

2022 -- H 7616

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STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2022

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A N A C T

RELATING TO STATE AFFAIRS AND GOVERNMENT -- DEPARTMENT OF HEALTHY  
AGING

Introduced By: Representatives Carson, Donovan, Ruggiero, McLaughlin, Cortvriend,  
Speakman, Ajello, and Potter

Date Introduced: March 02, 2022

Referred To: House Finance

It is enacted by the General Assembly as follows:

1 SECTION 1. Legislative findings.

2 The general assembly finds and declares as follows:

3 (1) In the United States, there are approximately fifty-two (52) million people age sixty-  
4 five (65) or older, according to the U.S. Census Bureau. This demographic is projected to almost  
5 double in size by the year 2060, with a result that one out of five (5) people will be senior citizens.  
6 Older adults are also predicted to outnumber children in the next ten (10) years. This significant  
7 increase is largely due to many medical and technological improvements that have helped older  
8 adults live longer.

9 (2) Rhode Island currently has the eleventh (11th) largest concentration of elders in its  
10 communities. There are currently two hundred ninety-eight thousand (298,000) senior residents in  
11 the state, making up nearly one-third (1/3) of the population and close to fifty percent (50%) of the  
12 voting public. Rhode Island's older adult population is growing rapidly.

13 (3) Rhode Island holds a special place in the country's services for older adults. In 1965,  
14 the year that both Medicare and Medicaid became law, former Rhode Island Congressman John E.  
15 Fogarty introduced and won passage of H.R. 3708, The Older Americans Act of 1965 (OAA) (Pub.  
16 L. 89-73, 79 Stat. 218). The OAA established the Administration on Aging (AOA), provided for  
17 state grants "To provide assistance in the development of new or improved programs to help older  
18 persons...", and required states to develop and submit plans on aging to the AOA approval.

1 (4) Senior centers have become one of the most widely used services among America's  
2 older adults, recognized by the OAA as a community focal point. Today, almost ten thousand  
3 (10,000) senior centers enable one million individuals to stay healthy and independent by providing  
4 meals, health programs, transportation, benefits counseling, employment, and more.

5 (5) During the pandemic, senior centers became lifelines for homebound older adults by  
6 offering home-delivered meals, telephone checks, and virtual programs. As the COVID-19 vaccine  
7 became available, senior centers again stepped up to serve as vaccination sites and hubs of trusted  
8 information about how to stay safe.

9 (6) The federal government produced, Older Americans 2020: Key Indicators of Well-  
10 Being (Older Americans 2020). The report provides a comprehensive picture of our older  
11 population with an accessible compendium of indicators drawn from the most reliable and recent  
12 official statistics. It includes strong language that would support the modernization of senior centers  
13 to fill this tremendous need.

14 (7) In 2011 the Rhode Island department of elderly affairs was changed to a division within  
15 the department of human services. In 2019, the state budget bill included an article that made an  
16 additional change to the division of elderly affairs and renamed it to the office of healthy aging  
17 (OHA).

18 (8) With a large percentage of the population at the age of sixty-five (65) and over, the  
19 increasing needs of services in a post-pandemic world, and acknowledging that Rhode Island's  
20 older adults have spent a lifetime providing financial support to the current systems of education  
21 and public service, the time has come to update and restructure the administration and delivery of  
22 services.

23 (9) The purpose of this legislation is to accelerate efforts to shift Rhode Island's narrative  
24 on aging and to position the state to better meet the demands of our growing and vital constituency.  
25 This bill serves as a blueprint for action to strengthen organizational operations and program  
26 offerings while recognizing that people's needs and desires are diverse and multi-dimensional as  
27 they age, by re-naming the office of healthy aging and establishing the department of healthy aging.

28 SECTION 2. The title of Chapter 42-66 of the General Laws entitled "Office of Healthy  
29 Aging" is hereby amended to read as follows:

30 ~~CHAPTER 42-66~~

31 ~~Office of Healthy Aging~~

32 CHAPTER 42-66

33 DEPARTMENT OF HEALTHY AGING

34 SECTION 3. Sections 42-66-2, 42-66-3, 42-66-4, 42-66-5, 42-66-7, and 42-66-8 of the

1 General Laws in Chapter 42-66 entitled "Office of Healthy Aging" are hereby amended to read as  
2 follows:

3 **42-66-2. Establishment of department -- Director.**

4 There is established within the executive branch of state government a department of  
5 ~~elderly affairs~~ healthy aging. The director of the department shall be the director of ~~elderly affairs~~  
6 healthy aging, appointed by and reporting directly to the governor, with the advice and consent of  
7 the senate.

8 **42-66-3. Transfer of functions from the department of community affairs.**

9 There are transferred to the director of the department of ~~elderly affairs~~ healthy aging:

10 (1) Those duties with respect to elderly ~~citizens~~ persons as enacted by former §§ 42-44-9  
11 and 42-44-10;

12 (2) So much of other functions or parts of functions of the director of the department of  
13 community affairs; provided, however, that those duties with respect to housing facilities, projects,  
14 and programs for the elderly shall be within the jurisdiction of the governor's office of  
15 intergovernmental relations; and

16 (3) Whenever in the general laws or in any public law the words "administration of division  
17 of aging," "division on aging," ~~and~~ "director and/or department of community affairs," and the  
18 "office of healthy aging" shall appear in relation to elderly affairs , the reference shall be deemed  
19 to mean and include the director and the department of ~~elderly affairs~~ healthy aging, as the case  
20 may be.

21 **42-66-4. ~~Duties of the division~~ Duties of the department of healthy aging.**

22 (a) The ~~division~~ department of healthy aging shall be the principal agency of the state to  
23 mobilize the human, physical, and financial resources available to plan, develop, and implement  
24 and bring awareness to innovative programs to ensure the dignity and independence of elderly  
25 persons, including the planning, development, and implementation of a home- and long-term-care  
26 program for the elderly in the communities of the state.

27 (b)(1) The ~~division~~ department shall serve as an advocate for the needs of the adult with a  
28 disability as these needs and services overlap the needs and services of elderly persons.

29 (2) The ~~division~~ department shall serve as the state's central agency for the administration  
30 and coordination of a long-term-care entry system, using community-based access points, that will  
31 provide the following services related to long-term care: information and referral; initial screening  
32 for service and benefits eligibility; and a uniform assessment program for state-supported long-  
33 term care.

34 (3) The ~~division~~ department shall investigate reports of elder abuse, neglect, exploitation,

1 or self-neglect and shall provide and/or coordinate protective services.

2 (4) The department shall monitor and maintain a strong relationship between the various  
3 state agencies and the actual service providers for elderly persons.

4 (c) To accomplish these objectives, the director is authorized:

5 (1) To provide assistance to communities in solving local problems with regard to elderly  
6 persons including, but not limited to, problems in identifying and coordinating local resources to  
7 serve the needs of elderly persons;

8 (2) To facilitate ~~communications and the free flow of information~~ and expand the lines of  
9 communication between communities, seniors service providers, and the offices, agencies, and  
10 employees of the state;

11 (3) To encourage and assist communities, agencies, and state departments to plan, develop,  
12 and implement home- and long-term care programs;

13 (4) To provide and act as a clearinghouse for information, data, and other materials relative  
14 to elderly persons;

15 (5) To initiate and carry out studies and analyses that will aid in solving local, regional,  
16 and statewide problems concerning elderly persons;

17 (6) To coordinate those programs of other state agencies designed to assist in the solution  
18 of local, regional, and statewide problems concerning elderly persons;

19 (7) To advise and inform the governor on the affairs and problems of elderly persons in the  
20 state;

21 (8) To exercise the powers and discharge the duties assigned to the director in the fields of  
22 health care, nutrition, homemaker services, geriatric day care, economic opportunity, local and  
23 regional planning, transportation, and education and pre-retirement programs;

24 (9) To further the cooperation of local, state, federal, and private agencies and institutions  
25 providing for services or having responsibility for elderly persons;

26 (10) To represent and act on behalf of the state in connection with federal grant programs  
27 applicable to programs for elderly persons in the functional areas described in this chapter;

28 (11) To seek, accept, and otherwise take advantage of all federal aid available to the  
29 division, and to assist other agencies of the state, local agencies, and community groups in taking  
30 advantage of all federal grants and subventions available for elderly persons and to accept other  
31 sources of funds with the approval of the director of administration that shall be deposited as general  
32 revenues;

33 (12) To render advice and assistance to communities and other groups in the preparation  
34 and submission of grant applications to state and federal agencies relative to programs for elderly

1 persons;

2 (13) To review and coordinate those activities of agencies of the state and of any political  
3 subdivision of the state at the request of the subdivision, that affect the full and fair utilization of  
4 community resources for programs for elderly persons, and initiate programs that will help ensure  
5 such utilization;

6 (14) To encourage the formation of councils on aging and to assist local communities in  
7 the development of the councils;

8 (15) To promote and coordinate daycare facilities for the frail elderly who are in need of  
9 supportive care and supervision during the daytime;

10 (16) To provide and coordinate the delivery of in-home services to the elderly, as defined  
11 under the rules and regulations adopted by the ~~office~~ [department](#) of healthy aging;

12 (17) To advise and inform the public of the risks of accidental hypothermia;

13 (18) To establish a clearinghouse for information and education of the elderly ~~citizens~~  
14 [persons](#) of the state, including, but not limited to, and subject to available funding, a web-based  
15 caregiver support information center;

16 (19) [As amended by P.L. 2019, ch. 110, § 2]. To establish and operate, in collaboration  
17 with the departments of behavioral health, developmental disabilities and hospitals; human  
18 services; and children youth and families regular community agencies supporting caregivers, a  
19 statewide family-caregiver support association and a family-caregiver resource network to provide  
20 and coordinate family-caregiver training and support services to include counseling and elder  
21 caregiver respite services, which shall be subject to available funding, and include home  
22 health/homemaker care, adult day services, assisted living, and nursing facility care; and

23 (19) [As amended by P.L. 2019, ch. 130, § 2]. To establish and operate, in collaboration  
24 with the department of behavioral healthcare, developmental disabilities and hospitals; the  
25 department of human services; the department of children, youth and families, and community  
26 agencies supporting caregivers, a statewide family-caregiver support association and a family-  
27 caregiver resource network to provide and coordinate family-caregiver training and support  
28 services to include counseling and caregiver respite services, which shall be subject to available  
29 funding, and include home health/homemaker care, adult day services, assisted living, and nursing  
30 facility care; and

31 (20) To supervise the citizens' commission for the safety and care of the elderly created  
32 pursuant to the provisions of chapter 1.4 of title 12.

33 [\(21\) To protect and enable senior persons to stay healthy and independent by providing](#)  
34 [meals, health programs, transportation, benefits counseling, employment, and more.](#)

1           (22) To encourage the various state agencies to employ individuals that have expertise in  
2 the areas of transportation, housing, nutrition, health, financial and economic literacy and stability,  
3 lifelong learning, physical and social engagement, and adult protective services.

4           (23) To provide professional development to agencies and programs providing senior  
5 services.

6           (24) To act as a liaison to governmental agencies advocating for aging issues.

7           (25) To provide a clearing house for partnering agencies and businesses to assist senior  
8 centers and municipalities to better serve their senior residents.

9           (26) To appoint senior centers as the community hub for emergency service delivery.

10          (27) To manage and develop a multi-tiered system of transportation that joins the  
11 department of health and human services, the department of transportation and senior centers to  
12 work with all available modes of public transportation at the municipal level to develop municipal  
13 plans that suit the elderly population of each municipality.

14          (28) To give senior centers and municipalities the authority to bill Medicaid for  
15 transportation services.

16          (29) To develop and submit to the general assembly for approval a funding formula that  
17 meets the requirements and furthers the purposes of this chapter. The funding formula shall include:

18           (i) Input from senior residents and their caregivers, and

19           (ii) An allocation of funding to the municipality with a restriction that the money be used  
20 only for the municipality's senior center (s) based on the population of senior residents living in  
21 the municipality.

22          (d) In order to assist in the discharge of the duties of the division, the director may request  
23 from any agency of the state information pertinent to the affairs and problems of elderly persons.

24          **42-66-5. Divisions of department.**

25          There shall be within the department of ~~elderly-affairs~~ healthy aging a division of program  
26 planning, development and operations and a division of community services.

27          **42-66-7. Advisory commission on aging.**

28          (a) Within the department of ~~elderly-affairs~~ healthy aging there shall be an advisory  
29 commission on aging consisting of twenty-five (25) members, four (4) of whom shall be from the  
30 general assembly as hereinafter provided, and twenty-one (21) of whom shall be appointed by the  
31 governor, thirteen (13) of whom shall be elderly consumers representative of that segment of the  
32 population. In the case of members of the commission appointed by the governor, they shall be  
33 chosen and shall hold office for three (3) years, except that in the original appointments, seven (7)  
34 members shall be designated to serve for one year, seven (7) members shall be designated to serve

1 for two (2) years and seven (7) members shall be designated to serve for three (3) years,  
2 respectively, and until their respective successors are appointed and qualified. In the month of  
3 February in each year the governor shall appoint successors to the members of the commission  
4 whose terms shall expire in such year to hold office until the first day of March in the third year  
5 after their appointment and until their respective successors are appointed and qualified.

6 (b) The four (4) members from the general assembly shall be appointed, two (2) from the  
7 house of representatives by the speaker, one from each of the two (2) major political parties, and  
8 two (2) from the senate by the president of the senate, one each from the two (2) major political  
9 parties, each to serve until the thirty-first day of December in the second year of the term to which  
10 the member has been elected. Any vacancy, which may occur in the commission, shall be filled in  
11 like manner as the original appointment, for the remainder of the unexpired term.

12 (c) The members of the commission at the first meeting shall elect a chairperson and such  
13 other officers as they may deem necessary. The commission shall meet at the call of the governor  
14 or the chairperson and shall make suggestions to and advise the governor or the director concerning  
15 the policies and problems confronting the aged and aging of the state. The members of the  
16 commission shall serve without compensation but shall be compensated for their necessary and  
17 actual traveling expenses in the performance of their official duties.

18 **42-66-8. Abuse, neglect, exploitation, and self-neglect of elderly persons -- Duty to**  
19 **report.**

20 (a) Any person who has reasonable cause to believe that any person sixty (60) years of age  
21 or older has been abused, neglected, or exploited, or is self-neglecting, shall make an immediate  
22 report to the director of the ~~office~~ [department](#) of healthy aging, or his or her designee. The ~~office~~  
23 [department](#) of healthy aging may then notify law enforcement if appropriate. This section applies  
24 to any person sixty (60) years of age or older regardless of where he or she lives in the community.

25 (b) Any physician, physician assistant, medical intern, registered nurse, licensed practical  
26 nurse, nurse's aide, orderly, certified nursing assistant, medical examiner, dentist, optometrist,  
27 optician, chiropractor, podiatrist, coroner, police officer, probation officer, emergency medical  
28 technician, firefighter, speech pathologist, audiologist, social worker, pharmacist, physical or  
29 occupational therapist, or health officer, who has reasonable cause to believe that any person sixty  
30 (60) years of age or older has been abused, neglected, or exploited, or is self-neglecting, shall make  
31 an immediate report to the director of the ~~office~~ [department](#) of healthy aging, or his or her designee.  
32 The ~~office~~ [department](#) of healthy aging may then notify law enforcement if appropriate. This  
33 section applies to any person sixty (60) years of age or older regardless of where he or she lives in  
34 the community. Reporting requirements relating to individuals in healthcare facilities are further

1 set forth in § 23-17.8-2. The report pursuant to this section shall contain:

2 (1) The name, address, telephone number, occupation, and employer's address and the  
3 phone number of the person reporting;

4 (2) The name and address of the ~~patient or resident~~ elderly person who is believed to be  
5 the victim of the abuse, mistreatment, or neglect;

6 (3) The details, observations, and beliefs concerning the incident(s);

7 (4) Any statements regarding the incident made by the ~~patient or resident~~ elderly person  
8 who is believed to be the victim and to whom they were made;

9 (5) The date, time, and place of the incident;

10 (6) The name of any individual(s) believed to have knowledge of the incident;

11 (7) The name of any individual(s) believed to have been responsible for the incident;

12 (8) The name of the individual's caretaker, if known;

13 (9) Any medical treatment being received if immediately required and need to coordinate  
14 care, if known;

15 (10) Any other information the reporter believes relevant to the investigation; and

16 (11) The name and address of the reporter and where the reporter can be contacted. The  
17 reporter's identity shall remain confidential unless disclosure is consented to by the reporter or by  
18 court order.

19 (c) Individuals required to report pursuant to the provisions of subsection (b) of this section  
20 shall, whenever practical and if known, provide twenty-four hour (24) notice of discharge to the  
21 department and shall include the address and telephone number of the individual being discharged.

22 (d) In cases of abuse, neglect, or exploitation, any person who fails to make the report shall  
23 be punished by a fine of not more than one thousand dollars (\$1,000). Nothing in this section shall  
24 require an elder who is a victim of abuse, neglect, exploitation or who is self neglecting, to make a  
25 report regarding such abuse, neglect, exploitation, or self-neglect to the director of the ~~office~~  
26 department of healthy aging, or his or her designee. The ~~office~~ department of healthy aging may  
27 then notify law enforcement if appropriate.

28 (e) No person required to report pursuant to the provisions of this section shall be liable in  
29 any civil or criminal action by reason of the report; provided, however, that such person did not  
30 perpetrate, inflict, or cause the abuse. No employer or supervisor may discharge, demote, transfer,  
31 reduce pay, benefits, or work privileges; prepare a negative work performance evaluation; or take  
32 any other action detrimental to an employee or supervisee who files a report in accordance with the  
33 provisions of this section by reason of such report.

34 SECTION 4. Sections 5-37-22 and 5-37-23 of the General Laws in Chapter 5-37 entitled



1 "Board of Medical Licensure and Discipline" are hereby amended to read as follows:

2 **5-37-22. Disclosures.**

3 (a)(1) Any physician who is not a participant in a medical insurance plan shall post a notice,  
4 in a conspicuous place in his or her medical offices where it can be read by his or her patients, that  
5 reads, in substance, as follows:

6 "To my patients:

7 I do not participate in a medical insurance plan. You should know that you shall be  
8 responsible for the payment of my medical fees."

9 (2) Any physician who fails to post this notice shall not be entitled to charge his or her  
10 patients any amount for medical fees in excess of that allowed had the physician participated in a  
11 medical insurance plan.

12 (b) Every physician shall disclose to patients eligible for Medicare, in advance of treatment,  
13 whether the physician accepts assignment under Medicare reimbursement as payment in full for  
14 medical services and/or treatment in the physician's office. This disclosure shall be given by posting  
15 in each physician's office, in a conspicuous place, a summary of the physician's Medicare  
16 reimbursement policy. Any physician who fails to make the disclosure as required in this section  
17 shall not be allowed to charge the patient in excess of the Medicare assignment amount for the  
18 medical procedure performed.

19 (c) When a patient requests, in writing, that his or her medical records be transferred to  
20 another physician or medical practice group, the original physician or medical-practice group shall  
21 promptly honor the request. The physician or medical-practice group shall be reimbursed for  
22 reasonable expenses (as defined by the director pursuant to § 23-1-48) incurred in connection with  
23 copying the medical records.

