

2024 -- H 7702 SUBSTITUTE A AS AMENDED

LC005103/SUB A/2

STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2024

A N A C T

RELATING TO HEALTH AND SAFETY -- LICENSING OF HEALTHCARE FACILITIES

Introduced By: Representatives Speakman, Donovan, McGaw, Henries, Fogarty, Handy,
Shallcross Smith, Bennett, Stewart, and Giraldo

Date Introduced: February 23, 2024

Referred To: House Finance

It is enacted by the General Assembly as follows:

1 SECTION 1. Chapter 23-17 of the General Laws entitled "Licensing of Healthcare
2 Facilities" is hereby amended by adding thereto the following section:

3 **23-17-67. Hospital determinations for Medicare and Medicaid for uninsured patients.**

4 (a) All hospitals shall screen each uninsured patient, upon the uninsured patient's
5 agreement, at the earliest reasonable moment for potential eligibility for both:

6 (1) Public health insurance programs; and

7 (2) Any financial assistance offered by the hospital.

8 (b) All screening activities, including initial screenings and all follow-up assistance, shall
9 be provided in compliance with § 23-17-54.

10 (c) If a patient declines or fails to respond to the screening described in subsection (a) of
11 this section, the hospital shall document in the patient's record the patient's decision to decline or
12 failure to respond to the screening, confirming the date and method by which the patient declined
13 or failed to respond.

14 (d) If a patient does not decline the screening described in subsection (a) of this section, a
15 hospital shall screen an uninsured patient at the earliest reasonable moment.

16 (e) If a patient does not submit to screening, financial assistance application, or reasonable
17 payment plan documentation within thirty (30) days after a request, the hospital shall document the
18 lack of received documentation, confirming the date that the screening took place and that the thirty
19 (30) day timeline for responding to the hospital's request has lapsed; provided, however, that it may

1 be reopened within ninety (90) days after the date of discharge, date of service, or completion of
2 the screening.

3 (f) If the screening indicates that the patient may be eligible for a public health insurance
4 program, the hospital shall provide information to the patient about how the patient can apply for
5 the public health insurance program, including, but not limited to, referral to healthcare navigators
6 who provide free and unbiased eligibility and enrollment assistance, including healthcare
7 navigators at federally qualified health centers; local, state, or federal government agencies; or any
8 other resources that the state recognizes as designed to assist uninsured individuals in obtaining
9 health coverage.

10 (g) If the uninsured patient's application for a public health insurance program is approved,
11 the hospital shall bill the insuring entity and shall not pursue the patient for any aspect of the bill,
12 except for any required copayment, coinsurance, or other similar payment for which the patient is
13 responsible under the insurance. If the uninsured patient's application for public health insurance is
14 denied, the hospital shall again offer to screen the uninsured patient for hospital financial assistance,
15 and the timeline for applying for financial assistance under this section shall begin again.

16 (h) A hospital shall offer to screen an insured patient for hospital financial assistance under
17 this section if the patient requests financial assistance screening, if the hospital is contacted in
18 response to a bill, if the hospital learns information that suggests an inability to pay, or if the
19 circumstances otherwise suggest the patient's inability to pay.

20 (i)(1) Each hospital shall post a sign with the following notice: "You may be eligible for
21 financial assistance under the terms and conditions the hospital offers to qualified patients. For
22 more information contact [hospital financial assistance representative]".

23 (2) The sign under subsection (i)(1) of this subsection shall be posted, either by physical
24 or electronic means, in accordance with § 23-17-54.

25 (3) Each hospital that has a website shall post a notice in a prominent place on its website
26 that financial assistance is available at the hospital, a description of the financial assistance
27 application process, and a copy of the financial assistance application.

28 (4) Within one hundred eighty (180) days after the effective date of this section, each
29 hospital shall make available information regarding financial assistance from the hospital in the
30 form of either a brochure, an application for financial assistance, or other written or electronic
31 material in the emergency room, hospital admission, and registration area.

32 (j)(1) The executive office of health and human services is responsible for administering
33 and ensuring compliance with this section, including the development of any rules and regulations
34 necessary for the implementation and enforcement of this section.

1 (2) The executive office of health and human services shall develop and implement a
2 process for receiving and handling complaints from individuals or hospitals regarding possible
3 violations of this section.

4 (3) The attorney general may conduct any investigation deemed necessary regarding
5 possible violations of this section by any hospital including, without limitation, the issuance of
6 subpoenas to:

7 (i) Require the hospital to file a statement or report or answer interrogatories in writing as
8 to all information relevant to the alleged violations;

9 (ii) Examine under oath any person who possesses knowledge or information directly
10 related to the alleged violations; and

11 (iii) Examine any record, book, document, account, or paper necessary to investigate the
12 alleged violation.

