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STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2016

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A N A C T

RELATING TO HEALTH AND SAFETY -- LICENSING OF HEALTH CARE FACILITIES

Introduced By: Representatives Serpa, McKiernan, Ackerman, O'Brien, and Shekarchi

Date Introduced: February 05, 2016

Referred To: House Corporations

It is enacted by the General Assembly as follows:

1 SECTION 1. Sections 23-17-2, 23-17-4, 23-17-10, 23-17-10.2, 23-17-26, 23-17-40, 23-
2 17-43, 23-17-54 and 23-17-58 of the General Laws in Chapter 23-17 entitled "Licensing of
3 Health Care Facilities" are hereby amended to read as follows:

4 **23-17-2. Definitions.** -- As used in this chapter:

5 (1) "Alzheimer's dementia special care unit or program" means a distinct living
6 environment within a nursing facility that has been physically adapted to accommodate the
7 particular needs and behaviors of those with dementia. The unit provides increased staffing,
8 therapeutic activities designed specifically for those with dementia, and trains its staff on an
9 ongoing basis on the effective management of the physical and behavioral problems of those with
10 dementia. The residents of the unit/program have had a standard medical diagnostic evaluation
11 and have been determined to have a diagnosis of Alzheimer's dementia or another dementia.

12 (2) (i) "Change in operator" means a transfer by the governing body or operator of a
13 health care facility to any other person (excluding delegations of authority to the medical or
14 administrative staff of the facility) of the governing body's authority to:

15 (A) Hire or fire the chief executive officer of the health care facility;

16 (B) Maintain and control the books and records of the health care facility;

17 (C) Dispose of assets and incur liabilities on behalf of the health care facility; or

18 (D) Adopt and enforce policies regarding operation of the health care facility.

19 (ii) This definition is not applicable to circumstances wherein the governing body of a

1 health care facility retains the immediate authority and jurisdiction over the activities enumerated
2 in subdivisions (2)(i)(A) -- (2)(i)(D).

3 (3) "Change in owner" means:

4 (i) In the case of a health care facility which is a partnership, the removal, addition, or
5 substitution of a partner which results in a new partner acquiring a controlling interest in the
6 partnership;

7 (ii) In the case of a health care facility which is an unincorporated solo proprietorship,
8 the transfer of the title and property to another person;

9 (iii) In the case of a health care facility that is a corporation:

10 (A) A sale, lease exchange, or other disposition of all, or substantially all of the property
11 and assets of the corporation; or

12 (B) A merger of the corporation into another corporation; or

13 (C) The consolidation of two (2) or more corporations, resulting in the creation of a new
14 corporation; or

15 (D) In the case of a health care facility which is a business corporation, any transfer of
16 corporate stock which results in a new person acquiring a controlling interest in the corporation;
17 or

18 (E) In the case of a health care facility which is a nonbusiness corporation, any change in
19 membership which results in a new person acquiring a controlling vote in the corporation.

20 (4) "Clinician" means a physician licensed under title 5, chapter 37; a nurse licensed
21 under title 5, chapter 34; a psychologist licensed under title 5, chapter 44; a social worker licensed
22 under title 5, chapter 39.1; a physical therapist licensed under title 5, chapter 40; and a speech
23 language pathologist or audiologist licensed under title 5, chapter 48.

24 (5) "Director" means the director of the Rhode Island state department of health.

25 (6) "Health care facility" means any institutional health service provider, facility or
26 institution, place, building, agency, or portion thereof, whether a partnership or corporation,
27 whether public or private, whether organized for profit or not, used, operated, or engaged in
28 providing health care services, including but not limited to hospitals; nursing facilities; home
29 nursing care provider (which shall include skilled nursing services and may also include activities
30 allowed as a home care provider or as a nursing service agency); home care provider (which may
31 include services such as personal care or homemaker services); rehabilitation centers; kidney
32 disease treatment centers; health maintenance organizations; free-standing emergency care
33 facilities [as defined in this section](#), and facilities providing surgical treatment to patients not
34 requiring hospitalization (surgi-centers); hospice care, and physician ambulatory surgery centers