24 (d) Every physician or medical-practice group shall, upon written request of any patient (or  
25 his or her authorized representative as defined in § 5-37.3-3(1)) who has received healthcare  
26 services from the physician or medical-practice group, at the option of the physician or medical-  
27 practice group either permit the patient (or his or her authorized representative) to examine and  
28 copy the patient's confidential healthcare information, or provide the patient (or his or her  
29 authorized representative) a summary of that information. If the physician or medical-practice  
30 group decides to provide a summary and the patient is not satisfied with a summary, then the patient  
31 may request, and the physician or medical-practice group shall provide, a copy of the entire record.  
32 At the time of the examination, copying, or provision of summary information, the physician or  
33 medical-practice group shall be reimbursed for reasonable expenses (as defined by the director  
34 pursuant to § 23-1-48) in connection with copying this information. If, in the professional judgment

1 of the treating physician, it would be injurious to the mental or physical health of the patient to  
2 disclose certain confidential healthcare information to the patient, the physician or medical-practice  
3 group shall not be required to disclose or provide a summary of that information to the patient, but  
4 shall upon written request of the patient (or his or her authorized representative) disclose that  
5 information to another physician or medical-practice group designated by the patient.

6 (e) Every physician who has ownership interest in health facilities or laboratories, including  
7 any healthcare facility licensed pursuant to chapter 17 of title 23, any residential-care/assisted-  
8 living facility licensed pursuant to chapter 17.4 of title 23, any adult day-care program licensed or  
9 certified by the director of the ~~office~~ [department](#) of healthy aging, or any equipment not on the  
10 physician's premises, shall, in writing, make full patient disclosure of his or her ownership interest  
11 in the facility or therapy prior to utilization. The written notice shall state that the patient has free  
12 choice either to use the physician's proprietary facility or therapy or to seek the needed medical  
13 services elsewhere.

14 (f) Every physician who makes a referral of a patient to receive physical therapy services  
15 shall provide the notice required by this section if the services are provided by employees or  
16 independent contractors of the physician or if the entity is one in which the physician has an  
17 ownership interest. Any such interest referenced in this paragraph shall be in accordance with  
18 federal and state law, specifically including, but not limited to, chapter 48.1 of this title.

19 (g) Unless otherwise expressly stated in writing by the medical-practice group, all medical  
20 records shall be the property of the medical-practice group with which a physician is associated  
21 when that physician created all such medical records. A medical-practice group shall provide  
22 patients with access to patients' medical records in the same manner as is required of individual  
23 physicians under this chapter. To the extent a medical-practice group fails to provide access to  
24 patients in accordance with the requirements of this chapter, the individual officers of the medical-  
25 practice group (or in the absence of officers, the shareholders or owners of the medical-practice  
26 group), in their capacities as licensees of the board, shall be subject to the disciplinary powers of  
27 the board.

28 **5-37-23. Over-billing reward program.**

29 (a) Any person sixty-five (65) years of age or older who is billed for healthcare services  
30 that have never been provided to that person may report the billing error to the ~~office~~ [department](#)  
31 of healthy aging. The division shall investigate the report.

32 (b) The healthcare provider shall repay any verified billing error, and in addition shall pay  
33 ten percent (10%) of the billing error to this patient. The ten percent (10%) award shall not preclude  
34 recovery by the patient under any other provision of the Rhode Island general laws. Diagnostic-

1 related group billings are exempt from the ten percent (10%) penalty.

2 SECTION 5. Section 5-37.3-4 of the General Laws in Chapter 5-37.3 entitled  
3 "Confidentiality of Health Care Communications and Information Act" is hereby amended to read  
4 as follows:

5 **5-37.3-4. Limitations on and permitted disclosures.**

6 (a)(1) Except as provided in subsection (b), or as specifically provided by the law, a  
7 patient's confidential healthcare information shall not be released or transferred without the written  
8 consent of the patient, or his or her authorized representative, on a consent form meeting the  
9 requirements of subsection (d). A copy of any notice used pursuant to subsection (d) and of any  
10 signed consent shall, upon request, be provided to the patient prior to his or her signing a consent  
11 form. Any and all managed care entities and managed care contractors writing policies in the state  
12 shall be prohibited from providing any information related to enrollees that is personal in nature  
13 and could reasonably lead to identification of an individual and is not essential for the compilation  
14 of statistical data related to enrollees, to any international, national, regional, or local medical-  
15 information database. This provision shall not restrict or prohibit the transfer of information to the  
16 department of health to carry out its statutory duties and responsibilities.

17 (2) Any person who violates the provisions of this section may be liable for actual and  
18 punitive damages.

19 (3) The court may award a reasonable attorney's fee at its discretion to the prevailing party  
20 in any civil action under this section.

21 (4) Any person who knowingly and intentionally violates the provisions of this section  
22 shall, upon conviction, be fined not more than five thousand (\$5,000) dollars for each violation, or  
23 imprisoned not more than six (6) months for each violation, or both.

24 (5) Any contract or agreement that purports to waive the provisions of this section shall be  
25 declared null and void as against public policy.

26 (b) No consent for release or transfer of confidential healthcare information shall be  
27 required in the following situations:

28 (1) To a physician, dentist, or other medical personnel who believes, in good faith, that the  
29 information is necessary for diagnosis or treatment of that individual in a medical or dental  
30 emergency;

31 (2) To medical and dental peer-review boards, or the board of medical licensure and  
32 discipline, or board of examiners in dentistry;

33 (3) To qualified personnel for the purpose of conducting scientific research, management  
34 audits, financial audits, program evaluations, actuarial, insurance underwriting, or similar studies;

1 provided, that personnel shall not identify, directly or indirectly, any individual patient in any report  
2 of that research, audit, or evaluation, or otherwise disclose patient identities in any manner;

3 (4)(i) By a healthcare provider to appropriate law enforcement personnel, or to a person if  
4 the healthcare provider believes that person, or his or her family, is in danger from a patient; or to  
5 appropriate law enforcement personnel if the patient has, or is attempting to obtain, narcotic drugs  
6 from the healthcare provider illegally; or to appropriate law enforcement personnel, or appropriate  
7 child-protective agencies, if the patient is a minor child or the parent or guardian of said child and/or  
8 the healthcare provider believes, after providing healthcare services to the patient, that the child is,  
9 or has been, physically, psychologically, or sexually abused and neglected as reportable pursuant  
10 to § 40-11-3; or to appropriate law enforcement personnel or the ~~office~~ [department](#) of healthy aging  
11 if the patient is an elder person and the healthcare provider believes, after providing healthcare  
12 services to the patient, that the elder person is, or has been, abused, neglected, or exploited as  
13 reportable pursuant to § 42-66-8; or to law enforcement personnel in the case of a gunshot wound  
14 reportable under § 11-47-48, or to patient emergency contacts and certified peer recovery  
15 specialists notified in the case of an opioid overdose reportable under § 23-17.26-3;

16 (ii) A healthcare provider may disclose protected health information in response to a law  
17 enforcement official's request for such information for the purpose of identifying or locating a  
18 suspect, fugitive, material witness, or missing person, provided that the healthcare provider may  
19 disclose only the following information:

- 20 (A) Name and address;
- 21 (B) Date and place of birth;
- 22 (C) Social security number;
- 23 (D) ABO blood type and RH factor;
- 24 (E) Type of injury;
- 25 (F) Date and time of treatment;
- 26 (G) Date and time of death, if applicable; and
- 27 (H) A description of distinguishing physical characteristics, including height, weight,  
28 gender, race, hair and eye color, presence or absence of facial hair (beard or moustache), scars, and  
29 tattoos.

30 (I) Except as permitted by this subsection, the healthcare provider may not disclose for the  
31 purposes of identification or location under this subsection any protected health information related  
32 to the patient's DNA or DNA analysis, dental records, or typing, samples, or analysis of body fluids  
33 or tissue;

34 (iii) A healthcare provider may disclose protected health information in response to a law

1 enforcement official's request for such information about a patient who is, or is suspected to be, a  
2 victim of a crime, other than disclosures that are subject to subsection (b)(4)(vii), if:

3 (A) The patient agrees to the disclosure; or

4 (B) The healthcare provider is unable to obtain the patient's agreement because of  
5 incapacity or other emergency circumstances provided that:

6 (1) The law enforcement official represents that the information is needed to determine  
7 whether a violation of law by a person other than the victim has occurred, and such information is  
8 not intended to be used against the victim;

9 (2) The law enforcement official represents that immediate law enforcement activity that  
10 depends upon the disclosure would be materially and adversely affected by waiting until the patient  
11 is able to agree to the disclosure; and

12 (3) The disclosure is in the best interests of the patient as determined by the healthcare  
13 provider in the exercise of professional judgment;

14 (iv) A healthcare provider may disclose protected health information about a patient who  
15 has died to a law enforcement official for the purpose of alerting law enforcement of the death of  
16 the patient if the healthcare provider has a suspicion that such death may have resulted from  
17 criminal conduct;

18 (v) A healthcare provider may disclose to a law enforcement official protected health  
19 information that the healthcare provider believes in good faith constitutes evidence of criminal  
20 conduct that occurred on the premises of the healthcare provider;

21 (vi)(A) A healthcare provider providing emergency health care in response to a medical  
22 emergency, other than such emergency on the premises of the covered healthcare provider, may  
23 disclose protected health information to a law enforcement official if such disclosure appears  
24 necessary to alert law enforcement to:

25 (1) The commission and nature of a crime;

26 (2) The location of such crime or of the victim(s) of such crime; and

27 (3) The identity, description, and location of the perpetrator of such crime.

28 (B) If a healthcare provider believes that the medical emergency described in subsection  
29 (b)(4)(vi)(A) is the result of abuse, neglect, or domestic violence of the individual in need of  
30 emergency health care, subsection (b)(4)(vi)(A) does not apply and any disclosure to a law  
31 enforcement official for law enforcement purposes is subject to subsection (b)(4)(vii);

32 (vii)(A) Except for reports permitted by subsection (b)(4)(i), a healthcare provider may  
33 disclose protected health information about a patient the healthcare provider reasonably believes to  
34 be a victim of abuse, neglect, or domestic violence to law enforcement or a government authority,

1 including a social-service or protective-services agency, authorized by law to receive reports of  
2 such abuse, neglect, or domestic violence:

3 (1) To the extent the disclosure is required by law and the disclosure complies with, and is  
4 limited to, the relevant requirements of such law;

5 (2) If the patient agrees to the disclosure; or

6 (3) To the extent the disclosure is expressly authorized by statute or regulation and:

7 (i) The healthcare provider, in the exercise of professional judgment, believes the  
8 disclosure is necessary to prevent serious harm to the patient or other potential victims; or

9 (ii) If the patient is unable to agree because of incapacity, a law enforcement or other public  
10 official authorized to receive the report represents that the protected health information for which  
11 disclosure is sought is not intended to be used against the patient and that an immediate enforcement  
12 activity that depends upon the disclosure would be materially and adversely affected by waiting  
13 until the patient is able to agree to the disclosure.

14 (B) A healthcare provider that makes a disclosure permitted by subsection (b)(4)(vii)(A)  
15 must promptly inform the patient that such a report has been, or will be, made, except if:

16 (1) The healthcare facility, in the exercise of professional judgment, believes informing the  
17 patient would place the individual at risk of serious harm; or

18 (2) The healthcare provider would be informing a personal representative, and the  
19 healthcare provider reasonably believes the personal representative is responsible for the abuse,  
20 neglect, or other injury, and that informing such person would not be in the best interests of the  
21 individual as determined by the covered entity in the exercise of professional judgment;

22 (viii) The disclosures authorized by this subsection shall be limited to the minimum amount  
23 of information necessary to accomplish the intended purpose of the release of information;

24 (5) Between, or among, qualified personnel and healthcare providers within the healthcare  
25 system for purposes of coordination of healthcare services given to the patient and for purposes of  
26 education and training within the same healthcare facility;

27 (6) To third-party health insurers, including to utilization review agents as provided by §  
28 23-17.12-9(c)(4), third-party administrators licensed pursuant to chapter 20.7 of title 27, and other  
29 entities that provide operational support to adjudicate health insurance claims or administer health  
30 benefits;

31 (7) To a malpractice insurance carrier or lawyer if the healthcare provider has reason to  
32 anticipate a medical-liability action;

33 (8)(i) To the healthcare provider's own lawyer or medical-liability insurance carrier if the  
34 patient whose information is at issue brings a medical-liability action against a healthcare provider.

1 (ii) Disclosure by a healthcare provider of a patient's healthcare information that is relevant  
2 to a civil action brought by the patient against any person or persons other than that healthcare  
3 provider may occur only under the discovery methods provided by the applicable rules of civil  
4 procedure (federal or state). This disclosure shall not be through ex parte contacts and not through  
5 informal ex parte contacts with the provider by persons other than the patient or his or her legal  
6 representative.

7 Nothing in this section shall limit the right of a patient, or his or her attorney, to consult  
8 with that patient's own physician and to obtain that patient's own healthcare information;

9 (9) To public-health authorities in order to carry out their functions as described in this title  
10 and titles 21 and 23 and rules promulgated under those titles. These functions include, but are not  
11 restricted to, investigations into the causes of disease, the control of public-health hazards,  
12 enforcement of sanitary laws, investigation of reportable diseases, certification and licensure of  
13 health professionals and facilities, review of health care such as that required by the federal  
14 government and other governmental agencies;

15 (10) To the state medical examiner in the event of a fatality that comes under his or her  
16 jurisdiction;

17 (11) In relation to information that is directly related to a current claim for workers'  
18 compensation benefits or to any proceeding before the workers' compensation commission or  
19 before any court proceeding relating to workers' compensation;

20 (12) To the attorneys for a healthcare provider whenever that provider considers that  
21 release of information to be necessary in order to receive adequate legal representation;

22 (13) By a healthcare provider to appropriate school authorities of disease, health screening,  
23 and/or immunization information required by the school; or when a school-age child transfers from  
24 one school or school district to another school or school district;

25 (14) To a law enforcement authority to protect the legal interest of an insurance institution,  
26 agent, or insurance-support organization in preventing and prosecuting the perpetration of fraud  
27 upon them;

28 (15) To a grand jury, or to a court of competent jurisdiction, pursuant to a subpoena or  
29 subpoena duces tecum when that information is required for the investigation or prosecution of  
30 criminal wrongdoing by a healthcare provider relating to his, her or its provisions of healthcare  
31 services and that information is unavailable from any other source; provided, that any information  
32 so obtained, is not admissible in any criminal proceeding against the patient to whom that  
33 information pertains;

34 (16) To the state board of elections pursuant to a subpoena or subpoena duces tecum when

1 that information is required to determine the eligibility of a person to vote by mail ballot and/or the  
2 legitimacy of a certification by a physician attesting to a voter's illness or disability;

3 (17) To certify, pursuant to chapter 20 of title 17, the nature and permanency of a person's  
4 illness or disability, the date when that person was last examined and that it would be an undue  
5 hardship for the person to vote at the polls so that the person may obtain a mail ballot;

6 (18) To the central cancer registry;

7 (19) To the Medicaid fraud control unit of the attorney general's office for the investigation  
8 or prosecution of criminal or civil wrongdoing by a healthcare provider relating to his, her, or its  
9 provision of healthcare services to then-Medicaid-eligible recipients or patients, residents, or  
10 former patients or residents of long-term residential-care facilities; provided, that any information  
11 obtained shall not be admissible in any criminal proceeding against the patient to whom that  
12 information pertains;

13 (20) To the state department of children, youth and families pertaining to the disclosure of  
14 healthcare records of children in the custody of the department;

15 (21) To the foster parent, or parents, pertaining to the disclosure of healthcare records of  
16 children in the custody of the foster parent, or parents; provided, that the foster parent or parents  
17 receive appropriate training and have ongoing availability of supervisory assistance in the use of  
18 sensitive information that may be the source of distress to these children;

19 (22) A hospital may release the fact of a patient's admission and a general description of a  
20 patient's condition to persons representing themselves as relatives or friends of the patient or as a  
21 representative of the news media. The access to confidential healthcare information to persons in  
22 accredited educational programs under appropriate provider supervision shall not be deemed  
23 subject to release or transfer of that information under subsection (a);

24 (23) To the workers' compensation fraud prevention unit for purposes of investigation  
25 under §§ 42-16.1-12 -- 42-16.1-16. The release or transfer of confidential healthcare information  
26 under any of the above exceptions is not the basis for any legal liability, civil or criminal, nor  
27 considered a violation of this chapter; or

28 (24) To a probate court of competent jurisdiction, petitioner, respondent, and/or their  
29 attorneys, when the information is contained within a decision-making assessment tool that  
30 conforms to the provisions of § 33-15-47.

31 (c) Third parties receiving, and retaining, a patient's confidential healthcare information  
32 must establish at least the following security procedures:

33 (1) Limit authorized access to personally identifiable confidential healthcare information  
34 to persons having a "need to know" that information; additional employees or agents may have



1 access to that information that does not contain information from which an individual can be  
2 identified;

3 (2) Identify an individual, or individuals, who have responsibility for maintaining security  
4 procedures for confidential healthcare information;

5 (3) Provide a written statement to each employee or agent as to the necessity of maintaining  
6 the security and confidentiality of confidential healthcare information, and of the penalties provided  
7 for in this chapter for the unauthorized release, use, or disclosure of this information. The receipt  
8 of that statement shall be acknowledged by the employee or agent, who signs and returns the  
9 statement to his or her employer or principal, who retains the signed original. The employee or  
10 agent shall be furnished with a copy of the signed statement; and

11 (4) Take no disciplinary or punitive action against any employee or agent solely for  
12 bringing evidence of violation of this chapter to the attention of any person.

13 (d) Consent forms for the release or transfer of confidential healthcare information shall  
14 contain, or in the course of an application or claim for insurance be accompanied by a notice  
15 containing, the following information in a clear and conspicuous manner:

16 (1) A statement of the need for and proposed uses of that information;

17 (2) A statement that all information is to be released or clearly indicating the extent of the  
18 information to be released; and

19 (3) A statement that the consent for release or transfer of information may be withdrawn at  
20 any future time and is subject to revocation, except where an authorization is executed in connection  
21 with an application for a life or health insurance policy in which case the authorization expires two  
22 (2) years from the issue date of the insurance policy, and when signed in connection with a claim  
23 for benefits under any insurance policy, the authorization shall be valid during the pendency of that  
24 claim. Any revocation shall be transmitted in writing.

25 (e) Except as specifically provided by law, an individual's confidential healthcare  
26 information shall not be given, sold, transferred, or in any way relayed to any other person not  
27 specified in the consent form or notice meeting the requirements of subsection (d) without first  
28 obtaining the individual's additional written consent on a form stating the need for the proposed  
29 new use of this information or the need for its transfer to another person.

30 (f) Nothing contained in this chapter shall be construed to limit the permitted disclosure of  
31 confidential healthcare information and communications described in subsection (b).

32 SECTION 6. Sections 7-11.2-3 and 7-11.2-6 of the General Laws in Chapter 7-11.2 entitled  
33 "Senior Savings Protection Act" are hereby amended to read as follows:

34 **7-11.2-3. Notification of agencies and family members.**

1 If a qualified individual reasonably believes that financial exploitation of a qualified adult  
2 has occurred, has been attempted, or is being attempted, the qualified individual shall notify the  
3 department of business regulation as well as the ~~office~~ [department](#) of healthy aging and law  
4 enforcement in accordance with § 42-66-8. Subsequent to providing this notification, an agent or  
5 qualified individual may notify an immediate family member, legal guardian, conservator,  
6 cotrustee, successor trustee, or agent under a power of attorney of the qualified adult of the belief.

