

## **RHODE ISLAND**

**DISCLAIMER:** The views, statistical analysis, findings, and opinions expressed herein are not necessarily those of the Office of Minority Health, the Office of Public Health and Science nor the Department of Health and Human Services. The National Health Law Program, Inc. (NHeLP), under contract #282-00-0026, reviewed and analyzed existing state policies related to collecting racial and ethnic data by managed care organizations and health insurers. The information in this draft report contains the findings of NHeLP and not that of the Office of Minority Health, the OPHS, nor the U. S. Department of Health and Human Services. The study was conducted between October 2000 and May 2001. The policies and/or data per state may have changed since that time. The findings that have been updated in this draft report are the U.S. Census data (updated so that all data is from the 2000 Census) and the Center for Medicare & Medicaid Services (CMS)/HHS Medicaid data (updated from the June 30, 2000 to the December 31, 2002 reports).

## RHODE ISLAND

### A. General and Health Demographics

<b>Total Population</b>	1,048,319	
Percent Black Population	4.0	
Percent American Indian and Alaskan Native Population	0.4	
Percent Asian Population	2.2	
Percent Native Hawaiian and Other Pacific Islander Population	0.0	
Percent Hispanic Population (of any race)	8.7	
Percent White Population	81.9	
Other (some other race and two or more races)	2.8	
<b>Language Use - 2000 census data</b>		
Percent Limited English Proficiency (LEP) Population	4.14	(8.49)
<b>Health Care Delivery Profile</b>		
Percent of Total Non-elderly Population Privately Insured (1997-99)	78.9	
Percent of Total Population Enrolled in HMOs	49.52	
Medicaid Enrollment (as of December 31, 2002)	175,500	(16.74%)
Medicaid Managed Care Enrollment Population	117,493	(66.95%)
Percent of Total Non-elderly Population Uninsured (1997-99)	10.6	

### B. Collection and Reporting of Racial and Ethnic Data by Health Insurers and Managed Care Organizations

#### 1. Statutes, Regulations, Policies, and Other Written Materials

Rhode Island uses the term “insurer” to encompass health insurance companies and health maintenance organizations (HMOs). This state summary will use the term “insurer” to refer to these entities, unless there is a distinction made within the statutes or regulations regarding the issue being discussed.

The Department of Business Regulation regulates the financial and marketing activities of health insurers. The Department of Health ensures the quality and continuity of health care services

delivered by MCOs. Rhode Island does not have any statutes, regulations, or policies that mandate or prohibit the collection of racial and ethnic data by health insurers.

Rhode Island does require that all health insurance policies or any applications related to the policies be filed with the DOI and receive departmental approval prior to their use.<sup>1</sup>

Moreover, all licensed health care facilities, including HMOs, must comply with certain services and admissions standards.<sup>2</sup> One of the standards includes the HMO having an “effective and ongoing means of interpreting and verbally communicating with non-English speaking persons who reside in the facility’s geographical service area.”<sup>3</sup>

In addition, each health plan must submit to the Department of Health its *Rhode Island Annual Full-Service Health Plan Data Filing*.<sup>4</sup> This filing includes financial information, HEDIS data, claims data, complaints and appeals data. The filing includes information regarding the racial and ethnic background of those enrollees who responded to the CAHPS survey distributed by the health plan.<sup>5</sup>

## 2. Discrimination

Rhode Island requires HMOs licensed in the state to comply with certain standards. First, each HMO must have a notification mechanism informing enrollees that the health care services are available in a nondiscriminatory manner and without regard to one’s race, color or national origin.<sup>6</sup> Second, an HMO cannot discriminate or operate its facility in manner that has the “effect of [segregating]” an enrollee because of his race, color or national origin.<sup>7</sup>

Rhode Island has a public accommodations law which forbids discrimination on account of race, color, or ancestral origin. No person may “refuse, withhold from, or deny to any person” the “accommodations, advantages, facilities, or privileges of [a] public place.”<sup>8</sup> The statute, however, does not specifically include insurance companies within the definition of public accommodation, and there is no case law which has addressed this matter.<sup>9</sup>

---

<sup>1</sup> R.I. Gen. Laws § 27-18-8.

<sup>2</sup> CRIR 01-040-002, § 4.01.

<sup>3</sup> CRIR 01-040-002, § 4.08.

<sup>4</sup> Letter of November 22, 2000 from Alison DeBlois, Health Policy Analyst, Rhode Island Department of Insurance.

<sup>5</sup> The CAHPS is a survey that attempts to assess enrollees’ satisfaction with their health care services. Each survey requests the respondent’s race and ethnicity.

<sup>6</sup> CRIR 01-040-002, § 4.02.

<sup>7</sup> *Id.* § 4.12.

<sup>8</sup> R.I. Gen. Laws § 11-24-2.

<sup>9</sup> R.I. Gen. Laws § 11-24-3.