1 and podiatry ambulatory surgery centers providing surgical treatment. The term "health care
2 facility" also includes organized ambulatory care facilities which are not part of a hospital but
3 which are organized and operated to provide health care services to outpatients such as central
4 services facilities serving more than one health care facility or health care provider, treatment
5 centers, diagnostic centers, outpatient clinics, infirmaries and health centers, school based health
6 centers and neighborhood health centers. The term "health care facility" also includes a mobile
7 health screening vehicle as defined in this section. The term "health care facility" shall not apply
8 to organized ambulatory care facilities owned and operated by professional service corporations
9 as defined in chapter 5.1 of title 7, as amended (the "Professional Service Corporation Law"), or
10 to a private practitioner's (physician, dentist, or other health care provider) office or group of the
11 practitioners' offices (whether owned and/or operated by an individual practitioner, alone or as a
12 member of a partnership, professional service corporation, organization, or association).
13 Individual categories of health care facilities shall be defined in rules and regulations
14 promulgated by the licensing agency with the advice of the health services council. Rules and
15 regulations concerning hospice care shall be promulgated with regard to the "Standards of a
16 Hospice Program of Care", promulgated by National Hospice Organization. Any provider of
17 hospice care who provides hospice care without charge shall be exempt from the licensing
18 provisions of this chapter but shall meet the "Standards of a Hospice Program of Care." Facilities
19 licensed by the department of mental health, retardation, and hospitals and the department of
20 human services, and clinical laboratories licensed in accordance with chapter 16.2 of this title, as
21 well as Christian Science institutions (also known as Christian Science Nursing Facilities) listed
22 and certified by the Commission for Accreditation of Christian Science Nursing
23 Organizations/Facilities, Inc. shall not be considered health care facilities for purposes of this
24 chapter.

25 (7) "Homemaker", or however else called, means a trained non-professional worker who
26 performs related housekeeping services in the home for the sick, disabled, dependent, or infirm,
27 and as further defined by regulation; the director shall establish criteria for training.

28 (8) "Hospital" means a person or governmental entity licensed in accordance with this
29 chapter to establish, maintain and operate a hospital.

30 (9) "Licensing agency" means the Rhode Island state department of health.

31 (10) "Medical services" means any professional services and supplies rendered by or
32 under the direction of persons duly licensed under the laws of this state to practice medicine,
33 surgery, or podiatry that may be specified by any medical service plan. Medical service shall not
34 be construed to include hospital services.

1 (11) "Non-English speaker" means a person who cannot speak or understand, or has
2 difficulty in speaking or understanding, the English language, because he/she uses only or
3 primarily a spoken language other than English, and/or a person who uses a sign language and
4 requires the use of a sign language interpreter to facilitate communication.

5 (12) "Person" means any individual, trust or estate, partnership, corporation, (including
6 associations, joint stock companies, and insurance companies) state, or political subdivision or
7 instrumentality of a state.

8 (13) "Physician ambulatory surgery center" means an office or portion of an office which
9 is utilized for the purpose of furnishing surgical services to the owner and/or operator's own
10 patients on an ambulatory basis, and shall include both single-practice physician ambulatory
11 surgery centers and multi-practice physician ambulatory surgery centers. A "single-practice
12 physician ambulatory surgery center" is a physician ambulatory center owned and/or operated by
13 a physician controlled professional service corporation as defined in chapter 5.1 of title 7 (the
14 "Professional Service Corporation Law"), or a physician controlled limited liability company (as
15 defined in chapter 16 of title 7 (the "Limited Liability Company Act")) in which no physician is
16 an officer, shareholder, director, or employee of any other corporation engaged in the practice of
17 the same profession, or a private physician's office (whether owned and/or operated by an
18 individual practitioner, alone or as a member of a partnership, professional service corporation,
19 limited liability company, organization, or association). A "multi-practice physician ambulatory
20 surgery center" is a physician ambulatory surgery center owned and/or operated by a physician
21 controlled professional service corporation (as defined in the Professional Service Corporation
22 Law) or a physician controlled limited liability company (as defined in the Limited Liability
23 Company Act) in which a physician is also an officer, shareholder, director, or employee of
24 another corporation engaged in the practice of the same profession, or a group of physicians'
25 offices (whether owned and/or operated by an individual practitioner, alone or as a member of a
26 partnership, professional service corporation, limited liability company, organization, or
27 association).

28 (14) "Podiatry ambulatory surgery center" means an office or portion of an office which
29 is utilized for the purpose of furnishing surgical services to the owner and/or operator's own
30 patients on an ambulatory basis, and shall include both single-practice podiatry ambulatory
31 surgery centers and multi-practice podiatry ambulatory surgery centers. A "single-practice
32 podiatry ambulatory surgery center" is a podiatry ambulatory center owned and/or operated by a
33 podiatrist controlled professional service corporation as (defined in chapter 5.1 of title 7 (the
34 "Professional Service Corporation Law")), or a podiatrist controlled limited liability company (as