7 **7-11.2-6. Website for training resources to prevent and detect financial exploitation.**

8 No later than July 1, 2020, the department of business regulation and the ~~office~~ [department](#)  
9 of healthy aging shall develop and make available websites that include training resources to assist  
10 broker-dealers and agents in the prevention and detection of financial exploitation of qualified  
11 adults. The resources shall include, at a minimum, indicators of financial exploitation of qualified  
12 adults and potential steps broker-dealers and agents may take to prevent suspected financial  
13 exploitation of qualified adults as authorized by law.

14 SECTION 7. Section 12-1.4-3 of the General Laws in Chapter 12-1.4 entitled "Citizens'  
15 Commission for the Safety and Care of the Elderly" is hereby amended to read as follows:

16 **12-1.4-3. Purpose.**

17 The purpose of the commission shall be to act as a liaison between the legislature, public  
18 safety officials, the ~~office~~ [department](#) of healthy aging, and the older population of Rhode Island in  
19 the area of crime against the elderly, fire safety, and protective service options available to the  
20 elderly.

21 SECTION 8. Section 19-34-1 of the General Laws in Chapter 19-34 entitled "The Elder  
22 Adult Financial Exploitation Prevention Act" is hereby amended to read as follows:

23 **19-34-1. Definitions.**

24 As used in this chapter:

25 (1) "Department" means the Rhode Island ~~office~~ [department](#) of healthy aging.

26 (2) "Elder adult" means a person who is sixty (60) years of age or older.

27 (3) "Exploitation" means the fraudulent or otherwise illegal, unauthorized, or improper act  
28 or process of an individual, including, but not limited to, a caregiver or fiduciary that uses the  
29 resources of an elder adult for monetary or personal benefit, profit, gain, or that results in depriving  
30 an elder adult of rightful access to or use of benefits, resources, belongings, or assets by use, undue  
31 influence, harassment, duress, deception, false representation or false pretenses, or conduct in  
32 violation of § 11-68-2.

33 (4) "Financial exploitation" means:

34 (i) The wrongful or unauthorized taking, withholding, appropriation, or use of the money,

1 assets, or other property or the identifying information of a person; or

2 (ii) Any act or omission taken by a person, including through the use of a power of attorney,  
3 guardianship, or any other legal authority, regarding an elder adult to:

4 (A) Obtain control through deception, intimidation, fraud, or undue influence, over the  
5 other person's money, assets, or property to deprive the other person of the ownership, use, benefit,  
6 or possession of the property; or

7 (B) Convert the money, assets, or other property of the other person to deprive the other  
8 person of the ownership, use, benefit, or possession of the property.

9 (5) "Regulated institution" means any financial institution, credit union, or other insured  
10 deposit-taking institution, that is authorized to do business in this state, including one authorized  
11 by operation of an interstate banking statute that allowed it original entry.

12 SECTION 9. Section 21-36-3 of the General Laws in Chapter 21-36 entitled "The Inter-  
13 Agency Food & Nutrition Policy Advisory Council" is hereby amended to read as follows:

14 **21-36-3. Council composition.**

15 There shall be an inter-agency food and nutrition policy advisory council which shall  
16 consist of seven (7) members: the director of health, or his or her designee; the director of  
17 environmental management, or his or her designee; the director of administration, or his or her  
18 designee; the director of the department of human services, or his or her designee; the director of  
19 the ~~office~~ department of healthy aging, or his or her designee; the director of the department of  
20 corrections, or his or her designee; and the commissioner of elementary and secondary education,  
21 or his or her designee. The members of the commission shall elect a chairperson from among  
22 themselves.

23 SECTION 10. Sections 23-1.7-2 and 23-1.7-4 of the General Laws in Chapter 23-1.7  
24 entitled "Rhode Island Program to Address Alzheimer's Disease" are hereby amended to read as  
25 follows:

26 **23-1.7-2. Creation of advisory council.**

27 (a) There is hereby established a council to be called the "Advisory Council on Alzheimer's  
28 Disease Research and Treatment." The advisory council shall consist of thirteen (13) members to  
29 be composed as follows: the lieutenant governor, or designee; the director of the department of  
30 health, or designee; the director of the ~~office~~ department of healthy aging, or designee; the  
31 chairperson of the long-term care coordinating council; one member appointed by the speaker of  
32 the house; one member appointed by the president of the senate; and seven (7) members appointed  
33 by the governor. The members appointed by the governor shall include one member who is an  
34 Alzheimer's disease patient advocate; one member who is an Alzheimer's disease caregiver; one

1 member who is a healthcare provider; one member who is a researcher with Alzheimer's-related  
2 expertise in basic, translational, clinical, or drug-development science; one member who is a  
3 representative from an Alzheimer's disease organization that funds research and has demonstrated  
4 experience in care and patient services; one member from an Alzheimer's advocacy organization  
5 that provides services to families and professionals, including information and referrals, support  
6 groups, care consultation, education, and safety services; and one member who is a representative  
7 of a healthcare insurer. Advisory council members shall select their own chairperson. Seven (7)  
8 members shall constitute a quorum.

9 (b) The member appointed by the speaker of the house,, the member appointed by the  
10 president of the senate, and three (3) members appointed by the governor shall be initially appointed  
11 for a term to expire July 1, 2020, and four (4) members to be appointed by the governor shall be  
12 initially appointed for a term to expire July 1, 2021. After the initial term, the appointed members  
13 shall serve two-year (2) terms, until their successor is appointed.

14 **23-1.7-4. Assessment protocol.**

15 (a) The director of the department of health shall establish and publish an Alzheimer's  
16 disease assessment protocol specifically focused on recognizing the signs and symptoms of  
17 cognitive impairments, including, but not limited to, Alzheimer's disease and appropriate resource  
18 information for effective medical screening, investigation, and service planning.

19 (b) The director of the department of health shall make available upon request a copy of  
20 the assessment protocol to protective-services caseworkers, healthcare professionals, and members  
21 of the public.

22 (c) Protective-services caseworkers assigned to or employed by the ~~office~~ [department](#) of  
23 healthy aging shall be familiar with the information contained in the assessment protocol.

24 SECTION 11. Section 23-17.3-2 of the General Laws in Chapter 23-17.3 entitled "Long-  
25 Term Care Coordinating Council" is hereby amended to read as follows:

26 **23-17.3-2. Membership.**

27 The council shall be comprised of thirty-three (33) members, as follows: the lieutenant  
28 governor or designee; the director of the department of health or designee; the secretary of the  
29 executive office of health and human services or designee; the director of the department of  
30 behavioral healthcare, developmental disabilities and hospitals or designee; the attorney general or  
31 designee; the director of the ~~office~~ [department](#) of healthy aging or designee; the chair of the Rhode  
32 Island advisory commission on aging or designee; the director of the Rhode Island Chapter of the  
33 American Association of Retired Persons (AARP) or designee; the state long-term care  
34 ombudsman or designee; the president of the Rhode Island Senior Center Directors Association or

1 designee; the executive director of the Rhode Island chapter of the Alzheimer's Association or  
2 designee; a representative of a not-for-profit long-term-care provider organization other than a  
3 nursing home owner and a representative of a long-term-care service provider that primarily serves  
4 persons with developmental disabilities, both to be appointed by the governor; a representative of  
5 an assisted living residence other than a nursing home, to be appointed by the lieutenant governor;  
6 a public member with no direct interest in long-term-care ownership representing a senior advocacy  
7 organization, to be appointed by the speaker; a representative of the state program of all inclusive  
8 care for the elderly, to be appointed by the lieutenant governor; a representative of senior housing,  
9 to be appointed by the lieutenant governor; a representative of a hospice provider organization, to  
10 be appointed by the senate president; a licensed home-care provider or a licensed home nursing  
11 care provider, to be appointed by the speaker; a representative of a community mental health center,  
12 to be appointed by the president of the senate; a registered nurse experienced in the care of the  
13 elderly, to be appointed by the governor; a representative of nonmanagerial nursing home  
14 employees, to be appointed by the president of the senate; two (2) members of the house, not more  
15 than one (1) from the same political party, to be appointed by the speaker; a nursing home owner,  
16 to be appointed by the speaker; two (2) members of the senate, not more than one from the same  
17 political party, to be appointed by the president of the senate; one consumer of home- and  
18 community-based care or a caregiver of a consumer of home- and community-based care, to be  
19 appointed by the lieutenant governor; one consumer of behavioral health services or a caregiver of  
20 a consumer of behavioral health services, to be appointed by the speaker; a member of the public  
21 representing the interests of parents of children with special care needs, to be appointed by the  
22 governor; a person with developmental disabilities or a representative of an organization that  
23 advocates for the rights of persons with developmental disabilities, to be appointed by the lieutenant  
24 governor; a general physician or advanced practice nurse with experience in serving persons with  
25 long-term care and behavioral health needs, to be appointed by the president of the senate; and a  
26 representative of a managed care health insurer providing long-term support and services, to be  
27 appointed by the governor. The members of the council shall serve two-year (2) terms, expiring on  
28 the second anniversary of each individual's appointment or on the date that their respective  
29 successors are appointed and qualified, whichever is later.

30 SECTION 12. Section 23-17.17-6 of the General Laws in Chapter 23-17.17 entitled  
31 "Health Care Quality Program" is hereby amended to read as follows:

32 **23-17.17-6. Health care quality steering committee.**

33 (a) The director shall establish and serve as chairperson of a health care quality steering  
34 committee of no more than nineteen (19) members to advise in the following matters:

- 1 (1) Determination of the comparable performance measures to be reported on;
- 2 (2) Assessment of factors, including, but not limited to, factors related to incidents and  
3 events reported to the department pursuant to § 23-17-40, contributing to the provision of quality  
4 health care and patient safety;
- 5 (3) Selection of the patient satisfaction survey measures and instrument;
- 6 (4) Methods and format for data collection;
- 7 (5) Program expansion and quality improvement initiatives;
- 8 (6) Format for the public quality performance measurement report;
- 9 (7) Consideration of nursing-sensitive performance measures to be reported on;
- 10 (8) Consideration of the relationship between human resources and quality, beginning with  
11 measurement and reporting for nursing staff;
- 12 (9) Consideration of measures associated with hospital-acquired infections with  
13 consultation of infections control experts and with the hospital-acquired infections and prevention  
14 advisory committee as established herein:
  - 15 (i) Hospital-acquired infections and prevention advisory committee:
    - 16 (A) The director of the department of health as the chairperson of the steering committee  
17 shall appoint a permanent subcommittee called the hospital-acquired infections and prevention  
18 advisory committee. Membership shall include representatives from public and private hospitals,  
19 infection control professionals, director care nursing staff, physicians, epidemiologists with  
20 expertise in hospital-acquired infections, academic researchers, consumer organizations, health  
21 insurers, health maintenance organizations, organized labor, and purchasers of health insurance,  
22 such as employers. The advisory committee shall have a majority of members representing the  
23 infection control community.
    - 24 (B) The director of the department of health shall conduct a national and state specific  
25 public reporting format scan of hospital acquired infection public reporting to be completed and  
26 transmitted to the steering committee and referred to the advisory committee by October 1, 2008.
    - 27 (C) The advisory committee shall assist and advise the steering committee and the  
28 department in the development of all aspects of the department's methodology for collecting,  
29 analyzing, and disclosing the information collected under this act, including collection methods,  
30 formatting, and methods and means for release and dissemination.
    - 31 (D) In developing the methodology for collecting and analyzing the hospital infection data,  
32 the department, steering committee and advisory committee shall consider existing methodologies  
33 and systems for data collection, such as the centers for disease control's national healthcare safety  
34 network, or its successor; provided, however, the department's discretion to adopt a methodology

1 shall not be limited or restricted to any existing methodology or system. The data collection and  
2 analysis methodology shall be disclosed with the public report at the time of release.

3 (E) The department, steering committee and the advisory committee shall evaluate, on a  
4 regular basis, the quality and accuracy of hospital information reported under this ~~act~~ [chapter](#) and  
5 the data collection, analysis, and dissemination methodologies.

6 (ii) Hospital reports:

7 (A) Individual hospitals shall collect data on hospital-acquired infections for the specific  
8 clinical procedures determined by the department by regulation, which may include the following  
9 general categories as further defined by the advisory committee:

10 (I) Surgical site infections;

11 (II) Ventilator-associated pneumonia;

12 (III) Central line-related bloodstream infections;

13 (IV) Urinary tract infections;

14 (V) Process of care measures, such as compliance with the surgical infection  
15 prevention/surgical care improvement program (SIP/SCIP) parameters, prevention bundles for  
16 central line-associated bloodstream infections, prevention bundles for catheter-associated urinary  
17 tract infections, hand hygiene compliance, compliance with isolation precautions; and

18 (VI) Other categories as recommended by the advisory committee.

19 (B) Beginning on or before April 1, 2009, hospitals shall submit quarterly reports on their  
20 hospital-acquired infection rates to the department. Quarterly reports shall be submitted, in a format  
21 set forth in regulations adopted by the department. Data in quarterly reports must cover a period  
22 ending not earlier than one month prior to submission of the report. Annual reports shall be made  
23 available to the public at each hospital and through the department. The first annual report shall be  
24 due no later than October 2010.

25 (C) The advisory committee shall recommend standardized criteria for reporting surgical  
26 site infection outcome data for quality improvement recommendations. This will include standards  
27 for post discharge surveillance. The information shall be included in hospital's quality improvement  
28 and safety plan to reduce surgical site infection. The advisory committee shall recommend written  
29 guidelines to be given to every individual before and if necessary during their hospitalization for  
30 the purpose of preventing hospital-acquired infections. In emergency hospitalizations, written  
31 guidelines shall be given within a reasonable period of time.

32 (D) If the hospital is a division or subsidiary of another entity that owns or operates other  
33 hospitals or related organizations, the quarterly report shall be for the specific division or subsidiary  
34 and not the other entity.

1 (iii) Department reports:

2 (A) The department shall annually submit to the legislature a report summarizing the  
3 hospital quarterly reports and shall publish the annual report on its website. The first annual report  
4 shall be submitted and published no later than December 2010. Following the initial report, the  
5 department shall update the public information on a yearly basis after it has been reviewed by the  
6 steering committee with advice from the hospital-acquired infections and prevention advisory  
7 committee.

8 (B) All reports of outcome measures issued by the department may be risk-adjusted using  
9 NHSN methodology or other nationally accepted methodology, to adjust for the differences among  
10 hospitals as reviewed and recommended by the hospital-acquired infections and prevention  
11 advisory committee.

12 (C) The annual report shall compare hospital-acquired infection data as recommended by  
13 the advisory committee, collected under subsection (9)(B), for each individual hospital in the state.  
14 The department, in consultation with the advisory committee, shall make this comparison as easy  
15 to comprehend as possible. The report shall also include an executive summary, written in plain  
16 language that shall include, but not be limited to, a discussion of findings, conclusions, and trends  
17 concerning the overall state of hospital-acquired infections in the state, including a comparison to  
18 prior years. The report may include policy recommendations, as appropriate.

19 (D) The department shall publicize the report and its availability as widely as practical to  
20 interested parties, including, but not limited to, hospitals, providers, media organizations, health  
21 insurers, health maintenance organizations, purchasers of health insurance, organized labor,  
22 consumer or patient advocacy groups, and individual consumers. The annual report shall be made  
23 available to any person upon request.

24 (E) No hospital report of department disclosure may contain information identifying a  
25 patient, employee, or licensed healthcare professional in connection with a specific infection  
26 incident.

27 (10) Consideration of pressure ulcer occurrence; and

28 (11) Other related issues as requested by the director.

29 (b) The members of the health care quality performance steering committee shall include  
30 one member of the house of representatives, to be appointed by the speaker; one member of the  
31 senate, to be appointed by the president of the senate; the director or director's designee of the  
32 department of human services; the director or the director's designee of the department of  
33 behavioral healthcare, developmental disabilities and hospitals; the director or the director's  
34 designee of the ~~office~~ [department](#) of healthy aging; and thirteen (13) members to be appointed by



1 the director of the department of health to include persons representing Rhode Island licensed  
2 hospitals and other licensed facilities/providers, the medical and nursing professions, the business  
3 community, organized labor, consumers, and health insurers and health plans and other parties  
4 committed to healthcare quality.

5 SECTION 13. Sections 30-17.1-9 and 30-17.1-10 of the General Laws in Chapter 30-17.1  
6 entitled "Veterans' Affairs" are hereby amended to read as follows:

7 **30-17.1-9. Definitions.**

8 When used in this chapter, the following terms shall have the following meanings:

9 (1) "Advisory committee" means the veterans' services strategic plan advisory committee  
10 as established in § 30-17.1-10.

11 (2) "Committee" means the veterans' committee pursuant to the provisions of § 30-17.1-  
12 11(c).

13 (3) "State agencies" means state entities responsible for the implementation of services for  
14 Rhode Island veterans and their families including:

- 15 (i) The office of veterans services;
- 16 (ii) The Rhode Island public transit authority;
- 17 (iii) The department of human services;
- 18 (iv) The office of postsecondary education;
- 19 (v) The department of behavioral healthcare, developmental disabilities and hospitals;
- 20 (vi) The department of health;
- 21 (vii) The ~~office~~ [department](#) of healthy aging;
- 22 (viii) The department of business regulation;
- 23 (ix) The Rhode Island veteran's court;
- 24 (x) The department of labor and training;
- 25 (xi) The Rhode Island commerce corporation;
- 26 (xii) The office of the secretary of state; and
- 27 (xiii) The Rhode Island national guard.

28 (4) "Veterans' services strategic plan ('VSSP')" means the strategic plan as established in §  
29 30-17.1-11.

30 **30-17.1-10. Veterans' services strategic plan advisory committee established.**

31 (a) There is hereby created a veterans' services strategic plan advisory committee known  
32 as "the Rhode Island veterans' services strategic plan advisory committee" consisting of fourteen  
33 (14) members as follows:

34 (1) One of whom shall be the director of the office of veterans services, or his or her

1 designee, who shall serve as chairperson;

2 (2) One of whom shall be the director of the department of human services, or his or her  
3 designee;

4 (3) One of whom shall be the executive director of the public transit authority, or his or her  
5 designee;

6 (4) One of whom shall be the postsecondary education commissioner, or his or her  
7 designee;

8 (5) One of whom shall be the director of the department of behavioral healthcare,  
9 developmental disabilities and hospitals, or his or her designee;

10 (6) One of whom shall be the director of the department of health, or his or her designee;

11 (7) One of whom shall be the director of the ~~office~~ [department](#) of healthy aging, or his or  
12 her designee;

13 (8) One of whom shall be the director of the department of business regulation, or his or  
14 her designee;

15 (9) One of whom shall be the chief judge of the district court, or his or her designee;

16 (10) One of whom shall be the director of the department of labor and training, or his or  
17 her designee;

18 (11) One of whom shall be the director of the Rhode Island commerce corporation, or his  
19 or her designee;

20 (12) One of whom shall be the secretary of state, or his or her designee;

21 (13) One of whom shall be the adjutant general of the Rhode Island national guard, or his  
22 or her designee; and

23 (14) One of whom shall be a representative for Rhode Island municipal governments.

