

**2022 -- S 2197**

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**S T A T E   O F   R H O D E   I S L A N D**

**IN GENERAL ASSEMBLY**

**JANUARY SESSION, A.D. 2022**

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**A N   A C T**

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

Introduced By: Senators DiPalma, and Miller

Date Introduced: February 08, 2022

Referred To: Senate Health & Human Services

It is enacted by the General Assembly as follows:

1           SECTION 1. Legislative findings and purpose.

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

11           (2) This chapter establishes within the executive office of health and human services a  
12       program, informed by an advisory council, to assure equitable financing and thereby to facilitate  
13       access to life changing medication for rare diseases.

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

16           CHAPTER 97

17           THE RHODE ISLAND RARE DISEASE MEDICATION ACCESSIBILITY,

18           AFFORDABILITY AND REINSURANCE ACT

1        **23-97-1. Short title.**

2        This chapter shall be known and may be cited as the "The Rhode Island Rare Disease  
3        Medication Accessibility, Affordability and Reinsurance Act".

4        **23-97-2. Definitions.**

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

6        (1)(i) "Contribution enrollee" means an individual residing in this state, with respect to  
7        whom an insurer administers, provides, pays for, insures, or covers health care services, unless  
8        excepted by this section.

9        (ii) It also means an individual residing outside this state, when covered by a contract,  
10      policy, or plan that is delivered, issued for delivery, or renewed in this state.

11      (iii) It also means an individual residing outside of this state, covered by a group that  
12      provides health benefits on a self-insurance basis, when such group has elected to participate in the  
13      program, pursuant to rules established by the secretary.

14      (iv) "Contribution enrollee" shall not include an individual whose health care services are  
15      paid or reimbursed by Part A or Part B of the Medicare program, a Medicare supplemental policy  
16      as defined in section 1882 of the Social Security Act, 42 U.S.C. § 1395ss(a)(1) and 42 C.F.R. §  
17      403.205, or Medicare managed care policy, unless such federal program becomes eligible, as  
18      determined by the secretary.

19      (2) "Council" means the rare diseases advisory council.

20      (3) "Covered drug" means a high cost prescription drug, gene therapy, or cell therapy  
21      designated as an orphan drug by the Federal Drug Administration and determined by the secretary  
22      as a reinsurance eligible drug under the program. The secretary's designation of a drug as a covered  
23      drug shall be made with the input of an advisory council.

24      (4) "Executive office" means the executive office of health and human services.

25      (5) "Fund" means the rare disease medication reinsurance fund established by § 23-97-3.

26      (6)(i) "Insurer" means all persons offering, administering, and/or insuring health care  
27      services, including, but not limited to:

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

29      (B) Nonprofit hospital or medical-service plans, as defined by chapters 19 and 20 of title  
30      27;

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

33      (D) All domestic, foreign, or alien insurance companies, mutual associations, and  
34      organizations;

1           (E) Health maintenance organizations, as defined by chapter 41 of title 27;  
2           (F) All persons providing health benefits coverage on a self-insurance basis;  
3           (G) All third-party administrators described in chapter 20.7 of title 27; and  
4           (H) All persons providing chapter 20.2 of title 27 health benefit coverage under Title XIX  
5           of the Social Security Act (Medicaid) as a Medicaid managed care organization offering managed  
6           Medicaid.

7           (ii) "Insurer" shall not include any nonprofit dental service corporation as defined in § 27-  
8           20.1-1, nor any insurer offering only those coverages described in §§ 23-97-16 and 42-7.4-13.

9           (7) "Person" means any individual, corporation, company, association, partnership, limited  
10          liability company, firm, state governmental corporations, districts, and agencies, joint stock  
11          associations, trusts, and the legal successor thereof.

12          (8) "Rare disease medication funding contribution" means per capita amount each  
13          contributing insurer must contribute to support the program funded by the method established under  
14          this chapter, with respect to each contribution enrollee.

15          (9) "Secretary" means the secretary of the executive office of health and human services  
16          (EOHHS).

