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**STATE OF RHODE ISLAND**

**IN GENERAL ASSEMBLY**

**JANUARY SESSION, A.D. 2007**

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A N A C T

RELATING TO HEALTH AND SAFETY -- RHODE ISLAND COORDINATED HEALTH  
PLANNING ACT OF 2006

Introduced By: Representatives E Coderre, Ajello, McNamara, Diaz, and Naughton

Date Introduced: March 08, 2007

Referred To: House Finance

It is enacted by the General Assembly as follows:

1           SECTION 1. Section 23-81-2 of the General Laws in Chapter 23-81 entitled "Rhode  
2   Island Coordinated Health Planning Act of 2006" is hereby amended to read as follows:

3           **23-81-2. Legislative findings.** -- It is hereby found and declared:

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

6           (b) Our current health care crisis ~~effects~~ ~~{affects}~~ all facets of Rhode Island's economy,  
7   with a particular burden on small business owners, young people, and those approaching  
8   retirement;

9           (c) A majority of Rhode Islanders believe that the state government has a significant role  
10   to play in solving this health care crisis ~~because of the federal government's lack of commitment~~  
11   ~~to do so~~;

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

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

17           (f) Recognizing that many departments of state government are involved in the collection  
18   of data and information related to health care, health care outcomes, health care insurance,

1 consumer behavior and trends, and that accurate and accessible, collection and housing of this  
2 information is necessary for the general assembly to enact useful health care policy;

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

6 ~~(g)~~ (h) The general assembly finds that the people of this state have a fundamental  
7 interest in the establishment of a comprehensive strategic health care planning process and the  
8 preparation, maintenance, and implementation of plans to improve the quality, accessibility,  
9 portability, and affordability of health care in Rhode Island; that the continued growth, viability  
10 and development of the health care infrastructure by the private and public ~~sector~~ sectors requires  
11 effective planning by the state; and that state and local plans and programs must be properly  
12 coordinated with the planning requirements and programs of the federal government-; and

13 (i)The coordinated health planning process should create usable and dynamic guidance  
14 that helps design a health care system and improves the health of Rhode Islanders.

15 SECTION 2. Section 23-81-3 of the General Laws in Chapter 23-81 entitled "Rhode  
16 Island Coordinated Health Planning Act of 2006" is hereby repealed.

17 ~~**23-81-3. Establishment of statewide health planning program --- An assessment. ---**~~  
18 ~~The director of the department of health, in consultation with an advisory committee composed of~~  
19 ~~representatives of health care consumers, providers and payors, is hereby directed to develop an~~  
20 ~~assessment of the existing state capacity and authority to perform coordinated statewide health~~  
21 ~~planning. Said assessment shall include a plan for the development and revision of strategic plans~~  
22 ~~to improve the quality, accessibility, portability and affordability of the state's health care system,~~  
23 ~~and a study of an expanded role for the department of health in health care planning, including~~  
24 ~~capital investment expansion and introduction of technology. This assessment shall be submitted~~  
25 ~~to the joint legislative committee on health care oversight, the house committee on finance, and~~  
26 ~~the senate committee on finance, on or before April 1, 2007.~~

27 SECTION 3. Chapter 23-81 of the General Laws entitled "Rhode Island Coordinated  
28 Health Planning Act of 2006" is hereby amended by adding thereto the following sections:

29 ~~**23-81-3.1. Establishment of health care planning council. --- Establishment of health**~~  
30 ~~**care planning and accountability advisory council. -- Contingent upon funding:**~~

31 (a) The health care planning and accountability advisory council shall be appointed by  
32 the secretary of the executive office of health and human services and the director of health, no  
33 later than January 31, 2008, to develop and promote recommendations on the health care system  
34 in the form of health planning documents described in subsection 23-81-4(a).

1           (b) The secretary of the executive office of health and human services and the director of  
2 health shall serve as co-chairs of the health care planning council.

3           (c) The department of health shall be the principal staff agency of the council to develop  
4 analysis of the health care system for use by the council, including, but not limited to, health  
5 planning studies and health plan documents; making recommendations for the council to consider  
6 for adoption, modification and promotion; and ensuring the continuous and efficient functioning  
7 of the health care planning council.