24 (b) Forthwith upon the passage of this chapter, the members of the advisory committee  
25 shall meet at the call of the chairperson and organize. Thereafter, the committee shall meet at the  
26 call of the chairperson or three (3) members of the advisory committee.

27 (c) All departments and agencies of the state shall furnish such advice and information,  
28 documentation, and otherwise to the committee and its agents as is deemed necessary or desirable  
29 by the advisory committee to facilitate the purposes of this chapter.

30 (d) The office of veterans services is hereby directed to provide suitable quarters and staff  
31 for the advisory committee.

32 (e) [Deleted by P.L. 2017, ch. 131, § 1 and P.L. 2017, ch. 152, § 1].

33 (f) The members of the advisory committee shall receive no compensation for their  
34 services.

1 SECTION 14. Section 23-17.8-2 of the General Laws in Chapter 23-17.8 entitled "Abuse  
2 in Healthcare Facilities" is hereby amended to read as follows:

3 **23-17.8-2. Duty to report.**

4 (a) Any physician, physician assistant, medical intern, registered nurse, licensed practical  
5 nurse, nurse's aide, orderly, certified nursing assistant, medical examiner, dentist, optometrist,  
6 optician, chiropractor, podiatrist, coroner, police officer, probation officer, emergency medical  
7 technician, firefighter, speech pathologist, audiologist, social worker, pharmacist, physical or  
8 occupational therapist, or health officer, or any person, within the scope of their employment at a  
9 facility or in their professional capacity, who has knowledge of or reasonable cause to believe that  
10 a patient or resident in a facility has been abused, mistreated, or neglected, either while in the  
11 facility or prior to being admitted, shall make, within twenty-four (24) hours or by the end of the  
12 next business day, a telephone report to the director of the department of health, or his or her  
13 designee, for those incidents involving healthcare facilities, and in addition to the ~~office~~ [department](#)  
14 of the state long-term care ombudsperson for those incidents involving nursing facilities, assisted  
15 living residences, home-care and home nursing-care providers, veterans' homes and long-term care  
16 units in Eleanor Slater hospital, or to the director of the department of behavioral healthcare,  
17 developmental disabilities and hospitals, or his or her designee, for those incidents involving  
18 community residences for people with developmental disabilities or the director of the ~~office~~  
19 [department](#) of healthy aging for individuals aged sixty (60) years or older. The report shall contain:

20 (1) The name, address, telephone number, occupation, and employer's address and the  
21 phone number of the person reporting;

22 (2) The name and address of the patient or resident who is believed to be the victim of the  
23 abuse, mistreatment, or neglect;

24 (3) The details, observations, and beliefs concerning the incident(s);

25 (4) Any statements regarding the incident made by the patient or resident and to whom they  
26 were made;

27 (5) The date, time, and place of the incident;

28 (6) The name of any individual(s) believed to have knowledge of the incident;

29 (7) The name of any individual(s) believed to have been responsible for the incident;

30 (8) The name of the individual's caregiver, if known;

31 (9) Any medical treatment being received if immediately required and need to coordinate  
32 care, if known;

33 (10) Any other information the reporter believes relevant to the investigation; and

34 (11) The name and address of the reporter and where the reporter can be contacted. The

1 reporter's identity shall remain confidential unless disclosure is consented to by the reporter or by  
2 court order.

3 (b) In addition to those persons required to report pursuant to this section, any other person  
4 may make a report if that person has reasonable cause to believe that a patient or resident of a  
5 facility has been abused, mistreated, or neglected. Additional provisions for the reporting of abuse  
6 of individuals regardless of where they reside in the community are set forth in § 42-66-8.

7 (c) Any person required to make a report pursuant to this section shall be deemed to have  
8 complied with these requirements if a report is made to a high managerial agent of the facility in  
9 which the alleged incident occurred. Once notified, the high managerial agent shall be required to  
10 meet all reporting requirements of this section within the time frames specified by this chapter.

11 (d) Telephone reports made pursuant to this section shall be followed-up within three (3)  
12 business days with a written report.

13 (e) Individuals required to report pursuant to this section shall, whenever practical and if  
14 known, provide the ~~office~~ [department](#) of healthy aging twenty-four hour (24) notice of the discharge  
15 from a facility, of any person subject to abuse or neglect and shall include any relevant address and  
16 telephone number(s).

17 (f) No person required to report pursuant to this section shall be liable in any civil or  
18 criminal action by reason of the report; provided, however, that the person did not perpetrate, inflict,  
19 or cause the abuse. No employer or supervisor may discharge, demote, transfer, reduce pay,  
20 benefits, or work privileges; prepare a negative work performance evaluation; or take any other  
21 action detrimental to an employee or supervisee who files a report in accordance with the provisions  
22 of this section by reason of the report.

23 SECTION 15. Section 34-25.1-9 of the General Laws in Chapter 34-25.1 entitled "Reverse  
24 Mortgages" is hereby amended to read as follows:

25 **34-25.1-9. Required counseling.**

26 (a) All lenders shall deliver to all reverse mortgage loan applicants a statement, if available,  
27 prepared by the ~~office~~ [department](#) of healthy aging on the advisability and availability of  
28 independent counseling and information services. With respect to every reverse mortgage loan, the  
29 prospective mortgagor(s) shall complete a reverse mortgage counseling program. An original  
30 certificate, dated and signed by both the counselor and the mortgagor(s), certifying that the  
31 counseling required by this section has taken place, shall be delivered to the mortgagee at least  
32 three (3) business days prior to the closing of the loan. The lender shall not process a reverse  
33 mortgage loan application, other than ordering an automated valuation model, ordering a credit  
34 report, obtaining information required for inclusion in a loan application, including documenting

1 and verifying credit, income, assets and property charges, evaluating extenuating circumstances  
2 and compensating factors, evaluating the results of the financial assessment in determining  
3 eligibility for a home equity conversion mortgage, determining whether a life expectancy set-aside  
4 will be required and whether the set-aside must be fully or partially funded, and completing a home  
5 equity conversion mortgage financial assessment worksheet; and ordering a preliminary title  
6 search, until the counseling required by this section has been completed and the certificate of  
7 counseling is delivered to the mortgagee.

8 (b) The reverse mortgage counseling program shall include, but is not limited to, all matters  
9 enumerated in subsections (e)(1) through (e)(6) of this section. The ~~office~~ [department](#) of healthy  
10 aging shall maintain a list of counseling programs and agencies approved by the United States  
11 Department of Housing and Urban Development and the Federal Housing Administration to satisfy  
12 the requirements of this section and shall make such list available to all lenders and to the public,  
13 provided that: (1) the counseling agency is not affiliated with the reverse mortgage lender; and (2)  
14 the counseling agency complies with the counseling requirements of this section. The director of  
15 the ~~office~~ [department](#) of healthy aging shall have the right to prescribe the form of counseling  
16 certificate that will meet the requirements of subsection (a) of this section.

17 (c) Counseling shall comply with the following requirements: (1) It shall be conducted in  
18 person; however, if the prospective mortgagor(s) cannot or choose(s) not to travel to a housing  
19 counseling agency and cannot be visited by a counselor in their home, telephone counseling shall  
20 be permitted by counseling agencies that are authorized by the United States Department of  
21 Housing and Urban Development or the Federal Housing Administration to conduct telephone  
22 counseling. (2) The reverse mortgage loan shall close within one hundred eighty (180) days after  
23 the prospective mortgagor(s) sign(s) the counseling certificate. If the reverse mortgage loan does  
24 not close within such one hundred eighty (180) day period, the parties shall be required to again  
25 comply with the counseling requirements of this section. (3) Mortgagees shall provide prospective  
26 mortgagors with the name of at least three (3) independent, authorized counseling agencies  
27 approved by the United States Department of Housing and Urban Development or the Federal  
28 Housing Administration. The mortgagee shall not recommend a counseling agency that is an  
29 affiliate of the mortgagee.

30 (d) In the event that counseling shall not be available free of charge, the mortgagee shall  
31 be responsible for the cost of the counseling to the extent that all other legitimate sources of funding  
32 the counseling including, without limitation, nonprofit organizations and grants have not been  
33 obtained. In the event that 12 U.S.C. § 1715z-20 or the federal regulations promulgated with respect  
34 thereto shall, at the time such counseling fee is due and payable by the mortgagee, expressly

1 prohibit a mortgagee from being responsible for the cost of counseling, then subsection (d) of this  
2 section shall not apply to a reverse mortgage loan that is subject to 12 U.S.C. § 1715z-20 and the  
3 federal regulations promulgated with respect thereto.

4 (e) Counseling shall include, without limitation, discussion of the following with the  
5 prospective mortgagor(s):

6 (1) Options other than a reverse mortgage that are available to the mortgagor(s), including  
7 other housing, social service, health, and financial options;

8 (2) Other home equity conversion options that are or may become available to the  
9 mortgagor(s), such as other reverse mortgages, sale-leaseback financing, deferred payment loan,  
10 and property tax deferral;

11 (3) The financial implications of entering into a reverse mortgage;

12 (4) A disclosure that a reverse mortgage may have tax consequences, affect eligibility for  
13 assistance under federal and state programs, and have an impact on the estate and heirs of the  
14 homeowner(s), as well as an explanation of how the reverse mortgage may affect the estate and  
15 public benefits of the mortgagor(s);

16 (5) Such other topics as shall be required to be addressed during counseling with respect to  
17 a reverse mortgage pursuant to 12 U.S.C. § 1715z-20, and/or any regulations promulgated pursuant  
18 thereto; and

19 (6) Such other topics as shall be required to be addressed by the director of the ~~office~~  
20 [department](#) of healthy aging.

21 (f) Subsections (b), (c), (e) of this section shall not apply to any reverse mortgage loan that  
22 is subject to 12 U.S.C. § 1715z-20 and the federal regulations promulgated with respect thereto;  
23 provided that such loan complies with the counseling requirements set forth in 12 U.S.C. § 1715z-  
24 20 and the federal regulations promulgated with respect thereto (including without limitation 24  
25 C.F.R. Part 206).

26 SECTION 16. Section 36-4-2 of the General Laws in Chapter 36-4 entitled "Merit System"  
27 is hereby amended to read as follows:

28 **36-4-2. Positions in unclassified service.**

29 (a) The classified service shall comprise all positions in the state service, now existing or  
30 hereinafter established, except the following specific positions which, with other positions  
31 heretofore or hereinafter specifically exempted by legislative act, shall constitute the unclassified  
32 service:

33 (1) Officers and legislators elected by popular vote and persons appointed to fill vacancies  
34 in elective offices.

1 (2) Employees of both houses of the general assembly.

2 (3) Officers, secretaries, and employees of the office of the governor, office of the  
3 lieutenant governor, department of state, department of the attorney general, and the treasury  
4 department.

5 (4) Members of boards and commissions appointed by the governor, members of the state  
6 board of elections and the appointees of the board, members of the commission for human rights  
7 and the employees of the commission, and directors of departments.

8 (5) The following specific offices:

9 (i) In the department of administration: director, chief information officer, cybersecurity  
10 officer, director of office of management and budget, director of performance management, deputy  
11 director, chief of staff, public information officer and legislative/policy director, and within the  
12 health benefits exchange: director, deputy director, administrative assistant, senior policy analyst,  
13 and chief strategic planning monitoring and evaluation;

14 (ii) In the department of business regulation: director;

15 (iii) In the department of elementary and secondary education: commissioner of elementary  
16 and secondary education;

17 (iv) In the department of higher education: commissioner of postsecondary education;

18 (v) In the department of health: director, executive director, and deputy director;

19 (vi) In the department of labor and training: director, administrative assistant, administrator  
20 of the labor board and legal counsel to the labor board, executive director, and communications  
21 director;

22 (vii) In the department of environmental management: director;

23 (viii) In the department of transportation: director, chief operating officer,  
24 administrator/division of project management, administrator/division of planning, chief of staff,  
25 communications director, legislative director, and policy director;

26 (ix) In the department of human services: director and director of veterans' affairs;

27 (x) In the state properties committee: secretary;

28 (xi) In the workers' compensation court: judges, administrator, deputy administrator, clerk,  
29 assistant clerk, clerk secretary;

30 (xii) In the ~~office~~ [department](#) of healthy aging: director;

31 (xiii) In the department of behavioral healthcare, developmental disabilities and hospitals:  
32 director;

33 (xiv) In the department of corrections: director, assistant director (institutions/operations),  
34 assistant director (rehabilitative services), assistant director (administration), and wardens;

1           (xv) In the department of children, youth and families: director, one assistant director, one  
2 associate director, one executive director, and a chief of staff;

3           (xvi) In the public utilities commission: public utilities administrator;

4           (xvii) In the water resources board: general manager;

5           (xviii) In the human resources investment council: executive director;

6           (xix) In the office of health and human services: secretary of health and human services;

7           (xx) In the office of commerce: secretary, deputy secretary, chief of staff, communications  
8 director, legislative director, and policy director.

9           (6) Chief of the hoisting engineers, licensing division, and his or her employees; executive  
10 director of the veterans memorial building and his or her clerical employees.

11          (7) One confidential stenographic secretary for each director of a department and each  
12 board and commission appointed by the governor.

13          (8) Special counsel, special prosecutors, regular and special assistants appointed by the  
14 attorney general, the public defender and employees of his or her office, and members of the Rhode  
15 Island bar occupying a position in the state service as legal counsel to any appointing authority.

16          (9) The academic and/or commercial teaching staffs of all state institution schools, with  
17 the exception of those institutions under the jurisdiction of the council on elementary and secondary  
18 education and the council on postsecondary education.

19          (10) Members of the military or naval forces, when entering or while engaged in the  
20 military or naval service.

21          (11) Judges, referees, receivers, clerks, assistant clerks, and clerical assistants of the  
22 supreme, superior, family, and district courts, the traffic tribunal, security officers of the traffic  
23 tribunal, jurors, and any persons appointed by any court.

24          (12) Election officials and employees.

25          (13) Deputy sheriffs and other employees of the sheriffs division within the department of  
26 public safety.

27          (14) Patient or inmate help in state charitable, penal, and correctional institutions and  
28 religious instructors of these institutions and student nurses in training, residents in psychiatry in  
29 training, and clinical clerks in temporary training at the institute of mental health within the state  
30 of Rhode Island medical center.

31          (15)(i) Persons employed to make or conduct a temporary and special inquiry,  
32 investigation, project, or examination on behalf of the legislature, or a committee therefor, or on  
33 behalf of any other agency of the state if the inclusion of these persons in the unclassified service  
34 is approved by the personnel administrator. The personnel administrator shall notify the house



1 fiscal advisor and the senate fiscal advisor whenever he or she approves the inclusion of a person  
2 in the unclassified service.

3 (ii) The duration of the appointment of a person, other than the persons enumerated in this  
4 section, shall not exceed ninety (90) days or until presented to the department of administration.  
5 The department of administration may extend the appointment another ninety (90) days. In no event  
6 shall the appointment extend beyond one hundred eighty (180) days.

7 (16) Members of the division of state police within the department of public safety.

8 (17) Executive secretary of the Blackstone Valley district commission.

9 (18) Artist and curator of state-owned art objects.

10 (19) Mental health advocate.

11 (20) Child advocate.

12 (21) The position of aquaculture coordinator and marine infrastructure specialist within the  
13 coastal resources management council.

14 (22) Employees of the office of the health insurance commissioner.

15 (23) In the department of revenue: the director, secretary, attorney.

16 (24) In the department of public safety: the director.

17 (b) Provided, however, that, if any position added to the unclassified service by legislative  
18 act after January 1, 2015, is occupied by a classified employee on June 30, 2015, such position  
19 shall remain in the classified service until such position becomes vacant.

20 SECTION 17. Section 39-2-5 of the General Laws in Chapter 39-2 entitled "Duties of  
21 Utilities and Carriers" is hereby amended to read as follows:

22 **39-2-5. Exceptions to anti-discrimination provisions.**

23 The provisions of §§ 39-2-2 -- 39-2-4 shall be subject to the following exceptions:

24 (1) A public utility may issue or give free transportation or service to its employees and  
25 their families, its officers, agents, surgeons, physicians, and attorneys at law, and to the officers,  
26 agents, and employees, and their families of any other public utility.

27 (2) With the approval of the division, any public utility may give free transportation or  
28 service, upon such conditions as the public utility may impose, or grant special rates therefor to the  
29 state, to any town or city, or to any water or fire district, and to the officers thereof, for public  
30 purposes, and also to any special class or classes of persons, not otherwise referred to in this section,  
31 in cases where the same shall seem to the division just and reasonable, or required in the interests  
32 of the public, and not unjustly discriminatory.

33 (3) With the approval of the division, any public utility operating a railroad or street railway  
34 may furnish to the publishers of newspapers and magazines, and to their employees, passenger

1 transportation in return for advertising in the newspapers or magazines at full rates.

2 (4) With the approval of the division, any public utility may exchange its service for the  
3 service of any other public utility furnishing a different class of service.

4 (5) Nothing in this section or any other provision of the law shall be construed to prohibit  
5 the giving by any public utility, of free or reduced-rate service to an elderly person as defined by  
6 the division.

7 (6) Any motor carrier of persons, as defined in chapter 13 of this title, may elect to file a  
8 tariff providing for a rate reduction of twenty-five percent (25%) below its one-way-fare tariff  
9 applying to any person who is sixty-five (65) years of age or older and any person assisting and  
10 traveling with a blind passenger who is not required to pay any fare pursuant to the provisions of §  
11 39-2-13 for bus rides between the hours of ten o'clock (10:00) a.m. and three o'clock (3:00) p.m. of  
12 each day. In such event, the reduced fare shall be paid in part by the passenger and in part by the  
13 state. That part of the reduced fare payable by the state shall be one-half (½) of the reduced fare  
14 adjusted upward to end in the nearest zero (0) or five cents (.05), and that part payable by the  
15 passenger shall be the balance of the reduced fare. Payments by the state under this section shall be  
16 paid monthly under procedures agreed upon by the department of transportation and the carrier.

17 (7) [Deleted by P.L. 2004, ch. 378, § 4, and by P.L. 2004, ch. 504, § 4.]

18 (8) Any person, firm, or corporation or any officer, agent, servant, or employee thereof  
19 who shall violate the provisions of subsection (7) of this section by fraudulently obtaining a  
20 telecommunications device shall, upon conviction, be fined not exceeding five hundred dollars  
21 (\$500) or be imprisoned for a term not exceeding one year.

22 (9)(i) Nothing in this section or any other provision of the general laws shall be construed  
23 to prohibit the commission from taking actions to enable the state to participate in a Federal  
24 Communications Commission telephone lifeline program. The commission may set a subscriber-  
25 funded, monthly residence basic exchange lifeline telephone service credit in an amount not to  
26 exceed the federal subscriber line access charge or the monthly basic-service charge, whichever is  
27 less, for those persons who receive Supplemental Security Income (SSI), Aid to Families With  
28 Dependent Children (AFDC), general public assistance (GPA), aid from the Rhode Island medical  
29 assistance program, or food stamps issued pursuant to the Food Stamp Act of 1964 as amended  
30 (Pub. L. No. 88-525 and amendments made thereto, 7 U.S.C. § 2011 et seq.), assistance from the  
31 Low Income Home Energy Assistance Program (LIHEAP) as administered by the department of  
32 administration, division of planning, and effective April 1, 1993, assistance from the Rhode Island  
33 pharmaceutical assistance program administered by the ~~office~~ [department](#) of healthy aging. The  
34 public utilities commission may promulgate regulations to implement this section. The department

1 of human services and the department of administration, division of planning, shall certify  
2 subscriber eligibility for the programs in accordance with public utilities commission and Federal  
3 Communications Commission guidelines.

