

2016 -- S 2461

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STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2016

A N A C T

RELATING TO INSURANCE - INSURANCE COVERAGE FOR MENTAL ILLNESS AND
SUBSTANCE ABUSE

Introduced By: Senators Miller, Satchell, Nesselbush, Coyne, and Sheehan

Date Introduced: February 11, 2016

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
2 "Insurance Coverage for Mental Illness and Substance Abuse" is hereby amended to read as
3 follows:

4 **27-38.2-1. Coverage for the treatment of mental health and substance use disorders..**

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

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

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

14 (d) Coverage shall not impose non-quantitative treatment limitations for the treatment of
15 mental health and substance-use disorders unless the processes, strategies, evidentiary standards,
16 or other factors used in applying the non-quantitative treatment limitation, as written and in
17 operation, are comparable to, and are applied no more stringently than, the processes, strategies,
18 evidentiary standards, or other factors used in applying the limitation with respect to

1 medical/surgical benefits in the classification.

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

5 (f) Medication-assisted therapy, including methadone maintenance services, for the
6 treatment of substance-use disorders, opioid overdoses, and chronic addiction is included within
7 the appropriate classification based on the site of the service.

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

10 Health practitioners prescribing as permitted under chapter 28.1 of title 21 (uniform
11 controlled substance act) and health plan coverage shall support clinical practices that foster the
12 appropriate use of abuse-deterrent opioid analgesic drug product formulations that are approved
13 by the U.S. Food and Drug Administration, in accordance with subsection (c) of this section.
14 When clinically appropriate, coverage for said abuse-deterrent formulations will not require the
15 use of a non-deterrent opioid analgesic drug product formulation in order for patients to access
16 abuse-deterrent products. All health plans shall include one or more abuse deterrent formulations
17 on the lower and lowest cost prescription drug co-payment tiers.

18 SECTION 2. This act shall take effect upon passage.

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EXPLANATION
BY THE LEGISLATIVE COUNCIL
OF

A N A C T

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1 This act would require health practitioners and health plan coverage to support clinical
2 practices fostering the appropriate use of abuse-deterrent opioid analgesic drug product
3 formulations approved by the U.S. Food and Drug Administration.

4 This act would take effect upon passage.

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