



February 11, 2026

House Committee on Judiciary
Rhode Island House of Representatives

Re: **Testimony SUPPORTING House Bill 7488**, AN ACT RELATING TO HEALTH AND SAFETY -- ABUSE IN HEALTHCARE FACILITIES (Removes the intent requirement relative to the definitions of "neglect" and "abuse" within the chapters on Abuse in Healthcare Facilities and the Office of Healthy Aging)

Dear Chair McEntee and Honorable Committee Members,

Thank you for the opportunity to submit testimony in support of House Bill 7488.

ABC-RI advocates for the rights and interests of Rhode Islanders in long-term care facilities and those receiving professional home care. We strongly support H7488, which removes the intent requirement from definitions of neglect in healthcare facilities and Rhode Island Office of Healthy Aging statutes.

Currently, Rhode Island law treats neglect differently depending on who is being neglected. Federal statute and the laws of Massachusetts, Connecticut, Maine, New Hampshire, Vermont, and ~40 other states contain no intent or willfulness requirement in their definitions of neglect. Rhode Island's own statute protecting persons with developmental disabilities likewise omits any intent requirement. Yet Rhode Island law incongruously requires that neglect of elderly persons or healthcare facility residents be "willful" or "intentional" to qualify as neglect.

This inconsistency has real consequences. Neglect in long-term care facilities is a documented problem in Rhode Island, and research shows it most often results from inadequate staffing rather than malicious intent by direct care workers.

The current statutory language creates a significant loophole: even when residents suffer harm from lack of necessary treatment, care, goods, or services, facilities may escape accountability by arguing the neglect wasn't intentional. **There is no principled reason why protection from neglect should vary based on a person's age or disability status.** All vulnerable Rhode Islanders deserve equal protection under the law.

We urge you to support H7488 and close this loophole that undermines accountability for neglect and abuse in healthcare facilities, and puts vulnerable older adults and facility residents at greater risk.

We welcome the opportunity to provide additional information or answer questions. Thank you for your attention to this critical issue and for your service to all Rhode Islanders.

Sincerely,

Kathleen Gerard,
ABC-RI



Reference document for testimony supporting H7488

Federal Definition of Neglect

The United States Code defines neglect as the:

“failure of a caregiver to provide the goods or services that are necessary to maintain the health and safety of an older individual.”

42 U.S.C. §3002(38)(A). (Title 42 - THE PUBLIC HEALTH AND WELFARE, CHAPTER 35 - PROGRAMS FOR OLDER AMERICANS)

New England States' Definitions of Neglect

Massachusetts. Under the Massachusetts Department of Elder Affairs, neglect is defined as

“[t]he failure or refusal by a caretaker to provide one or more of the necessities essential for physical well-being...” and neglect is then determined by four factors centering on the elder’s independence, decision capacity, and the expectation to continue receiving care. 651 Mass. Code Regs. 5.02,

This definition generally matches the definition of neglect within the Massachusetts General Laws §265-13k (defining neglect to mean “the failure to provide treatment or services necessary to maintain health and safety and which either harms or creates a substantial likelihood of harm”).

Connecticut. Connecticut defines neglect as

“the failure or inability of an elderly person to provide for him/herself the services which are necessary to maintain physical and mental health or the failure to provide or arrange for provision of such necessary services by a caregiver.” Conn. Gen. Stat. §17b-450.

Maine. Maine defines neglect as

“a threat to an adult’s health or welfare by physical or mental injury or impairment, deprivation of essential needs or lack of protection from these”. Me. Rev. Stat. tit. 22 § 3472(11).

New Hampshire. New Hampshire defines neglect as

“the failure or omission on the part of the caregiver to provide the care, supervision, and services which he or she has voluntarily, or by contract, or by order of the court agreed to provide and which are necessary to maintain the health of an elderly, disabled, or impaired adult, including, but not limited to, food, clothing, medicine, shelter, supervision, and medical services, that a prudent person would consider necessary for the well-being of an elderly, disabled, or impaired adult”. N.H. Rev. Stat. Ann. § 631:8(l)(f).

Vermont. Vermont defines neglect in Title 33: Human Services of the Vermont Statutes Annotated as,

Purposeful or reckless failure or omission by a caregiver to:

- (i) provide care or arrange for goods or services necessary to maintain the health and safety of a vulnerable adult, including food, clothing medicine, shelter, supervision, and medical services, unless the caregiver is acting pursuant to the wishes of the vulnerable adult or his or her representative, or an advance directive as defined in 18 V.S.A. § 9701; or
- (ii) make a reasonable effort, in accordance with the authority granted by the caregiver, to protect a vulnerable adult from abuse, neglect, or exploitation by others;

- (iii) carry out a plan of care for a vulnerable adult when such failure results in or could reasonably be expected to result in physical or psychological harm or a substantial risk of death to the vulnerable adult, unless the caregiver is acting pursuant to the wishes of the vulnerable adult or his or her representative, or advance directive, as defined in 18 V.S.A. § 9701; or
- (iv) report significant changes in the health status of a vulnerable adult to a physician, nurse, or immediate supervisor, when the caregiver is employed by an organization that offers, provides or arranges for personal care.

Rhode Island's Varying Definitions of Neglect

Persons with Developmental Disabilities. RIGL § 40.1-27-1(c) defines neglect of a person with a developmental disability (in a program) as:

“the failure to provide treatment, care, goods, and services necessary to maintain the health and safety of the participant, or the failure to carry out a plan of treatment or care prescribed by the physician of the participant; provided, however, no person shall be considered to be neglected for the sole reason that he or she relies or is being furnished treatment in accordance with the tenets and teachings of a well-recognized church or denomination by a duly accredited practitioner thereof.”

None of these definitions of neglect in federal and neighboring state statute regarding older adults, nor in RI statute regarding persons with developmental disabilities include any element of intent or will. RI statute regarding elderly persons and health care facilities, however, define neglect as follows:

Elderly persons. RIGL §42-66-4.1(3) re: the Office of Healthy Aging defines neglect as:

“the **willful failure** by a caregiver or other person with a duty of care to provide goods or services necessary to avoid physical harm, mental harm or mental illness to an *elderly person*, including, but not limited to, ‘abandonment’ and denial of food or health related services. Subsection (4) defines “willful” as “intentional, conscious and directed toward achieving a purpose.”

R.I. Gen. Laws §§ 42-66-4.1 indicates that its definition of neglect applies to an elderly person (defined as “any person sixty (60) years of age or older”).

Abuse in Health Care Facilities. RIGL § 23-17.8-1. states:

“neglect means the **intentional failure** to provide treatment, care, goods, and services necessary to maintain the health and safety of the patient or resident, or the *intentional* failure to carry out a plan of treatment or care prescribed by the physician of the patient or resident or the intentional failure to report . . . or the *intentional* lack of attention to the physical needs of a patient or resident including, but not limited to toileting, bathing, meals, and safety. No person shall be considered to be neglected for the sole reason that he or she relies on or is being furnished treatment in accordance with the tenets and teachings of a well-recognized church or denomination by a duly-accredited practitioner of a well-recognized church or denomination.”