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S T A T E O F R H O D E I S L A N D

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2019

A N A C T

RELATING TO HEALTH AND SAFETY - COMPREHENSIVE DISCHARGE PLANNING

Introduced By: Senators Miller, Goldin, Satchell, Sheehan, and Valverde

Date Introduced: February 13, 2019

Referred To: Senate Health & Human Services

It is enacted by the General Assembly as follows:

SECTION 1. Chapter 23-17.26 of the General Laws entitled "Comprehensive Discharge Planning" is hereby amended by adding thereto the following section:

23-17.26-5. Comprehensive patient consent form.

Each hospital and freestanding emergency-care facility shall incorporate patient consent for certified peer recovery specialist services into a comprehensive patient consent form to be implemented no later than January 1, 2020.

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

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

(a) A group health plan and an individual or group health insurance plan, and any contract between the Rhode Island Medicaid program and any health insurance carrier, as defined under chapters 18, 19, 20, and 41 of title 27, shall provide coverage for the treatment of mental-health and substance-use disorders under the same terms and conditions as that coverage is provided for other illnesses and diseases.

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

(c) Financial requirements and quantitative treatment limitations on coverage for the treatment of mental-health and substance-use disorders shall be no more restrictive than the

predominant financial requirements applied to substantially all coverage for medical conditions in each treatment classification.

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

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

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

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

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

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

(j) Consistent with coverage for medical and surgical services, a health plan as defined in subsection (a) of this section shall cover clinically appropriate residential or inpatient services, including detoxification and stabilization services, for the treatment of mental health and substance use disorders, including alcohol use disorders, in accordance with this subsection. After an assessment for substance use disorders, including alcohol use disorders, based upon the criteria of the American Society of Addiction Medicine, or after an appropriate psychiatric assessment for mental health disorders, conducted upon an emergency admission or for continuation of care, if a qualified medical or clinical professional determines that residential or inpatient care, including

detoxification and stabilization services, is the most appropriate and least restrictive level of care necessary, that professional shall, within twenty-four (24) hours of admission or at least twenty-four (24) hours prior to the expiration of any previous authorization from the health insurer, submit a treatment plan, including an estimated length of stay and such other information as may be reasonably requested by the health insurer, to the patient's health insurer. The health insurer shall conduct the utilization review in accordance with chapter 18.9 of title 27; provided, that the patient shall be and remain presumptively covered for residential or inpatient services, including detoxification and stabilization services, during the utilization review. On or before March l, 2022, the senate committee on health and human services, in conjunction with the house committee on corporations, shall conduct a hearing on the impact of this subsection, to include presentations from payors and providers, and other stakeholders at the discretion of the committee chairs. This subsection shall apply only to covered services delivered within the health insurer's provider network. Nothing herein prohibits the group health plan or health insurer from conducting quality of care reviews.

SECTION 3. This act shall take effect on January 1, 2020.

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EXPLANATION

BY THE LEGISLATIVE COUNCIL

OF

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RELATING TO HEALTH AND SAFETY - COMPREHENSIVE DISCHARGE PLANNING

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This act would require each hospital and freestanding emergency-care facility to incorporate consent for a certified peer recovery specialist services into a comprehensive patient consent form, and further requires all contracts between health insurance carriers and the Rhode Island Medicaid program to cover clinically appropriate services for the treatment of mental health and substance abuse disorders.

This act would take effect on January 1, 2020.

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