

2026 -- H 8245

LC005914

STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2026

A N A C T

RELATING TO INSURANCE -- ACCIDENT AND SICKNESS INSURANCE POLICIES

Introduced By: Representatives Donovan, Boylan, McGaw, Speakman, Spears, Cotter,
Carson, Casimiro, Alzate, and Stewart

Date Introduced: March 06, 2026

Referred To: House 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 **27-18-50.3. Prescription hormone therapy.**

4 (a) As used in this section, "prescription hormone therapy" means all drugs approved by
5 the United States Food and Drug Administration that are used to medically suppress, increase, or
6 replace hormones that the body is not producing at intended levels, as determined by the prescribing
7 provider. Prescription hormone therapy includes, but is not limited to, any necessary supplies for
8 administration. Prescription hormone therapy shall not include glucagon-like peptide-1 and
9 glucagon-like peptide-1 receptor agonists.

10 (b) Beginning on the first day of each plan year after January 1, 2027, every individual or
11 group health insurance contract, plan, or policy that provides prescription hormone therapy
12 coverage and is delivered, issued for delivery, or renewed in this state shall provide reimbursement
13 for dispensing covered prescription hormone therapy up to three hundred sixty-five (365) days at
14 one time, unless the enrollee requests a smaller supply, the prescribing provider instructs that the
15 enrollee shall receive a smaller supply, or the prescription hormone therapy is a controlled
16 substance. If the prescription hormone therapy is a controlled substance, the health plan shall
17 provide reimbursement for the maximum refill allowed under state and federal law to be obtained
18 at one time by the enrollee.

19 (c) Nothing in this section prohibits a health plan from limiting refills that may be obtained

1 in the last quarter of the plan year if a three hundred sixty-five (365) day supply of the prescription
2 hormone therapy has already been dispensed during the plan year.

3 (d) To the extent not otherwise prohibited under this section or state or federal law, health
4 plans may apply drug utilization management strategies to prescription drugs covered under
5 subsection (a) of this section.

6 (e) This section does not apply to insurance coverage providing benefits for:

7 (1) Hospital confinement indemnity;

8 (2) Disability income;

9 (3) Accident only;

10 (4) Long-term care;

11 (5) Medicare supplement;

12 (6) Limited benefit health;

13 (7) Specified disease indemnity;

14 (8) Sickness or bodily injury or death by accident or both; and

15 (9) Other limited-benefit policies.

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

18 **27-19-42.2. Prescription hormone therapy.**

19 (a) As used in this section, "prescription hormone therapy" means all drugs approved by
20 the United States Food and Drug Administration that are used to medically suppress, increase, or
21 replace hormones that the body is not producing at intended levels, as determined by the prescribing
22 provider. Prescription hormone therapy includes, but is not limited to, any necessary supplies for
23 administration. Prescription hormone therapy shall not include glucagon-like peptide-1 and
24 glucagon-like peptide-1 receptor agonists.

25 (b) Beginning on the first day of each plan year after January 1, 2027, every individual or
26 group health insurance contract, plan, or policy that provides prescription hormone therapy
27 coverage and is delivered, issued for delivery, or renewed in this state shall provide reimbursement
28 for dispensing covered prescription hormone therapy up to three hundred sixty-five (365) days at
29 one time, unless the enrollee requests a smaller supply, the prescribing provider instructs that the
30 enrollee shall receive a smaller supply, or the prescription hormone therapy is a controlled
31 substance. If the prescription hormone therapy is a controlled substance, the health plan shall
32 provide reimbursement for the maximum refill allowed under state and federal law to be obtained
33 at one time by the enrollee.

34 (c) Nothing in this section prohibits a health plan from limiting refills that may be obtained

1 in the last quarter of the plan year if a three hundred sixty-five (365) day supply of the prescription
2 hormone therapy has already been dispensed during the plan year.

3 (d) To the extent not otherwise prohibited under this section or state or federal law, health
4 plans may apply drug utilization management strategies to prescription drugs covered under
5 subsection (a) of this section.

6 (e) This section does not apply to insurance coverage providing benefits for:

7 (1) Hospital confinement indemnity;

8 (2) Disability income;

9 (3) Accident only;

10 (4) Long-term care;

11 (5) Medicare supplement;

12 (6) Limited benefit health;

13 (7) Specified disease indemnity;

14 (8) Sickness or bodily injury or death by accident or both; and

15 (9) Other limited-benefit policies.

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

18 **27-20-23.4. Prescription hormone therapy.**

19 (a) As used in this section, "prescription hormone therapy" means all drugs approved by
20 the United States Food and Drug Administration that are used to medically suppress, increase, or
21 replace hormones that the body is not producing at intended levels, as determined by the prescribing
22 provider. Prescription hormone therapy includes, but is not limited to, any necessary supplies for
23 administration. Prescription hormone therapy shall not include glucagon-like peptide-1 and
24 glucagon-like peptide-1 receptor agonists.