1 defined in chapter 16 of title 7 (the "Limited Liability Company Act")) in which no podiatrist is
2 an officer, shareholder, director, or employee of any other corporation engaged in the practice of
3 the same profession, or a private podiatrist's office (whether owned and/or operated by an
4 individual practitioner, alone or as a member of a partnership, professional service corporation,
5 limited liability company, organization, or association). A "multi-practice podiatry ambulatory
6 surgery center" is a podiatry ambulatory surgery center owned and/or operated by a podiatry
7 controlled professional service corporation (as defined in the Professional Service Corporation
8 Law) or a podiatry controlled limited liability company (as defined in the Limited Liability
9 Company Act) in which a podiatrist is also an officer, shareholder, director, or employee of
10 another corporation engaged in the practice of the same profession, or a group of podiatrists'
11 offices (whether owned and/or operated by a an individual practitioner, alone or as a member of
12 a partnership, professional service corporation, limited liability company, organization, or
13 association).

14 (15) "Qualified interpreter" means a person who, through experience and/or training, is
15 able to translate a particular foreign language into English with the exception of sign language
16 interpreters who must be licensed in accordance with chapter 71 of title 5.

17 (16) "Qualified sign language interpreter" means one who has been licensed in
18 accordance with the provisions of chapter 71 of title 5.

19 (17) "School based health center" means a facility located in an elementary or secondary
20 school that delivers primary and preventive health care services to students on site.

21 (18) "Mobile health screening vehicle" means a mobile vehicle, van, or trailer that
22 delivers primary and preventive health care screening services, and:

23 (i) Does not maintain active contracts or arrangements with any health insurer subject to
24 regulation under chapters 20 or 42 of title 27;

25 (ii) Does not maintain active contracts or arrangements with another licensed health care
26 facility as that term is defined within this section; and

27 (iii) Does not provide medical services free of charge.

28 (19) "Freestanding emergency care facility" means an establishment, place or facility
29 which may be a public or private organization, structurally distinct and separate from a hospital;
30 staffed, equipped, and operated to provide prompt emergency medical care. For the purposes of
31 this chapter, "emergency medical care" means services provided for a medical condition that is
32 manifested by symptoms of sufficient severity that, in the absence of immediate medical
33 attention, could result in placing health in jeopardy, serious impairment to bodily functions,
34 serious dysfunction of any bodily organ or part, or development or continuance of severe pain.

1 **23-17-4. License required for health care facility operation.** -- (a) No person acting
2 severally or jointly with any other person shall establish, conduct, or maintain a health care
3 facility in this state without a license under this chapter; provided, however, that any person, firm,
4 corporation, or other entity that provides volunteer registered and licensed practical nurses to the
5 public shall not be required to have a license as a health care facility.

6 (b) Each location at which a health care facility provides services shall be licensed;
7 provided, however, that a hospital or organized ambulatory care facility shall be permitted to
8 provide, solely on an ambulatory basis, limited physician services, other limited professional
9 health care services, and/or other limited professional mental health care services in conjunction
10 with services provided by and at community health centers, community mental health centers,
11 organized ambulatory care facilities or other licensed health care facilities, physicians' offices,
12 and facilities operated by the department of corrections without establishing such locations as
13 additional licensed premises of the hospital or organized ambulatory care facility; provided, that a
14 health care facility licensed as an organized ambulatory care facility in the state, may provide
15 services at other locations operated by that licensed organized ambulatory care facility, without
16 the requirement of a separate organized ambulatory care facility license for such other locations.
17 [For the purposes of this chapter, an organized ambulatory care facility or other licensed health](#)
18 [care facility shall not include a freestanding emergency care facility.](#) The department is further
19 authorized to adopt rules and regulations to accomplish the purpose of this section, including, but
20 not limited to, defining "limited physician services, other limited professional health care
21 services, and/or other limited professional mental health care services."

22 (c) The reimbursement rates for the services rendered in the settings listed in subsection
23 (b) of this chapter shall be subject to negotiations between the hospitals, organized ambulatory
24 care facilities, and the payors, respectively, as defined in § 23-17.12-2.

25 **23-17-10. Regulations, inspections, and investigations -- Certain hospitals required**
26 **to provide on-premises coverage by physician -- Uniform reports -- Data systems.** -- (a) (1)
27 The licensing agency, with the advice of the health services council, shall after a public hearing
28 pursuant to reasonable notice adopt, amend, promulgate, and enforce rules, regulations, and
29 standards with respect to each category of health care facility to be licensed under this chapter
30 that may be designed to further the accomplishment of the purposes of this chapter in promoting
31 safe and adequate treatment of individuals in health care facilities in the interest of public health,
32 safety, and welfare. Provided, further, however, that all licensed medical, surgical, or obstetrical
33 hospitals (excepting those hospitals as defined in § 23-17-2, as amended, which maintain an on-
34 premises emergency room staffed by a licensed physician, resident, or intern at all times) [and](#)

1 [freestanding emergency care facilities](#) shall be required to protect their patients by providing on-
2 premises coverage by a licensed physician, resident or intern at all times.

