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STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2020

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A N A C T

RELATING TO FOOD AND DRUGS -- ENSURING ACCESS TO HIGH QUALITY CARE
FOR THE TREATMENT OF SUBSTANCE USE DISORDERS

Introduced By: Senators Miller, Goldin, Lawson, Valverde, and Nesselbush

Date Introduced: January 21, 2020

Referred To: Senate 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
2 Insurance Policies" is hereby amended by adding thereto the following section:

3 **27-18-85. Medication assisted treatment for opioid use disorder.**

4 (a) Every individual or group health insurance contract, plan or policy delivered, issued
5 for delivery or renewed in this state on or after January 1, 2021, shall include coverage for
6 medication assisted treatment for opioid use disorder.

7 (b) As used in this section, medication assisted treatment shall include the use of:

8 (1) At least one buprenorphine/naloxone combination product;

9 (2) At least one buprenorphine-only product;

10 (3) At least one formulation of methadone; and

11 (4) At least one formulation of naltrexone.

12 (c) The medications identified in subsection (b) of this section shall be available without
13 any prior authorization requirement and without regard to an individual's prior success or failure,
14 with the limited exceptions of dose limit and supply limit criteria consistent with federal
15 guidelines; however, any dose or supply limit criteria must allow for the dispensing of medication
16 assisted treatment within Federal Drug Administration (FDA) recommended dose guidelines
17 without any prior authorization requirements and the prescribing clinician shall be provided the
18 opportunity to clinically justify a dose outside the guidelines.

1 (d) The medication assisted treatment provided pursuant to this section may be covered
2 as a medical or pharmacy benefit.

3 (e) The medications identified in subsection (b) of this section shall be placed on the
4 lowest cost sharing tier of the formulary managed by the health insurer or the pharmacy benefit
5 management company.

6 (f) This section shall 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 **27-19-77. Medication assisted treatment for opioid use disorder.**

19 (a) Every individual or group health insurance contract, plan or policy delivered, issued
20 for delivery or renewed in this state on or after January 1, 2021, shall include coverage for
21 medication assisted treatment for opioid use disorder.

22 (b) As used in this section, medication assisted treatment shall include the use of:

23 (1) At least one buprenorphine/naloxone combination product;

24 (2) At least one buprenorphine-only product;

25 (3) At least one formulation of methadone; and

26 (4) At least one formulation of naltrexone.

27 (c) The medications identified in subsection (b) of this section shall be available without
28 any prior authorization requirement and without regard to an individual's prior success or failure,
29 with the limited exceptions of dose limit and supply limit criteria consistent with federal
30 guidelines; however, any dose or supply limit criteria must allow for the dispensing of medication
31 assisted treatment within Federal Drug Administration (FDA) recommended dose guidelines
32 without any prior authorization requirements and the prescribing clinician shall be provided the
33 opportunity to clinically justify a dose outside the guidelines.

34 (d) The medication assisted treatment provided pursuant to this section may be covered

1 as a medical or pharmacy benefit.

2 (e) The medications identified in subsection (b) of this section shall be placed on the
3 lowest cost sharing tier of the formulary managed by the health insurer or the pharmacy benefit
4 management company.

5 (f) This section shall not apply to insurance coverage providing benefits for:

6 (1) Hospital confinement indemnity;

7 (2) Disability income;

8 (3) Accident only;

9 (4) Long-term care;

10 (5) Medicare supplement;

11 (6) Limited benefit health;

12 (7) Specified disease indemnity;

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

14 (9) Other limited benefit policies.

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

17 **27-20-73. Medication assisted treatment for opioid use disorder.**

18 (a) Every individual or group health insurance contract, plan or policy delivered, issued
19 for delivery or renewed in this state on or after January 1, 2021, shall include coverage for
20 medication assisted treatment for opioid use disorder.

21 (b) As used in this section, medication assisted treatment shall include the use of:

22 (1) At least one buprenorphine/naloxone combination product;

23 (2) At least one buprenorphine-only product;

24 (3) At least one formulation of methadone; and

25 (4) At least one formulation of naltrexone.