4 (ii) The department of human services shall report monthly to the governor and to the house  
5 of representatives fiscal advisor the number of persons newly eligible for the lifeline telephone  
6 service credit hereunder solely by virtue of their eligibility to receive food stamp assistance and the  
7 department of administration, division of planning, shall, also, report monthly to the governor and  
8 to the house of representatives fiscal advisor the number of persons newly eligible for the lifeline  
9 telephone service credit hereunder solely by virtue of their participation in the Low Income Home  
10 Energy Assistance Program (LIHEAP).

11 (10) Nothing in this section or any other provision of the general laws shall be construed  
12 to prohibit any public utility with the approval of the commission, from forgiving arrearages of any  
13 person in accordance with the provisions of § 39-2-1(d).

14 (11) Nothing in this section or any other provision of the law shall be construed to prohibit  
15 any utility company from cutting, disconnecting, or removing mains, poles, wires, conduits, or  
16 fixtures free of charge to nonprofit housing development corporations prior to moving a building  
17 to be used as affordable housing for at least a ten-year (10) period.

18 (12) Nothing in this section or any other provision of the general laws shall be construed  
19 to prohibit any telecommunications provider, with the approval of the commission, from offering  
20 any residential customer a reduced rate, provided such rate covers all costs. A telecommunications  
21 provider may offer a business customer a reduced rate without commission approval; provided that  
22 the rate covers all costs.

23 (13) A gas or electric distribution company may provide discounts to low-income  
24 customers in accordance with the affordable energy plan provisions of § 42-141-5(d) [repealed].  
25 Nothing contained herein shall prohibit the continuation of any low-income discounts approved by  
26 the commission prior to January 1, 2006, and in effect as of that date.

27 SECTION 18. Section 39-18-4 of the General Laws in Chapter 39-18 entitled "Rhode  
28 Island Public Transit Authority" is hereby amended to read as follows:

29 **39-18-4. Powers and duties of the authority.**

30 (a) The authority is hereby authorized and empowered:

31 (1) To adopt bylaws for the regulation of its affairs and the conduct of its business;

32 (2) To adopt an official seal and alter the seal at pleasure;

33 (3) To maintain an office at such place or places within the state as it may designate;

34 (4) To sue and be sued in its own name, plead, and be impleaded; provided, however, that

1 any and all actions against the authority shall be brought only in the county in which the principal  
2 office of the authority shall be located;

3 (5) To acquire, purchase, hold, use, and dispose of any property, real, personal, or mixed,  
4 tangible or intangible, or any interest therein, necessary or desirable for carrying out the purposes  
5 of the authority, and to lease as lessee or lessor any property, real, personal, or mixed, or any interest  
6 therein, for such term and at such rental as the authority may deem fair and reasonable, and to sell,  
7 transfer, convey, mortgage, or give a security interest in any property, real, personal, or mixed,  
8 tangible or intangible, or any interest therein, at any time acquired by the authority;

9 (6) To employ, in its discretion, planning, architectural, and engineering consultants,  
10 attorneys, accountants, construction, financial, transportation, and traffic experts and consultants,  
11 superintendents, managers, and such other officers, employees, and agents as may be necessary in  
12 its judgment, and to fix their compensation;

13 (7)(i) To fix, from time to time, subject to the provisions of this chapter, schedules and  
14 such rates of fare and charges for service furnished or operated as in its judgment are best adopted  
15 to ensure sufficient income to meet the cost of service; provided, however, the authority is not  
16 empowered to operate a passenger vehicle under its control in competition with passenger vehicles  
17 of a private carrier over routes that the private carrier operates pursuant to a certificate of public  
18 convenience and necessity issued to the private carrier by the division of public utilities and  
19 carriers; and provided further that the authority shall not require any person who meets the means-  
20 test criteria as defined by the Rhode Island ~~office~~ [department](#) of healthy aging and who is either  
21 sixty-five (65) years of age, or over, or who is a person with a disability to pay more than one-half  
22 (½) of any fare for bus rides; provided, however, that under no circumstances shall fares or charges  
23 for special service routes be discounted. Any person who is either sixty-five (65) years of age, or  
24 over, or who is a person with a disability, who does not satisfy the means-test criteria as heretofore  
25 provided, shall only be required to pay one-half (½) of the fare or charge for bus rides during off-  
26 peak hours, but shall not be eligible for a reduction during peak hours. For the purposes of this  
27 chapter, "peak hours," "off-peak hours," and "special service routes" shall be determined annually  
28 by the authority. The authority, in conjunction with the department of human services, shall  
29 establish an advisory committee comprised of seniors/persons with disabilities who are constituent  
30 users of the authority's services to assist in the implementation of this section;

31 (ii) Any person who accompanies and is assisting a person with a disability when the person  
32 with a disability uses a wheelchair shall be eligible for the same price exemptions extended to a  
33 person with a disability by subsection (a)(7)(i). The cost to the authority for providing the service  
34 to the elderly shall be paid by the state;

1 (iii) Any person who accompanies and is assisting a passenger who is blind or visually  
2 impaired shall be eligible for the same price exemptions extended to the passenger who is blind or  
3 visually impaired by subsection (a)(7)(i). The cost to the authority for providing the service to the  
4 elderly shall be paid by the state;

5 (iv) The authority shall be authorized and empowered to charge a fare for any paratransit  
6 services required by the Americans with Disabilities Act, 42 U.S.C. § 12101 et seq., in accordance  
7 with 49 C.F.R. Part 37;

8 (8) To borrow money and to issue bonds of the authority for any of its purposes including, without  
9 limitation, the borrowing of money in anticipation of the issuance of bonds or the receipt of any  
10 operating revenues or other funds or property to be received by the authority, and the financing of  
11 property to be owned by others and used, in whole or substantial part, by the authority for any of  
12 its purposes, all as may, from time to time, be authorized by resolution of the authority; the bonds  
13 to contain on their face a statement to the effect that neither the state nor any municipality or other  
14 political subdivision of the state shall be obligated to pay the same or the interest thereon;

15 (9) To enter into management contracts for the operation, management, and supervision of  
16 any or all transit properties under the jurisdiction of the authority, and to make and enter into all  
17 contracts and agreements necessary or incidental to the performance of its duties and the execution  
18 of its powers under this chapter;

19 (10) Without limitation of the foregoing, to borrow money from, to receive and accept  
20 grants for or in aid of the purchase, leasing, improving, equipping, furnishing, maintaining,  
21 repairing, constructing, and operating of transit property, and to enter into contracts, leases, or other  
22 transactions with any federal agency; and to receive and accept from the state, from any  
23 municipality, or other political subdivision thereof, and from any other source, aid or contributions  
24 of either money, property, labor, or other things of value, to be held, used, and applied only for the  
25 purposes for which the grants and contributions may be made;

26 (11) To acquire in the name of the authority, by negotiated purchase or otherwise, on such  
27 terms and conditions and in such manner as it may deem proper, or by the exercise of the power of  
28 condemnation to the extent only and in the manner as provided in this chapter, public and private  
29 lands, including public parks, playgrounds or reservations, or parts thereof, or rights therein, rights-  
30 of-way, property rights, easements, and interests as it may deem necessary for carrying out the  
31 provisions of this chapter; provided, however, that all public property damaged in carrying out the  
32 powers granted by this chapter shall be restored or repaired and placed in its original condition as  
33 nearly as practicable;

34 (12) To contract with any municipality, public or private company or organization,

1 whereby the authority will receive a subsidy to avoid discontinuance of service, and each  
2 municipality within the state is hereby authorized to make and enter into such contracts and to  
3 make, grant, or give to the authority a subsidy in such amount and for such period of time as it may  
4 deem advisable;

5 (13) To operate open-door service from Rhode Island to and from locations in  
6 Massachusetts and Connecticut that are within five (5) miles of the Rhode Island border; and

7 (14) To do all things necessary, convenient, or desirable to carry out the purposes of this  
8 chapter.

9 (b) To effectuate the purposes of this chapter the authority shall have the following duties:

10 (1) To participate in and contribute to transportation planning initiatives that are relevant  
11 to the purposes of the authority;

12 (2) To plan, coordinate, develop, operate, maintain, and manage a statewide public transit  
13 system consistent with the purposes of the authority, including plans to meet demands for public  
14 transit where such demand, current or prospective, exceeds supply and/or availability of public  
15 transit services;

16 (3) To work with departments, agencies, authorities, and corporations of federal, state, and  
17 local government, public and private institutions, businesses, nonprofit organizations, users of the  
18 system, and other entities and persons to coordinate public transit services and provide a seamless  
19 network of mobility options.

20 SECTION 19. Section 40-6-5.2 of the General Laws in Chapter 40-6 entitled "Public  
21 Assistance Act" is hereby amended to read as follows:

22 **40-6-5.2. Cashing of AFDC, GPA checks.**

23 (a) For the purposes of this section, the term "banking institution" shall mean: (1) Any state  
24 or federally chartered bank, savings bank, loan and investment bank, or credit union located within  
25 this state; and (2) Any currency-exchange specialist located within this state and enrolled with the  
26 department of human services pursuant to regulations to be adopted by the department.

27 (b) Each banking institution shall cash, at its main office or any of its branch offices within  
28 the state, any check drawn by the state and payable within the state to a recipient of aid to families  
29 with dependent children (AFDC) or general public assistance (GPA), if the check is negotiated to  
30 the banking institution by the original payee of the check, and if the payee produces reasonable  
31 identification required by this section and as provided for in regulations adopted pursuant to  
32 subsection (d) hereof.

33 (c) Nothing in this section shall be interpreted as limiting any rights the banking institution  
34 may have against the payee by contract or at law, with regard to items that are negotiated to it as

1 provided for in this section, that are not paid upon presentment, or where the payee breaches a  
2 warranty made under § 6A-3-417. This section shall not apply to any check negotiated to a banking  
3 institution if the institution has reason to believe that the check will not be paid on presentment or  
4 that the tendering party may be in breach of one or more of the warranties contained in § 6A-3-417.

5 (d) Provided that a banking institution properly employed the identification procedures  
6 prescribed in regulations adopted pursuant to this subsection at the time an AFDC or GPA check  
7 was cashed by such institution, the state shall honor and make payment on the AFDC or GPA  
8 check, and the banking institution shall not be liable to reimburse the state for a loss incurred as a  
9 result of the wrongful payment of a check by the banking institution. The director of the department  
10 of human services shall adopt regulations specifying: (1) The forms of reasonable identification  
11 that a banking institution shall accept when cashing an AFDC or GPA check pursuant to subsection  
12 (b); and (2) The identification procedures the institution must employ to receive payment thereon  
13 and to avoid liability for the wrongful payment of any such check. The regulations shall provide  
14 that the forms of reasonable identification shall include, but need not be limited to: (i) An AFDC  
15 or GPA photo-identification card issued by the department of human services; (ii) A valid  
16 identification card issued by the administrator of the division of motor vehicles pursuant to § 3-8-  
17 6; (iii) A valid driver's license; (iv) An identification card issued by the ~~office~~ [department](#) of healthy  
18 aging; and (v) A valid identification card issued by the United States Immigration and  
19 Naturalization Service.

20 (e) The department of human services shall issue a stop-payment order with respect to any  
21 AFDC or GPA check reported as lost, stolen, or undelivered. The department of human services  
22 shall not issue a replacement AFDC or GPA check for a period of three (3) business days from the  
23 date of the report of such loss, theft, or nondelivery.

24 SECTION 20. Sections 40-6-5.2 and 40-6-27 of the General Laws in Chapter 40-6 entitled  
25 "Public Assistance Act" are hereby amended to read as follows:

26 **40-6-5.2. Cashing of AFDC, GPA checks.**

27 (a) For the purposes of this section, the term "banking institution" shall mean: (1) Any state  
28 or federally chartered bank, savings bank, loan and investment bank, or credit union located within  
29 this state; and (2) Any currency-exchange specialist located within this state and enrolled with the  
30 department of human services pursuant to regulations to be adopted by the department.

31 (b) Each banking institution shall cash, at its main office or any of its branch offices within  
32 the state, any check drawn by the state and payable within the state to a recipient of aid to families  
33 with dependent children (AFDC) or general public assistance (GPA), if the check is negotiated to  
34 the banking institution by the original payee of the check, and if the payee produces reasonable

1 identification required by this section and as provided for in regulations adopted pursuant to  
2 subsection (d) hereof.

3 (c) Nothing in this section shall be interpreted as limiting any rights the banking institution  
4 may have against the payee by contract or at law, with regard to items that are negotiated to it as  
5 provided for in this section, that are not paid upon presentment, or where the payee breaches a  
6 warranty made under § 6A-3-417. This section shall not apply to any check negotiated to a banking  
7 institution if the institution has reason to believe that the check will not be paid on presentment or  
8 that the tendering party may be in breach of one or more of the warranties contained in § 6A-3-417.

9 (d) Provided that a banking institution properly employed the identification procedures  
10 prescribed in regulations adopted pursuant to this subsection at the time an AFDC or GPA check  
11 was cashed by such institution, the state shall honor and make payment on the AFDC or GPA  
12 check, and the banking institution shall not be liable to reimburse the state for a loss incurred as a  
13 result of the wrongful payment of a check by the banking institution. The director of the department  
14 of human services shall adopt regulations specifying: (1) The forms of reasonable identification  
15 that a banking institution shall accept when cashing an AFDC or GPA check pursuant to subsection  
16 (b); and (2) The identification procedures the institution must employ to receive payment thereon  
17 and to avoid liability for the wrongful payment of any such check. The regulations shall provide  
18 that the forms of reasonable identification shall include, but need not be limited to: (i) An AFDC  
19 or GPA photo-identification card issued by the department of human services; (ii) A valid  
20 identification card issued by the administrator of the division of motor vehicles pursuant to § 3-8-  
21 6; (iii) A valid driver's license; (iv) An identification card issued by the ~~office~~ [department](#) of healthy  
22 aging; and (v) A valid identification card issued by the United States Immigration and  
23 Naturalization Service.

24 (e) The department of human services shall issue a stop-payment order with respect to any  
25 AFDC or GPA check reported as lost, stolen, or undelivered. The department of human services  
26 shall not issue a replacement AFDC or GPA check for a period of three (3) business days from the  
27 date of the report of such loss, theft, or nondelivery.

28 **40-6-27. Supplemental Security Income.**

29 (a)(1) The director of the department is hereby authorized to enter into agreements on  
30 behalf of the state with the Secretary of the Department of Health and Human Services or other  
31 appropriate federal officials, under the Supplemental Security Income (SSI) program established  
32 by Title XVI of the Social Security Act, 42 U.S.C. § 1381 et seq., concerning the administration  
33 and determination of eligibility for SSI benefits for residents of this state, except as otherwise  
34 provided in this section. The state's monthly share of supplementary assistance to the Supplemental



1 Security Income program shall be as follows:

- 2 (i) Individual living alone: \$39.92
- 3 (ii) Individual living with others: \$51.92
- 4 (iii) Couple living alone: \$79.38
- 5 (iv) Couple living with others: \$97.30
- 6 (v) Individual living in state-licensed assisted-living residence: \$332.00
- 7 (vi) [Deleted by P.L. 2021, ch. 162, art. 12, § 1.]

8 (vii) Individual living in state-licensed, supportive residential-care settings that, depending  
9 on the population served, meet the standards set by the department of human services in conjunction  
10 with the department of children, youth and families, the ~~office~~ [department](#) of healthy aging, and/or  
11 the department of behavioral healthcare, developmental disabilities and hospitals: \$300.00

12 Provided, however, that the department of human services shall, by regulation, reduce,  
13 effective January 1, 2009, the state's monthly share of supplementary assistance to the  
14 Supplemental Security Income (SSI) program for each of the above-listed payment levels, by the  
15 same value as the annual federal cost of living adjustment to be published by the federal Social  
16 Security Administration in October 2008 and becoming effective on January 1, 2009, as determined  
17 under the provisions of Title XVI of the federal Social Security Act, 42 U.S.C. § 1381 et seq.; and  
18 provided further, that it is the intent of the general assembly that the January 1, 2009, reduction in  
19 the state's monthly share shall not cause a reduction in the combined federal and state payment  
20 level for each category of recipients in effect in the month of December 2008; provided further,  
21 that the department of human services is authorized and directed to provide for payments to  
22 recipients in accordance with the above directives.

23 (2) As of July 1, 2010, state supplement payments shall not be federally administered and  
24 shall be paid directly by the department of human services to the recipient.

25 (3) Individuals living in institutions shall receive a twenty-dollar (\$20.00) per-month  
26 personal needs allowance from the state that shall be in addition to the personal needs allowance  
27 allowed by the Social Security Act, 42 U.S.C. § 301 et seq.

28 (4) Individuals living in state-licensed supportive residential-care settings and assisted-  
29 living residences who are receiving SSI supplemental payments under this section shall be allowed  
30 to retain a minimum personal needs allowance of fifty-five dollars (\$55.00) per month from their  
31 SSI monthly benefit prior to payment of any monthly fees in addition to any amounts established  
32 in an administrative rule promulgated by the secretary of the executive office of health and human  
33 services for persons eligible to receive Medicaid-funded long-term services and supports in the  
34 settings identified in subsection (a)(1)(v).

1 (5) The department is authorized and directed to make a determination of the medical need  
2 and whether a setting provides the appropriate services for those persons who:

3 (i) Have applied for or are receiving SSI, and who apply for admission to supportive  
4 residential-care settings and assisted-living residences on or after October 1, 1998; or

5 (ii) Who are residing in supportive residential-care settings and assisted-living residences,  
6 and who apply for or begin to receive SSI on or after October 1, 1998.

7 (6) The process for determining medical need required by subsection (a)(5) of this section  
8 shall be developed by the executive office of health and human services in collaboration with the  
9 departments of that office and shall be implemented in a manner that furthers the goals of  
10 establishing a statewide coordinated long-term-care entry system as required pursuant to the  
11 Medicaid section 1115 waiver demonstration.

12 (7) To assure access to high-quality, coordinated services, the executive office of health  
13 and human services is further authorized and directed to establish certification or contract standards  
14 that must be met by those state-licensed supportive residential-care settings, including adult  
15 supportive-care homes and assisted-living residences admitting or serving any persons eligible for  
16 state-funded supplementary assistance under this section. The certification or contract standards  
17 shall define:

18 (i) The scope and frequency of resident assessments, the development and implementation  
19 of individualized service plans, staffing levels and qualifications, resident monitoring, service  
20 coordination, safety risk management and disclosure, and any other related areas;

21 (ii) The procedures for determining whether the certifications or contract standards have  
22 been met; and

23 (iii) The criteria and process for granting a one-time, short-term good-cause exemption  
24 from the certification or contract standards to a licensed supportive residential-care setting or  
25 assisted-living residence that provides documented evidence indicating that meeting, or failing to  
26 meet, the standards poses an undue hardship on any person eligible under this section who is a  
27 prospective or current resident.

28 (8) The certification or contract standards required by this section shall be developed in  
29 collaboration by the departments, under the direction of the executive office of health and human  
30 services, so as to ensure that they comply with applicable licensure regulations either in effect or  
31 in development.