3 (2) In developing regulations for home nursing care providers and home care providers,
4 the director shall consider and adopt, where appropriate, standards of relevant national accrediting
5 bodies. The director shall make or cause to be made quality improvement and licensure
6 inspections of each licensed home nursing care provider and home care provider at a minimum of
7 once in a twelve (12) month period. These inspections shall include but not be limited to: home
8 visits; patient surveys; and employee interviews.

9 (b) The licensing agency shall make or cause to be made any inspections and
10 investigations that it deems necessary including medical records. The licensing agency, with the
11 advice of the health services council, shall also adopt, amend, promulgate, and enforce rules and
12 regulations to provide for a uniform system of reporting detailed financial and statistical data
13 pertaining to the operation, services, and facilities of the health care facilities and the periodic
14 reporting shall, in accordance with the rules and regulations, be concerned with, but not limited
15 to, unit cost utilization charges of health care facility services, financial condition of health care
16 facilities, and quality of health care facility care. The uniform reports shall also include
17 institutional plans that shall be prescribed in accordance with rules and regulations promulgated
18 by the licensing agency with the advice of the health services council. Each health care facility
19 shall establish and maintain data systems to meet the requirements of any uniform system of
20 periodic reporting that may be prescribed in accordance with the provisions of this section. The
21 data shall be made available and be considered by the state agency concerned with the
22 reimbursement and/or utilization of health care facility services.

23 **23-17-10.2. Full financial disclosure by hospitals Full financial disclosure by**
24 **hospitals and freestanding emergency care facilities.** -- Any hospital [or freestanding](#)
25 [emergency care facility](#) licensed under this chapter, other than state-operated hospitals, shall
26 annually submit to the director of the department of health:

27 (a) Public audited financial statements containing information concerning all hospital-
28 related [or freestanding emergency care facility-related](#) corporations, holding corporations and
29 subsidiary corporations, whether for-profit or not-for-profit. Any ~~hospital~~ corporation, holding
30 corporation, or subsidiary corporation, whether for-profit or not-for-profit, which is not audited
31 by an independent public auditor due to limited activity or small size, shall submit a financial
32 statement certified by the chief executive officer of that corporation.

33 (b) Any hospital [or freestanding emergency care facility](#) licensed under this chapter,
34 other than state operated hospitals shall on or before January 1, 2014 and annually thereafter,

1 submit a summary of financial information contained in accordance with the following: (1) Not-
2 for-profit hospitals shall submit a summary of the information contained in section 501(c), 527, or
3 4947(a)(1) of the internal revenue code 990 form including:

4 (i) Its statement of financial position;

5 (ii) The verified total costs incurred by the hospital or freestanding emergency care
6 facility in providing health services;

7 (iii) Total payroll including fringe benefits, and any other remuneration of the top five
8 (5) highest compensated employees and/or contractors, identified by position description and
9 specialty;

10 (iv) The verified net costs of medical education; and

11 (v) Administrative expenses; as defined by the director of the department of health.

12 (2) For-profit hospitals and freestanding emergency care facilities shall submit the
13 information listed in (b)(1) of this section in a form approved by the department of health.

14 (c) All information provided shall be made available to the healthcare planning and
15 accountability advisory council, as established in § 23-81-4 and shall be made available to the
16 public for inspection.

17 **23-17-26. Emergency health care. --** (a) Every health care facility that has an
18 emergency medical care unit including freestanding emergency care facilities shall provide to
19 every person prompt life saving medical care treatment in an emergency, and a sexual assault
20 examination for victims of sexual assault without discrimination on account of economic status or
21 source of payment, and without delaying treatment for the purpose of a prior discussion of the
22 source of payment unless the delay can be imposed without material risk to the health of the
23 person.

24 (b) Violations of this section shall be reported to the director of the state department of
25 health who shall investigate the violations as the director deems appropriate.

26 **23-17-40. ~~Hospital events reporting~~ Hospital and freestanding emergency care**
27 **facility events reporting. --** (a) Definitions. - As used in this section, the following terms shall

28 have the following meanings:

29 (1) "Adverse event" means injury to a patient resulting from a medical intervention, and
30 not to the underlying condition of the patient.

