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LC002198
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STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2025

A N A C T

RELATING TO INSURANCE -- ACCIDENT AND SICKNESS INSURANCE POLICIES

Introduced By: Senators DiPalma, Valverde, and Lauria

Date Introduced: March 27, 2025

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 Insurance
2 Policies" is hereby amended by adding thereto the following section:
- 3 **27-18-95. Coverage for pharmacists' services.**
- 4 (a) Every group health insurance contract, or every group hospital or medical expense
5 insurance policy, plan, or group policy delivered, issued for delivery, or renewed in this state, by
6 any health insurance carrier, on or after January 1, 2026, shall provide coverage for the services
7 within the lawful scope of the "practice of pharmacy" defined in § 5-19.1-2, and pharmacists'
8 services provided under a "collaborative practice agreement" defined in § 5-19.2-2, if the plan
9 would have provided coverage if the service had been performed by a physician, advanced practice
10 nurse, or physician assistant. No nonprofit medical service corporation may require supervision,
11 signature, or referral by any other healthcare provider as a condition of reimbursement to a
12 pharmacist; provided that, no nonprofit medical service corporation may be required to pay for
13 duplicative services actually rendered by both a pharmacist and any other healthcare provider. The
14 following services shall qualify as being eligible for payment and reimbursement to a pharmacist,
15 unless paid by another mechanism, include:
- 16 (1) Evaluation and management of a patient, which requires a medically appropriate history
17 and/or examination and medical decision making;
- 18 (2) Medication therapy management review;
- 19 (3) Immunization education and administration;

1 (4) Administration of medications; and

2 (5) Ordering and evaluation of clinical laboratory tests.

3 (b) The health plan shall include an adequate number of pharmacists in its network of
4 participating medical providers. The participation of pharmacies in the plan network's drug benefit
5 shall not satisfy the requirement that plans include pharmacists in their networks of participating
6 medical providers.

7 (c) The healthcare benefits outlined in this section apply only to services delivered within
8 the health insurer's provider network; provided that, all health insurers shall be required to provide
9 coverage for those benefits required by the provisions of this section outside of the health insurer's
10 provider network where it can be established that the required services are not available from a
11 provider in the health insurer's network.

12 (d) The provisions of this section shall sunset and expire on January 1, 2030, unless
13 extended by the general assembly.

14 SECTION 2. Chapter 27-19 of the General Laws entitled "Nonprofit Hospital Service
15 Corporations" is hereby amended by adding thereto the following section:

16 **27-19-87. Coverage for pharmacists' services.**

17 (a) Every group health insurance contract, or every group hospital or medical expense
18 insurance policy, plan, or group policy delivered, issued for delivery, or renewed in this state, by
19 any health insurance carrier, on or after January 1, 2026, shall provide coverage for the services
20 within the lawful scope of the "practice of pharmacy" defined in § 5-19.1-2, and pharmacists'
21 services provided under a "collaborative practice agreement" defined in § 5-19.2-2, if the plan
22 would have provided coverage if the service had been performed by a physician, advanced practice
23 nurse, or physician assistant. No nonprofit medical service corporation may require supervision,
24 signature, or referral by any other healthcare provider as a condition of reimbursement to a
25 pharmacist; provided that, no nonprofit medical service corporation may be required to pay for
26 duplicative services actually rendered by both a pharmacist and any other healthcare provider. The
27 following services shall qualify as being eligible for payment and reimbursement to a pharmacist,
28 unless paid by another mechanism, include:

29 (1) Evaluation and management of a patient, which requires a medically appropriate history
30 and/or examination and medical decision making;

31 (2) Medication therapy management review;

32 (3) Immunization education and administration;

33 (4) Administration of medications; and

34 (5) Ordering and evaluation of clinical laboratory tests.

1 (b) The health plan shall include an adequate number of pharmacists in its network of
2 participating medical providers. The participation of pharmacies in the plan network's drug benefit
3 shall not satisfy the requirement that plans include pharmacists in their networks of participating
4 medical providers.

5 (c) The healthcare benefits outlined in this section apply only to services delivered within
6 the health insurer's provider network; provided that, all health insurers shall be required to provide
7 coverage for those benefits required by the provisions of this section outside of the health insurer's
8 provider network where it can be established that the required services are not available from a
9 provider in the health insurer's network.

10 (d) The provisions of this section shall sunset and expire on January 1, 2030, unless
11 extended by the general assembly.

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

14 **27-20-83. Coverage for pharmacists' services.**

15 (a) Every group health insurance contract, or every group hospital or medical expense
16 insurance policy, plan, or group policy delivered, issued for delivery, or renewed in this state, by
17 any health insurance carrier, on or after January 1, 2026, shall provide coverage for the services
18 within the lawful scope of the "practice of pharmacy" defined in § 5-19.1-2, and pharmacists'
19 services provided under a "collaborative practice agreement" defined in § 5-19.2-2, if the plan
20 would have provided coverage if the service had been performed by a physician, advanced practice
21 nurse, or physician assistant. No nonprofit medical service corporation may require supervision,
22 signature, or referral by any other healthcare provider as a condition of reimbursement to a
23 pharmacist; provided that, no nonprofit medical service corporation may be required to pay for
24 duplicative services actually rendered by both a pharmacist and any other healthcare provider. The
25 following services shall qualify as being eligible for payment and reimbursement to a pharmacist,
26 unless paid by another mechanism, include:

27 (1) Evaluation and management of a patient, which requires a medically appropriate history
28 and/or examination and medical decision making;

29 (2) Medication therapy management review;

30 (3) Immunization education and administration;

31 (4) Administration of medications; and

32 (5) Ordering and evaluation of clinical laboratory tests.

