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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 -- ACCIDENT AND SICKNESS INSURANCE POLICIES

Introduced By: Senator Louis P. DiPalma

Date Introduced: March 27, 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. Coverage for pharmacists' services.**

4           (a) Every group health insurance contract, or every group hospital or medical expense  
5 insurance policy, plan, or group policy delivered, issued for delivery, or renewed in this state, by  
6 any health insurance carrier, on or after January 1, 2026, shall provide coverage for the services  
7 within the lawful scope of the "practice of pharmacy" defined in § 5-19.1-2, and pharmacists'  
8 services provided under a "collaborative practice agreement" defined in § 5-19.2-2, if the plan  
9 would have provided coverage if the service had been performed by a physician, advanced practice  
10 nurse, or physician assistant. No nonprofit medical service corporation may require supervision,  
11 signature, or referral by any other healthcare provider as a condition of reimbursement to a  
12 pharmacist; provided that, no nonprofit medical service corporation may be required to pay for  
13 duplicative services actually rendered by both a pharmacist and any other healthcare provider. The  
14 following services shall qualify as being eligible for payment and reimbursement to a pharmacist,  
15 unless paid by another mechanism, include:

16           (1) Evaluation and management of a patient, which requires a medically appropriate history  
17 and/or examination and medical decision making;

18           (2) Medication therapy management review;

19           (3) Immunization education and administration;

1           (4) Administration of medications; and

2           (5) Ordering and evaluation of clinical laboratory tests.

3           (b) The health plan shall include an adequate number of pharmacists in its network of  
4 participating medical providers. The participation of pharmacies in the plan network's drug benefit  
5 shall not satisfy the requirement that plans include pharmacists in their networks of participating  
6 medical providers.

7           (c) The healthcare benefits outlined in this section apply only to services delivered within  
8 the health insurer's provider network; provided that, all health insurers shall be required to provide  
9 coverage for those benefits required by the provisions of this section outside of the health insurer's  
10 provider network where it can be established that the required services are not available from a  
11 provider in the health insurer's network.

12           (d) The provisions of this section shall sunset and expire on January 1, 2030, unless  
13 extended by the general assembly.

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. Coverage for pharmacists' services.**

17           (a) Every group health insurance contract, or every group hospital or medical expense  
18 insurance policy, plan, or group policy delivered, issued for delivery, or renewed in this state, by  
19 any health insurance carrier, on or after January 1, 2026, shall provide coverage for the services  
20 within the lawful scope of the "practice of pharmacy" defined in § 5-19.1-2, and pharmacists'  
21 services provided under a "collaborative practice agreement" defined in § 5-19.2-2, if the plan  
22 would have provided coverage if the service had been performed by a physician, advanced practice  
23 nurse, or physician assistant. No nonprofit medical service corporation may require supervision,  
24 signature, or referral by any other healthcare provider as a condition of reimbursement to a  
25 pharmacist; provided that, no nonprofit medical service corporation may be required to pay for  
26 duplicative services actually rendered by both a pharmacist and any other healthcare provider. The  
27 following services shall qualify as being eligible for payment and reimbursement to a pharmacist,  
28 unless paid by another mechanism, include:

29           (1) Evaluation and management of a patient, which requires a medically appropriate history  
30 and/or examination and medical decision making;

31           (2) Medication therapy management review;

32           (3) Immunization education and administration;

33           (4) Administration of medications; and

34           (5) Ordering and evaluation of clinical laboratory tests.

1           **(b) The health plan shall include an adequate number of pharmacists in its network of**  
2 **participating medical providers. The participation of pharmacies in the plan network's drug benefit**  
3 **shall not satisfy the requirement that plans include pharmacists in their networks of participating**  
4 **medical providers.**

5           **(c) The healthcare benefits outlined in this section apply only to services delivered within**  
6 **the health insurer's provider network; provided that, all health insurers shall be required to provide**  
7 **coverage for those benefits required by the provisions of this section outside of the health insurer's**  
8 **provider network where it can be established that the required services are not available from a**  
9 **provider in the health insurer's network.**

10           **(d) The provisions of this section shall sunset and expire on January 1, 2030, unless**  
11 **extended by the general assembly.**

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. Coverage for pharmacists' services.**

15           **(a) Every group health insurance contract, or every group hospital or medical expense**  
16 **insurance policy, plan, or group policy delivered, issued for delivery, or renewed in this state, by**  
17 **any health insurance carrier, on or after January 1, 2026, shall provide coverage for the services**  
18 **within the lawful scope of the "practice of pharmacy" defined in § 5-19.1-2, and pharmacists'**  
19 **services provided under a "collaborative practice agreement" defined in § 5-19.2-2, if the plan**  
20 **would have provided coverage if the service had been performed by a physician, advanced practice**  
21 **nurse, or physician assistant. No nonprofit medical service corporation may require supervision,**  
22 **signature, or referral by any other healthcare provider as a condition of reimbursement to a**  
23 **pharmacist; provided that, no nonprofit medical service corporation may be required to pay for**  
24 **duplicative services actually rendered by both a pharmacist and any other healthcare provider. The**  
25 **following services shall qualify as being eligible for payment and reimbursement to a pharmacist,**  
26 **unless paid by another mechanism, include:**

27           **(1) Evaluation and management of a patient, which requires a medically appropriate history**  
28 **and/or examination and medical decision making;**

29           **(2) Medication therapy management review;**

30           **(3) Immunization education and administration;**

31           **(4) Administration of medications; and**

32           **(5) Ordering and evaluation of clinical laboratory tests.**

33           **(b) The health plan shall include an adequate number of pharmacists in its network of**  
34 **participating medical providers. The participation of pharmacies in the plan network's drug benefit**

1 shall not satisfy the requirement that plans include pharmacists in their networks of participating  
2 medical providers.