32 (b) The department is authorized and directed to provide additional assistance to  
33 individuals eligible for SSI benefits for:

34 (1) Moving costs or other expenses as a result of an emergency of a catastrophic nature,

1 which is defined as a fire or natural disaster; and

2 (2) Lost or stolen SSI benefit checks or proceeds of them; and

3 (3) Assistance payments to SSI-eligible individuals in need because of the application of  
4 federal SSI regulations regarding estranged spouses; and the department shall provide the  
5 assistance in a form and amount that the department shall by regulation determine.

6 SECTION 21. Section 40-8.4-14 of the General Laws in Chapter 40-8.4 entitled "Health  
7 Care for Families" is hereby amended to read as follows:

8 **40-8.4-14. Permanent joint committee on health care oversight.**

9 (a) The legislature hereby finds and declares that: (1) Access to affordable, quality health  
10 and long-term care is of concern for all Rhode Islanders; (2) The complexities of the health-  
11 insurance and healthcare-delivery systems result in inefficiencies, confusion, and additional costs  
12 for consumers and other participants in the healthcare system; (3) Reform to the health-insurance  
13 and healthcare-delivery systems is achievable only through an ongoing, focused, directed, and  
14 informed effort; and (4) Steps taken to reduce the numbers of uninsured Rhode Islanders, enhance  
15 the quality of care, contain costs, ensure accessibility to services, and promote healthy lifestyles  
16 should be monitored, adjusted or expanded as needed. Therefore, there is hereby created a  
17 permanent legislative committee to monitor, study, report, and make recommendations on all areas  
18 of healthcare provision, insurance, liability, licensing, cost, and delivery of services, and the  
19 adequacy, efficacy and efficiency of statutes, rules, regulations, guidelines, practices, and programs  
20 related to health care, long-term care, or health insurance coverage in Rhode Island.

21 (b) The committee consists of twelve (12) members of the general assembly: six (6) of  
22 whom shall be members of the house of representatives, to include the chair or deputy chair of the  
23 committee on finance, the chair or vice chair of the committee on corporations, the chair or vice  
24 chair of the committee on health, education and welfare; and one of whom shall be from the  
25 minority party, to be appointed by, and to serve at the discretion of, the speaker of the house of  
26 representatives; and six (6) of whom shall be from the senate, to include the chair or vice chair of  
27 the committee on finance, the chair or vice chair of the committee on commerce, housing and  
28 municipal government, the chair or vice chair of the committee on health and human services; and  
29 one of whom from the minority party, to be appointed by, and to serve at the discretion of, the  
30 president of the senate.

31 (c) The committee shall have co-chairpersons, one appointed by the speaker of the house  
32 of representatives and one by the president of the senate.

33 (d) The committee may review or study any matter related to the provision of healthcare  
34 services and long-term care that it considers of significance to the citizens of Rhode Island,

1 including the availability of health care, the quality of health care, the effectiveness and efficiency  
2 of managed care systems, the efficiency and the operation of state healthcare programs, and the  
3 availability of improved processes or new technologies to achieve more effective and timely  
4 resolution of disputes, better communication, speedier, more reliable and less costly administrative  
5 processes, claims, payments, and other matters involving the interaction among any or all of  
6 government, employers, consumers of health care, providers, healthcare facilities, insurers and  
7 others. The committee may request information from any healthcare provider, healthcare facility,  
8 insurer or others. The committee may request and shall receive from any instrumentality of the  
9 state, including the department of human services, the department of business regulation, the  
10 department of health, the department of behavioral healthcare, developmental disabilities and  
11 hospitals, the ~~office~~ [department](#) of healthy aging, and the long-term care coordinating council, or  
12 any other governmental advisory body or commission, including, but not limited to, the governor's  
13 advisory council on health, information and assistance as it deems necessary for the proper  
14 execution of its powers and duties under this section, including the annual report of the governor's  
15 advisory council on health. The committee will undertake a comprehensive study of the state's  
16 regulatory structure for health insurance, including the roles, relevance, impact, and coordination  
17 of current state laws and agencies involved in insurance oversight. This study will include any  
18 necessary recommendations for the restructuring of the state's laws and regulatory bodies. The  
19 recommendations will be made to the speaker of the house and the president of the senate on or  
20 before March 1, 2005.

21 (e) In addition to the notification regarding regulations required under § 40-8.4-10(b), the  
22 department of human services shall file with the permanent joint committee on health care oversight  
23 a detailed plan for the implementation of the programs created under this chapter by August 1,  
24 2000.

25 (f) The committee shall have the power to hold hearings, shall meet at least quarterly, may  
26 make recommendations to the general assembly, state agencies, private industry, or any other  
27 entity, and shall report to the general assembly on its findings and recommendations as it  
28 determines appropriate.

29 (g) The office of the health insurance commissioner and the executive office of health and  
30 human services shall issue a series of reports to the joint committee on or before October 1 of 2012,  
31 on state implementation options related to the U.S. Patient Protection and Affordable Care Act of  
32 2010, as amended by the Health Care and Education Reconciliation Act of 2010, and any further  
33 amendments to or regulations or guidance issued thereunder ("ACA"). These reports shall analyze  
34 the state options and make recommendations to the committee for legislative action regarding the

1 following topics:

2 (i) The feasibility of instituting a basic health program pursuant to Section 131 of the ACA,  
3 including a proposed plan for implementation;

4 (ii) The impact of eliminating gender as a rating factor, limiting variation in community  
5 rates based on age, and limiting waiting periods for coverage, as required under the Act;

6 (iii) The impact of merging the individual and small group-insurance markets on rates and  
7 coverage, including a proposed plan for implementation;

8 (iv) The feasibility of requiring insurance product consistency inside and outside of a state  
9 health insurance exchange, including an assessment of coverage and rate impacts; and

10 (v) The substantially equivalent utilization coverage limits that the legislature may  
11 substitute for the current dollar coverage limits on numerous state health insurance mandates, to  
12 conform with the Act.

13 SECTION 22. Sections 40-8.9-4 and 40-8.9-6 of the General Laws in Chapter 40-8.9  
14 entitled "Medical Assistance - Long-Term Care Service and Finance Reform" are hereby amended  
15 to read as follows:

16 **40-8.9-4. Unified long-term care budget.**

17 Beginning on July 1, 2007, a unified long-term-care budget shall combine in a single, line-  
18 item appropriation within the executive office of health and human services (executive office),  
19 annual executive office Medicaid appropriations for nursing facility and community-based, long-  
20 term-care services for elderly sixty-five (65) years and older and younger persons at risk of nursing  
21 home admissions (including adult day care, home health, PACE, and personal care in assisted-  
22 living settings). Beginning on July 1, 2007, the total system savings attributable to the value of the  
23 reduction in nursing home days including hospice nursing home days paid for by Medicaid shall  
24 be allocated in the budget enacted by the general assembly for the ensuing fiscal year for the express  
25 purpose of promoting and strengthening community-based alternatives; provided, further,  
26 beginning July 1, 2009, said savings shall be allocated within the budgets of the executive office  
27 and, as appropriate, the department of human services, ~~office~~ [department](#) of healthy aging. The  
28 allocation shall include, but not be limited to, funds to support an ongoing, statewide community  
29 education and outreach program to provide the public with information on home and community  
30 services and the establishment of presumptive eligibility criteria for the purposes of accessing home  
31 and community care. The home- and community-care service presumptive eligibility criteria shall  
32 be developed through rule or regulation on or before September 30, 2007. The allocation may also  
33 be used to fund home and community services provided by the ~~office~~ [department](#) of healthy aging  
34 for persons eligible for Medicaid long-term care, and the co-pay program administered pursuant to

1 chapter 66.3 of title 42. Any monies in the allocation that remain unexpended in a fiscal year shall  
2 be carried forward to the next fiscal year for the express purpose of strengthening community-based  
3 alternatives.

4 The caseload estimating conference pursuant to § 35-17-1 shall determine the amount of  
5 general revenues to be added to the current service estimate of community-based, long-term-care  
6 services for elderly sixty-five (65) and older and younger persons at risk of nursing home  
7 admissions for the ensuing budget year by multiplying the combined, cost per day of nursing home  
8 and hospice nursing home days estimated at the caseload conference for that year by the reduction  
9 in nursing home and hospice nursing home days from those in the second fiscal year prior to the  
10 current fiscal year to those in the first fiscal year prior to the current fiscal year.

11 **40-8.9-6. Recognizing long-term reform performance -- Reporting.**

12 (a) Annual performance reports showing progress in long-term-care system reform and  
13 rebalancing shall be submitted by April 1 of each year by the executive office of health and human  
14 services to the finance committees of both the senate and the house of representatives and the long-  
15 term care coordinating council and shall include:

16 (1) The number of Medicaid-eligible persons aged sixty-five (65) years and over and adults  
17 with disabilities served in nursing facilities;

18 (2) The number of Medicaid-eligible persons aged sixty-five (65) years and over and adults  
19 with disabilities transitioned from nursing homes to Medicaid-supported home- and community-  
20 based care;

21 (3) The number of persons aged sixty-five (65) years and over and adults with disabilities  
22 served in Medicaid and ~~office~~ [department](#) of healthy aging home and community care, to include  
23 home care, adult day services, assisted living, the personal choice program, the program of all-  
24 inclusive care of the elderly (PACE) and shared living;

25 (4) The dollar amounts and percent of expenditures spent on nursing facility care and  
26 home- and community-based care for those aged sixty-five (65) years and over and adults with  
27 disabilities and the average cost of care for nursing facility care and home- and community-based  
28 care;

29 (5) The amount of savings attributed to the value of the reduction in nursing home days,  
30 including hospice nursing home days paid for by Medicaid in accordance with § 40-8.9-4, and how  
31 the savings, if any, are allocated in the current fiscal year and in the proposed budget for the ensuing  
32 fiscal year to promote and strengthen community-based alternatives; and

33 (6) Estimates of the continued investments necessary to provide stability to the existing  
34 system and establish the infrastructure and programs required to achieve systemwide reform and

1 the targeted goal of spending fifty percent (50%) of Medicaid long-term-care dollars on nursing  
2 facility care and fifty percent (50%) on home- and community-based services.

3 (b) Beginning in 2019, to measure and show progress in achieving the state's goals for  
4 long-term services and supports reform, the executive office of health and human services shall  
5 develop and make public on its website a long-term services and supports performance scorecard  
6 based on the measures detailed in subsections (a)(1) through (a)(5) of this section showing data for  
7 the most recent four-year (4) period.

8 SECTION 23. Section 40-8.10-6 of the General Laws in Chapter 40-8.10 entitled "Long-  
9 Term Care Service Reform for Medicaid Eligible Individuals" is hereby amended to read as  
10 follows:

11 **40-8.10-6. Rules and regulations.**

12 The secretary of the executive office of health and human services, the directors of the  
13 department of human services, the ~~office~~ [department](#) of healthy aging, the department of children,  
14 youth and families and the department of behavioral healthcare, development disabilities and  
15 hospitals are hereby authorized to promulgate rules and regulations necessary to implement all  
16 provisions of this chapter and to seek necessary federal approvals in accordance with the provisions  
17 of the state's Medicaid section 1115 demonstration waiver.

18 SECTION 24. Section 40-17-2 of the General Laws in Chapter 40-17 entitled "Support of  
19 Homeless" is hereby amended to read as follows:

20 **40-17-2. Agency established.**

21 (a) There is hereby created a permanent council to be called the "interagency council on  
22 homelessness" consisting of eighteen (18) members and two (2) ex-officio members:

23 (1) One of whom shall be the chief of the office of housing and community development,  
24 or his or her designee, who shall chair the interagency council on homelessness;

25 (2) One of whom shall be the director of the department of administration, or his or her  
26 designee;

27 (3) One of whom shall be the chair of the housing resources commission, or his or her  
28 designee;

29 (4) One of whom shall be the director of the department of human services, or his or her  
30 designee;

31 (5) One of whom shall be the director of the department of health, or his or her designee;

32 (6) One of whom shall be the director of the department of children, youth and families, or  
33 his or her designee;

34 (7) One of whom shall be the director of the ~~office~~ [department](#) of healthy aging, or his or

1 her designee;

2 (8) One of whom shall be the director of behavioral healthcare, developmental disabilities  
3 and hospitals, or his or her designee;

4 (9) One of whom shall be director of the department of labor and training, or his or her  
5 designee;

6 (10) One of whom shall be the director of the department of corrections, or his or her  
7 designee;

8 (11) One of whom shall be the commissioner of the department of elementary and  
9 secondary education, or his or her designee;

10 (12) One of whom shall be the director of the Rhode Island housing and mortgage finance  
11 corporation, or his or her designee;

12 (13) One of whom shall be the director of the emergency management agency, or his or  
13 her designee;

14 (14) One of whom shall be a representative from the Rhode Island office of veterans  
15 services, or his or her designee;

16 (15) One of whom shall be the public defender, or his or her designee;

17 (16) One of whom shall be the Medicaid director within the department of human services,  
18 or his or her designee;

19 (17) One of whom shall be the secretary of the executive office of health and human  
20 services, or his or her designee;

21 (18) One of whom shall be the lieutenant governor, or his or her designee;

22 (19) One of whom shall be an ex-officio member who shall be from the Providence  
23 Veterans Administration Medical Center who specializes in health care for homeless veterans; and

24 (20) One of whom shall be an ex-officio member who shall be the chair, or his or her  
25 designee, of the interagency council on homelessness advisory council as described in this chapter  
26 herein.

27 (b) Forthwith upon the effective date of this chapter, the members of the commission shall  
28 meet at the call of the chair and organize. Vacancies in the commission shall be filled in like manner  
29 as the original appointment.

30 (c) The department of administration is hereby directed to provide suitable quarters and  
31 staff for the commission.

32 (d) All departments and agencies of the state shall furnish advice and information,  
33 documentary, and otherwise to the commission and its agents as is deemed necessary or desirable  
34 by the commission to facilitate the purposes of this chapter.



1 SECTION 25. Section 40-18-2 of the General Laws in Chapter 40-18 entitled "Long-Term  
2 Home Health Care - Alternative to Placement in Skilled Nursing or Intermediate Care Facility" is  
3 hereby amended to read as follows:

4 **40-18-2. Definitions.**

5 As used in this chapter, the following words and phrases shall have the following meanings  
6 unless the context otherwise requires:

7 (1) "Adult daycare service" means a comprehensive supervised program on a regularly  
8 scheduled basis to adults with disabilities for a substantial part of the day in a single physical  
9 location for a specified number of participants daily. The adult daycare center shall be reviewed  
10 and approved by the ~~office~~ [department](#) of healthy aging or other appropriate state agency. Adult  
11 daycare services may include, but are not limited to, medical supervision, social and educational  
12 activities, snacks and/or hot lunch, and transportation to and from the daycare site. All adult daycare  
13 services must meet the conditions set forth in the rules and regulations of the ~~office~~ [department](#) of  
14 healthy aging and must provide these services as an alternative to twenty-four-hour (24) long-term  
15 institutional care.

16 (2) "Case management services" means the coordination of a plan of care and services  
17 provided at home to persons with disabilities who are medically eligible for placement in a skilled  
18 nursing facility or an intermediate-care facility upon discharge from a hospital. Such programs shall  
19 be provided in the person's home or in the home of a responsible relative or other responsible adult,  
20 but not provided in a skilled nursing facility and/or an intermediate-care facility.

21 (3) "Certified home health" means a home-care services agency that is licensed by the state  
22 and is qualified to participate as a home health agency under the provisions of Titles XVII and XIX  
23 of the federal Social Security Act, 42 U.S.C. § 1395x, and shall provide, directly or through contract  
24 arrangement, a minimum of the following services, which are of a preventative, therapeutic,  
25 rehabilitative health guidance, and/or supportive nature to persons at home: skilled nursing  
26 services, physical therapy, occupational therapy, speech therapy, and home health aide services.

27 (4) "Director" means the director of the department of human services.

28 (5) "Emergency response system" means a twenty-four-hour (24) per-day monitoring  
29 service designed for use by elderly adults in the community. The purpose of that system is to  
30 provide contact between the elderly adult in the community and the appropriate emergency  
31 response agency.

32 (6) "Government funds" means funds provided under the provisions of chapter 8 of this  
33 title.

34 (7) "Home-care services" means those services provided by: (i) a Medicare/Medicaid

1 certified and state-licensed home health agency; and (ii) a state-licensed home health  
2 aide/homemaker agency.

3 (8) "Home health aide/homemaker agency" means: (i) Home health aide services, at a  
4 minimum, includes assistance with personal hygiene, dressing, feeding, and household tasks  
5 essential to the patient's health; and (ii) Homemaker services, at a minimum, includes light work or  
6 household tasks such as cooking, cleaning, shopping, and laundry.

7 (9) "Hospital" means a hospital as defined in chapter 17 of title 23.

8 SECTION 26. Sections 40-20-1 and 40-20-2 of the General Laws in Chapter 40-20 entitled  
9 "Long-Term Care System Planning" are hereby amended to read as follows:

10 **40-20-1. Long-term-care plan and budget.**

11 The directors of the department of human services, the ~~office~~ [department](#) of healthy aging,  
12 the department of health, and the department of behavioral healthcare, developmental disabilities  
13 and hospitals shall develop a five-year (5) Rhode Island long-term-care plan and recommended  
14 budget prior to January 1, 1998. In developing the plan, the directors shall seek input and comment  
15 from members of the public, consumers, and providers. The plan shall be based on the goals and  
16 objectives set forth in the long-term care coordinating council's "Long-Term Care Plan for Rhode  
17 Island: 1995-2000" and shall incorporate at least the following:

18 (a) Guiding principles:

19 (1) Address and promote physical, mental, and psycho-social well-being.

20 (2) Allow consumers to choose less restrictive and more cost-effective and appropriate  
21 settings for care.

22 (3) Place emphasis on consumer choice and satisfaction.

23 (4) Strive to ensure that all services are available as appropriate to needs and resources.

24 (5) Base the plan on consumer needs, not provider needs.

25 (6) Recognize that cost-effectiveness, efficiency, and quality of life are important to public  
26 and private-pay consumers.

27 (b) Essential elements:

28 (1) A long-term-care coordinator responsible for assisting persons to access long-term-care  
29 services shall be available to all communities.

30 (2) A uniform screening and assessment shall be conducted for anyone seeking state-  
31 funded long-term-care assistance. The assessment shall be available to private pay consumers as  
32 well.

33 (3) A consumer long-term-care information system shall be developed in collaboration  
34 with the long-term care coordinating council.

1           **40-20-2. Long-term-care entry system.**

2           The directors of the department of human services, the ~~office~~ [department](#) of healthy aging,  
3 the department of health, and the department of behavioral healthcare, developmental disabilities  
4 and hospitals, shall work collaboratively to design and implement subject to appropriation by  
5 October 1, 2006, a standardized, community-based, comprehensive system for entry into state long-  
6 term-care programs and services. The system shall include community-based staff to administer  
7 pre-screening long-term-care assessments and care-management services, as defined and required  
8 under chapter 66.6 of title 42, and to make recommendations for services, including home- and  
9 community-based alternatives to residential care, and to assist with access to services. The long-  
10 term-care entry system shall include the essential elements contained in § 40-20-1(b).

