

=====
LC002368
=====

STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2025

A N A C T

RELATING TO INSURANCE -- ACCIDENT AND SICKNESS INSURANCE POLICIES

Introduced By: Senators Bissaillon, Lawson, Murray, DiMario, and Appollonio

Date Introduced: March 14, 2025

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) On and after January 1, 2026, every individual or group health insurance contract, or
5 every individual or group hospital or medical expense insurance policy, plan, or group policy
6 delivered, issued for delivery, or renewed in this state shall not require prior authorization or a step
7 therapy protocol for the prescription of a nonpreferred medication classified as an anticonvulsant
8 or antipsychotic on their 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) On and after January 1, 2026, every individual or group health insurance contract, or
18 every individual or group hospital or medical expense insurance policy, plan, or group policy
19 delivered, issued for delivery, or renewed in this state shall not require prior authorization or a step
20 therapy protocol for the prescription of a nonpreferred medication classified as an anticonvulsant
21 or antipsychotic on their 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) On and after January 1, 2026, every individual or group health insurance contract, or
16 every individual or group hospital or medical expense insurance policy, plan, or group policy
17 delivered, issued for delivery, or renewed in this state shall not require prior authorization or a step
18 therapy protocol for the prescription of a nonpreferred medication classified as an anticonvulsant
19 or antipsychotic on their 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) On and after January 1, 2026, every individual or group health insurance contract, or
14 every individual or group hospital or medical expense insurance policy, plan, or group policy
15 delivered, issued for delivery, or renewed in this state shall not require prior authorization or a step
16 therapy protocol for the prescription of a nonpreferred medication classified as an anticonvulsant
17 or antipsychotic on their 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) On and after January 1, 2026, the Rhode Island medical assistance program, as defined
12 by this chapter, and any contract between the Rhode Island medical assistance program, as defined
13 under chapter 8 of title 40, and a managed care organization shall not require prior authorization or
14 a step therapy protocol for the prescription of a nonpreferred medication classified as an
15 anticonvulsant or antipsychotic 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.

=====
LC002368
=====

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

- 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.

=====
LC002368
=====