31 (2) "Checklist of care" means predetermined steps to be followed by a team of healthcare
32 providers before, during or after a given procedure to decrease the possibility of adverse effects
33 and other patient harm by articulating standards of care.

34 (b) Reportable events as defined in subsection (c) shall be reported to the department of

1 health division of facilities regulation on a telephone number maintained for that purpose.
2 Hospitals [and freestanding emergency care facilities](#) shall report incidents as defined in
3 subsection (c) within twenty-four (24) hours of when the accident occurred or if later, within
4 twenty-four (24) hours of receipt of information causing the hospital [or freestanding emergency](#)
5 [care facility](#) to believe that a reportable event has occurred.

6 (c) Reportable events are defined as follows:

- 7 (1) Fires or internal disasters in the facility which disrupt the provisions of patient care
8 services or cause harm to patients or personnel;
- 9 (2) Poisoning involving patients of the facility;
- 10 (3) Infection outbreaks as defined by the department in regulation;
- 11 (4) Kidnapping and inpatient psychiatric elopements and elopements by minors;
- 12 (5) Strikes by personnel;
- 13 (6) Disasters or other emergency situations external to the hospital [or freestanding](#)
14 [emergency care facility](#) environment which adversely affect facility operations; and
- 15 (7) Unscheduled termination of any services vital to the continued safe operation of the
16 facility or to the health and safety of its patients and personnel.

17 (d) Any hospital [or freestanding emergency care facility](#) filing a report with the attorney
18 general's office concerning abuse, neglect and mistreatment of patients as defined in chapter 17.8
19 of this title shall forward a copy of the report to the department of health. In addition, a copy of
20 all hospital notifications and reports made in compliance with the federal Safe Medical Devices
21 Act of 1990, 21 U.S.C. § 301 et seq., shall be forwarded to the department of health within the
22 time specified in the federal law.

23 (e) Any reportable incident in a hospital that results in patient injury as defined in
24 subsection (f) shall be reported to the department of health with seventy-two (72) hours or when
25 the hospital has reasonable cause to believe that an incident as defined in subsection (f) has
26 occurred. The department of health shall promulgate rules and regulations to include the process
27 whereby health care professionals with knowledge of an incident shall report it to the hospital,
28 requirements for the hospital to conduct a root cause analysis of the incident or other appropriate
29 process for incident investigation and to develop and file a performance improvement plan, and
30 additional incidents to be reported that are in addition to those listed in subsection (f). In its
31 reports, no personal identifiers shall be included. The hospital shall require the appropriate
32 committee within the hospital to carry out a peer review process to determine whether the
33 incident was within the normal range of outcomes, given the patient's condition. The hospital
34 shall notify the department of the outcome of the internal review, and if the findings determine

1 that the incident was within the normal range of patient outcomes no further action is required. If
2 the findings conclude that the incident was not within the normal range of patient outcomes, the
3 hospital shall conduct a root cause analysis or other appropriate process for incident investigation
4 to identify causal factors that may have lead to the incident and develop a performance
5 improvement plan to prevent similar incidents from occurring in the future. The hospital shall
6 also provide to the department of health the following information:

- 7 (1) An explanation of the circumstances surrounding the incident;
- 8 (2) An updated assessment of the effect of the incident on the patient;
- 9 (3) A summary of current patient status including follow-up care provided and post-
10 incident diagnosis;
- 11 (4) A summary of all actions taken to correct identified problems to prevent recurrence
12 of the incident and/or to improve overall patient care and to comply with other requirements of
13 this section.

14 (f) Incidents to be reported are those causing or involving:

- 15 (1) Brain injury;
- 16 (2) Mental impairment;
- 17 (3) Paraplegia;
- 18 (4) Quadriplegia;
- 19 (5) Any type of paralysis;
- 20 (6) Loss of use of limb or organ;
- 21 (7) Hospital stay extended due to serious or unforeseen complications;
- 22 (8) Birth injury;
- 23 (9) Impairment of sight or hearing;
- 24 (10) Surgery on the wrong patient;
- 25 (11) Subjecting a patient to a procedure other than that ordered or intended by the
26 patient's attending physician;
- 27 (12) Any other incident that is reported to their malpractice insurance carrier or self-
28 insurance program;
- 29 (13) Suicide of a patient during treatment or within five (5) days of discharge from an
30 inpatient or outpatient unit (if known);
- 31 (14) Blood transfusion error; and
- 32 (15) Any serious or unforeseen complication, that is not expected or probable, resulting
33 in an extended hospital stay or death of the patient.