25 (b) Beginning on the first day of each plan year after January 1, 2027, every individual or
26 group health insurance contract, plan, or policy that provides prescription hormone therapy
27 coverage and is delivered, issued for delivery, or renewed in this state shall provide reimbursement
28 for dispensing covered prescription hormone therapy up to three hundred sixty-five (365) days at
29 one time, unless the enrollee requests a smaller supply, the prescribing provider instructs that the
30 enrollee shall receive a smaller supply, or the prescription hormone therapy is a controlled
31 substance. If the prescription hormone therapy is a controlled substance, the health plan shall
32 provide reimbursement for the maximum refill allowed under state and federal law to be obtained
33 at one time by the enrollee.

34 (c) Nothing in this section prohibits a health plan from limiting refills that may be obtained

1 in the last quarter of the plan year if a three hundred sixty-five (365) day supply of the prescription
2 hormone therapy has already been dispensed during the plan year.

3 (d) To the extent not otherwise prohibited under this section or state or federal law, health
4 plans may apply drug utilization management strategies to prescription drugs covered under
5 subsection (a) of this section.

6 (e) This section does not apply to insurance coverage providing benefits for:

7 (1) Hospital confinement indemnity;

8 (2) Disability income;

9 (3) Accident only;

10 (4) Long-term care;

11 (5) Medicare supplement;

12 (6) Limited benefit health;

13 (7) Specified disease indemnity;

14 (8) Sickness or bodily injury or death by accident or both; and

15 (9) Other limited-benefit policies.

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

18 **27-41-38.5. Prescription hormone therapy.**

19 (a) As used in this section, "prescription hormone therapy" means all drugs approved by
20 the United States Food and Drug Administration that are used to medically suppress, increase, or
21 replace hormones that the body is not producing at intended levels, as determined by the prescribing
22 provider. Prescription hormone therapy includes, but is not limited to, any necessary supplies for
23 administration. Prescription hormone therapy shall not include glucagon-like peptide-1 and
24 glucagon-like peptide-1 receptor agonists.

25 (b) Beginning on the first day of each plan year after January 1, 2027, every individual or
26 group health insurance contract, plan, or policy that provides prescription hormone therapy
27 coverage and is delivered, issued for delivery, or renewed in this state shall provide reimbursement
28 for dispensing covered prescription hormone therapy up to three hundred sixty-five (365) days at
29 one time, unless the enrollee requests a smaller supply, the prescribing provider instructs that the
30 enrollee shall receive a smaller supply, or the prescription hormone therapy is a controlled
31 substance. If the prescription hormone therapy is a controlled substance, the health plan shall
32 provide reimbursement for the maximum refill allowed under state and federal law to be obtained
33 at one time by the enrollee.

34 (c) Nothing in this section prohibits a health plan from limiting refills that may be obtained

1 in the last quarter of the plan year if a three hundred sixty-five (365) day supply of the prescription
2 hormone therapy has already been dispensed during the plan year.

3 (d) To the extent not otherwise prohibited under this section or state or federal law, health
4 plans may apply drug utilization management strategies to prescription drugs covered under
5 subsection (a) of this section.

6 (e) This section does not apply to insurance coverage providing benefits for:

7 (1) Hospital confinement indemnity;

8 (2) Disability income;

9 (3) Accident only;

10 (4) Long-term care;

11 (5) Medicare supplement;

12 (6) Limited benefit health;

13 (7) Specified disease indemnity;

14 (8) Sickness or bodily injury or death by accident or both; and

15 (9) Other limited-benefit policies.

16 SECTION 5. Chapter 40-8.4 of the General Laws entitled "Health Care for Families" is
17 hereby amended by adding thereto the following section:

18 **40-8.4-21. Prescription hormone therapy.**

19 (a) As used in this section, "prescription hormone therapy" means all drugs approved by
20 the United States food and drug administration that are used to medically suppress, increase, or
21 replace hormones that the body is not producing at intended levels, as determined by the prescribing
22 provider. Prescription hormone therapy includes, but is not limited to, any necessary supplies for
23 administration. Prescription hormone therapy does not include glucagon-like peptide-1 and
24 glucagon-like peptide-1 receptor agonists.

25 (b) Beginning January 1, 2027, the executive office of health and human services (EOHHS)
26 shall provide Medicaid beneficiaries who are prescribed prescription hormone therapy up to three
27 hundred sixty-five (365) days of prescription hormone therapy dispensed as a single prescription.

28 (c) The secretary of the EOHHS shall apply to the United States department of health and
29 human services for any amendment to the state Medicaid plan or for any Medicaid waiver as
30 necessary to implement this section. The secretary of the EOHHS shall submit the Medicaid state
31 plan amendment within ninety (90) days of the effective date of this section.

1 SECTION 6. This act shall take effect upon passage.

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

- 1 This act would require the state, and private insurers that cover prescription hormone
- 2 therapy, to dispense twelve (12) months' worth of the prescription as a single prescription.
- 3 This act would take effect upon passage.

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