





Rhode Island



State and Local Health Equity Policy Checklist

AUGUST 2021




KEY

-  = state requires/mandates
-  = some local and/or state policies, but there is room for improvement
-  = no state/local requirements
-  = n/a

Legislative Reform

POLICY	SCORE	NOTES
Implement Racial Equity Impact Statements for legislation at the state or local levels, including environmental, health and criminal justice areas.		As of 2018, the ACLU of Rhode Island released a report advocating for requiring racial impact statements for criminal justice legislation, suggesting no such statute existed at the time. More recent information does not appear to be available. ¹
Expand Health Impact Assessments attached to state and local legislation to include equity considerations.		






State Health Planning & Programs

POLICY	SCORE	NOTES
Declare racism a public health crisis and implement steps to address it.		Cranston City Council declared racism a public health issue in October 2020, however it does not include actionable steps. ^{2,3} Providence City Council introduced (but does not appear to have passed) a resolution committing to becoming an anti-racist institution in July 2020, although public health is included primarily as a function of climate justice. ⁴
Develop a 'Health in All Policies' strategy at the state or local level.		Rhode Island has adopted a Health Equity in All Policies strategy through the Commission for Health Advocacy and Equity, established in 2011 . ^{5,6} Providence has also done independent work in integrating health into public policies across sectors. ⁷
Establish Health Equity Zones to better address social determinants of health.		The Rhode Island Department of Health's Health Equity Zones (HEZ) initiative uses a place-based, community-driven model to build healthy and resilient communities statewide. ⁸ Funds from the program aim to support neighborhoods and municipalities in establishing and maintaining programs that address social determinants of health. As of 2021, Rhode Island has 10 Health Equity Zones and has produced an accompanying toolkit to guide other states/municipalities in establishing their own HEZs. ^{9,10}


Summary and scoring methodology reports are available at www.HealthValueHub.org/Health-Equity-Checklists.

If you know of a policy we overlooked, please contact hubinfo@altarum.org.


State Health Planning & Programs *(continued)*


POLICY	SCORE	NOTES
<p>Create an Equity Strategic Plan to lay out how the state (or local entity within the state) will reduce health disparities.</p>		<p>Rhode Island’s Department of Health has a Strategic Framework which guides the department in executing programs that reduce health disparities and achieve health equity in the state.¹¹ However, the framework does not appear to include a specific set of actions or measurable goals that departments are held responsible for performing/reporting on.</p> <p>Rhode Island’s disparities and equity-related population health goals appear to influence program decisions within the Division of Community Health and Equity.^{12,13} However, it appears other agencies may only pursue these goals when collaborating with the Department of Health, and it is unclear whether progress toward the goals are currently measured.^{14,15}</p>
<p>Fund community-driven health equity action plans.</p>		<p>Rhode Island’s Health Equity Zones (HEZ) are led by collaboratives that include residents and local organizations.¹⁶ HEZ collaboratives conduct assessments to identify community priorities and develop action plans to address the social, economic and environmental factors that prevent people from being healthy. Community leadership ensures that actions are culturally and socially relevant as well as sustainable.</p>
<p>Implement participatory budgeting at the state and/or local level for initiatives that focus on health and social determinants of health.</p>		<p>The City of Central Falls plans to enact participatory budgeting for federal pandemic recovery funds in 2022. However, it has not yet been established that any of the funds will go toward initiatives focused on health and social determinants of health.¹⁷</p>
<p>Emphasize health disparities and equity when developing State Health Assessments & State Health Improvement Plans.</p>		<p>Rhode Island’s 2017 State Health Assessment analyzes select health outcomes by race, gender, income and education.¹⁸ The Community Health Assessment Group initially helped develop community needs assessments across the state, and now focuses on developing a statewide surveillance system to monitor Rhode Island’s progress to improve the social, economic and environmental conditions that impact health.¹⁹ However, a single current State Health Improvement Plan (SHIP) could not be located and therefore could not verify whether Rhode Island is actively emphasizing health disparities and equity in that process.</p>
<p>Fund community-based organizations operating in the state to reduce disparities and/or provide culturally competent health-related supports.</p>		<p>Rhode Island funds community-based organizations providing services to reduce disparities through the Health Equity Zones.²⁰</p>
<p>Implement strategies to address specific health outcomes related to inequality in social determinants of health, such as asthma, diabetes, heart disease and maternal mortality, among others.</p>		<p>Rhode Island’s Division of Community Health and Equity manages a broad range of programs explicitly intended to address inequities in social determinants of health, including initiatives for asthma, cancer, heart disease and diabetes.²¹</p>


