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STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2026

A N A C T

RELATING TO INSURANCE -- INSURANCE COVERAGE FOR MENTAL ILLNESS AND
SUBSTANCE USE DISORDERS

Introduced By: Senators Ujifusa, Ciccone, Tikoian, de la Cruz, DiMario, Kallman, Mack,
Lauria, Valverde, and Murray
Date Introduced: February 06, 2026

Referred To: Senate Health & Human Services

It is enacted by the General Assembly as follows:

- 1 SECTION 1. Section 27-38.2-1 of the General Laws in Chapter 27-38.2 entitled "Insurance
2 Coverage for Mental Illness and Substance Use Disorders" is hereby amended to read as follows:
3 **27-38.2-1. Coverage for treatment of mental health and substance use disorders.**
4 (a) A group health plan and an individual or group health insurance plan shall provide
5 coverage for the treatment of mental health and substance use disorders under the same terms and
6 conditions as that coverage is provided for other illnesses and diseases.
7 (b) Coverage for the treatment of mental health and substance use disorders shall not
8 impose any annual or lifetime dollar limitation.
9 (c) Financial requirements and quantitative treatment limitations on coverage for the
10 treatment of mental health and substance use disorders shall be no more restrictive than the
11 predominant financial requirements applied to substantially all coverage for medical conditions in
12 each treatment classification.
13 (d) Coverage shall not impose non-quantitative treatment limitations for the treatment of
14 mental health and substance use disorders unless the processes, strategies, evidentiary standards,
15 or other factors used in applying the non-quantitative treatment limitation, as written and in
16 operation, are comparable to, and are applied no more stringently than, the processes, strategies,
17 evidentiary standards, or other factors used in applying the limitation with respect to
18 medical/surgical benefits in the classification.

1 (e) The following classifications shall be used to apply the coverage requirements of this
2 chapter: (1) Inpatient, in-network; (2) Inpatient, out-of-network; (3) Outpatient, in-network; (4)
3 Outpatient, out-of-network; (5) Emergency care; and (6) Prescription drugs.

4 (f) Medication-assisted treatment or medication-assisted maintenance services of substance
5 use disorders, opioid overdoses, and chronic addiction, including methadone, buprenorphine,
6 naltrexone, or other clinically appropriate medications, is included within the appropriate
7 classification based on the site of the service.

8 (g) Payors shall rely upon the criteria of the American Society of Addiction Medicine when
9 developing coverage for levels of care for substance use disorder treatment.

10 (h) Patients with substance use disorders shall have access to evidence-based, non-opioid
11 treatment for pain, therefore coverage shall apply to medically necessary chiropractic care and
12 osteopathic manipulative treatment performed by an individual licensed under § 5-37-2.

13 (i) Parity of cost-sharing requirements. Regardless of the professional license of the
14 provider of care, if that care is consistent with the provider's scope of practice and the health plan's
15 credentialing and contracting provisions, cost sharing for behavioral health counseling visits and
16 medication maintenance visits shall be consistent with the cost sharing applied to primary care
17 office visits.

18 (j) No health insurers shall require prior authorization, for in-network inpatient and in-
19 network outpatient mental health or substance use disorder services. The office of the health
20 insurance commissioner shall promulgate rules and regulations and conduct oversight and
21 enforcement actions necessary to implement this subsection, including the imposition of fines for
22 violations.

23 SECTION 2. This act shall take effect on January 1, 2027.

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EXPLANATION
BY THE LEGISLATIVE COUNCIL
OF
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- 1 This act would prohibit health insurance providers from requiring preauthorization for in-
- 2 network mental health or substance use disorder services.
- 3 This act would take effect on January 1, 2027.

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