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STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2021

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 05, 2021

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 95

17 THE RHODE ISLAND RARE DISEASE MEDICATION ACCESSIBILITY,

18 AFFORDABILITY, AND REINSURANCE ACT

1 **23-95-1. 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 **23-95-2. 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(g)(1) of the Social Security Act, 42 U.S.C. § 1395ss(g)(1), or Medicare
17 managed care policy, unless such federal program becomes eligible, as determined by the secretary.

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

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

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

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

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

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

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

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

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

34 (E) Health maintenance organizations, as defined by chapter 41 of title 27;

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

6 (ii) "Insurer" shall not include any nonprofit dental service corporation as defined in § 27-
7 20.1-1, nor any insurer offering only those coverages described in § 42-7.4-14.

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

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

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

16 **23-95-3. Establishment of program fund.**

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

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

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

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

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

34 **23-95-4. Establishment of rare diseases advisory council.**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

34 (6) The secretary shall make the appointments to the council as described above and call

1 the first meeting of the council within four (4) months of enactment.

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

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

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

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

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

23 **23-95-5. Rare disease medication pricing.**

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

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

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

34 **23-95-6. Determination of covered drugs and funding contribution.**

1 (a) Beginning February 1, 2022 and annually thereafter, the secretary shall announce the
2 covered drugs and set the rare disease medication funding contribution in the manner described in
3 this chapter.

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

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

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

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

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

23 **23-95-7. Returns and payment.**

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

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

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

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

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

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

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

13 **23-95-8. Set-off for delinquent payment.**

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

22 **23-95-9. Assessment on available information – Interest on delinquencies – Penalties**
23 **– Collection powers.**

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

34 **23-95-10. Claims for refund or payment – Hearing upon denial.**

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

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

11 **23-95-11. Hearing by secretary on application.**

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

19 **23-95-12. Appeals.**

20 Appeals from administrative orders or decisions made pursuant to any provisions of this
21 chapter shall be pursued pursuant to chapter 35 of title 42. The right to appeal under this section
22 shall be expressly made conditional upon prepayment of all contribution, interest, and penalties
23 unless the insurer demonstrates to the satisfaction of the administrative agency court that the insurer
24 has a reasonable probability of success on the merits and is unable to prepay all contribution,
25 interest, and penalties, considering not only the insurer's own financial resources but also the ability
26 of the insurer to borrow the required funds. If the court, after appeal, holds that the insurer is entitled
27 to a refund or payment, the insurer shall also be paid interest on the amount at the rate provided in
28 § 44-1-7.1.

29 **23-95-13. 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 section, or until any litigation or prosecution under this section 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 **23-95-14. 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 § 23-95-3.

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 **23-95-15. 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 **23-95-16. 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 **23-95-17. 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 chapter
8 18.5, 18.6 or 50 of title 27, reflect the transition to the funding method described in this section.

9 **23-95-18. 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, 2023.

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 section. In no event shall all reinsurance payments](#)
4 [in a calendar year to all insurers exceed the amount collected pursuant to § 23-95-7 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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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

1 This act would establish within the executive office of health and human services a
2 program, informed by an advisory council, to assure equitable financing and facilitate access to
3 medication for rare diseases.

4 This act would take effect upon passage.

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