State Health Planning & Programs *(continued)*

POLICY	SCORE	NOTES
<p>Participate in the Government Alliance on Race & Equity (GARE), a national network of local and regional governments to address racial equity.</p>		<p>No local or regional governments within the state participate in GARE.²²</p>



Data & Reporting

POLICY	SCORE	NOTES
<p>Create equity reporting requirements for state and local government agencies.</p>		<p>Rhode Island’s 2015 Comprehensive Police-Community Relationship Act required police departments to collect and report traffic stop data, including race/ethnicity, but the law authorized formal analysis for only a four-year period.^{23,24}</p> <p>In 2020, the Rhode Island Supreme Court established a Committee on Racial and Ethnic Fairness in Rhode Island courts to make recommendations to overhaul the collection of racial and ethnic information throughout the judiciary, among other tasks.²⁵</p>





<p>Use the state’s Office of Health Equity/Disparities/Minority Health to analyze and report on existing health disparities and/or equity concerns within the state.</p>		<p>Rhode Island’s Commission for Health Advocacy and Equity is required to complete a Disparities Impact and Evaluation legislative report every two years (see most recent report here). These reports are intended to “advise the Governor, the General Assembly and the Department of Health on racial, ethnic, cultural and socioeconomic health disparities” within the state.^{26,27,28}</p> <p>The reports draw on 15 health equity measures developed by the Department of Health in collaboration with the Community Health Assessment Group. Data is stratified primarily by location with only two measures stratified by race/ethnicity, disability or economic status.²⁹</p>
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<p>Require nonprofit hospitals to incorporate an equity component into their community health needs assessments and community health improvement plans and/or establish a minimum percentage of non-profit hospitals’ Community Benefit that must be invested in programs targeted at reducing health disparities by addressing root causes.</p>		<p>Rhode Island requires all hospitals—not just nonprofit hospitals—to develop a formal community benefit plan that focuses on specific communities, including racial/ethnic populations. State law also requires hospitals to involve representatives of focus communities in the planning and implementation process and specify dates for implementation of all activities and proposals.^{30,31}</p> <p>Prior to the COVID-19 pandemic, Rhode Island also required two hospitals to invest in their local Health Equity Zones and collaborate with them on their Community Health Needs Assessments as a condition of approval for changes sought under the Hospital Conversions Act, which governs changes in hospital ownership and significant reductions in certain hospital services.³²</p>
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Data & Reporting (continued)

POLICY	SCORE	NOTES
<p>Increase the validity, use and standardization of data on race, ethnicity and/or languages spoken for state reporting requirements.</p>	<p></p>	<p>In 2000, the Rhode Island Department of Health implemented a policy strengthening race/ethnicity health data reporting standards to meet federal guidelines, however a lack of uniform race/ethnicity data in recent publications and tools indicates that the policy is not uniformly implemented today.³³ A 2016 State Innovation Model report notes a lack of consistent patient demographic/language data collection, but it is unclear whether the plan to develop standard demographic and social determinants of health-related data requirements for procurement contracts was ever executed.³⁴</p> <p>Rhode Island’s Executive Office of Health and Human Services released a 2020 Health IT Strategic Roadmap outlining specific actions to identify racial equity data integration opportunities.³⁵ However, there does not appear to be a centralized effort to standardize data collection for state reporting requirements.</p>
<p>Include socioeconomic status, race, ethnicity and/or languages spoken in All-Payer Claims Database data.</p>	<p></p>	<p>Rhode Island’s All-Payer Claims Database, HealthFactsRI, does not include race/ethnicity, language or socioeconomic status data.³⁶</p>





Health Reform – Coverage

POLICY	SCORE	NOTES
<p>Expand Medicaid eligibility requirements to include all adults with incomes at or below 138 percent of the federal poverty level.</p>	<p></p>	<p>Rhode Island implemented Medicaid expansion on Jan. 1, 2014.³⁷</p>
<p>Provide high-quality, affordable coverage options for people whose incomes are too high to qualify for Medicaid, e.g., Basic Health Plan, reinsurance or augmented premium subsidies.</p>	<p></p>	<p>Rhode Island has implemented a reinsurance program, spanning 2020-2024.³⁸</p>
<p>Provide one-year continuous eligibility for Medicaid and CHIP.</p>	<p></p>	<p>Rhode Island does not provide one-year continuous eligibility for Medicaid or CHIP.³⁹</p>
<p>Provide coverage options to undocumented and recent immigrants.</p>	<p></p>	<p>Rhode Island provides coverage options for lawfully residing immigrant children without a five-year wait and provides some level of prenatal care for undocumented pregnant women through CHIP’s unborn child option.⁴⁰</p>