34 (g) This section does not replace other reporting required by this chapter.

1 (h) Nothing in this section shall prohibit the department from investigating any event or
2 incident.

3 (i) All reports to the department under this section shall be subject to the provisions of §
4 23-17-15. In addition, all reports under this section, together with the peer review records and
5 proceedings related to events and incidents so reported and the participants in the proceedings
6 shall be deemed entitled to all the privileges and immunities for peer review records set forth in §
7 23-17-25.

8 (j) The department shall issue an annual report by March 31 each year providing
9 aggregate summary information on the events and incidents reported by hospitals [and](#)
10 [freestanding emergency care facilities](#) as required by this chapter. A copy of the report shall be
11 forwarded to the governor, the speaker of the house, the senate president and members of the
12 health care quality steering committee established pursuant to § 23-17.17-6.

13 (k) The director shall review the list of incidents to be reported in subsection (f) above at
14 least biennially to ascertain whether any additions, deletions or modifications to the list are
15 necessary. In conducting the review, the director shall take into account those adverse events
16 identified on the National Quality Forum's List of Serious Reportable Events. In the event the
17 director determines that incidents should be added, deleted or modified, the director shall make
18 such recommendations for changes to the legislature.

19 **23-17-43. Charity care requirements.** -- Any new hospital [or freestanding emergency](#)
20 [care facility](#) licensee shall meet the statewide community standard for the provision of charity
21 care services as a condition of initial and continued licensure. That standard shall be consistent
22 with guidelines established by the legislature in the charters of the existing hospitals in the state
23 which hold charters from the legislature.

24 **23-17-54. Provisions of interpreter services.** -- (a) Every hospital [and freestanding](#)
25 [emergency care facility](#) shall, as a condition of initial or continued licensure, provide a qualified
26 interpreter, if an appropriate bilingual clinician is not available to translate, in connection with all
27 services provided to every non-English speaker who is a patient or seeks appropriate care and
28 treatment and is not accompanied or represented by an appropriate qualified interpreter or a
29 qualified sign language interpreter who has attained at least sixteen (16) years of age.

30 (b) Each hospital [and freestanding emergency care facility](#) shall post a multi-lingual
31 notice in conspicuous places setting forth the requirement in subsection (a) of this section in
32 English and the, at minimum, three (3) most common foreign languages used by the hospital [or](#)
33 [freestanding emergency care facility](#) as determined by the hospital [or freestanding emergency](#)
34 [care facility](#).

1 (c) The receipt by a non-English speaker of interpreter services shall not be deemed the
2 receipt of a benefit under any provisions of law restricting benefits or assistance on the basis of
3 immigrant status.

4 (d) Nothing in this section shall be construed to affect or limit any rights, remedies or
5 obligations under chapter 24 of title 11 or under chapters 87 or 112 of title 42.

6 ~~23-17-58. Documentation of pre-hospital exposure of emergency medical services~~
7 ~~workers~~ Documentation of pre-hospital and pre-freestanding emergency care facility
8 exposure of emergency medical services workers. -- Hospitals and freestanding emergency
9 care facilities shall be required to complete the hospital related information requirements of the
10 pre-hospital exposure form for emergency service workers as required by § 23-4.1-19. Further,
11 the hospitals and freestanding emergency care facilities shall report to the director of the
12 department of health the information and data as may be required by regulation.

13 SECTION 2. Sections 23-4.1-7.1 and 23-4.1-19 of the General Laws in Chapter 23-4.1
14 entitled "Emergency Medical Transportation Services" are hereby amended to read as follows:

15 23-4.1-7.1. Restocking of municipal ambulance supplies. -- (a) The director of health,
16 with the cooperation of hospitals and freestanding emergency care facilities licensed in
17 accordance with chapter 17 of this title, will develop a listing of supplies that are subject to
18 mandatory restocking in accordance with subsection (b) of this section.

19 (b) Every hospital and freestanding emergency care facility licensed in accordance with
20 chapter 17 of this title is required to restock supplies listed in accordance with subsection (a) of
21 this section that are used by a licensed emergency medical services provider in transporting
22 emergency patients to hospitals or freestanding emergency care facilities licensed in accordance
23 with chapter 17 of this title. Restocking will not be required:

24 (1) In the absence of documentation of supply usage on the emergency patient's RI EMS
25 ambulance run report; or

26 (2) If the licensed emergency medical services provider bills any third party payer for the
27 supplies which were used.

