

# Opportunities for Improving Legislative Public Health Policy in Rhode Island Through Evidence-Based Education

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## ABSTRACT

The Rhode Island General Assembly considers nearly 3000 bills yearly – spanning the entire range of issues related to state government and legislative policy. This review analyzes the modest number of 40 “health-related” bills introduced during the 2009 session. It is often not clear to what extent these proposals consistently received analysis by both informed and independent organizations or experts regarding their “evidence-based” foundations. Only 25 of these bills received a committee hearing, and eventually become law. Hence, there may be a reasonable opportunity for expert, non-partisan organizations to provide the General Assembly with information related to proposed legislation on a routine or “as requested” basis. This study provides a systematic analysis of this degree of effort based on data regarding health-related legislation proposed during the 2009 session of the RI General Assembly.

**KEYWORDS:** Public Health, Legislative Policy, Education

## INTRODUCTION

In 2007 the Rhode Island Medical Society (RIMS) offered its members a new seminar on politics and public policy.<sup>1</sup> The event drew many supportive comments, including the observation from some that they needed to get “way beyond billing issues” and “think about improving the future of health care” in Rhode Island and the country. A number of public policy educational programs followed and still continue today.

Similarly, the Rhode Island Public Health Association (RIPHA), the Rhode Island State Affiliate of the American Public Health Association, brings together more than 100 professionals in a unique, multi-disciplinary environment for idea exchange, study, and action. As one part of their activity, RIPHA currently publishes numerous “data briefs” each year on a wide range of policy and practice issues. These briefs are circulated to the legislature and to others throughout the state who are interested in public health.

Recently public health and law have come together to study the interaction between the two disciplines. For example, the Robert Wood Johnson Foundation set up the Public Health Law Research<sup>2</sup> group at the Temple University Law School. Much of the work in the field focuses on the

effect of completed legislation on public health practice. However, substantial interest remains on establishing an evidence-based educational role to assist the Legislature through the process of policy development. There is some discussion locally of implementing this role through an organization such as the Rhode Island Public Health Association.

## Study design and dimensions

Interest in health policy can get put off, however, by the seemingly overwhelming number and complexity of issues and proposals that occur every year. The overall purpose of the project is to analyze information on the number and disposition of health-related bills in one session of the RI General Assembly. It focused on the 2009 session as the most recent and complete source of information on legislative activity available at the time.

## Background and setting

The legislative process in Rhode Island involves a part-time legislature with the major responsibility for reviewing and advising the members assigned to various committees or sub-committees. With only limited permanent staff, legislators and committees often look to other various sources of information to inform policy making. Information typically arises from points of view based on the special interests of individuals, groups and organizations rather than from “evidence-based” (e.g. research and practice) findings emanating from independent and systematic evaluation. This raises the question of whether an external, non-partisan source of expertise may become instrumental for filling some of the gaps in the process of developing public health legislation. A systematic analysis of the disposition of these bills would provide valuable information for organizations interested in the magnitude of the policy-making process.

## Study objectives

- (1) To identify health-related bills introduced in the 2009 session of RI General Assembly.
- (2) To determine how many of those bills were given serious consideration. Preliminary analysis indicated that unless a bill received a committee hearing, it was unlikely to become a statute.
- (3) To estimate the potential demand for evidence-based advice and information on various topics under consideration.

## Rhode Island 2009 House of Representatives Health Bills

Bill No	House Committee	Hearing & Recommend Passage	House Pass	Senate Committee	Hearing & Recommend Passage	Senate Pass	Statute
H 5039	Judiciary	√	√	Judiciary	√	√	√
H 5112 C	Finance	√	√	Finance	√	√	√
H 5252	HEW	√	√	HHS	√	√	√
H 5253	HEW	√	√	Judiciary	√	√	√
H 5273 B	Corporations	√	√	HHS	√	√	√
H 5359	HEW	√	√	HHS	√	√	√
H 5393	HEW	√	√	HHS	√	√	√
H 5415 B	HEW	√	√	HHS	√	√	√
H 5449	Corporations	√	√	HHS	√	√	√
H 5453 B	Corporations	√	√	HHS	√	√	√
H 5479 B	HEW	√	√	HHS	√	√	√
H5266 A	HEW	√	√	HHS	√	√	√
H 5022	HEW	HFS	HFS	*	----	----	----
H 5132	HEW	HFS	HFS	*	----	----	----
H 5219	Judiciary	HFS	HFS	*	----	----	----
H 5287	HEW	HFS	HFS	*	----	----	----
H 5308	Corporations	HFS	HFS	*	----	----	----
H 5334	HEW	HFS	HFS	*	----	----	----
H 5397	Corporations	HFS	HFS	*	----	----	----
H 5399	Corporations	HFS	HFS	*	----	----	----
H 5413	Finance	HFS	HFS	*	----	----	----
H 5423	Judiciary	No Action	----	*	----	----	----
H 5425	Judiciary	No Action	----	*	----	----	----
H 5459	Corporations	HFS	HFS	*	----	----	----
H 5398	Corporations	No Action	----	*	----	----	----
H 5218	Environment	√	√	Environment & Agriculture	No Action	----	----

