

**2024 -- S 2380 SUBSTITUTE A**

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**STATE OF RHODE ISLAND**

**IN GENERAL ASSEMBLY**

**JANUARY SESSION, A.D. 2024**

**A N A C T**

**RELATING TO INSURANCE -- ACCIDENT AND SICKNESS INSURANCE POLICIES**

Introduced By: Senators Bissailon, DiMario, and Gallo

Date Introduced: February 12, 2024

Referred To: Senate Health & Human Services

It is enacted by the General Assembly as follows:

1           SECTION 1. Chapter 27-18 of the General Laws entitled "Accident and Sickness Insurance  
2 Policies" is hereby amended by adding thereto the following section:

3           **27-18-95. Prohibition of prior authorization or step therapy protocol.**

4           (a) Every individual or group health insurance contract, or every individual or group  
5 hospital or medical expense insurance policy, plan, or group policy delivered, issued for delivery,  
6 or renewed in this state shall not require prior authorization or a step therapy protocol for the  
7 prescription of a nonpreferred medication classified as an anticonvulsant or antipsychotic on their  
8 drug formulary; if:

9           (1) The enrollee has been previously prescribed and filled or refilled a nonpreferred  
10 medication classified as an anticonvulsant or antipsychotic;

11           (2) A preferred medication classified as an anticonvulsant or antipsychotic has been tried  
12 by the enrollee and has failed to produce the desired health outcomes;

13           (3) The enrollee has tried a preferred medication classified as an anticonvulsant or  
14 antipsychotic and has experienced unacceptable side effects;

15           (4) The enrollee has been stabilized on a nonpreferred medication classified as an  
16 anticonvulsant or antipsychotic and transition to the preferred medication would be medically  
17 contraindicated.

18           (5) The enrollee was prescribed and unsuccessfully treated with a preferred medication  
19 classified as an anticonvulsant or antipsychotic for which a least single claim was paid; or

1 (6) Upon confirmation of the enrollee's inpatient utilization, the enrollee is stable on a  
2 nonpreferred medication classified as an anticonvulsant or antipsychotic that was ordered by their  
3 health care provider in an inpatient setting.

4 (b) The provisions of subsection (a) of this section does not affect clinical prior  
5 authorization edits to prescriptions of medications classified as an anticonvulsant or antipsychotic.

6 (c) This section does prevent an individual or group health insurance contract, an individual  
7 or group hospital or medical expense insurance policy, plan, or group policy delivered, issued for  
8 delivery, or renewed in this state from denying an exception for a medication that has been removed  
9 from the market due to safety concerns from the federal food and drug administration.

10 (d) For the purposes of this section, "step therapy protocol" means a protocol that  
11 establishes a specific sequence in which prescription medications for a specified medical condition  
12 are medically necessary for a particular enrollee and are covered under a pharmacy or medical  
13 benefit by a carrier, including self-administered and physician-administered drugs.

14 SECTION 2. Chapter 27-19 of the General Laws entitled "Nonprofit Hospital Service  
15 Corporations" is hereby amended by adding thereto the following section:

16 **27-19-87. Prohibition of prior authorization or step therapy protocol.**

17 (a) Every individual or group health insurance contract, or every individual or group  
18 hospital or medical expense insurance policy, plan, or group policy delivered, issued for delivery,  
19 or renewed in this state shall not require prior authorization or a step therapy protocol for the  
20 prescription of a nonpreferred medication classified as an anticonvulsant or antipsychotic on their  
21 drug formulary; if:

22 (1) The enrollee has been previously prescribed and filled or refilled a nonpreferred  
23 medication classified as an anticonvulsant or antipsychotic;

24 (2) A preferred medication classified as an anticonvulsant or antipsychotic has been tried  
25 by the enrollee and has failed to produce the desired health outcomes;

26 (3) The enrollee has tried a preferred medication classified as an anticonvulsant or  
27 antipsychotic and has experienced unacceptable side effects;

28 (4) The enrollee has been stabilized on a nonpreferred medication classified as an  
29 anticonvulsant or antipsychotic and transition to the preferred medication would be medically  
30 contraindicated.

31 (5) The enrollee was prescribed and unsuccessfully treated with a preferred medication  
32 classified as an anticonvulsant or antipsychotic for which a least single claim was paid; or

33 (6) Upon confirmation of the enrollee's inpatient utilization, the enrollee is stable on a  
34 nonpreferred medication classified as an anticonvulsant or antipsychotic that was ordered by their

1 health care provider in an inpatient setting.

2 (b) The provisions of subsection (a) of this section does not affect clinical prior  
3 authorization edits to prescriptions of medications classified as an anticonvulsant or antipsychotic.