28 ~~23-4.1-19. Documentation of pre-hospital exposure of emergency medical services~~
29 ~~workers~~ Documentation of pre-health care facility exposure of emergency medical services
30 workers. -- (a) Any emergency service worker responding on behalf of a licensed
31 ambulance/rescue service, or a fire department or a law enforcement agency who has sufficient
32 reason to believe that, in the course of their professional duties, they have been exposed to bodily
33 fluids or other substances that may result in the worker contracting a serious infection and/or
34 illness shall complete a ~~pre-hospital~~ pre-health care facility exposure form. The worker shall file a

1 copy of the form with the hospital [or freestanding emergency care facility](#) receiving the
2 transported patient believed to be the source of the infectious materials to which the worker
3 believes he or she has been exposed. The worker shall file the form with the hospital [or](#)
4 [freestanding emergency care facility](#) immediately post exposure. The worker shall retain a copy
5 of the completed form, except for that information protected by applicable confidentiality laws.
6 The source patient's diagnostic information shall not appear on the ~~pre-hospital~~ [pre-health care](#)
7 [facility](#) exposure form.

8 (b) The director of the department of health, with the advice of the ambulance services
9 advisory board, shall develop the ~~pre-hospital~~ [pre-health care facility](#) exposure form, and shall
10 make copies available to all agencies employing emergency medical service workers, ~~and~~
11 hospitals [and freestanding emergency care facilities](#).

12 SECTION 3. Section 23-15-2 of the General Laws in Chapter 23-15 entitled
13 "Determination of Need for New Health Care Equipment and New Institutional Health Services"
14 is hereby amended to read as follows:

15 **23-15-2. Definitions.** -- As used in this chapter:

16 (1) "Affected person" means and includes the person whose proposal is being reviewed,
17 or the applicant, health care facilities located within the state which provide institutional health
18 services, the state medical society, the state osteopathic society, those voluntary nonprofit area-
19 wide planning agencies that may be established in the state, the state budget office, the office of
20 health insurance commissioner, any hospital or medical service corporation organized under the
21 laws of the state, the statewide health coordinating council, contiguous health systems agencies,
22 and those members of the public who are to be served by the proposed new institutional health
23 services or new health care equipment.

24 (2) "Cost impact analysis" means a written analysis of the effect that a proposal to offer
25 or develop new institutional health services or new health care equipment, if approved, will have
26 on health care costs and shall include any detail that may be prescribed by the state agency in
27 rules and regulations.

28 (3) "Director" means the director of the Rhode Island state department of health.

29 (4) (i) "Health care facility" means any institutional health service provider, facility or
30 institution, place, building, agency, or portion of them, whether a partnership or corporation,
31 whether public or private, whether organized for profit or not, used, operated, or engaged in
32 providing health care services, which are limited to hospitals, nursing facilities, home nursing
33 care provider, home care provider, hospice provider, inpatient rehabilitation centers (including
34 drug and/or alcohol abuse treatment centers), [freestanding emergency care facilities as defined in](#)

1 [§23-17-2](#), certain facilities providing surgical treatment to patients not requiring hospitalization
2 (surgi-centers, multi-practice physician ambulatory surgery centers and multi-practice podiatry
3 ambulatory surgery centers) and facilities providing inpatient hospice care. Single-practice
4 physician or podiatry ambulatory surgery centers (as defined in subdivisions 23-17-2(13) and 23-
5 17-2(14), respectively) are exempt from the requirements of chapter 15 of this title; provided,
6 however, that such exemption shall not apply if a single-practice physician or podiatry
7 ambulatory surgery center is established by a medical practice group (as defined in § 5-37-1)
8 within two (2) years following the formation of such medical practice group, when such medical
9 practice group is formed by the merger or consolidation of two (2) or more medical practice
10 groups or the acquisition of one medical practice group by another medical practice group. The
11 term "health care facility" does not include Christian Science institutions (also known as
12 Christian Science nursing facilities) listed and certified by the Commission for Accreditation of
13 Christian Science Nursing Organizations/Facilities, Inc.

14 (ii) Any provider of hospice care who provides hospice care without charge shall be
15 exempt from the provisions of this chapter.

16 (5) "Health care provider" means a person who is a direct provider of health care
17 services (including but not limited to physicians, dentists, nurses, podiatrists, physician assistants,
18 or nurse practitioners) in that the person's primary current activity is the provision of health care
19 services for persons.

20 (6) "Health services" means organized program components for preventive, assessment,
21 maintenance, diagnostic, treatment, and rehabilitative services provided in a health care facility.

22 (7) "Health services council" means the advisory body to the Rhode Island state
23 department of health established in accordance with chapter 17 of this title, appointed and
24 empowered as provided to serve as the advisory body to the state agency in its review functions
25 under this chapter.