√ = Hearing and Recommended Passage

HFS = Hold for Further Study

\* = Not Considered by Senate

HEW = House Health, Education and Welfare

HHS = Senate Health and Human Services

## 2009 Rhode Island Senate Health Bills

Bill No	Senate Committee	Hearing or Action	Senate Pass	House Committee	Hearing & Recommend Passage	House Pass	Statute
S 185	HHS	√	√	HEW	√	√	√
S 242	HHS	√	√	HEW	√	√	√
S 245	HHS	√	√	HEW	√	√	√
S 390	HHS	√	√	Corporations	√	√	√
S 539	HHS	√	√	Corporations	√	√	√
S 540	HHS	√	√	Corporations	√	√	√
S 542	HHS	√	√	Corporations	√	√	√
S 543	HHS	√	√	HEW	√	√	√
S 552	HHS	√	√	HEW	√	√	√
S 710	HHS	√	√	HEW	No Action	-----	-----
S 752	HHS	√	√	HEW	√	√	√
S 777	HHS	√	√	HEW	√	√	√
S 866	HHS	√	√	NONE	NONE	√	√
S 991	HHS	√	√	Corporations	√	√	√
S 320	Judiciary	HFS	-----	*	-----	-----	-----
S 534	HHS	HFS	-----	*	-----	-----	-----
S 547	HHS	HFS	-----	*	-----	-----	-----
S 576	HHS	HFS	-----	*	-----	-----	-----
S 707	HHS	HFS	-----	*	-----	-----	-----
S 711	HHS	HFS	-----	*	-----	-----	-----

HEW = Health Education and Welfare

HHS = Health and Human Services

√ = Hearing and Recommended Passage

HFS = Hold for Further Study Without Hearing

\* = Not Considered by House

## Study Steps

- (1) Consult with members of the General Assembly, staff and other offices for advice and access regarding the designation and enumeration of health-related legislation.
- (2) Identify health-related legislation introduced during the 2009 session, using legislative website.
- (3) Follow these bills through records on the legislative process, focusing on those receiving hearings and eventual passage into law.
- (4) Construct a matrix identifying each bill and tracking completed steps.
- (5) Prepare a final report of the project objectives, methods, findings and implications for public health policy and assistance with evidence-based information.
- (6) Brief members of RIPHA, the Public Health Think-Tank and/or other interested parties on the project findings.

## STUDY DATA AND FINDINGS

The project team accessed the General Assembly website listing all of the legislation introduced during the 2009 legislative. Next, the team electronically “searched” all the bills for those which contained the words “health” or “public health” in the title or body of the bill. The legal expert on the project team reviewed the title and text of each selected bill to determine which bills actually addressed public health policy. The search was further refined to focus on those bills involving topics to which non-partisan, health and/or public health related expert organizations could add value. (See Tables I and II for bills and legislative steps.)

### RI Legislation Bills Introduced 2009

	SENATE	HOUSE	TOTAL
<b>Bills Submitted</b>	1071	1463	2534
<b>Health-Related*</b>	14	26	40
<b>Passed after Hearing**</b>	13	12	25

\* Includes only “key” bills with “health” or “public health” in the title and determined, after review by the project legal expert, to affect public health policy.

\*\* Passed into law after Committee hearings in either chamber.

In a final step, the project staff reviewed the progress of each of the 40 “key” health-related bills through the legislative process, focusing on those which received committee hearings in either chamber and passed into law. Only 25 bills went through the entire process and became law. (See House and Senate Tables I and II on previous page.)

## STUDY CONCLUSIONS

The project results indicate that the public health policy-making process in Rhode Island could benefit from regular access to evidence-based review and comment from an expert and non-partisan source. It suggests that members of a professional association, such as the RIPHA or RIMS, could provide this service — especially with the modest number of policies under active consideration by the Legislature (i.e.

given a Committee hearing) during the session. With limited time and other resources available to a part-time legislature, our review indicated that getting a committee hearing was the key marker indicating serious consideration being given to proposed legislation.

The results of this analysis, based on bills introduced during 2009, indicate that as few as 40 target public health policies were proposed; only 25 of those underwent a committee hearing and passed into law by the end of the session. The maximum number of requests for assistance to a non-partisan, expert organization would be approximately 25. With some assistance from staff of the legislature being available, it can be posited that all of the 25 bills would not require a call for external, non-partisan source of expertise. This clearly indicates that response by such non-partisan, expert organizations to legislative requests for expert commentary is well within the available capacity of several existing professional associations in Rhode Island.

## NEXT STEPS

The Public Health Law Research program of the Robert Wood Johnson Foundation<sup>3</sup> supports the idea of building evidence for and strengthening the use of regulatory, legal and policy solutions to improve public health. Evidence informs questions such as: How does law influence health and health behavior? Which laws have the greatest impact? RIPHA and RIMS, either independently or in association, should consider taking a more active role providing this kind of advice and consultation, as requested by the RI legislature, on an ongoing basis.

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## References

1. Debut of RIMS “Civics for Doctors” seminar gets good reviews. *Rhode Island Medical News*. May 2007:7.
2. ([www.publichealthlawresearch.org/aboutus](http://www.publichealthlawresearch.org/aboutus))

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