26 (c) The medications identified in subsection (b) of this section shall be available without
27 any prior authorization requirement and without regard to an individual's prior success or failure,
28 with the limited exceptions of dose limit and supply limit criteria consistent with federal
29 guidelines; however, any dose or supply limit criteria must allow for the dispensing of medication
30 assisted treatment within Federal Drug Administration (FDA) recommended dose guidelines
31 without any prior authorization requirements and the prescribing clinician shall be provided the
32 opportunity to clinically justify a dose outside the guidelines.

33 (d) The medication assisted treatment provided pursuant to this section may be covered
34 as a medical or pharmacy benefit.

1 (e) The medications identified in subsection (b) of this section shall be placed on the
2 lowest cost sharing tier of the formulary managed by the health insurer or the pharmacy benefit
3 management company.

4 (f) This section shall not apply to insurance coverage providing benefits for:

5 (1) Hospital confinement indemnity;

6 (2) Disability income;

7 (3) Accident only;

8 (4) Long-term care;

9 (5) Medicare supplement;

10 (6) Limited benefit health;

11 (7) Specified disease indemnity;

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

13 (9) Other limited benefit policies.

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

16 **27-41-90. Medication assisted treatment for opioid use disorder.**

17 (a) Every individual or group health insurance contract, plan or policy delivered, issued
18 for delivery or renewed in this state on or after January 1, 2021, shall include coverage for
19 medication assisted treatment for opioid use disorder.

20 (b) As used in this section, medication assisted treatment shall include the use of:

21 (1) At least one buprenorphine/naloxone combination product;

22 (2) At least one buprenorphine-only product;

23 (3) At least one formulation of methadone; and

24 (4) At least one formulation of naltrexone.

25 (c) The medications identified in subsection (b) of this section shall be available without
26 any prior authorization requirement and without regard to an individual's prior success or failure,
27 with the limited exceptions of dose limit and supply limit criteria consistent with federal
28 guidelines; however, any dose or supply limit criteria must allow for the dispensing of medication
29 assisted treatment within Federal Drug Administration (FDA) recommended dose guidelines
30 without any prior authorization requirements and the prescribing clinician shall be provided the
31 opportunity to clinically justify a dose outside the guidelines.

32 (d) The medication assisted treatment provided pursuant to this section may be covered
33 as a medical or pharmacy benefit.

34 (e) The medications identified in subsection (b) of this section shall be placed on the

1 [lowest cost sharing tier of the formulary managed by the health insurer or the pharmacy benefit](#)
2 [management company.](#)

3 [\(f\) This section shall not apply to insurance coverage providing benefits for:](#)

4 [\(1\) Hospital confinement indemnity;](#)

5 [\(2\) Disability income;](#)

6 [\(3\) Accident only;](#)

7 [\(4\) Long-term care;](#)

8 [\(5\) Medicare supplement;](#)

9 [\(6\) Limited benefit health;](#)

10 [\(7\) Specified disease indemnity;](#)

11 [\(8\) Sickness or bodily injury or death by accident or both; and](#)

12 [\(9\) Other limited benefit policies.](#)

13 SECTION 5. Title 21 of the General Laws entitled "FOOD AND DRUGS" is hereby
14 amended by adding thereto the following chapter:

15 [CHAPTER 28.11](#)

16 [ENSURING ACCESS TO HIGH QUALITY CARE FOR THE TREATMENT OF](#)
17 [SUBSTANCE USE DISORDERS ACT](#)

18 **[21-28.11-1. Title.](#)**

19 [This chapter shall be known and may be cited as the "Ensuring access to high quality care](#)
20 [for the treatment of substance use disorders act."](#)

21 **[21-28.11-2. Requirements for provision and coverage.](#)**

22 [\(a\) Every individual or group health insurance contract, plan or policy delivered, issued](#)
23 [for delivery or renewed in this state on or after January 1, 2021, shall include coverage for](#)
24 [medication assisted treatment for opioid use disorder, pursuant to §§ 27-18-85, 27-19-77, 27-20-](#)
25 [73, and 27-41-90.](#)