17          **23-97-3. Establishment of program fund.**

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

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

25          (c) The fund shall consist of monies collected pursuant to this chapter. In addition, the  
26          secretary may seek or receive, and the general treasurer is authorized to accept, any grant, devise,  
27          bequest, donation, gift, or assignment of money, bonds, or securities; funds from any state or federal  
28          agency; and settlements. The funds shall be deposited into the restricted receipt account established  
29          for the fund and used solely for the purposes of the "rare diseases medication reinsurance fund".  
30          and no other.

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

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

1           **23-97-4. Establishment of rare diseases advisory council.**

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

4           (1) The council shall be composed of fifteen (15) members, each to be selected by the  
5           secretary unless otherwise noted, as follows:

6           (i) The directors of the following four (4) offices in state government, or their designees:  
7           the department of health, the department of administration, the department of human services  
8           Medicaid program, and the office of the health insurance commissioner;

9           (ii) One representative of the University of Rhode Island, School of Pharmacy with  
10          expertise in the study of clinical effectiveness, to be appointed by the dean of the school;

11          (iii) Three (3) representatives of insurers, one of whom shall be a Medicaid managed care  
12          organization;

13          (iv) One representative of a pharmacy benefit manager, to be selected by the secretary;

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

17          (vi) One representative of the Rhode Island Patient Information Network or if such  
18          organization ceases to exist then another local representative from another patient advocacy  
19          organization.

20          (vii) One representative of an organization that self-funds its health coverage.

21          (viii) One representative of a municipality or municipal purchasing collaborative.

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

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

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

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

1           (6) The secretary shall make the appointments to the council as described in this subsection  
2           and call the first meeting of the council within four (4) months of the effective date of this chapter.

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

5           (1) The council shall recommend for inclusion only those medications that are high cost  
6           prescription drugs, gene therapies or cell therapies designated as orphan drugs by the Federal Drug  
7           Administration. The council shall review and recommend for inclusion those medications with the  
8           greatest medical efficacy and which treat those conditions expected to occur with the lowest  
9           frequency, and may consider any other factor or factors the council determines to be relevant, in  
10          making a recommendation to the secretary that a medication be a covered drug eligible for  
11          reimbursement under the program.

12          (2) The secretary shall inform the council of the price of each prospective medication and  
13          the estimated number of treatable cases based on the treatment frequency for each drug and the  
14          population eligible for coverage under the program.

15          (3) The council shall recommend a preliminary funding contribution for each  
16          recommended drug in an amount equal to: the price for each drug multiplied by the estimated  
17          number of treatable cases, divided by the number of contribution enrollees. An additional amount  
18          shall be included to improve the likelihood that sufficient funds will be available and for the  
19          expense of the secretary for administering the program, by adding an amount not to exceed four  
20          percent (4%) of the preliminary funding contribution for each covered drug. No additional costs  
21          shall be added to the contribution rate.

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

24          **23-97-5. Rare disease medication pricing.**

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

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

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

1           **23-97-6. Determination of covered drugs and funding contribution.**

2           (a) Beginning February 1, 2023 and annually thereafter, the secretary shall announce the  
3           covered drugs and set the rare disease medication funding contribution in the manner described in  
4           this chapter.

5           (b) The secretary shall determine the covered drug or drugs and the contribution rate to  
6           generate program funds, based on the recommendations of the council. The secretary may  
7           determine not to include a drug recommended by the council. To determine the final funding  
8           contribution rate, the secretary shall add the individual contribution rates for each drug the secretary  
9           determines shall be a covered drug under the program.

10          (c) Each insurer is required to pay the rare disease medication funding contribution for each  
11           contribution enrollee of the insurer at the time the contribution is calculated and paid, at the rate set  
12           forth in this section.

13          (1) The contribution set forth in this section shall be in addition to any other fees or  
14           assessments upon the insurer allowable by law.

