

2025 -- S 0461

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STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2025

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A N A C T

RELATING TO INSURANCE -- PRESCRIPTION DRUG BENEFITS

Introduced By: Senators Murray, Lauria, Lawson, Thompson, McKenney, Ujifusa,
Bissaillon, Kallman, Sosnowski, and DiPalma

Date Introduced: February 26, 2025

Referred To: Senate Health & Human Services

It is enacted by the General Assembly as follows:

1 SECTION 1. Chapter 27-20.8 of the General Laws entitled "Prescription Drug Benefits" is
2 hereby amended by adding thereto the following section:

3 **27-20.8-5. Co-pay cap for prescription asthma inhalers, devices, and equipment.**

4 (a) As used in this section, unless the context otherwise requires, "prescription inhaler"
5 means a prescribed inhaled medication approved by the FDA for the treatment or prevention of a
6 respiratory condition, and includes, but is not limited to, pressurized metered dose inhalers (pMDI),
7 dry powdered inhalers (DPI), and soft mist inhalers (SMI). "Prescription inhaler" does not include
8 inhaled medications available over-the-counter without a prescription.

9 (b) As used in this section, unless the context otherwise requires, "prescription devices"
10 and "prescription equipment" means prescribed supplies used to administer inhaled medications,
11 such as nebulizers and holding chambers.

12 (c) A health plan that provides coverage for prescription inhalers and prescription devices
13 or prescription equipment used to administer prescribed inhaled medications, pursuant to the terms
14 of a health coverage plan the health plan offers, shall cap the total amount that a covered person is
15 required to pay for a covered prescription inhaler, prescription device or prescription equipment
16 used to administer such medications, at an amount not to exceed twenty-five dollars (\$25.00), per
17 thirty (30) day supply. Coverage for prescription inhalers, prescription devices or prescription
18 equipment used to administer such medications, shall not be subject to any deductible.

19 (d) Nothing in this section prevents a health plan from reducing a covered person's cost

1 sharing to an amount less than the amount specified in subsection (c) of this section.

2 (e) Prior authorization policies may only be used to confirm the presence of diagnoses or
3 other medical conditions which demonstrates that an item or service is medically necessary.

4 (f) The office of the health insurance commissioner may use any of its enforcement powers
5 to obtain a health plan's compliance with this section.

6 (g) The office of the health insurance commissioner may promulgate rules and regulations
7 as necessary to implement and administer this section and to align with federal requirements.

8 SECTION 2. This act shall take effect on January 1, 2026.

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EXPLANATION
BY THE LEGISLATIVE COUNCIL
OF
A N A C T
RELATING TO INSURANCE -- PRESCRIPTION DRUG BENEFITS

1 This act would cap the total amount that a covered person is required to pay for a covered
2 prescription inhaler, prescription device, or prescription equipment to twenty-five dollars (\$25.00)
3 per thirty (30) day supply.

4 This act would take effect on January 1, 2026.

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