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STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2024

AN ACT

RELATING TO INSURANCE -- ACCIDENT AND SICKNESS INSURANCE POLICIES -- INSURANCE COVERAGE FOR PREVENTION OF HIV INFECTION

<u>Introduced By:</u> Senators Murray, Pearson, Miller, Sosnowski, Bissaillon, Valverde, Lauria, Quezada, Tikoian, and Ujifusa

Date Introduced: February 06, 2024

Referred To: Senate Health & Human Services

It is enacted by the General Assembly as follows:

SECTION 1. Section 27-18-91 of the General Laws in Chapter 27-18 entitled "Accident and Sickness Insurance Policies" is hereby amended to read as follows:

27-18-91. Coverage for treatment of pre-exposure prophylaxis (PrEP) for the prevention of HIV and post-exposure prophylaxis (PEP) to prevent HIV infection. [Effective January 1, 2024.]

(a) Every group health insurance contract, or every group hospital or medical expense insurance policy, plan, or group policy delivered, issued for delivery, or renewed in this state, by any health insurance carrier, on or after January 1, 2024, shall provide coverage for treatment of pre-exposure prophylaxis ("PrEP") for the prevention of HIV and post-exposure prophylaxis ("PEP") to prevent HIV infection. Each long-acting injectable drug with a different duration shall constitute a separate method of administration. A health insurer is not required to cover any pre-exposure prophylaxis drug or post exposure prophylaxis drug dispensed or administered by an out-of network pharmacy provider unless the enrollee's health plan provides an out-of network pharmacy benefit.

(b) The healthcare benefits outlined in this chapter apply only to services delivered within the health insurer's provider network; provided that, all health insurers shall be required to provide coverage for those benefits mandated by this chapter outside of the health insurer's provider network where it can be established that the required services are not available from a provider in

1	the health insurer's network.
2	(c) Notwithstanding any requirements to the contrary, a health insurer shall not subject any
3	HIV prevention drug to any prior authorization or step therapy requirement. There shall be no
4	copayment required, and no deductible shall need to be met, to obtain the prescription covered by
5	the contract, plan, or policy.
6	SECTION 2. Section 27-18-92 of the General Laws in Chapter 27-18 entitled "Accident
7	and Sickness Insurance Policies" is hereby repealed.
8	27-18-92. Expedited prior authorization. [Effective January 1, 2024.]
9	To the extent a prior authorization is permitted and applied, then it shall be conducted in
10	an expedited manner as soon as possible, but no later than seventy two (72) hours pursuant to § 27-
11	18.9 6(a)(1).
12	SECTION 3. Section 27-19-83 of the General Laws in Chapter 27-19 entitled "Nonprofit
13	Hospital Service Corporations" is hereby amended to read as follows:
14	27-19-83. Coverage for treatment of pre-exposure prophylaxis (PrEP) for the
15	prevention of HIV and post-exposure prophylaxis (PEP) to prevent HIV infection. [Effective
16	<u>January 1, 2024.]</u>
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, 2024, shall provide coverage for treatment of
20	pre-exposure prophylaxis ("PrEP") for the prevention of HIV and post-exposure prophylaxis
21	("PEP") to prevent HIV infection. Each long-acting injectable drug with a different duration shall
22	constitute a separate method of administration. A health insurer is not required to cover any pre-
23	exposure prophylaxis drug or post-exposure prophylaxis drug dispensed or administered by an out-
24	of-network pharmacy provider unless the enrollee's health plan provides an out-of-network
25	pharmacy benefit.
26	(b) The healthcare benefits outlined in this chapter apply only to services delivered within
27	the health insurer's provider network; provided that, all health insurers shall be required to provide
28	coverage for those benefits mandated by this chapter outside of the health insurer's provider
29	network where it can be established that the required services are not available from a provider in
30	the health insurer's network.
31	(c) Notwithstanding any requirements to the contrary, a health insurer shall not subject any
32	HIV prevention drug to any prior authorization or step therapy requirement. There shall be no
33	copayment required, and no deductible shall need to be met, to obtain the prescription covered by
34	the contract, plan, or policy.