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

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

24           **23-97-7. Returns and payment.**

25          (a) Beginning in April of 2024, and subject to subsection (b) of this section, every insurer  
26           required to make a contribution shall, on or before the last day of January, April, July, and October  
27           of each year, make a return to the secretary together with payment of the quarterly funding  
28           contribution for the preceding three (3) month period.

29          (b) Any insurer required to make the contribution that can substantiate that the insurer's  
30           contribution liability would average less than twenty-five thousand dollars (\$25,000) per month  
31           may file returns and remit payment annually on or before the last day of January each year  
32           (begins January of 2025); provided, however, that the insurer shall be required to make quarterly  
33           payments if the secretary determines that:

34          (1) The insurer has become delinquent in either the filing of the return or the payment of

1       the funding contribution due; or

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

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

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

9           (e) The secretary, for good cause shown, may extend the time within which an insurer is  
10      required to file a return, and if the return is filed during the period of extension, no penalty or late  
11      filng charge may be imposed for failure to file the return at the time required by this section;  
12      however, the insurer shall be liable for interest as prescribed in this section. Failure to file the return  
13      during the period for the extension shall void the extension.

14       **23-97-8. Set-off for delinquent payment.**

15       If an insurer required to make the contribution pursuant to this chapter shall fail to pay a  
16      contribution within thirty (30) days of its due date, the secretary may request any agency of state  
17      government making payments to the insurer to set-off the amount of the delinquency against any  
18      payment or amount due the insurer from the agency of state government and remit the sum to the  
19      secretary. Upon receipt of the setoff request from the secretary, any agency of state government is  
20      authorized and empowered to set-off the amount of the delinquency against any payment or  
21      amounts due the insurer. The amount of set-off shall be credited against the contribution due from  
22      the insurer.

23       **23-97-9. Assessment on available information – Interest on delinquencies – Penalties**  
24      **– Collection powers.**

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

1           **23-97-10. Claims for refund or payment – Hearing upon denial.**

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

8           (b) Any insurer whose claim for refund or reinsurance payment has been denied may,  
9           within thirty (30) days from the date of the mailing by the secretary of the notice of the decision,  
10          request a hearing and the secretary shall, as soon as practicable, set a time and place for the hearing  
11          and shall notify the insurer.

12          **23-97-11. Hearing by secretary on application.**

13          Any insurer aggrieved by the action of the secretary in determining the amount of any  
14          contribution, reinsurance payment, or penalty imposed under the provisions of this chapter may  
15          apply to the secretary, within thirty (30) days after the notice of the action is mailed to it, for a  
16          hearing relative to the contribution, payment, or penalty. The secretary shall fix a time and place  
17          for the hearing and shall so notify the insurer. After hearing, the secretary shall correct manifest  
18          errors, if any, disclosed at the hearing and thereupon assess and collect, or pay, the amount lawfully  
19          due together with any penalty or interest thereon.

20          **23-97-12. Appeals.**

21          Appeals from administrative orders or decisions made pursuant to any provisions of this  
22          chapter shall be pursued pursuant to chapter 35 of title 42. The right to appeal under this section  
23          shall be expressly made conditional upon prepayment of all contribution, interest, and penalties or  
24          the posting of a bond with surety in lieu of payment or other appropriate security. If the court, after  
25          appeal, holds that the insurer is entitled to a refund or payment, the insurer shall also be paid interest  
26          on the amount at the rate provided in § 44-1-7.1. If the insurer has satisfied the conditions for appeal  
27          by posting a bond and prevails on appeal, the court shall order the surrender or cancellation of the  
28          bond.

29          **23-97-13. Records.**

30          Every insurer required to make the contribution shall:

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

33           (2) Preserve those records for a period of three (3) years following the date of filing of any  
34           return or claim required by this chapter, or until any litigation or prosecution under this chapter is

1        finally determined; and

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

4              **23-97-14. Method of payment and deposit of contribution.**

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

7              (b) The general treasurer shall take all steps necessary to facilitate the transfer of monies  
8        to the rare disease medication funding account described in § 23-97-3.