4 (c) This section does prevent an individual or group health insurance contract, an individual  
5 or group hospital or medical expense insurance policy, plan, or group policy delivered, issued for  
6 delivery, or renewed in this state from denying an exception for a medication that has been removed  
7 from the market due to safety concerns from the federal food and drug administration.

8 (d) For the purposes of this section, "step therapy protocol" means a protocol that  
9 establishes a specific sequence in which prescription medications for a specified medical condition  
10 are medically necessary for a particular enrollee and are covered under a pharmacy or medical  
11 benefit by a carrier, including self-administered and physician-administered drugs.

12 SECTION 3. Chapter 27-20 of the General Laws entitled "Nonprofit Medical Service  
13 Corporations" is hereby amended by adding thereto the following section:

14 **27-20-83. Prohibition of prior authorization or step therapy protocol.**

15 (a) Every individual or group health insurance contract, or every individual or group  
16 hospital or medical expense insurance policy, plan, or group policy delivered, issued for delivery,  
17 or renewed in this state shall not require prior authorization or a step therapy protocol for the  
18 prescription of a nonpreferred medication classified as an anticonvulsant or antipsychotic on their  
19 drug formulary; if:

20 (1) The enrollee has been previously prescribed and filled or refilled a nonpreferred  
21 medication classified as an anticonvulsant or antipsychotic;

22 (2) A preferred medication classified as an anticonvulsant or antipsychotic has been tried  
23 by the enrollee and has failed to produce the desired health outcomes;

24 (3) The enrollee has tried a preferred medication classified as an anticonvulsant or  
25 antipsychotic and has experienced unacceptable side effects;

26 (4) The enrollee has been stabilized on a nonpreferred medication classified as an  
27 anticonvulsant or antipsychotic and transition to the preferred medication would be medically  
28 contraindicated.

29 (5) The enrollee was prescribed and unsuccessfully treated with a preferred medication  
30 classified as an anticonvulsant or antipsychotic for which a least single claim was paid; or

31 (6) Upon confirmation of the enrollee's inpatient utilization, the enrollee is stable on a  
32 nonpreferred medication classified as an anticonvulsant or antipsychotic that was ordered by their  
33 health care provider in an inpatient setting.

34 (b) The provisions of subsection (a) of this section does not affect clinical prior

1 authorization edits to prescriptions of medications classified as an anticonvulsant or antipsychotic.

2 (c) This section does prevent an individual or group health insurance contract, an individual  
3 or group hospital or medical expense insurance policy, plan, or group policy delivered, issued for  
4 delivery, or renewed in this state from denying an exception for a medication that has been removed  
5 from the market due to safety concerns from the federal food and drug administration.

6 (d) For the purposes of this section, "step therapy protocol" means a protocol that  
7 establishes a specific sequence in which prescription medications for a specified medical condition  
8 are medically necessary for a particular enrollee and are covered under a pharmacy or medical  
9 benefit by a carrier, including self-administered and physician-administered drugs.

10 SECTION 4. Chapter 27-41 of the General Laws entitled "Health Maintenance  
11 Organizations" is hereby amended by adding thereto the following section:

12 **27-41-100. Prohibition of prior authorization or step therapy protocol.**

13 (a) Every individual or group health insurance contract, or every individual or group  
14 hospital or medical expense insurance policy, plan, or group policy delivered, issued for delivery,  
15 or renewed in this state shall not require prior authorization or a step therapy protocol for the  
16 prescription of a nonpreferred medication classified as an anticonvulsant or antipsychotic on their  
17 drug formulary; if:

18 (1) The enrollee has been previously prescribed and filled or refilled a nonpreferred  
19 medication classified as an anticonvulsant or antipsychotic;

20 (2) A preferred medication classified as an anticonvulsant or antipsychotic has been tried  
21 by the enrollee and has failed to produce the desired health outcomes;

22 (3) The enrollee has tried a preferred medication classified as an anticonvulsant or  
23 antipsychotic and has experienced unacceptable side effects;

24 (4) The enrollee has been stabilized on a nonpreferred medication classified as an  
25 anticonvulsant or antipsychotic and transition to the preferred medication would be medically  
26 contraindicated.

27 (5) The enrollee was prescribed and unsuccessfully treated with a preferred medication  
28 classified as an anticonvulsant or antipsychotic for which a least single claim was paid; or

29 (6) Upon confirmation of the enrollee's inpatient utilization, the enrollee is stable on a  
30 nonpreferred medication classified as an anticonvulsant or antipsychotic that was ordered by their  
31 health care provider in an inpatient setting.

32 (b) The provisions of subsection (a) of this section does not affect clinical prior  
33 authorization edits to prescriptions of medications classified as an anticonvulsant or antipsychotic.