26 (8) "Institutional health services" means health services provided in or through health
27 care facilities and includes the entities in or through which the services are provided.

28 (9) "New health care equipment" means any single piece of medical equipment (and any
29 components which constitute operational components of the piece of medical equipment)
30 proposed to be utilized in conjunction with the provision of services to patients or the public, the
31 capital costs of which would exceed two million two hundred fifty thousand dollars (\$2,250,000);
32 provided, however, that the state agency shall exempt from review any application which
33 proposes one for one equipment replacement as defined in regulation. Further, beginning July 1,
34 2012 and each July thereafter the amount shall be adjusted by the percentage of increase in the

1 consumer price index for all urban consumers (CPI-U) as published by the United States
2 department of labor statistics as of September 30 of the prior calendar year.

3 (10) "New institutional health services" means and includes:

4 (i) Construction, development, or other establishment of a new health care facility.

5 (ii) Any expenditure except acquisitions of an existing health care facility which will not
6 result in a change in the services or bed capacity of the health care facility by or on behalf of an
7 existing health care facility in excess of five million two hundred fifty thousand dollars
8 (\$5,250,000) which is a capital expenditure including expenditures for predevelopment activities;
9 provided further, beginning July 1, 2012 and each July thereafter the amount shall be adjusted by
10 the percentage of increase in the consumer price index for all urban consumers (CPI-U) as
11 published by the United States department of labor statistics as of September 30 of the prior
12 calendar year.

13 (iii) Where a person makes an acquisition by or on behalf of a health care facility or
14 health maintenance organization under lease or comparable arrangement or through donation,
15 which would have required review if the acquisition had been by purchase, the acquisition shall
16 be deemed a capital expenditure subject to review.

17 (iv) Any capital expenditure which results in the addition of a health service or which
18 changes the bed capacity of a health care facility with respect to which the expenditure is made,
19 except that the state agency may exempt from review by rules and regulations promulgated for
20 this chapter any bed reclassifications made to licensed nursing facilities and annual increases in
21 licensed bed capacities of nursing facilities that do not exceed the greater of ten (10) beds or ten
22 percent (10%) of facility licensed bed capacity and for which the related capital expenditure does
23 not exceed two million dollars (\$2,000,000).

24 (v) Any health service proposed to be offered to patients or the public by a health care
25 facility which was not offered on a regular basis in or through the facility within the twelve (12)
26 month period prior to the time the service would be offered, and which increases operating
27 expenses by more than one million five hundred thousand dollars (\$1,500,000), except that the
28 state agency may exempt from review by rules and regulations promulgated for this chapter any
29 health service involving reclassification of bed capacity made to licensed nursing facilities.
30 Further beginning July 1, 2012 and each July thereafter the amount shall be adjusted by the
31 percentage of increase in the consumer price index for all urban consumers (CPI-U) as published
32 by the United States department of labor statistics as of September 30 of the prior calendar year.

33 (vi) Any new or expanded tertiary or specialty care service, regardless of capital expense
34 or operating expense, as defined by and listed in regulation, the list not to exceed a total of twelve

1 (12) categories of services at any one time and shall include full body magnetic resonance
2 imaging and computerized axial tomography; provided, however, that the state agency shall
3 exempt from review any application which proposes one for one equipment replacement as
4 defined by and listed in regulation. Acquisition of full body magnetic resonance imaging and
5 computerized axial tomography shall not require a certificate of need review and approval by the
6 state agency if satisfactory evidence is provided to the state agency that it was acquired for under
7 one million dollars (\$1,000,000) on or before January 1, 2010 and was in operation on or before
8 July 1, 2010.

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

12 (12) "Predevelopment activities" means expenditures for architectural designs, plans,
13 working drawings and specifications, site acquisition, professional consultations, preliminary
14 plans, studies, and surveys made in preparation for the offering of a new institutional health
15 service.

16 (13) "State agency" means the Rhode Island state department of health.

17 (14) "To develop" means to undertake those activities which, on their completion, will
18 result in the offering of a new institutional health service or new health care equipment or the
19 incurring of a financial obligation, in relation to the offering of that service.

20 (15) "To offer" means to hold oneself out as capable of providing, or as having the
21 means for the provision of, specified health services or health care equipment.

22 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 -- LICENSING OF HEALTH CARE FACILITIES

1 This act would define freestanding emergency care facilities subject to health care
2 facilities licensing requirements, emergency medical transportation regulations, and
3 determination of need for new health care equipment and new institutional health services
4 purposes.

5 This act would take effect upon passage.

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LC004411
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