1	SECTION 4. Section 27-19-84 of the General Laws in Chapter 27-19 entitled "Nonprofit
2	Hospital Service Corporations" is hereby repealed.
3	27-19-84. Expedited prior authorization. [Effective January 1, 2024.]
4	To the extent a prior authorization is permitted and applied, then it shall be conducted in
5	an expedited manner as soon as possible, but no later than seventy-two (72) hours pursuant to § 27-
6	18.9 6(a)(1).
7	SECTION 5. Section 27-20-79 of the General Laws in Chapter 27-20 entitled "Nonprofit
8	Medical Service Corporations" is hereby amended to read as follows:
9	27-20-79. Coverage for treatment of pre-exposure prophylaxis (PrEP) for the
10	prevention of HIV and post-exposure prophylaxis (PEP) to prevent HIV infection. [Effective
11	<u>January 1, 2024.]</u>
12	(a) Every group health insurance contract, or every group hospital or medical expense
13	insurance policy, plan, or group policy delivered, issued for delivery, or renewed in this state, by
14	any health insurance carrier, on or after January 1, 2024, shall provide coverage for treatment of
15	pre-exposure prophylaxis ("PrEP") for the prevention of HIV and post-exposure prophylaxis
16	("PEP") to prevent HIV infection. Each long-acting injectable drug with a different duration shall
17	constitute a separate method of administration. A health insurer is not required to cover any pre-
18	exposure prophylaxis drug or post-exposure prophylaxis drug dispensed or administered by an out-
19	of network pharmacy provider unless the enrollee's health plan provides an out of network
20	pharmacy benefit.
21	(b) The healthcare benefits outlined in this chapter apply only to services delivered within
22	the health insurer's provider network; provided that, all health insurers shall be required to provide
23	coverage for those benefits mandated by this chapter outside of the health insurer's provider
24	network where it can be established that the required services are not available from a provider in
25	the health insurer's network.
26	(c) Notwithstanding any requirements to the contrary, a health insurer shall not subject any
27	HIV prevention drug to any prior authorization or step therapy requirement. There shall be no
28	copayment required, and no deductible shall need to be met, to obtain the prescription covered by
29	the contract, plan, or policy.
30	SECTION 6. Section 27-20-80 of the General Laws in Chapter 27-20 entitled "Nonprofit
31	Medical Service Corporations" is hereby repealed.
32	27-20-80. Expedited prior authorization. [Effective January 1, 2024.]
33	To the extent a prior authorization is permitted and applied, then it shall be conducted in
34	an expedited manner as soon as possible, but no later than seventy two (72) hours pursuant § 27-

2	SECTION 7. Section 27-41-96 of the General Laws in Chapter 27-41 entitled "Health
3	Maintenance Organizations" is hereby amended to read as follows:
4	27-41-96. Coverage for treatment of pre-exposure prophylaxis (PrEP) for the
5	prevention of HIV and post-exposure prophylaxis (PEP) to prevent HIV infection. [Effective
6	<u>January 1, 2024.]</u>
7	(a) Every group health insurance contract, or every group hospital or medical expense
8	insurance policy, plan, or group policy delivered, issued for delivery, or renewed in this state, by
9	any health insurance carrier, on or after January 1, 2024, shall provide coverage for treatment of
10	pre-exposure prophylaxis ("PrEP") for the prevention of HIV and post-exposure prophylaxis
11	("PEP") to prevent HIV infection. Each long-acting injectable drug with a different duration shall
12	constitute a separate method of administration. A health insurer is not required to cover any pre-
13	exposure prophylaxis drug or post-exposure prophylaxis drug dispensed or administered by an out-
14	of network pharmacy provider unless the enrollee's health plan provides an out-of-network
15	pharmacy benefit.
16	(b) The healthcare benefits outlined in this chapter apply only to services delivered within
17	the health insurer's provider network; provided that, all health insurers shall be required to provide
18	coverage for those benefits mandated by this chapter outside of the health insurer's provider
19	network where it can be established that the required services are not available from a provider in
20	the health insurer's network.
21	(c) Notwithstanding any requirements to the contrary, a health insurer shall not subject any
22	HIV prevention drug to any prior authorization or step therapy requirement. There shall be no
23	copayment required, and no deductible shall need to be met, to obtain the prescription covered by
24	the contract, plan, or policy.
25	SECTION 8. Section 27-41-97 of the General Laws in Chapter 27-41 entitled "Health
26	Maintenance Organizations" is hereby repealed.
27	27-41-97. Expedited prior authorization. [Effective January 1, 2024.]
28	To the extent a prior authorization is permitted and applied, then it shall be conducted in
29	an expedited manner as soon as possible, but no later than seventy two (72) hours pursuant to § 27-
30	18.9-6(a)(1).
31	SECTION 9. This act shall take effect on January 1, 2025.
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1 18.9-6(a)(1).

EXPLANATION

BY THE LEGISLATIVE COUNCIL

OF

AN ACT

RELATING TO INSURANCE -- ACCIDENT AND SICKNESS INSURANCE POLICIES -- INSURANCE COVERAGE FOR PREVENTION OF HIV INFECTION

This act would eliminate prior authorization or step therapy requirement for prescriptions
for any HIV prevention drug. This act would also prohibit the requirement of any copayment or the
meeting of any deductible to obtain the prescription covered by the contract, plan, or policy.

This act would take effect on January 1, 2025.

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