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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 -- INSURANCE COVERAGE FOR MENTAL ILLNESS AND
SUBSTANCE USE DISORDERS

Introduced By: Senators Ujifusa, Murray, Euer, Pearson, Valverde, Lawson, Bell, Mack,
DiMario, and Vargas

Date Introduced: January 23, 2025

Referred To: Senate Health & Human Services

It is enacted by the General Assembly as follows:

1 SECTION 1. Legislative findings.

2 (1) A 2020 survey by the Substance Abuse and Mental Health Services Administration
3 (SAMHSA), the agency within the U.S. Department of Health and Human Services that leads
4 public health efforts to advance the behavioral health of the nation, found:

5 (i) Approximately 21% of US adults aged 18 or older had mental illness, and 14.5% of
6 individuals aged 12 or older had a Substance Use Disorder (SUD) in the previous year.

7 (ii) Of the adults with mental illness, only 46.2% received mental health care.

8 (iii) Of those with SUDs, only 6.5% received treatment.

9 (2) The Office of Health Insurance Commissioner (OHIC) has worked with state insurers
10 to promote parity and in August 2018, Blue Cross Blue Shield of Rhode Island (BCBSRI) agreed
11 prior approval was no longer needed for in-network mental health or substance use disorder
12 services.

13 (3) To ensure Rhode Islanders with mental health and substance use disorders, get timely,
14 medically necessary care, all health insurers in Rhode Island should implement the prior
15 authorization policies that BCBSRI implemented in August 2018.

16 SECTION 2. Section 27-38.2-1 of the General Laws in Chapter 27-38.2 entitled "Insurance
17 Coverage for Mental Illness and Substance Use Disorders" is hereby amended to read as follows:

18 **27-38.2-1. Coverage for treatment of mental health and substance use disorders.**

1 (a) A group health plan and an individual or group health insurance plan shall provide
2 coverage for the treatment of mental health and substance use disorders under the same terms and
3 conditions as that coverage is provided for other illnesses and diseases.

4 (b) Coverage for the treatment of mental health and substance use disorders shall not
5 impose any annual or lifetime dollar limitation.

6 (c) Financial requirements and quantitative treatment limitations on coverage for the
7 treatment of mental health and substance use disorders shall be no more restrictive than the
8 predominant financial requirements applied to substantially all coverage for medical conditions in
9 each treatment classification.

10 (d) Coverage shall not impose non-quantitative treatment limitations for the treatment of
11 mental health and substance use disorders unless the processes, strategies, evidentiary standards,
12 or other factors used in applying the non-quantitative treatment limitation, as written and in
13 operation, are comparable to, and are applied no more stringently than, the processes, strategies,
14 evidentiary standards, or other factors used in applying the limitation with respect to
15 medical/surgical benefits in the classification.

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

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

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

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

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

33 (j) No health insurers in Rhode Island shall require prior authorization, for in-network
34 mental health or substance use disorder services. The office of the health insurance commissioner

1 [shall promulgate rules and regulations and conduct oversight and enforcement actions necessary to](#)
2 [implement this subsection, including the imposition of fines for violations.](#)

3 SECTION 3. This act shall take effect upon passage.

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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 upon passage.

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