11           SECTION 27. Sections 40.1-29-3 and 40.1-29-6 of the General Laws in Chapter 40.1-29  
12 entitled "Governor's Council on Behavioral Health" are hereby amended to read as follows:

13           **40.1-29-3. Members.**

14           (a) The council shall consist of thirty-one (31) voting members.

15           (1) There shall be four (4) members of the legislature, two (2) shall be from the senate and  
16 shall be appointed by the senate president to serve for their legislative term, one from each of the  
17 major political parties, and two (2) shall be from the house of representatives and shall be appointed  
18 by the speaker to serve for their legislative term, one from each of the two (2) major political parties.

19           (2) The nonlegislative members shall be the executive director of the Substance Use and  
20 Mental Health Leadership Council of RI, the mental health advocate, the child advocate, and a  
21 representative of the AFL-CIO to be appointed by the governor.

22           (3) The remaining twenty-three (23) public members shall be appointed by and serve at the  
23 pleasure of the governor and shall represent community interests such as substance use disorder  
24 treatment and prevention professionals; youth with behavioral health challenges, or their  
25 representatives; consumers of substance use disorder programs and their families; mental health  
26 treatment professionals; adult and elderly consumers of mental health services and their families;  
27 families of children who are consumers of mental health and substance use disorder services; the  
28 judiciary; criminal justice officials; and local government officials.

29           (4) Not less than fifty (50%) percent of the public members shall be individuals who are  
30 not state employees or providers of behavioral health services.

31           (5) There shall be sufficient representation by the families of children who are consumers  
32 of mental health and substance use disorder services in order to ensure adequate representation of  
33 such children.

34           (6) Every effort shall be made to ensure that appointed members represent the cultural

1 diversity of the state.

2 (7) All members shall have demonstrable expertise in, or experience with, substance use  
3 disorders or mental health services in Rhode Island. In addition, the directors or their designees of  
4 the departments of children, youth and families; corrections; education; health; human services;  
5 behavioral healthcare, developmental disabilities and hospitals; the ~~office~~ [department](#) of healthy  
6 aging; the attorney general, or designee, and the executive director of the Rhode Island justice  
7 commission shall serve as ex officio and without a vote as members of the council.

8 (b) Any vacancy that may occur in the council shall be filled in the same manner as the  
9 original appointments.

10 (c) The governor shall designate one member as the chairperson of the council.

11 **40.1-29-6. Staff and employees.**

12 The director of behavioral healthcare, developmental disabilities and hospitals shall  
13 provide the council with professional and secretarial staff and other support as shall be appropriate  
14 for it to carry out its designated functions. The director of the department of children, youth and  
15 families and the director of the ~~office~~ [department](#) of healthy aging shall provide the council with  
16 additional professional and secretarial staff and other employees as shall be appropriate for the  
17 council to carry out functions related to the respective responsibilities of these departments. All  
18 departments and agencies of the state shall furnish any advice and information, documentary and  
19 otherwise, to the council that is deemed necessary to fulfill the purpose and functions of the council.

20 SECTION 28. Sections 42-6-1, 42-6-2 and 42-6-3 of the General Laws in Chapter 42-6  
21 entitled "Departments of State Government" are hereby amended to read as follows:

22 **42-6-1. Enumeration of departments.**

23 All the administrative powers and duties heretofore vested by law in the several state  
24 departments, boards, divisions, bureaus, commissions, and other agencies shall be vested in the  
25 following departments and other agencies that are specified in this title:

- 26 (a) Executive department (chapter 7 of this title);
- 27 (b) Department of state (chapter 8 of this title);
- 28 (c) Department of the attorney general (chapter 9 of this title);
- 29 (d) Treasury department (chapter 10 of this title);
- 30 (e) Department of administration (chapter 11 of this title);
- 31 (f) Department of business regulation (chapter 14 of this title);
- 32 (g) Department of children, youth and families (chapter 72 of this title);
- 33 (h) Department of corrections (chapter 56 of this title);
- 34 (i) [Deleted by P.L. 2019, ch. 88, art. 4, § 12];

- 1 (j) Department of elementary and secondary education (chapter 60 of title 16);  
2 (k) Department of environmental management (chapter 17.1 of this title);  
3 (l) Department of health (chapter 18 of this title);  
4 (m) Board of governors for higher education (chapter 59 of title 16);  
5 (n) Department of labor and training (chapter 16.1 of this title);  
6 (o) Department of behavioral healthcare, developmental disabilities and hospitals (chapter  
7 12.1 of this title);  
8 (p) Department of human services (chapter 12 of this title);  
9 (q) Department of transportation (chapter 13 of this title);  
10 (r) Public utilities commission (chapter 14.3 of this title);  
11 (s) Department of revenue (chapter 142 of this title);  
12 (t) Department of public safety (chapter 7.3 of this title);  
13 [\(u\) Department of Healthy Aging \(chapter 66 of this title\).](#)

14 **42-6-2. Heads of departments.**

15 The governor, secretary of state, attorney general, and general treasurer, hereinafter called  
16 general officers, shall each be in charge of a department. There shall also be a director of  
17 administration, a director of revenue, a director of public safety, a director of human services, a  
18 director of behavioral healthcare, developmental disabilities and hospitals, a director of  
19 transportation, a director of business regulation, a director of labor and training, a director of  
20 environmental management, a director for children, youth and families, [a director of healthy aging](#)  
21 and a director of corrections. Each director shall hold office at the pleasure of the governor and he  
22 or she shall serve until his or her successor is duly appointed and qualified unless the director is  
23 removed from office by special order of the governor.

24 **42-6-3. Appointment of directors.**

25 (a) At the January session following his or her election to office, the governor shall appoint  
26 a director of administration, a director of revenue, a director of public safety, a director of human  
27 services, a director of behavioral healthcare, developmental disabilities and hospitals, a director of  
28 transportation, a director of business regulation, a director of labor and training, a director of  
29 environmental management, a director for children, youth and families, [a director of healthy aging](#)  
30 and a director of corrections. The governor shall, in all cases of appointment of a director while the  
31 senate is in session, notify the senate of his or her appointment and the senate shall, within sixty  
32 (60) legislative days after receipt of the notice, act upon the appointment. If the senate shall, within  
33 sixty (60) legislative days, vote to disapprove the appointment, it shall so notify the governor, who  
34 shall forthwith appoint and notify the senate of the appointment of a different person as director

1 and so on in like manner until the senate shall fail to so vote disapproval of the governor's  
2 appointment. If the senate shall fail, for sixty (60) legislative days next after notice, to act upon any  
3 appointment of which it has been notified by the governor, the person so appointed shall be the  
4 director. The governor may withdraw any appointment of which he or she has given notice to the  
5 senate, at any time within sixty (60) legislative days thereafter and before action has been taken  
6 thereon by the senate.

7 (b) Except as expressly provided in § 42-6-9, and except that the governor may enter into  
8 a contract of employment for a director of the department of children, youth and families for a  
9 period of time up to three (3) years, no director of any department shall be appointed or employed  
10 pursuant to any contract of employment for a period of time greater than the remainder of the  
11 governor's current term of office. Any contract entered into in violation of this section after July 1,  
12 1994, is hereby declared null and void.

13 SECTION 29. Sections 42-66.2-3 and 42-66.2-6 of the General Laws in Chapter 42-66.2  
14 entitled "Pharmaceutical Assistance to the Elderly Act" are hereby amended to read as follows:

15 **42-66.2-3. Definitions.**

16 As used in this chapter, unless the context requires otherwise:

17 (1) "Consumer" means any full-time resident of the state who fulfills the eligibility  
18 requirements set forth in § 42-66.2-5. Residence for purposes of this chapter shall be in accordance  
19 with the definitions and evidence standards set forth in § 17-1-3.1.

20 (2) "Contractor" means a third party or private vendor capable of administering a program  
21 of reimbursement for prescription drugs, and drug program eligibility administrative support as  
22 required by the director, the vendor to be determined through a competitive bid process in which  
23 the director awards a three (3) year contract for services.

24 (3) "Department" means the ~~office~~ [department](#) of healthy aging.

25 (4) "Director" means the director of the ~~office~~ [department](#) of healthy aging.

26 (5)(i) "Eligible drugs" means insulin, injectable drugs for multiple sclerosis, and shall mean  
27 non-injectable drugs which require a physician's prescription according to federal law and which  
28 are contained in the following American Hospital Formulary Service pharmacologic-therapeutic  
29 classifications categories that have not been determined by the federal "Drug Efficacy and Safety  
30 Implementation (DESI) Commission" to lack substantial evidence of effectiveness. Eligible drugs  
31 are limited to the following classification categories: cardiac drugs, hypotensive drugs, diuretics,  
32 anti-diabetic agents, insulin, disposable insulin syringes, vasodilators (cardiac indications only),  
33 anticoagulants, hemorreolgic agents, glaucoma drugs, drugs for the treatment of Parkinson's  
34 disease, antilipemic drugs and oral antineoplastic drugs and drugs for the treatment of asthma and

1 other chronic respiratory diseases and prescription vitamin and mineral supplements for renal  
2 patients, and drugs approved for the treatment of Alzheimer's disease, drugs used for the treatment  
3 of depression, those drugs approved for the treatment of urinary incontinence, anti-infectives, drugs  
4 used for the treatment of arthritis, drugs approved for the treatment of osteoporosis, and  
5 neuraminidase inhibiting drugs indicated for the treatment of influenza A and B.

6 (ii) "Additional drugs" means non-injectable drugs which require a physician's prescription  
7 according to federal law and which are contained in the American Hospital Formulary Service  
8 pharmacologic-therapeutic classifications categories that have not been determined by the federal  
9 "Drug Efficacy and Safety Implementation (DESI) Commission" to lack substantial evidence of  
10 effectiveness, which are not included in the definition of drugs as defined in this subdivision.  
11 However, this shall not include prescription drugs used for cosmetic purposes.

12 (6) "Income" for the purposes of this chapter means the sum of federal adjusted gross  
13 income as defined in the Internal Revenue Code of the United States, 26 U.S.C. § 1 et seq., and all  
14 nontaxable income including, but not limited to, the amount of capital gains excluded from adjusted  
15 gross income, alimony, support money, nontaxable strike benefits, cash public assistance and relief  
16 (not including relief granted under this chapter), the gross amount of any pension or annuity  
17 (including Railroad Retirement Act benefits, 45 U.S.C. § 231 et seq., all payments received under  
18 the federal Social Security Act, 42 U.S.C. § 301 et seq., state unemployment insurance laws, and  
19 veterans' disability pensions), nontaxable interest received from the federal government or any of  
20 its instrumentalities, workers' compensation, and the gross amount of "loss of time" insurance. It  
21 does not include gifts from nongovernmental sources, or surplus foods or other relief in kind  
22 supplied by a public or private agency.

23 (7) "Pharmaceutical manufacturer" means any entity holding legal title to or possession of  
24 a national drug code number issued by the federal food and drug administration.

25 (8) "Pharmacy" means a pharmacy licensed by the state of Rhode Island.

26 (9) [Deleted by P.L. 2008, ch. 100, art. 8, § 2].

27 ~~42-66.2-6. Responsibilities of office of healthy aging~~ **Responsibilities of the**  
28 **department of healthy aging.**

29 (a) Determination of eligibility. The department shall adopt regulations relating to the  
30 determination of eligibility of prospective consumers and the determination and elimination of  
31 program abuse. The department has the power to declare ineligible any consumer who abuses or  
32 misuses the established prescription plan. The department has the power to investigate cases of  
33 suspected provider or consumer fraud.

34 (b) Program criteria. The program includes the following criteria:

1 (1) Senior citizens participating in the program are required to maintain records of each  
2 transaction as specified by the director in accordance with subsection 42-66.2-4(c);

3 (2) Prescription benefits for any single prescription may be dispensed in the amounts  
4 authorized by the physician, and agreed to by the consumer, up to a maximum of a one hundred  
5 (100) day supply or two hundred (200) doses, whichever is less and/or a one hundred (100) day  
6 supply or one quart of liquid, whichever is less; provided, however, that disposable insulin syringes  
7 are dispensed in a quantity of one hundred (100);

8 (3) Experimental drugs are excluded from the program;

9 (4) A system of mail order delivery for prescriptions is allowed under this program; and

10 (5) Eligible and additional drugs must be dispensed within one year of the original  
11 prescription order.

12 (c) The director shall provide a mechanism, within the department, to handle all public  
13 inquiries concerning the program.

14 (d) The director shall establish a process, in accordance with the Administrative Procedures  
15 Act, chapter 35 of this title, to provide an appeals hearing on the determination of eligibility.

16 (e) The director shall forward to the contractor a list of all eligible consumers.

17 (f) Expenditures for multiple sclerosis drugs shall not exceed thirty thousand dollars  
18 (\$30,000).

19 (g) Generic drug substitution is mandatory when there is an available generic drug  
20 equivalent.

21 SECTION 30. Sections 42-66.2.1-2 and 42-66.2.1-7 of the General Laws in Chapter 42-  
22 66.2.1 entitled "Rhode Island Best Rx Prescription Drug Discount Program for the Uninsured" are  
23 hereby amended to read as follows:

24 **42-66.2.1-2. Discount drug program.**

25 The departments of human services and elderly affairs shall develop a prescription drug  
26 discount program for the uninsured to be implemented on or before March 15, 2005, and the ~~office~~  
27 [department](#) of healthy aging shall issue a request for proposal to entities for the management of the  
28 discount program. Once the bid has been awarded to a contractor, the contract may be modified as  
29 necessary and appropriate to achieve the purpose of the program at any time, with the agreement  
30 of all parties.

31 **42-66.2.1-7. Advisory commission.**

32 (a) There is hereby established the Rhode Island Best Rx Program Advisory Commission.  
33 The Commission shall be responsible for the marketing, education and promotion of the Rhode  
34 Island Best Rx Discount Program for the Uninsured and shall set administrative fees as required



1 under § 42-66.2.1-6 and otherwise advise the General Assembly on the operation of the Rhode  
2 Island Best Rx Discount Program for the Uninsured.

3 (b) The advisory commission shall have the following composition: (i) a representative of  
4 organized labor appointed by the president of the Rhode Island AFL-CIO; (ii) a representative of  
5 the Alliance for Retired Americans appointed by the executive director; (iii) a representative of the  
6 American Association of Retired Persons appointed by the executive director; (iv) a representative  
7 of retail pharmacists licensed and operating in the state of Rhode Island, as appointed by the Rhode  
8 Island Pharmacists Association; (v) three (3) representatives of the research-based pharmaceutical  
9 manufacturers; (vi) the speaker of the house or his or her designee; (vii) the president of the senate  
10 or his or her designee; (viii) the Director of the Department of Human Services, or his or her  
11 designee; and (ix) the Director of the ~~Office~~ Department of Healthy Aging, or his or her designee.

12 (c) The speaker of the house or his or her designee, and the president of the senate or his  
13 or her designee, shall co-chair the advisory commission, and the commission shall meet at the call  
14 of the chair, but no less frequently than once per year.

15 (d) Commission members in subsections (i) through (iv) herein shall be appointed as above  
16 and shall serve such terms as may be designated by their respective constituencies and shall receive  
17 no compensation for their service.

18 (e) The director or designated representative of the department of human services and the  
19 ~~office~~ department of healthy aging shall be non-voting ex-officio members of the advisory  
20 commission.

21 (f) A quorum for consideration of business is no fewer than five (5) voting members  
22 present. Recommendations and action of the council shall be adopted by a two-thirds ( $\frac{2}{3}$ ) majority,  
23 and no minority action shall be authorized.

24 SECTION 31. Section 42-66.3-1 of the General Laws in Chapter 42-66.3 entitled "Home  
25 and Community Care Services to the Elderly" is hereby amended to read as follows:

26 **42-66.3-1. Definitions.**

27 As used in this chapter:

28 (1) "Adult day services program" is an agency licensed through the department of health  
29 that provides a comprehensive supervised program on a regular basis to physically and/or mentally  
30 handicapped adults for a substantial part of a day in a single physical location for a specified number  
31 of participants daily. Adult day services may include, medical supervision, social and educational  
32 activities, snacks and/or hot lunch.

33 (2) "Case management agency" means a community-based agency designated by the ~~office~~  
34 department of healthy aging to provide care coordination for home and community care clients.

1 (3) "Director" means the director of the ~~office~~ [department](#) of healthy aging.

2 (4) "Home and community care services" means arranging for, or providing directly to the  
3 client, or providing through contract services -- such as home health aid/homemaker services and  
4 such other services that may be required for a client to remain in the community and as may be  
5 promulgated by department regulations.

6 (5) "Home care agency" means an agency licensed by the department of health as a "home  
7 nursing provider" and/or "home care provider" under the provisions of chapter 17 of title 23.

8 (6) "Long-term care ombudsperson" means the person or persons designated by the director  
9 of the ~~office~~ [department](#) of healthy aging for the purpose of advocating on behalf of recipients of  
10 long-term care services and of receiving, investigating and resolving through mediation,  
11 negotiation and administrative action complaints filed by recipients of long-term care services;  
12 individuals acting on their behalf or any individual organization or government agency that has  
13 reason to believe that a long-term care agency has engaged in activities, practices or omissions that  
14 constitute a violation of applicable statutes or regulations or that may have an adverse effect upon  
15 the health, safety, welfare, rights or the quality of life of recipients of long-term care services.

16 (7) "Home health aide services" means simple healthcare tasks, personal hygiene services,  
17 housekeeping tasks essential to the patient's health, and other related supportive services. These  
18 services shall be in accordance with a plan of treatment for the patient and shall be under the  
19 supervision of the appropriate healthcare professional. These services shall be provided by a person  
20 who meets the standards established by the department of health.

21 (8) "Homebound" means the condition of the client is such that the client does not have the  
22 normal ability to leave home, consequently leaving the home requires a considerable and taxing  
23 effort by the client. A client does not have to be confined to bed to be homebound.

24 (9) "Homemaker services" means assistance and instruction in managing and maintaining  
25 a household and incidental household tasks for persons at home because of illness, incapacity, or  
26 the absence of a caretaker relative. These services shall be provided by a person who meets the  
27 standards established by the department of health.

28 (10) "Assisted living residences" means a publicly or privately operated residence that is  
29 licensed pursuant to § 23-17-4 of the general laws as amended.

30 (11) "Respite care services" means temporary care given inside or outside the home of a  
31 client who cannot entirely care for themselves and thereby offers relief to caregivers.

32 (12) "Shared living" program means a privately owned residence in which the family  
33 provides for or arranges for the needs of the client so that the client can remain in the community,  
34 a program that is designed to respect the unique character of each individual, promotes self-reliance

1 and the freedom to make choices, and fosters dignity, autonomy and personal safety. Services may  
2 be provided in-home or a host home residence in which the family provides for or arranges for the  
3 needs of the client so that the client can remain in the community including but not limited to  
4 lodging and meals. This program is designed to provide the opportunity for the provision of an  
5 inter-generational multidisciplinary supports to preserve and strengthen families.

6 SECTION 32. Section 42-66.7-3 of the General Laws in Chapter 42-66.7 entitled "Long-  
7 Term Care Ombudsperson Act of 1995" is hereby amended to read as follows:

8 **42-66.7-3. Definitions.**

9 As used in this chapter:

10 (1) An "act" of any facility or government agency includes any failure or refusal to act by  
11 any facility or government agency.

