tax/Surcharge-Warwick Share
28 Executive Office of Commerce
29 Housing Resources Commission Restricted Account
30 Department of Revenue
31 DMV Modernization Project
32 Jobs Tax Credit Redemption Fund
33 Legislature
34 Audit of federal assisted programs

1 Department of Children, Youth and Families
2 Children's Trust Accounts -- SSI
3 Military Staff
4 RI Military Family Relief Fund
5 RI National Guard Counterdrug Program
6 Treasury
7 Admin. Expenses -- State Retirement System
8 Retirement -- Treasury Investment Options
9 Defined Contribution -- Administration - RR
10 Violent Crimes Compensation -- Refunds
11 Treasury Research Fellowship
12 Business Regulation
13 Banking Division Reimbursement Account
14 Office of the Health Insurance Commissioner Reimbursement Account
15 Securities Division Reimbursement Account
16 Commercial Licensing and Racing and Athletics Division Reimbursement Account
17 Insurance Division Reimbursement Account
18 Historic Preservation Tax Credit Account
19 Judiciary
20 Arbitration Fund Restricted Receipt Account
21 Third-Party Grants
22 RI Judiciary Technology Surcharge Account
23 Department of Elementary and Secondary Education
24 Statewide Student Transportation Services Account
25 School for the Deaf Fee-for-Service Account
26 School for the Deaf -- School Breakfast and Lunch Program
27 Davies Career and Technical School Local Education Aid Account
28 Davies -- National School Breakfast & Lunch Program
29 School Construction Services
30 Office of the Postsecondary Commissioner
31 Higher Education and Industry Center
32 Department of Labor and Training
33 Job Development Fund

1 SECTION 3. 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 -- ESTABLISHING THE RHODE ISLAND RARE
DISEASE MEDICATION ACCESSIBILITY, AFFORDABILITY, AND REINSURANCE ACT

1 This act would provide for establishment of the rare disease medication reinsurance
2 program to be funded by insurer contributions. The program would be administered by the secretary
3 of health and human services based on recommendations from a fifteen (15) member advisory
4 council.

5 This act would take effect upon passage.

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