9              (c) Any remainder in the account after funds have been distributed in a program year shall  
10        be retained for use in subsequent program years.

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

13              **23-97-15. Rules and regulations.**

14              The secretary is authorized to make and promulgate rules, regulations, and procedures not  
15        inconsistent with state law and fiscal procedures as he or she deems necessary for the proper  
16        administration of this chapter and to carry out the provisions, policies, and purposes of this chapter  
17        including, but not limited to, data it must collect from insurers for the correct computation of the  
18        funding contribution, collaboration with other state agencies for collecting necessary information,  
19        and the form of the return and the data that it must contain for the correct computation of the funding  
20        contribution.

21              **23-97-16. Excluded coverage from the health care services funding plan act.**

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

25              (1) Hospital confinement indemnity;

26              (2) Disability income;

27              (3) Accident only;

28              (4) Long-term care;

29              (5) Medicare supplement;

30              (6) Limited benefit health;

31              (7) Specified disease indemnity;

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

33              (9) Other limited benefit policies.

34              **23-97-17. Impact on health insurance rates.**

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

6           (b) Oversight. The health insurance commissioner shall ensure, through the rate review and  
7 approval process, that the rates filed for fully insured groups and individuals, pursuant to chapters  
8 18.5, 18.6 or 50 of title 27, reflect the transition to the funding method described in this chapter.

9           **23-97-18. Distribution from the rare disease medication reinsurance fund.**

10          (a) The secretary shall by regulation implement a state-based reinsurance program to  
11 provide insurers with reinsurance payments for covered drugs. The program is intended to mitigate  
12 the impact of high-cost prescription drugs and gene or cell therapies on the cost of health care  
13 coverage offered by the insurer.

14          (1) Reinsurance payments shall be available for claims for covered drugs paid by an insurer  
15 on or after January 1, 2024.

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

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

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

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

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

33          (b) Insurers must provide the secretary with data prescribed by the secretary in rules and  
34 regulations as necessary in order to substantiate a claim for reinsurance payment from the fund in

1       [a time and manner determined by the secretary.](#)

2           [\(c\) Any balance remaining in the fund after such reinsurance payments shall be applied to](#)  
3       [claims in subsequent years as described in this chapter. In no event shall all reinsurance payments](#)  
4       [in a calendar year to all insurers exceed the amount collected pursuant to § 23-97-7 plus any funds](#)  
5       [remaining from prior years.](#)

6           SECTION 3. Section 35-4-27 of the General Laws in Chapter 35-4 entitled "State Funds"  
7       is hereby amended to read as follows:

8           **35-4-27. Indirect cost recoveries on restricted receipt accounts.**

9           Indirect cost recoveries of ten percent (10%) of cash receipts shall be transferred from all  
10      restricted-receipt accounts, to be recorded as general revenues in the general fund. However, there  
11      shall be no transfer from cash receipts with restrictions received exclusively: (1) From contributions  
12      from nonprofit charitable organizations; (2) From the assessment of indirect cost-recovery rates on  
13      federal grant funds; or (3) Through transfers from state agencies to the department of administration  
14      for the payment of debt service. These indirect cost recoveries shall be applied to all accounts,  
15      unless prohibited by federal law or regulation, court order, or court settlement. The following  
16      restricted receipt accounts shall not be subject to the provisions of this section:

17           Executive Office of Health and Human Services

18           [Rare Disease Medication Reinsurance Fund](#)