12 (2) "Administrator" means any person who is charged with the general administration or  
13 supervision of a facility whether or not that person has an ownership interest and whether or not  
14 that person's functions and duties are shared with one or more other persons.

15 (3) "Elderly" means any person sixty (60) years of age or older who is a resident of any  
16 facility.

17 (4) "Facility" means any facility or institution, home care provider or home nursing care  
18 provider, whether public or private, offering health or health related services for the  
19 institutionalized elderly, and which is subject to regulation, visitation, inspection, or supervision  
20 by any government agency. "Facilities" include, but are not limited to, nursing homes, intermediate  
21 care facilities, extended care facilities, convalescent homes, rehabilitation centers, home care  
22 agencies, homes for the aged, veterans' homes, boarding homes, and adult supportive care,  
23 residential care and assisted living residences.

24 (5) "Government agency" means any department, division, office, bureau, board,  
25 commission, authority, nonprofit community organization, or any other agency or instrumentality  
26 created by any municipality or by the state, or to which the state is a party, which is responsible for  
27 the regulation, inspection, visitation, or supervision of facilities or which provides services to  
28 residents of facilities.

29 (6) "Ombudsperson" means the person or persons designated by the director. That person  
30 or persons shall have expertise and experience in the fields of social work, long-term care, and  
31 advocacy, and shall be qualified and experienced in communicating with the elderly.

32 (7) "Resident" means any person age sixty (60) years of age or older who is receiving  
33 treatment, care, or housing in any facility in all of its aspects including, but not limited to,  
34 admission, retention, confinement, period of residence, transfer, discharge, and in any instances

1 directly related to that status. Residents include patients and clients. Residents shall also include  
2 disabled persons under sixty (60) years of age residing in nursing homes, or clients of residential  
3 and assisted living facilities and home care providers/home nursing care providers and long-term  
4 care units at the Eleanor Slater Hospital, including the Zambarano facility.

5 (8) "Interfere" means willful and continuous conduct which prevents the ombudsperson  
6 from performing her or his official duties.

7 (9) "Official duties" means work pursuant to the long-term care ombudsperson program  
8 authorized by the federal Older Americans Act or the long-term care ombudsperson program  
9 authorized by state law and carried out under the auspices and general direction of the state long-  
10 term care ombudsperson.

11 (10) "Director" means the director of the ~~office~~ [department](#) of healthy aging.

12 (11) "Person" means any individual, trust, or estate, partnership, limited liability  
13 corporation, corporation (including associations, joint stock companies, and insurance companies),  
14 state, or political subdivision or instrumentality of a state.

15 (12) "Health oversight agency" means, for the purposes of this chapter, the ~~office~~  
16 [department](#) of healthy aging or the person or entity designated as the state's long-term care  
17 ombudsperson by the director of the ~~office~~ [department](#) of healthy aging, including the employees  
18 or agents of such person or entity, when they are acting to fulfill the duties and responsibilities of  
19 the state's long-term care ombudsperson program in which health information is necessary to  
20 oversee the health system and in accordance with the U.S. Health Insurance Portability and  
21 Accountability Act (HIPAA) of 1996.

22 SECTION 33. Section 42-66.12-3 of the General Laws in Chapter 42-66.12 entitled "The  
23 Rhode Island Aging and Disability Resource Center" is hereby amended to read as follows:

24 **42-66.12-3. Aging and disability resource center established.**

25 The Rhode Island aging and disability resource center (ADRC) shall be established and  
26 operated by the department ~~of human services, office~~ of healthy aging in collaboration with other  
27 agencies within the executive office of health and human services. The ~~office~~ [department](#) of healthy  
28 aging shall build on its experience in development and implementation of the current ADRC  
29 program. The ADRC is an integral part of the Rhode Island system of long-term supports and  
30 services working to promote the state's long-term system rebalancing goals by diverting persons,  
31 when appropriate, from institutional care to home and community-based services and preventing  
32 short-term institutional stays from becoming permanent through options counseling and screening  
33 for eligibility for home- and community-based services.

34 SECTION 34. Sections 44-9-10, 44-9-11 and 44-9-12 of the General Laws in Chapter 44-

1 9 entitled "Tax Sales" are hereby amended to read as follows:

2 **44-9-10. Notice of sale to taxpayer.**

3 (a) Whether or not the person or general partnership to whom the estate is taxed as of  
4 December 31st prior to the tax sale is a resident of this state, the collector shall, in addition to the  
5 foregoing, notify the taxpayer of the time and place of sale first by first-class mail not less than  
6 ninety (90) days before the date of sale or any adjournment of the sale, and again by certified mail  
7 not less than forty (40) days before the date of sale or any adjournment of the sale, sent postpaid to  
8 the street address of the real estate liable for payment of taxes, and, if different, to the taxpayer's  
9 address listed with the tax assessor's office of the city or town where the real estate is located or to  
10 any other address which the taxpayer designates by written notice to the tax assessor, or to the  
11 address of the taxpayer stated on the deed recorded in the land evidence records of the city or town  
12 where the real estate is located or to the last-known address of the taxpayer or be left at the  
13 taxpayer's last-known address or personally served on the taxpayer not less than thirty (30) days  
14 before the date of sale or any adjournment of the sale, but no notice of adjournments shall be  
15 necessary other than the announcement made at the sale. Copies of such notices shall be provided  
16 to Rhode Island Housing and Mortgage Finance Corporation by mail or hand delivery, or a manifest  
17 of such notices shall be electronically delivered in a machine-readable format through secure means  
18 established by the Rhode Island Housing and Mortgage Finance Corporation not less than forty  
19 (40) days before the date of sale or any adjournment of the sale. Failure to notify the Rhode Island  
20 Housing and Mortgage Finance Corporation as prescribed herein shall nullify any tax sale of any  
21 property with respect to which such notice was not given.

22 (b) Persons aged sixty-five (65) years and over or persons suffering from a disability may  
23 designate a third party to whom notice may be sent as required pursuant to this section by advising  
24 the tax assessor of the name and address of the person.

25 (c) If the estate taxed is a corporation, the notice may be sent either by registered or certified  
26 mail to its place of business or left at the business office of the corporation with some person  
27 employed there.

28 (d) In the event the person to whom the estate is taxed is listed in the records of the assessor  
29 and/or collector as having applied for and been granted a property tax abatement based wholly or  
30 partially on the age of the taxpayer, then the collector shall also notify the ~~office~~ [department](#) of  
31 healthy aging by mail, hand delivery, or a manifest of such notices shall be electronically delivered  
32 in a machine-readable format through the secure means established by the Rhode Island Housing  
33 and Mortgage Finance Corporation pursuant to subsection (a), not less than forty (40) days before  
34 the date of sale. Failure to notify the ~~office~~ [department](#) of healthy aging as prescribed herein shall

1 nullify any tax sale of any property with respect to which such notice was not given.

2 (e) Within ninety (90) days after the end of each calendar year, the ~~office~~ [department](#) of  
3 healthy aging shall prepare and submit an annual report to the governor, the speaker of the house  
4 of representatives, the president of the senate, and the secretary of state. The report shall contain  
5 information concerning the number of notices received by the ~~office~~ [department](#) of healthy aging  
6 pursuant to this section of law during the calendar year and information concerning the identity of  
7 the specific parcels that might be sold in each city or town as well as a description of exactly what  
8 action followed on each such notice. The report shall conclude by indicating the present status of  
9 each case in which the division received such a notice as well as an indication as to whether each  
10 such case is open or closed.

11 **44-9-11. Notice to mortgagees and other parties in interest.**

12 (a) In case the collector shall advertise for sale any property, real, personal, or mixed, in  
13 which any person other than the person to whom the tax is assessed has an interest, it shall not be  
14 necessary for the collector to notify the interested party, except for the following interested parties,  
15 provided that their interest was of record at least ninety (90) days prior to the date set for the sale:  
16 the present owner of record; mortgagees of record and mortgage assignees of record; former fee  
17 holders whose right to redeem has not been foreclosed; holders of tax title; federal agencies having  
18 a recorded lien on the subject property; holders of life estates of record and vested remainder, whose  
19 identity can be ascertained from an examination of the land or probate records of the municipality  
20 conducting the sale; and/or their assignees of record who shall be notified by the collector, either  
21 by registered or certified mail sent postpaid not less than twenty (20) days before the date of sale  
22 or any adjournment of the sale to an agent authorized by appointment or by law to receive service  
23 of process; or to the address of the party in interest set forth in the recorded mortgage document or  
24 the recorded assignment; or to the last known address of the party in interest; but no notice of  
25 adjournments shall be necessary other than the announcement made at the sale. The posting and  
26 publication of the notice of the time and place of sale in the manner provided by § 44-9-9 shall be  
27 deemed sufficient notice to all other interested parties. This provision shall apply to all taxes levied  
28 prior to and subsequent to 1896. This provision shall be subject to the notice requirements of § 44-  
29 9-10. It shall not be necessary, however, to provide the names of the mortgagees and other parties  
30 in interest under this section to the Rhode Island Housing and Mortgage Finance Corporation or to  
31 the ~~office~~ [department](#) of healthy aging. In the event that the Rhode Island Housing and Mortgage  
32 Finance Corporation does in fact pay the tax and acquire a lien on the subject property, then the  
33 Rhode Island Housing and Mortgage Finance Corporation shall, within ninety (90) days of making  
34 the tax payment, notify those mortgagees of record and mortgagee assignees of record whose

1 interests in the property was of record at least ninety (90) days prior to the date set for the tax sale  
2 as identified in the recorded collector's deed of the fact that the taxes have been paid by the Rhode  
3 Island Housing and Mortgage Finance Corporation and that a tax lien has been acquired by the  
4 Rhode Island Housing and Mortgage Finance Corporation.

5 (b) Only a person or entity failing to receive notice in accordance with the provisions of  
6 this section and §§ 44-9-9 and 44-9-10 shall be entitled to raise the issue of lack of notice or  
7 defective notice to void the tax sale. The right to notice shall be personal to each party entitled to it  
8 and shall not be asserted on behalf of another party in interest. If there is a defect in notice, the tax  
9 sale shall be void only as to the party deprived of adequate notice, but shall be valid as to all other  
10 parties in interest who received proper notice of the tax sale.

11 (c) Once a petition is filed under § 44-9-25, and any party in interest entitled to notice of  
12 the tax sale receives actual notice of the pendency of the petition to foreclose, the party must raise  
13 the notice defense in accordance with the provisions of § 44-9-31 or be estopped from alleging lack  
14 of notice in any action to vacate a final decree entered in accordance with § 44-9-30.

15 **44-9-12. Collector's deed -- Rights conveyed to purchaser -- Recording.**

16 (a) The collector shall execute and deliver to the purchaser a deed of the land stating the  
17 cause of sale; the price for which the land was sold; the places where the notices were posted; the  
18 name of the newspaper in which the advertisement of the sale was published; the names and  
19 addresses of all parties who were sent notice in accordance with the provisions of §§ 44-9-10 and  
20 44-9-11; the residence of the grantee; and if notice of the sale was given to the Rhode Island housing  
21 and mortgage finance corporation or to the ~~office~~ [department](#) of healthy aging under the provisions  
22 of § 44-9-10. The deed shall convey the land to the purchaser, subject to the right of redemption.  
23 The conveyed title shall, until redemption or until the right of redemption is foreclosed, be held as  
24 security for the repayment of the purchase price with all intervening costs, terms imposed for  
25 redemption, and charges, with interest; and the premises conveyed, both before and after either  
26 redemption or foreclosure, shall also be subject to, and have the benefit of, all easements and  
27 restrictions lawfully existing in, upon, or over the land or appurtenant to the land. The deed is not  
28 valid against any intervening interests unless recorded within sixty (60) days after the sale. If the  
29 deed is recorded, it is prima facie evidence of all facts essential to the validity of the title conveyed  
30 by the deed. It shall be the duty of the collector to record the deed within sixty (60) days of the sale  
31 and to forward said deed promptly to the tax sale purchaser. The applicable recording fee shall be  
32 paid by the purchaser. The purchaser shall be reimbursed for said fee upon redemption by the  
33 redeeming party, if any. Except as provided, no sale shall give to the purchaser any right to either  
34 the possession, or the rents or profits of the land until the expiration of one year after the date of

1 the sale, nor shall any sale obviate or transfer any responsibility of an owner of property to comply  
2 with any statute of this state or ordinance of any municipality governing the use, occupancy, or  
3 maintenance or conveyance of property until the right of redemption is foreclosed.

4 (b) The rents to which the purchaser shall be entitled after the expiration of one year and  
5 prior to redemption shall be those net rents actually collected by the former fee holder or a  
6 mortgagee under an assignment of rents. Rents shall not include mere rental value of the land, nor  
7 shall the purchaser be entitled to any rent for owner-occupied, single-unit residential property. For  
8 purposes of redemption, net rents shall be computed by deducting from gross rents actually  
9 collected any sums expended directly or on behalf of the tenant from whom the rent was collected.  
10 Such expenditure shall include utilities furnished, repairs made to the tenanted unit, and services  
11 provided for the benefit of the tenant. However, mortgagee payments, taxes, and sums expended  
12 for general repair and renovation (i.e. capital improvements) shall not be deductible expenses in  
13 the computation of the rent.

14 (c) This tax title purchaser shall not be liable for any enforcement or penalties arising from  
15 violations of environmental or minimum-housing standards prior to the expiration of one year from  
16 the date of the tax sale, or five (5) years from the date of the tax sale if the Rhode Island housing  
17 and mortgage finance corporation is the tax title purchaser pursuant to § 44-9-8.3, except for  
18 violations that are the result of intentional acts by the tax sale purchaser or his or her agents.

19 (d) Upon the expiration of one year after the date of the sale, the tax title holder shall be  
20 jointly and severally liable with the owner for all responsibility and liability for the property and  
21 shall be responsible to comply with any statute of this state or ordinance of any municipality  
22 governing the use, occupancy, or maintenance or conveyance of the property even prior to the right  
23 of redemption being foreclosed; except, however, that if the Rhode Island housing and mortgage  
24 finance corporation is the tax title holder pursuant to § 44-9-8.3, then joint and several liability shall  
25 arise upon the expiration of five (5) years after the date of the sale. Nothing in this section shall be  
26 construed to confer any liability upon a city or town that receives tax title as a result of any bids  
27 being made for the land offered for sale at an amount equal to the tax and charges.

28 (e) In the event that the tax title is acquired by the Rhode Island housing and mortgage  
29 finance corporation, and the corporation has paid the taxes due, title shall remain with the owner  
30 of the property, subject to the right of the corporation to take the property in its own name, pursuant  
31 to applicable statutes and any regulations duly adopted by the corporation. Upon such notice by the  
32 corporation, the collector shall execute and deliver a deed to the corporation as herein provided.

33 (f) The priority of any tax title with respect to other tax titles shall be determined by the  
34 chronological order in which the underlying tax sales were conducted, with subsequent tax titles



1 being superior to earlier tax titles.

2 (g) The holder of an earlier tax title shall be entitled to exercise the right of redemption  
3 with respect to any subsequent tax title, in the manner provided in this chapter, unless and until the  
4 right to redeem the subsequent tax title is foreclosed in accordance with this chapter. The holder of  
5 an earlier tax title shall be entitled to notice of any proceedings to foreclose the right of redemption  
6 with respect to a subsequent tax title.

7 (h) The mere existence of a subsequent tax title shall have no effect upon:

8 (1) The existence or validity of an earlier tax title; or

9 (2) The validity of any proceedings to foreclose the right of redemption with respect to the  
10 earlier tax title, so long as the right of redemption with respect to a subsequent tax title has not been  
11 foreclosed.

12 (i) Any proceeding to foreclose the right of redemption with respect to an earlier tax title  
13 shall have no effect upon a subsequent tax title, and in any such proceeding, the holder of a  
14 subsequent tax title is not a necessary party.

15 SECTION 35. Chapter 42-154 of the General Laws entitled "Division of Elderly Affairs"  
16 is hereby repealed in its entirety.

17 ~~CHAPTER 42-154~~

18 ~~Division of Elderly Affairs~~

19 ~~42-154-1. Establishment of division -- Director.~~

20 ~~(a) There is hereby established within the executive branch of state government and the~~  
21 ~~department of human services a division of elderly affairs, effective July 1, 2011. The division shall~~  
22 ~~reside within the department of human services for administrative purposes only. The head of the~~  
23 ~~division shall be the director of the division of elderly affairs, appointed by and reporting directly~~  
24 ~~to the governor, with the advice and consent of the senate.~~

25 ~~(b) Effective July 1, 2019, the division of elderly affairs, as established pursuant to~~  
26 ~~subsection (a) of this section, shall be henceforth referred to and renamed as the "office of healthy~~  
27 ~~aging."~~

28 ~~42-154-2. Transfer of powers and duties from the department of elderly affairs.~~

29 ~~There is hereby transferred to the division of elderly affairs within the department of human~~  
30 ~~services those powers and duties formerly administered by the department of elderly affairs as~~  
31 ~~provided for in chapters 42-66 ("Elderly Affairs Department") through 42-66.10 ("Elder Health~~  
32 ~~Insurance Consumer Assistance Program"), inclusive, and any other applicable provisions of the~~  
33 ~~general laws; provided, however, in order that there is no interruption in the functions of elderly~~  
34 ~~affairs and/or human services the transfer may be postponed until such time as determined by the~~

1 ~~secretary of the office of health and human services that the transfer may best be put into force and~~  
2 ~~effect; provided, further, the governor shall submit to the 2012 Assembly any recommended~~  
3 ~~statutory changes necessary to facilitate the merger.~~

4 **42-154-3. Construction of references.**

5 Effective July 1, 2011, all references in the general laws to the department of elderly affairs  
6 ~~established pursuant to chapter 66 of this title ("Elderly Affairs Department") shall be deemed to~~  
7 ~~mean and refer to the division of elderly affairs within the department of human services as set~~  
8 ~~forth in this chapter. Effective July 1, 2019, all references in the general laws to either the~~  
9 ~~department of elderly affairs established pursuant to chapter 66 of this title ("Elderly Affairs~~  
10 ~~Department") or the division of elderly affairs established pursuant to § 42-154-1(a) shall be~~  
11 ~~deemed to mean and refer to the office of healthy aging within the department of human services.~~

12 SECTION 36. This act shall take effect upon passage.

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EXPLANATION  
BY THE LEGISLATIVE COUNCIL  
OF

A N A C T

RELATING TO STATE AFFAIRS AND GOVERNMENT -- DEPARTMENT OF HEALTHY  
AGING

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1           This act would rename the Office of Healthy Aging to The Department of Healthy Aging,  
2 restructure the administration and delivery of services, and expand the authority of its director in  
3 various ways such as:

4           (1) Encouraging state agencies to employ individuals who have expertise in the areas of  
5 transportation, housing, nutrition, health, financial and economic literacy and stability, lifelong  
6 learning, physical and social engagement, and adult protective services, etc.;

7           (2) Providing professional development to agencies and programs providing senior  
8 services;

9           (3) Appointing senior centers as the community hub for emergency service delivery; and

10          (4) Giving senior centers and municipalities the authority to bill Medicaid for  
11 transportation services.

12          This act would require the director to develop and submit to the general assembly for  
13 approval, a funding formula that would further the purposes of the act. This act would also make  
14 clerical changes in the various statutes to reflect the name change

15          This act would take effect upon passage.

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