Health Reform – Delivery

POLICY	SCORE	NOTES
<p>Develop Medicaid Managed Care Organization (MCO) contract options for advancing health equity and recommend or require MCOs to complete specific health equity responsibilities.</p>		<p>Rhode Island’s Executive Office of Health and Human Services requires Medicaid Managed Care Organizations to contract with at least two Accountable Entities (AEs) that are similar in concept to Accountable Care Organizations (ACOs).^{41,42} Once a contract is in place, both the MCO and the AE receive payment incentives for implementing at least one project focused on social determinants of health.^{43,44}</p>
<p>Encourage or require Accountable Care Organizations (ACOs) and/or Coordinated Care Organizations (CCOs) to collect equity-focused data, adopt culturally appropriate programs, implement partnerships with community-based organizations in areas with larger minority populations and/or focus on addressing social determinants of health.</p>		<p>Accountable Entities (AEs) are required to clearly identify health equity as a strategic priority and implement programs and/or pursue community partnerships designed to address social determinants of health for specific populations.^{45,46} The strategies must include an assessment of social needs; screening and referrals to community resources; and using community partnerships and engagement to address identified needs, including behavioral health.⁴⁷</p> <p>Contracted AE-MCO partners receive pay-for-performance financial incentives for conducting social determinants of health screenings, executing social determinant of health infrastructure development and reporting select services provided stratified by race, ethnicity, language and disability status.^{48,49} AEs are also required to allocate 10 percent of their received incentive funds to establishing partnerships with community-based organizations that support social determinants of health or behavioral health/substance abuse.⁵⁰</p> <p>In 2015, Rhode Island began developing an integrated, statewide social service 2-1-1 directory to help people navigate services provided by Accountable Entities and community partners to address social determinants of health.^{51,52} The state intends to continue this work through the Health System Transformation Project.⁵³</p>
<p>Employ Medicaid 1115 and/or 1915 waivers to better address the social determinants of health.</p>		<p>Rhode Island’s Accountable Entity program, developed through an amendment to the state’s 1115 Medicaid Demonstration Waiver, includes design elements and requirements intended to address social determinants of health in Medicaid populations. See above sections for details.⁵⁴</p>
<p>Require or incentivize providers participating in Medicaid value-based programs to report on measures related to health equity/disparities.</p>		<p>As mentioned above, Accountable Entities and MCOs receive financial incentives for reporting screening for social determinants of health (initially pay-for-reporting that later transitioned to pay-for-performance) and for reporting select services provided stratified by race, ethnicity, language and disability status (RELD data).⁵⁵</p>


Health Reform – Delivery *(continued)*

POLICY	SCORE	NOTES
<p>Hold providers participating in Medicaid value-based programs responsible for reducing health disparities by evaluating/scoring performance in this area.</p>		<p>As described above, contracted AE-MCO partnerships receive pay-for-performance financial incentives for conducting social determinants of health screenings, executing social determinant of health infrastructure development and reporting select services provided stratified by Race, Ethnicity, Language, and Disability Status (RELD data).⁵⁶ While payments are not directly tied to measurably reducing disparities, the screening element holds providers responsible for engaging in services that are intended to reduce disparities.</p> <p>However, AE-MCO contracts do not incentivize reporting outcomes measured by race, ethnicity, or other demographic factors that would demonstrate actual reduction in health disparities.</p>
<p>Create or expand Accountable Communities for Health with a focus on increasing health equity.</p>		<p>Rhode Island’s 10 Health Equity Zones (described above) are Accountable Communities for Health focused on health equity.⁵⁷</p>
<p>Prioritize funding for communication infrastructure development, including broadband and cellular access, in underserved rural and urban areas.</p>		<p>Since 2010, the Rhode Island Commerce Corporation and Ocean State Higher Education Economic Development and Administrative Network (OSHEAN) were granted over \$21.7 million federal funding to put toward broadband data and fiber optic cable development.⁵⁸ As a result, Rhode Island has the 4th best broadband access in the country.⁵⁹ However, OSHEAN is a non-profit coalition that includes government agencies, and while the legislature asserts that state funding was used to build out the “Middle Mile” during the project, OSEAN was the entity that secured the federal dollars and executed the project. Therefore Rhode Island’s state government does not receive credit for this measure.^{60,61}</p> <p>It is also worth noting that, despite the state’s highly-ranked broadband access, the high cost of in-home wi-fi internet remains a significant barrier for businesses and low-income households public housing residents–24% of RI residents do not have access to internet in home.⁶²</p>
<p>Subsidize internet access to expand opportunities for telehealth.</p>		<p>In 2020, The Rhode Island Commerce Organization and Governor’s “Take It Outside” initiative awarded Ocean State Libraries \$85,000 to expand “parking lot” wi-fi to public libraries statewide.⁶³</p> <p>In 2019, Rhode Island’s Digital Equity Initiative, ConnectRI, allowed a limited number of public housing tenants to access subsidized internet service.⁶⁴</p>