19           Organ Transplant Fund

20           HIV Care Grant Drug Rebates

21           Health System Transformation Project

22           Department of Human Services

23           Veterans' home -- Restricted account

24           Veterans' home -- Resident benefits

25           Pharmaceutical Rebates Account

26           Demand Side Management Grants

27           Veteran's Cemetery Memorial Fund

28           Donations -- New Veterans' Home Construction

29           Department of Health

30           Pandemic medications and equipment account

31           Miscellaneous Donations/Grants from Non-Profits

32           State Loan Repayment Match

33           Healthcare Information Technology

34           Department of Behavioral Healthcare, Developmental Disabilities and Hospitals

1 Eleanor Slater non-Medicaid third-party payor account  
2 Hospital Medicare Part D Receipts  
3 RICLAS Group Home Operations  
4 Commission on the Deaf and Hard of Hearing  
5 Emergency and public communication access account  
6 Department of Environmental Management  
7 National heritage revolving fund  
8 Environmental response fund II  
9 Underground storage tanks registration fees  
10 De Coppet Estate Fund  
11 Rhode Island Historical Preservation and Heritage Commission  
12 Historic preservation revolving loan fund  
13 Historic Preservation loan fund -- Interest revenue  
14 Department of Public Safety  
15 E-911 Uniform Emergency Telephone System  
16 Forfeited property -- Retained  
17 Forfeitures -- Federal  
18 Forfeited property -- Gambling  
19 Donation -- Polygraph and Law Enforcement Training  
20 Rhode Island State Firefighter's League Training Account  
21 Fire Academy Training Fees Account  
22 Attorney General  
23 Forfeiture of property  
24 Federal forfeitures  
25 Attorney General multi-state account  
26 Forfeited property -- Gambling  
27 Department of Administration  
28 OER Reconciliation Funding  
29 Health Insurance Market Integrity Fund  
30 RI Health Benefits Exchange  
31 Information Technology Investment Fund  
32 Restore and replacement -- Insurance coverage  
33 Convention Center Authority rental payments  
34 Investment Receipts -- TANS

- 1 OPEB System Restricted Receipt Account
- 2 Car Rental Tax/Surcharge-Warwick Share
- 3 Executive Office of Commerce
- 4 Housing Resources Commission Restricted Account
- 5 Department of Revenue
- 6 DMV Modernization Project
- 7 Jobs Tax Credit Redemption Fund
- 8 Legislature
- 9 Audit of federal assisted programs
- 10 Department of Children, Youth and Families
- 11 Children's Trust Accounts -- SSI
- 12 Military Staff
- 13 RI Military Family Relief Fund
- 14 RI National Guard Counterdrug Program
- 15 Treasury
- 16 Admin. Expenses -- State Retirement System
- 17 Retirement -- Treasury Investment Options
- 18 Defined Contribution -- Administration - RR
- 19 Violent Crimes Compensation -- Refunds
- 20 Treasury Research Fellowship
- 21 Business Regulation
- 22 Banking Division Reimbursement Account
- 23 Office of the Health Insurance Commissioner Reimbursement Account
- 24 Securities Division Reimbursement Account
- 25 Commercial Licensing and Racing and Athletics Division Reimbursement Account
- 26 Insurance Division Reimbursement Account
- 27 Historic Preservation Tax Credit Account
- 28 Judiciary
- 29 Arbitration Fund Restricted Receipt Account
- 30 Third-Party Grants
- 31 RI Judiciary Technology Surcharge Account
- 32 Department of Elementary and Secondary Education
- 33 Statewide Student Transportation Services Account
- 34 School for the Deaf Fee-for-Service Account

- 1        School for the Deaf -- School Breakfast and Lunch Program
- 2        Davies Career and Technical School Local Education Aid Account
- 3        Davies -- National School Breakfast & Lunch Program
- 4        School Construction Services
- 5        Office of the Postsecondary Commissioner
- 6        Higher Education and Industry Center
- 7        Department of Labor and Training
- 8        Job Development Fund
- 9        SECTION 4. This act shall take effect upon passage.

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LC003915

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EXPLANATION  
BY THE LEGISLATIVE COUNCIL  
OF  
A N A C T

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

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- 1        This act would establish within the executive office of health and human services (EOHHS)
- 2        a rare disease medication reinsurance program fund in consultation with an advisory council, to
- 3        assure equitable financing and facilitate access to medication for rare diseases.
- 4        This act would take effect upon passage.

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