The Department of Insurance does however prohibit the denial of reimbursement for any services delivered under an insurance policy because of race or color.<sup>10</sup> Also, under Rhode Island's unfair competition provisions, an insurer may not discriminate between "individuals of the same class and of essentially the same hazards" in premiums, rates or fees charged for any health insurance policy.<sup>11</sup> However, the statute does not provide any particular prohibition against discriminating on the basis of race or national origin.

### 3. Confidentiality

Under Rhode Island law, a patient's confidential health care information cannot be released or transferred without the written consent of the patient.<sup>12</sup> However, consent is not needed in some situations including, but not limited to: (1) information is necessary in the case of an emergency; (2) scientific research, audits, or program evaluations, provided the patient is not identified; (3) information released to law enforcement personnel; (4) adjudication of health claims by third party health insurers; (5) release to a malpractice insurance carrier or lawyer in case of a medical liability action; and (6) release to public health authorities to carry out their statutory responsibilities.<sup>13</sup>

## C. Collection and Reporting of Racial and Ethnic Data by Other Health Care Entities

### 1. Department of Human Services

#### a. Statutes, Regulations, and Other Written Materials

The Rhode Island Department of Human Services (DHS) administers the state Medicaid program. Although there are no explicit state requirements to collect or prohibitions against collecting racial, ethnic, and primary language data, the Rhode Island Medicaid Managed Care program, RiteCare, includes standards in its managed care contract that implicate the need for such data. Also, the (DHS) requests racial and ethnic information for eligibility purposes, but the Medicaid applicant is not required to respond.<sup>14</sup>

The contracting managed care organization (MCO) must make available member handbooks in languages other than English, if more than fifty (50) members speak that particular language.<sup>15</sup> Moreover, if an MCO has more than one-hundred (100) enrollees or 10% of its membership speaks a single primary language other English, the MCO must provide interpreter services in that language.<sup>16</sup>

---

<sup>10</sup> R.I. Gen. Laws § 27-18-25.

<sup>11</sup> R.I. Gen. Laws § 27-29-4(7)(ii).

<sup>12</sup> R.I. Gen. Laws § 5-37.3-4(a).

<sup>13</sup> *Id.* § 5-37.3-4(b)(1), (3), (4), (6), (7), (9).

<sup>14</sup> January 4, 2001 conversation with Murray Brown, Rhode Island Department of Human Services.

<sup>15</sup> Rhode Island Medicaid Managed Care Contract, §§ 2.05.15.03, 2.06.02.04.

<sup>16</sup> *Id.* § 2.06.02.04.

b. Discrimination

In accordance with Title VI of the Civil Rights Act of 1964, DHS does not discriminate on the basis of race, color or national origin in the provision of its services.<sup>17</sup> In addition, the Medicaid managed care contract requires the MCO to enroll any eligible RiteCare beneficiary in the MCO regardless of the beneficiary's ethnicity.<sup>18</sup>

c. Confidentiality

The confidentiality provisions discussed earlier in this report apply equally to data and records maintained under the Medicaid program.

2. Department of Health

a. Statutes, Regulations, and Other Written Materials

In order to promote effective public health practices, the Department of Health (DOH) collects data regarding various conditions and diseases. Racial and ethnic data is collected and reported for the following conditions and diseases: (1) adolescent substance abuse; (2) cancer; (3) cardiac services; (4) traumatic brain and spinal cord injuries; (5) fatal occupational injuries; (6) HIV/AIDS; (7) lead screening; (8) sexually transmitted diseases; (9) fetal deaths; (10) tuberculosis; (11) births; and (12) deaths.<sup>19</sup>

b. Discrimination

Rhode Island's criminal statute prohibiting discrimination on the basis of race and national origin with regards to access to public accommodations applies to DOH services, thus providing some additional protection for those individuals whose racial and ethnic information is collected and reported by the Department of Health.<sup>20</sup>

c. Confidentiality

The confidentiality provisions described above apply to data and records maintained by DOH. Moreover, although the DOH is bound by Rhode Island's public records statute, all records

---

<sup>17</sup> RI Department of Human Services Manual, § 0122.05.05.

<sup>18</sup> Rhode Island Medicaid Managed Care Contract, § 2.05.02.

<sup>19</sup> Office of Health Statistics, Rhode Island Department of Health, *Health Data Inventory: A Compendium of Databases Maintained by the Rhode Island Department of Health, Third Edition* (March 2000).

<sup>20</sup> R.I. Gen. Laws § 11-24-3. A place of public accommodation includes "dispensaries, clinics, [and] hospitals . . ."

which are identifiable to a patient and any personal or medical information in any files are not considered public records.

#### **D. Observations**

Rhode Island does not have any statutes, regulations, or policies that mandate or prohibit the collection of racial and ethnic data by health insurers.

Rhode Island has very few restrictions that would inhibit the collection and reporting of racial, ethnic and primary language data. Some of the standards set forth by statute and regulation for HMOs and MCOs implicate the need for, at least, primary language data. Because an HMO must provide an “effective means of communicating with non-English speaking enrollees,”<sup>21</sup> it is important for the HMO to have an accurate account of what languages are spoken by its enrolled population.

---

<sup>21</sup> CRIR 01-040-002, § 4.08.