33 (b) The health plan shall include an adequate number of pharmacists in its network of
34 participating medical providers. The participation of pharmacies in the plan network's drug benefit

1 shall not satisfy the requirement that plans include pharmacists in their networks of participating
2 medical providers.

3 (c) The healthcare benefits outlined in this section apply only to services delivered within
4 the health insurer's provider network; provided that, all health insurers shall be required to provide
5 coverage for those benefits required by the provisions of this section outside of the health insurer's
6 provider network where it can be established that the required services are not available from a
7 provider in the health insurer's network.

8 (d) The provisions of this section shall sunset and expire on January 1, 2030, unless
9 extended by the general assembly.

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

12 **27-41-100. Coverage for pharmacists' services.**

13 (a) Every group health insurance contract, or every group hospital or medical expense
14 insurance policy, plan, or group policy delivered, issued for delivery, or renewed in this state, by
15 any health insurance carrier, on or after January 1, 2026, shall provide coverage for the services
16 within the lawful scope of the "practice of pharmacy" defined in § 5-19.1-2, and pharmacists'
17 services provided under a "collaborative practice agreement" defined in § 5-19.2-2, if the plan
18 would have provided coverage if the service had been performed by a physician, advanced practice
19 nurse, or physician assistant. No nonprofit medical service corporation may require supervision,
20 signature, or referral by any other healthcare provider as a condition of reimbursement to a
21 pharmacist; provided that, no nonprofit medical service corporation may be required to pay for
22 duplicative services actually rendered by both a pharmacist and any other healthcare provider. The
23 following services shall qualify as being eligible for payment and reimbursement to a pharmacist,
24 unless paid by another mechanism, include:

25 (1) Evaluation and management of a patient, which requires a medically appropriate history
26 and/or examination and medical decision making;

27 (2) Medication therapy management review;

28 (3) Immunization education and administration;

29 (4) Administration of medications; and

30 (5) Ordering and evaluation of clinical laboratory tests.

31 (b) The health plan shall include an adequate number of pharmacists in its network of
32 participating medical providers. The participation of pharmacies in the plan network's drug benefit
33 shall not satisfy the requirement that plans include pharmacists in their networks of participating
34 medical providers.

1 (c) The healthcare benefits outlined in this section apply only to services delivered within
2 the health insurer's provider network; provided that, all health insurers shall be required to provide
3 coverage for those benefits required by the provisions of this section outside of the health insurer's
4 provider network where it can be established that the required services are not available from a
5 provider in the health insurer's network.

6 (d) The provisions of this section shall sunset and expire on January 1, 2030, unless
7 extended by the general assembly.

8 SECTION 5. Chapter 40-8 of the General Laws entitled "Medical Assistance" is hereby
9 amended by adding thereto the following section:

10 **40-8-33. Coverage for pharmacists' services.**

11 (a) The executive office of health and human services is directed and authorized to establish
12 coverage for the services within the lawful scope of the "practice of pharmacy" defined in § 5-19.1-
13 2, and pharmacists' services provided under a "collaborative practice agreement" defined in § 5-
14 19.2-2, if the plan would have provided coverage if the service had been performed by a physician,
15 advanced practice nurse, or physician assistant. The following services would qualify as being
16 eligible for payment and reimbursement to a pharmacist, unless paid by another mechanism,
17 include:

18 (1) Evaluation and management of a patient, which requires a medically appropriate history
19 and/or examination and medical decision making;

20 (2) Medication therapy management review;

21 (3) Immunization education and administration;

22 (4) Administration of medications; and

23 (5) Ordering and evaluation of clinical laboratory tests.

24 (b) The health plan shall include pharmacists in its network of participating medical
25 providers. The participation of pharmacies in the plan network's drug benefit shall not satisfy the
26 requirement that plans include pharmacists in their networks of participating medical providers.

27 (c) The healthcare benefits outlined in this section apply only to services delivered within
28 the health insurer's provider network; provided that, all health insurers shall be required to provide
29 coverage for those benefits required by the provisions of this section outside of the health insurer's
30 provider network where it can be established that the required services are not available from a
31 provider in the health insurer's network.

32 (d) The executive office of health and department of human services shall apply to the
33 United States department of health and human services for any amendment to the state Medicaid
34 plan or for any Medicaid waiver as necessary to implement this section. The executive office of

1 [health and human services shall submit the Medicaid state plan amendment not later than](#)
2 [September 1, 2025.](#)

3 [\(e\) The provisions of this section shall sunset and expire on January 1, 2030, unless](#)
4 [extended by the general assembly.](#)

5 SECTION 6. This act shall take effect on January 1, 2026, and unless extended by the
6 general assembly, shall expire on January 1, 2030.

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EXPLANATION
BY THE LEGISLATIVE COUNCIL
OF
A N A C T
RELATING TO INSURANCE -- ACCIDENT AND SICKNESS INSURANCE POLICIES

1 This act would require health insurance providers to provide insurance coverage for
2 pharmacists' services including evaluation and management of a patient, which requires a
3 medically appropriate history and/or examination and medical decision making; medication
4 therapy management review; immunization education and administration; administration of
5 medications; ordering and evaluation of clinical laboratory tests.

6 This act would take effect on January 1, 2026, and unless extended by the general assembly,
7 would expire on January 1, 2030.

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