26 [\(b\) The Rhode Island medical assistance program, chapter 8 of title 40, shall include](#)
27 [coverage for medication assisted treatment for opioid use disorder. All provisions of this chapter](#)
28 [shall apply to the Rhode Island medical assistance program. The provisions of this chapter](#)
29 [establish a minimum standard. Whenever federal law, rules or regulations provide for more](#)
30 [rigorous or stringent standards then compliance is required with both this chapter and federal law,](#)
31 [rules or regulations.](#)

32 [\(c\) As used in this section, "medication assisted treatment" means the use of medications,](#)
33 [commonly in combination with counseling and behavioral therapies, to provide a comprehensive](#)
34 [approach to the treatment of substance use disorders and shall include the use of:](#)

- 1 (1) At least one buprenorphine/naloxone combination product;
2 (2) At least one buprenorphine-only product;
3 (3) At least one formulation of methadone; and
4 (5) At least one formulation of naltrexone.

5 (d) The medications identified in subsection (c) of this section shall be available without
6 any prior authorization requirement and without regard to an individual's prior success or failure,
7 with the limited exceptions of dose limit and supply limit criteria consistent with federal
8 guidelines; however, any dose or supply limit criteria must allow for the dispensing of medication
9 assisted treatment within Federal Drug Administration (FDA) recommended dose guidelines
10 without any prior authorization requirements and the prescribing clinician shall be provided the
11 opportunity to clinically justify a dose outside the guidelines.

12 (e) The medication assisted treatment provided pursuant to this section may be covered as
13 a medical or pharmacy benefit.

14 (f) The department of corrections and all other state entities responsible for the care of
15 persons detained or incarcerated in jails or prisons shall be required to ensure all persons under
16 their care are assessed for substance use disorders using standard diagnostic criteria by a licensed
17 physician who actively treats patients with substance use disorders. These entities shall make
18 available the medication assisted treatment pursuant to this chapter and to chapters 18, 19, 20, and
19 41 of title 27.

20 (g) Drug courts or other government operated diversion programs that provide for
21 alternatives to jail or prison for persons with a substance use disorder shall be required to ensure
22 all persons under their care are assessed for substance use disorders using standard diagnostic
23 criteria by a licensed physician who actively treats patients with substance use disorders. These
24 programs shall make available the medication assisted treatment pursuant to this chapter and to
25 chapters 18, 19, 20, and 41 of title 27. No group health plan and an individual or group health
26 insurance plan, and any contract between the Rhode Island medical assistance program, as
27 defined under chapter 8 of title 40, and any health insurance carrier, as defined under chapters 18,
28 19, 20, and 41 of title 27, shall refuse to cover medication assisted treatment that such plan is
29 required to cover solely because medication assisted treatment was ordered by a court of
30 competent jurisdiction or by a government operated diversion program.

31 **21-28.11-3. Nullification and voidance.**

32 (a) Any contract, written policy, or written procedure in violation of this chapter shall be
33 deemed to be unenforceable and null and void.

34 **21-28.11-4. Severability.**

1 (a) If any provision of this chapter or the application thereof to any person or
2 circumstance shall be adjudged by any court of competent jurisdiction to be invalid, such
3 invalidity shall not affect other provisions or applications of the chapter which can be given effect
4 without the invalid provision or application, and to this end the provisions of this chapter are
5 declared to be severable.

6 SECTION 6. This act shall take effect on January 1, 2021.

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EXPLANATION
BY THE LEGISLATIVE COUNCIL
OF

A N A C T

RELATING TO FOOD AND DRUGS -- ENSURING ACCESS TO HIGH QUALITY CARE
FOR THE TREATMENT OF SUBSTANCE USE DISORDERS

1 This act would establish the medication assisted treatment (MAT) program which uses
2 medications, in combination with counseling and behavioral therapies, to create a comprehensive
3 approach to the treatment of substance use disorders. This act would require health insurance
4 contracts to cover the use of certain FDA-approved medications to treat opioid addiction
5 including methadone, buprenorphine (alone or in combination with naloxone) and naltrexone in
6 addition to behavioral therapies such as individual therapy, group counseling, and family
7 behavior therapy.

8 This act would take effect on January 1, 2021.

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