13 (4) If the attorney general determines that there is a reason to believe that any hospital has
14 violated this section, the attorney general may bring an action against the hospital to obtain
15 temporary, preliminary, or permanent injunctive relief for any act, policy, or practice by the hospital
16 that violates this section. Before bringing such an action, the attorney general may permit the
17 hospital to submit a correction plan for the attorney general's approval.

18 SECTION 2. Joint Resolution. – AUTHORIZING THE SECRETARY OF THE
19 EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES TO DEVELOP A PILOT PLAN
20 FOR ESTABLISHING AN ACUTE HOSPITAL CARE AT HOME PROGRAM

21 WHEREAS, During the COVID-19 pandemic, federal and state governments issued
22 waiver flexibilities that allowed hospitals to provide advanced level services to patients at home
23 under certain circumstances; and

24 WHEREAS, The waiver flexibility is built on the success of previous acute care at home
25 models that have been tested over decades, showing that advanced care at home can be a safe,
26 effective way to provide care to patients that is associated with lower costs and better patient
27 outcome and satisfaction compared with inpatient hospitalization; and

28 WHEREAS, As part of the omnibus spending bill that became law December 29, 2022,
29 the Centers for Medicare and Medicaid services extended, through December 31, 2024, the acute
30 hospital care at home initiative whereby individual hospitals may seek waivers to operate acute
31 care at home programs; and

32 WHEREAS, The hospital at home model is an important component of the shift away from
33 institutionalized care and has been successful in allowing patients with particular conditions to
34 remain in their homes and avoid risks associated with inpatient admission and care.

1 NOW THEREFORE BE IT RESOLVED,

2 1. Notwithstanding any provision of law to the contrary, the Executive Office of Health and
3 Human Services shall establish a pilot program to permit a hospital to provide acute care services
4 to a covered person outside of the hospital's licensed facility and within a private residence
5 designated by the covered person. The pilot program shall be established in a manner that is
6 consistent with the provisions of the Acute Hospital Care at Home Program, as authorized by the
7 federal Centers for Medicare and Medicaid Services.

8 2. Any hospital previously in receipt of a waiver to operate, or otherwise approved to
9 participate in the Centers for Medicare and Medicaid Services' Acute Hospital Care at Home
10 Program prior to the effective date of this resolution, shall be permitted to operate or to continue to
11 operate the program in the same manner as previously permitted under federal law, and shall be
12 integrated into the pilot program established pursuant to this resolution.

13 3. The Medicaid program shall provide coverage and payment for acute hospital care
14 services delivered to a covered person through the program established pursuant to this resolution,
15 on the same basis as when services are delivered within the facilities of a hospital. Reimbursement
16 payments under this section shall be provided to the hospital, facility, or organization providing the
17 services or the individual practitioner who delivered the reimbursable services, or to the agency,
18 facility, or organization that employs or contracts with the individual practitioner who delivered
19 the reimbursable services, as appropriate, for a period of ninety (90) days following the expiration
20 of the program, at a rate no higher than current reimbursement rates to ensure the pilot program is
21 budget neutral.

22 4. The pilot program shall be limited to any person participating in the program at the time
23 of the expiration of the program and shall continue for not more than ninety (90) days, provided
24 that the person is eligible for Medicaid. The pilot program shall not utilize more stringent utilization
25 management criteria than apply when those services are provided within the facilities of a hospital.

26 5. The Secretary of the Executive Office of Health and Human Services shall apply for any
27 State plan amendments or waivers as may be necessary to implement the provisions of this
28 resolution and to secure federal financial participation for State Medicaid expenditures under the
29 federal Medicaid program.

30 6. The Secretary of the Executive Office of Health and Human Services shall adopt rules
31 and regulations, in accordance with the "Administrative Procedure Act," if necessary to effectuate
32 the provisions of this resolution.

33 7. The Secretary of the Executive Office of Health and Human Services may waive any
34 state rules or regulations if necessary to implement the provisions of this resolution.

1 AND BE IT FURTHER RESOLVED, The pilot program shall become ineffective upon
2 the expiration of the federal program, and The Secretary of the Executive Office of Health and
3 Human Services shall provide a report to the Governor and the General Assembly regarding the
4 cost of the pilot program.

5 SECTION 3. Section 1 of this act shall take effect on January 1, 2025 and Section 2 of this
6 act shall take effect on July 1, 2024.

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EXPLANATION
BY THE LEGISLATIVE COUNCIL
OF
A N A C T
RELATING TO HEALTH AND SAFETY -- LICENSING OF HEALTHCARE FACILITIES

1 This act would require all hospitals to screen uninsured patients for eligibility for public
2 health programs and financial assistance under Medicare and Medicaid.

3 This act would also, by joint resolution, provide for establishment of a pilot program to
4 permit a hospital to provide acute care services for a covered person outside the hospital's licensed
5 facility. The pilot program would become effective upon expiration of the federal program
6 providing for the acute hospital care at home initiative.

7 Section 1 of this act would take effect on January 1, 2025 and Section 2 of this act would
8 take effect on July 1, 2024.

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