Health Reform – Delivery *(continued)*

POLICY	SCORE	NOTES
Expand coverage for telehealth services.		In July 2021, Rhode Island passed Senate Bill 0004 expanding telemedicine coverage requirements . ^{65,66} Provisions include requiring that all Rhode Island Medicaid programs cover telemedicine visits, and it seems to eliminate a loophole in previous legislation that may have allowed plans to limit telemedicine coverage through contracts between insurers and providers. ⁶⁷ This bill amends Rhode Island’s previous 2016 legislation that prohibited health insurers from denying coverage for a healthcare service solely because it is provided through telemedicine. ⁶⁸
Establish or strengthen telehealth reimbursement parity laws to incentivize providers to deliver these services.		As mentioned above, in July 2021, Rhode Island expanded telemedicine requirements for insurers and Rhode Island Medicaid programs, including preserving the temporary 2020 reimbursement parity provision from Executive Order 20-06 . ^{69,70} The new bill does this by requiring that in-network telemedicine services be reimbursed at rates not lower than if the same services were delivered in-person. ⁷¹ However, this parity requirement may be revoked in the future based on recommendations from the advisory committee (except for in-network primary care, behavioral health providers and registered dietician nutritionists, whose reimbursement parity is permanent). ⁷²
Waive/limit cost-sharing for telehealth services.		As mentioned above, Rhode Island expanded telemedicine requirements for insurers, stipulating that plan deductibles, copayments and coinsurance can be no more than if the same service were performed in-person. ⁷³
Adopt a global budget system for paying hospitals to better enable them to focus on prevention, care coordination, community-based integration and social determinants of health.		
Require workplace-based cultural competency and implicit-bias training for clinicians and other providers.		

COVID-Specific Reforms

POLICY	SCORE	NOTES
Collect racial equity data to better understand the disparate impact of COVID-19.		Rhode Island Department of Health collects and publishes COVID-19 data on cases, hospitalizations, fatality and vaccinations by race/ethnicity . ⁷⁴

COVID-Specific Reforms *(continued)*

POLICY	SCORE	NOTES
<p>Implement changes to Medicaid or Marketplace enrollment, including but not limited to presumptive eligibility, cost-sharing provisions, Marketplace special enrollment periods, increased enrollment assistance and improvements to application processing in response to COVID-19.</p>		<p>Rhode Island's marketplace expanded special enrollment periods to April 2020 following the governor's emergency declaration and again through January 2021.^{75,76}</p> <p>Rhode Island Medicaid declared that individuals enrolled in Medicaid from March 18, 2020 onward would maintain coverage through the duration of the emergency period.⁷⁷ Rhode Island Medicaid also established 12-month continuous eligibility for children under age 19, effective March 1, 2020.⁷⁸</p> <p>Rhode Island has also attempted to extend the timeframe for families to complete CHIP renewals as well as waive requirements for timely processing of applications and/or renewal, however it is unclear whether this action is pending or approved.⁷⁹</p>
<p>Leverage the Emergency Medicaid program to extend COVID-19 testing, evaluation and treatment coverage to undocumented immigrants.</p>		<p>Rhode Island enacted an emergency rule that designates the diagnosis of and treatment for COVID-19 as an emergency health condition covered by Emergency Medicaid during the COVID-19 state of emergency.^{80,81}</p>
<p>Waive or limit cost-sharing for COVID-19 testing and treatment by private insurers.</p>		<p>In 2020 Rhode Island waived cost-sharing for COVID-19 testing only, not treatment.⁸² After Blue Cross Blue Shield of Rhode Island announced plans to resume cost-sharing starting March 2021, the legislature/governor passed a bill explicitly prohibiting health insurers from cost-sharing for COVID-19 related services as long as the state of emergency remained in effect.^{83,84} However, it is unclear whether there is a risk of the emergency declaration ending while there are still people at risk of COVID-19 infection.</p>
<p>Provide COVID-19 testing to residents free of charge.</p>		<p>Rhode Island operates a network of free testing sites available to all residents regardless of insurance status, including undocumented immigrants.⁸⁵</p>

Notes

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