34 (c) This section does prevent an individual or group health insurance contract, an individual

1 or group hospital or medical expense insurance policy, plan, or group policy delivered, issued for  
2 delivery, or renewed in this state from denying an exception for a medication that has been removed  
3 from the market due to safety concerns from the federal food and drug administration.

4 (d) For the purposes of this section, “step therapy protocol” means a protocol that  
5 establishes a specific sequence in which prescription medications for a specified medical condition  
6 are medically necessary for a particular enrollee and are covered under a pharmacy or medical  
7 benefit by a carrier, including self-administered and physician-administered drugs.

8 SECTION 5. Chapter 40-21 of the General Laws entitled "Medical Assistance —  
9 Prescription Drugs" is hereby amended by adding thereto the following section:

10 **40-21-4. Prohibition of prior authorization or step therapy protocol.**

11 (a) The Rhode Island medical assistance program, as defined by this chapter, and any  
12 contract between the Rhode Island medical assistance program, as defined under chapter 8 of title  
13 40, and a managed care organization shall not require prior authorization or a step therapy protocol  
14 for the prescription of a nonpreferred medication classified as an anticonvulsant or antipsychotic  
15 on their drug formulary if:

16 (1) The enrollee has been previously prescribed and filled or refilled a nonpreferred  
17 medication classified as an anticonvulsant or antipsychotic;

18 (2) A preferred medication classified as an anticonvulsant or antipsychotic has been tried  
19 by the enrollee and has failed to produce the desired health outcomes;

20 (3) The enrollee has tried a preferred medication classified as an anticonvulsant or  
21 antipsychotic and has experienced unacceptable side effects;

22 (4) The enrollee has been stabilized on a nonpreferred medication classified as an  
23 anticonvulsant or antipsychotic and transition to the preferred medication would be medically  
24 contraindicated.

25 (5) The enrollee was prescribed and unsuccessfully treated with a preferred medication  
26 classified as an anticonvulsant or antipsychotic for which a least single claim was paid; or

27 (6) Upon confirmation of the enrollee's inpatient utilization, the enrollee is stable on a  
28 nonpreferred medication classified as an anticonvulsant or antipsychotic that was ordered by their  
29 health care provider in an inpatient setting.

30 (b) If the secretary of health and human services determines that authorization from a  
31 federal agency is necessary for the implementation of this section, the executive office of health  
32 and human services is authorized to seek such state plan amendment and may delay implementing  
33 the provisions until the authorization is granted.

34 (c) The Rhode Island medical assistance program, as defined under chapter 8 of title 40,

1 shall require, through amending current and future medical assistance managed care contracts, that  
2 the managed care organizations meet the provisions of this section.

3 (d) The provisions of subsection (a) of this section does not affect clinical prior  
4 authorization edits to prescriptions of medications classified as an anticonvulsant or antipsychotic.

5 (e) This section does prevent the Rhode Island medical assistance program, as defined  
6 under chapter 8 of title 40, and any contract between the Rhode Island medical assistance program  
7 and a managed care organization from denying an exception for a medication that has been removed  
8 from the market due to safety concerns from the federal food and drug administration.

9 (f) For the purposes of this section, "step therapy protocol" means a protocol that  
10 establishes a specific sequence in which prescription medications for a specified medical condition  
11 are medically necessary for a particular enrollee and are covered under a pharmacy or medical  
12 benefit by a carrier, including self-administered and physician-administered drugs.

13 SECTION 6. This act shall take effect upon passage and applies to all policies, contracts,  
14 and certificates executed, delivered, issued for delivery, continued or renewed in this state on or  
15 after January 1, 2025.

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EXPLANATION  
BY THE LEGISLATIVE COUNCIL  
OF  
A N A C T  
RELATING TO INSURANCE -- ACCIDENT AND SICKNESS INSURANCE POLICIES

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1           This act would prohibit the Rhode Island medical assistance program, and any contract  
2 between the Rhode Island medical assistance program and a managed care organization from  
3 requiring prior authorization or a step therapy protocol for the prescription of a nonpreferred  
4 medication on their drug formulary used to assess or treat an enrollee's bipolar disorder,  
5 schizophrenia or schizotypal disorder, major depressive disorder, or post-traumatic stress disorder  
6 as defined by the American Psychiatric Association's Diagnostic and Statistical Manual of Mental  
7 Disorders, fifth edition, or epilepsy or seizure disorder under certain circumstances.

8           This act would take effect upon passage and would apply to all policies, contracts, and  
9 plans executed, delivered, issued for delivery, continued or renewed in this state on or after January  
10 1, 2025.

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