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STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2023

FLOOR AMENDMENT

TO

2023 -- S 0290 SUBSTITUTE A

AN ACT RELATING TO STATE AFFAIRS AND GOVERNMENT -- THE RHODE ISLAND HEALTH CARE REFORM ACT OF 2004 -- HEALTH INSURANCE OVERSIGHT

Mr. Speaker:

I hereby move to amend 2023 -- S 0290 SUBSTITUTE A, entitled “AN ACT RELATING TO STATE AFFAIRS AND GOVERNMENT -- THE RHODE ISLAND HEALTH CARE REFORM ACT OF 2004 -- HEALTH INSURANCE OVERSIGHT”, as follows:

1. On page 4, line 33, by deleting the word "in", and by inserting in place thereof the language "to the health and human services committees of the Rhode Island house of representatives and the Rhode Island senate prior to the implementation of any such recommendations and subsequently shall submit".

2. On page 4, line 33, by deleting the language "January 1" and by inserting in place thereof the language "June 30, 2024".

3. On page 4, line 34, by deleting the language "intends to", and by inserting in place thereof the word "may".

4. On page 6, line 25, by deleting the word "Require", and by inserting in place thereof the language "Develop and implement".

5. On page 6, line 25, after the word "implement" by inserting the word "selective".

6. On page 6, line 26, by deleting the language "uniformly across payors and utilization review agents,".

7. On page 6, lines 27 and 28 by deleting the language "and develop uniform criteria to select and maintain health care providers in such selective prior authorization programs".

8. On page 6, line 31, by deleting the language "encourage appropriate adjustments to prior authorization requirements", and by inserting in place thereof the language "be available".

9. On page 6, line 32, after the word "participate", by inserting the language "directly

with the insurer".

10. On page 6, line 32, after the word "contracts" by inserting the language, "and may be available to providers who do not participate in risk-based contracts".

11. On page 7, lines 1 through 4, by deleting the language "Based on this review, require the revision of prior authorization requirements, including the list of services subject to prior authorization, based on the prior year's data analytics and up-to-date clinical criteria provided to the office of the health insurance commissioner by insurers."

12. On page 7, lines 6 and 7, by deleting the language ", and communicated at least annually to health care providers".

13. On page 7, line 12, after the word "enrollees" by inserting the following language, "which may be satisfied by posting to provider accessible and member accessible websites".

14. On page 7, line 17, by deleting the language "patients,".

15. On page 7, line 18, after the language "providers," by inserting the language "and/or".

16. On page 7, line 18, after the word "pharmacists", by inserting the following language, "which may be satisfied by posting to provider accessible websites or similar electronic portals or services".

17. On page 7, line 22, after the word "treatment", by inserting the language "and when the treating physician determines that a transition may place the patient at risk; and for prescription medication by allowing a grace period of coverage to allow consideration of referred health plan options or establishment of medical necessity of the current course of treatment".

18. On page 7, line 25, after the word "and" by inserting the language, "which for prescription medication shall be allowed only on an annual review, with exception for labeled limitation, to establish continued benefit of treatment; and".

19. On page 7, line 27, after the word "treatment", by inserting the language, "which may be satisfied by posting to provider-accessible websites or similar electronic portals or services;

(D) Continuity of care for formulary or drug coverage shall distinguish between FDA designated interchangeable products and proprietary or marketed versions of a medication.

(ix) Encourage health care providers and/or provider organizations and health plans to accelerate use of electronic prior authorization technology, including adoption of national standards where applicable;

(x) For the purposes of subsections (h)(3)(v) through (h)(3)(x) of this section, the workgroup meeting may be conducted in part or whole through electronic methods."

20. On page 7, between lines 31 and 32, by inserting the following language, "(5) No provision of § 42-14.5-3(h) shall preclude the ongoing work of the office of health insurance

commissioner's administrative simplification task force, which includes meetings with key stakeholders in order to improve, and provide recommendations regarding, the prior authorization process."

Respectfully submitted,

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REPRESENTATIVE SOLOMON

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