

**[23 R.I. Gen. Laws §§ 23-81-1 through 21-81-6.]**

**§§ 23-81-1 through 21-81-6: Rhode Island Coordinated Health Planning Act of 2006**

**§ 23-81-1. Short title.**

This chapter shall be known as the "Rhode Island Coordinated Health Planning Act of 2006."

**§ 23-81-2. Legislative findings.**

It is hereby found and declared:

- (a) The vast majority of Rhode Islanders believe that quality, affordable health care should be available to all in our state;
- (b) Our current health care crisis affects all facets of Rhode Island's economy, with a particular burden on small business owners, young people, and those approaching retirement;
- (c) A majority of Rhode Islanders believe that the state government has a significant role to play in solving this health care crisis;
- (d) The current state health care infrastructure is fragmented with an array of state departments and offices carrying out health care planning, along with a myriad of private efforts, all with a lack of coordination;
- (e) Because an essential component of health planning is resource allocation, there is a need to professionalize the health services council and revitalize the certificate of need process;
- (f) Recognizing that many departments of state government are involved in the collection of data and information related to health care, health care outcomes, health care insurance, consumer behavior and trends, and that accurate and accessible, collection and housing of this information is necessary for the general assembly to enact useful health care policy;
- (g) Rhode Island's small size makes us the perfect laboratory to create a unified health care system, planned and coordinated with a functioning public/private partnership, with broad representation of all of the health care stakeholders;
- (h) The general assembly finds that the people of this state have a fundamental interest in the establishment of a comprehensive strategic health care planning process and the preparation, maintenance, and implementation of plans to improve the quality, accessibility, portability, and affordability of health care in Rhode Island; that the continued growth, viability and development of the health care infrastructure by the private and public sectors requires effective planning by the state; and that state and local plans and programs must be properly coordinated with the planning requirements and programs of the federal government; and

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

**§ 23-81-3. Repealed.**

**§ 23-81-3.1. Establishment of health care planning and accountability advisory council.**

Contingent upon funding:

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

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

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

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

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

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

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

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

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

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

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

**§ 23-81-4. Powers of the health care planning and accountability advisory council.**

Powers of the council shall include, but not be limited to the following:

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

- (1) Ongoing assessments of the state's health care needs and health care system capacity that are used to determine the most appropriate capacity of and allocation of health care providers, services, including transportation services, and equipment and other resources, to meet Rhode Island's health care needs efficiently and affordably. These assessments shall be used to advise the "determination of need for new health care equipment and new institutional health services" or "certificate of need" process through the health services council;
- (2) The establishment of Rhode Island's long range health care goals and values, and the recommendation of innovative models of health care delivery, that should be encouraged in Rhode Island;
- (3) Health care payment models that reward improved health outcomes;
- (4) Measurements of quality and appropriate use of health care services that are designed to evaluate the impact of the health planning process;

- (5) Plans for promoting the appropriate role of technology in improving the availability of health information across the health care system, while promoting practices that ensure the confidentiality and security of health records; and
- (6) Recommendations of legislation and other actions that achieve accountability and adherence in the health care community to the council's plans and recommendations.
- (b) Convene meetings of the council no less than every sixty (60) days, which shall be subject to the open meetings laws and public records laws of the state, and shall include a process for the public to place items on the council's agenda.
- (c) Appoint advisory committees as needed for technical assistance throughout the process.
- (d) Modify recommendations in order to reflect changing health care systems needs.
- (e) Promote responsiveness to recommendations among all state agencies that provide health service programs, not limited to the five (5) state agencies coordinated by the executive office of the health and human services.
- (f) Coordinate the review of existing data sources from state agencies and the private sector that are useful to developing a unified health plan.
- (g) Formulating, testing, and selecting policies and standards that will achieve desired objectives.
- (h) In consultation with the office of the health insurance commissioner, the council shall review health system total cost drivers and provide findings, and, if appropriate related recommendations to the governor and general assembly on or before July 1, 2014.
- (i) Coordinate a comprehensive review of mental health and substance abuse incidence rates, service use rates, capacity and potentially high and rising spending.
- (j) Examine the volume and spending trends for pediatric inpatient and outpatient services, including the evolving role of intensive care units (ICUs).
- (k) Subject to available resources and time, in consultation with the department of health, provide periodic assessments beginning on or before October 1, 2014, to the general assembly on the appropriate mix of Rhode Island's primary care workforce. The assessments shall include analyses of current and future primary care professional supply and demand, recruitment, scope of practice and licensure, workforce training issues, and potential incentives with recommendations to enhance the supply and diversity of the primary care workforce.
- (l) Provide an annual report each July, after the convening of the council, to the governor and general assembly on implementation of the plan adopted by the council. This annual report shall:

- (1) Present the strategic recommendations, updated annually;
- (2) Assess the implementation of strategic recommendations in the health care market;
- (3) Compare and analyze the difference between the guidance and the reality;
- (4) Recommend to the governor and general assembly legislative or regulatory revisions necessary to achieve the long-term goals and values adopted by the council as part of its strategic recommendations, and assess the powers needed by the council or governmental entities of the state deemed necessary and appropriate to carry out the responsibilities of the council.
- (5) Include the request for a hearing before the appropriate committees of the general assembly.
- (6) Include a response letter from each state agency that is affected by the state health plan describing the actions taken and planned to implement the plans recommendations.

**§ 23-81-5. Implementation of the council recommendations.**

In order to promote effective implementation of the unified health plan, the council shall recommend to the governor, the general assembly, and other state agencies actions that may be taken to promote and ensure implementation of the council's policy and program guidance. The secretary of the executive office of health and human services and the health insurance commissioner, as co-chairs, of the council, shall use the powers of their offices to implement the recommendations adopted by the council, as deemed appropriate, or as required by the governor or general assembly. The secretary shall coordinate the implementation of the recommended actions by the state agencies within the executive office of health and human services.

**§ 23-81-6. Funding.**

The executive office of health and human services may provide funding to carry out the requirements of this chapter.