3 (c) The healthcare benefits outlined in this section apply only to services delivered within  
4 the health insurer's provider network; provided that, all health insurers shall be required to provide  
5 coverage for those benefits required by the provisions of this section outside of the health insurer's  
6 provider network where it can be established that the required services are not available from a  
7 provider in the health insurer's network.

8 (d) The provisions of this section shall sunset and expire on January 1, 2030, unless  
9 extended by the general assembly.

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. Coverage for pharmacists' services.**

13 (a) Every group health insurance contract, or every group hospital or medical expense  
14 insurance policy, plan, or group policy delivered, issued for delivery, or renewed in this state, by  
15 any health insurance carrier, on or after January 1, 2026, shall provide coverage for the services  
16 within the lawful scope of the "practice of pharmacy" defined in § 5-19.1-2, and pharmacists'  
17 services provided under a "collaborative practice agreement" defined in § 5-19.2-2, if the plan  
18 would have provided coverage if the service had been performed by a physician, advanced practice  
19 nurse, or physician assistant. No nonprofit medical service corporation may require supervision,  
20 signature, or referral by any other healthcare provider as a condition of reimbursement to a  
21 pharmacist; provided that, no nonprofit medical service corporation may be required to pay for  
22 duplicative services actually rendered by both a pharmacist and any other healthcare provider. The  
23 following services shall qualify as being eligible for payment and reimbursement to a pharmacist,  
24 unless paid by another mechanism, include:

25 (1) Evaluation and management of a patient, which requires a medically appropriate history  
26 and/or examination and medical decision making;

27 (2) Medication therapy management review;

28 (3) Immunization education and administration;

29 (4) Administration of medications; and

30 (5) Ordering and evaluation of clinical laboratory tests.

31 (b) The health plan shall include an adequate number of pharmacists in its network of  
32 participating medical providers. The participation of pharmacies in the plan network's drug benefit  
33 shall not satisfy the requirement that plans include pharmacists in their networks of participating  
34 medical providers.

1           (c) The healthcare benefits outlined in this section apply only to services delivered within  
2 the health insurer's provider network; provided that, all health insurers shall be required to provide  
3 coverage for those benefits required by the provisions of this section outside of the health insurer's  
4 provider network where it can be established that the required services are not available from a  
5 provider in the health insurer's network.

6           (d) The provisions of this section shall sunset and expire on January 1, 2030, unless  
7 extended by the general assembly.

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

10           **40-8-33. Coverage for pharmacists' services.**

11           (a) The executive office of health and human services is directed and authorized to establish  
12 coverage for the services within the lawful scope of the "practice of pharmacy" defined in § 5-19.1-  
13 2, and pharmacists' services provided under a "collaborative practice agreement" defined in § 5-  
14 19.2-2, if the plan would have provided coverage if the service had been performed by a physician,  
15 advanced practice nurse, or physician assistant. The following services would qualify as being  
16 eligible for payment and reimbursement to a pharmacist, unless paid by another mechanism,  
17 include:

18           (1) Evaluation and management of a patient, which requires a medically appropriate history  
19 and/or examination and medical decision making;

20           (2) Medication therapy management review;

21           (3) Immunization education and administration;

22           (4) Administration of medications; and

23           (5) Ordering and evaluation of clinical laboratory tests.

24           (b) The health plan shall include pharmacists in its network of participating medical  
25 providers. The participation of pharmacies in the plan network's drug benefit shall not satisfy the  
26 requirement that plans include pharmacists in their networks of participating medical providers.

27           (c) The healthcare benefits outlined in this section apply only to services delivered within  
28 the health insurer's provider network; provided that, all health insurers shall be required to provide  
29 coverage for those benefits required by the provisions of this section outside of the health insurer's  
30 provider network where it can be established that the required services are not available from a  
31 provider in the health insurer's network.

32           (d) The executive office of health and department of human services shall apply to the  
33 United States department of health and human services for any amendment to the state Medicaid  
34 plan or for any Medicaid waiver as necessary to implement this section. The executive office of

1 health and human services shall submit the Medicaid state plan amendment not later than  
2 September 1, 2025.

3 (e) The provisions of this section shall sunset and expire on January 1, 2030, unless  
4 extended by the general assembly.

5 SECTION 6. This act shall take effect on January 1, 2026, and unless extended by the  
6 general assembly, shall expire on January 1, 2030.

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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 require health insurance providers to provide insurance coverage for  
2 pharmacists' services including evaluation and management of a patient, which requires a  
3 medically appropriate history and/or examination and medical decision making; medication  
4 therapy management review; immunization education and administration; administration of  
5 medications; ordering and evaluation of clinical laboratory tests.

6           This act would take effect on January 1, 2026, and unless extended by the general assembly,  
7 would expire on January 1, 2030.

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