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

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

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

16           (3) One physician nominated from among the primary care specialty societies in Rhode  
17 Island;

18           (4) One physician nominated from among the specialty physician organizations in Rhode  
19 Island;

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

22           (6) One practicing nursing home administrator, nominated by a long-term care provider  
23 organization in Rhode Island;

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

25           (8) One representative from among the community health centers of Rhode Island;

26           (9) One person from a health professional learning institution located in Rhode Island;

27           (10) Health Insurance Commissioner;

28           (11) Director of the department of human services;

29           (12) CEOs of each health insurance company that administers the health insurance of ten  
30 percent (10%) or more of insured Rhode Islanders;

31           (13) The speaker of the house or designated representative;

32           (14) The house minority leader or designated representative;

33           (15) The president of the senate or designated senator; and

34           (16) The senate minority leader or designated representative;

1 (17) The health care advocate of the department of the attorney general.

2 ~~23-81-4. Powers of the health care planning council.~~ **Powers of the health care**  
3 **planning and accountability advisory council.** -- Powers of the council shall include, but not be  
4 limited to the following:

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

7 (1) Ongoing assessments of the state's health care needs and health care system capacity  
8 that are used to determine the most appropriate capacity of and allocation of health care  
9 providers, services, and equipment and other resources, to meet Rhode Island's health care needs  
10 efficiently and affordably. These assessments shall be used to advise the "determination of need  
11 for new health care equipment and new institutional health services" or "certificate of need"  
12 process through the health services council;

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

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

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

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

22 (6) Recommendations of legislation and other actions that achieve accountability and  
23 adherence in the health care community to the council's plans and recommendations.

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

27 (c) Appoint advisory committees as needed for technical assistance throughout the  
28 process.

29 (d) Modify recommendations in order to reflect changing health care systems needs.

30 (e) Promote responsiveness to recommendations among all state agencies that provide  
31 health service programs, not limited to the five (5) state agencies coordinated by the executive  
32 office of the health and human services.

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

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

3           (h) Provide an annual report, to begin one year after the convening of the council, to the  
4 governor and general assembly on implementation of the plan adopted by the council. This  
5 annual report shall:

6           (1) present the strategic recommendations, updated annually;

7           (2) assess the implementation of strategic recommendations in the health care market;

8           (3) compare and analyze the difference between the guidance and the reality;

9           (4) recommend to the governor and general assembly legislative or regulatory revisions  
10 necessary to achieve the long term goals and values adopted by the council as part of its strategic  
11 recommendations, and assess the powers needed by the council or governmental entities of the  
12 state deemed necessary and appropriate to carry out the responsibilities of the council.

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

15           (6) Include a response letter from each state agency that is affected by the state health  
16 plan describing the actions-taken and planned to implement the plans recommendations.

17           **23-81-5. Duties of health care planning council. — Implementation of the council**  
18 **recommendations.** – In order to promote effective implementation of the unified health plan, the  
19 council shall recommend to the governor, the general assembly, and other state agencies actions  
20 that may be taken to promote and ensure implementation of the council's policy and program  
21 guidance. The secretary of the executive office of health and human services and the director of  
22 health, as co-chairs, of the council, shall use the powers of their offices to implement the  
23 recommendations adopted by the council, as deemed appropriate, or as required by the governor  
24 or general assembly. The secretary shall coordinate the implementation of the recommended  
25 actions by the state agencies within the executive office of health and human services.

26           **23-81-6. Duties of the governor's office. — Funding. --** The department of health may  
27 apply for and receive private and/or public funds to carry out the requirements of this act.

28           SECTION 4. This act shall take effect upon passage.

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EXPLANATION  
BY THE LEGISLATIVE COUNCIL  
OF

A N A C T

RELATING TO HEALTH AND SAFETY -- RHODE ISLAND COORDINATED HEALTH  
PLANNING ACT OF 2006

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1           This act would make changes to the Rhode Island Coordinated Health Planning Act of  
2 2006 by establishing a health care planning and accountability advisory council, including its  
3 powers and funding.

4           This act would take effect upon passage.

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