



Rhode Island Medicaid Beneficiary Advisory Council (BAC) and Medicaid Advisory Committee (MAC) Conflict of Interest Policy

Rhode Island's Medicaid Beneficiary Advisory Council (BAC) and Medicaid Advisory Committee (MAC) include a diverse and representative mix of different perspectives from current and former beneficiaries, advocates of beneficiaries, and providers.

Because members who will serve on the BAC and the MAC may also serve on the boards or committees of other State agencies, nonprofit community organizations, other advocacy groups, or work themselves for organizations that serve, support, or otherwise assist people who receive Medicaid services, it is possible that an item being discussed by the BAC and the MAC might present a conflict of interest, or the appearance of a conflict of interest, between these separate roles.

This policy attempts to deal with this possibility in a way that is fair to council and committee members.

R.I. Gen. Laws § 36-14-4 through 36-14-7 explain the Rhode Island Code of Ethics in government. R.I. Gen. Laws § 36-14-2 Definitions also state who the code of ethics applies to.

R.I. Gen. Laws § 36-14-4 Persons Subject to the Code of Ethics says the following:

The following persons shall be subject to the provisions of the Rhode Island Code of Ethics in government:

1. State and municipal elected officials;
2. State and municipal appointed officials; and
3. Employees of state and local government, boards, commissions, and agencies.

R.I. Gen. Laws § 36-14-6 Statement of Conflict of Interest says the following:

Any person subject to this Code of Ethics who, in the discharge of his or her official duties, is or may be required to take an action, make a decision or refrain therefrom that will or can reasonably be expected to directly result in an economic benefit to said person, or spouse (if not estranged) or any dependent child of said person, or business associate or any business by which said person is employed or which said person represents, shall, before taking any such action or refraining therefrom:



(1) Prepare a written statement sworn to under the penalties for perjury describing the matter requiring action and the nature of the potential conflict; if he or she is a member of a legislative body and he or she does not request that he or she be excused from voting, deliberating or taking action on the matter, the statement shall state why, despite the potential conflict, he or she is able to vote and otherwise participate fairly, objectively and in the public interest; and

(2) Deliver a copy of the statement to the Commission, and:

(i) If he or she is a member of the general assembly or of any city or town legislative body he or she shall deliver a copy of the statement to the presiding officer of the body, who shall cause the statement to be recorded in the journal of the body and, upon request of the member, may excuse the member from votes, deliberations or any other action on the matter on which a potential conflict exists; or

(ii) If said person is not a legislator, his or her superior, if any, shall, if reasonably possible, assign the matter to another person who does not have a Conflict of Interest. If he or she has no immediate superior, he or she shall take such steps as the Commission shall prescribe through rules or regulations to remove himself or herself from influence over any action on the matter on which the Conflict of Interest exists.

Individuals selected to serve on the BAC or on the MAC need to:

- Complete and sign a conflict-of-interest disclosure form (see below) at the time of their appointment regarding any relevant financial relationship or commercial interests which would pose an actual or potential conflict of interest.
- Update the disclosure whenever there are any relevant changes (such as a new financial relationship).
- Abstain from participating in committee discussions if there's a conflict of interest other than to offer information or answer questions. When a vote is taken, a committee member with a conflict must not vote. The meeting minutes will reflect that the member abstained from the vote.
- Raise any doubts about whether there is a conflict or potential conflict of interest before any discussion or vote on the issue.



Medicaid Beneficiary Advisory Council (BAC) and Medicaid Advisory Committee (MAC) Conflict of Interest Disclosure Form

This form will identify any potential conflicts of interest that may impact a Medicaid Beneficiary Advisory Council (BAC) or a Medicaid Advisory Committee (MAC) member's ability to vote on related matters.

1. Name and Membership Information

Name:

Address:

Email Address:

Phone Number:

I am a member of:

- The BAC The MAC The BAC and the MAC

2. Description of conflict of interest

What is the nature of your potential conflict(s) of interest? (Check all that apply):

- Financial or business relationship, interest, or affiliation
- Family relationship
- Board or committee of nonprofit community organization or another advocacy group
- Professional relationship, interest, or affiliation
- Other (Please specify in the text box below.)
- I have no known conflicts of interest (Skip to 3. Attestation and Signature)



Please provide a description of your potential conflicts(s) of interest. Include the following information, if applicable:

- Name of the company, individual, and/or organization involved.
- Nature of your relationship with the entity.
- Description of how the conflict(s) of interest could potentially impact your work on the BAC or the MAC.

3. Attestation and Signature

- I have read and understood the Beneficiary Advisory Council (BAC) and the Medicaid Advisory Committee (MAC) Policy (pages 1-2 of this document).
- I do hereby attest that the information provided on this form is true, accurate, and complete to the best of my knowledge.

Signature:

Date: