

2016 -- S 2356

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STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2016

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A N A C T

RELATING TO HEALTH AND SAFETY -- INSURANCE--MENTAL ILLNESS AND  
SUBSTANCE ABUSE

Introduced By: Senators Miller, Jabour, Crowley, Goodwin, and Satchell

Date Introduced: February 10, 2016

Referred To: Senate Health & Human Services

It is enacted by the General Assembly as follows:

1 SECTION 1. Section 23-17.26-3 of the General Laws in Chapter 23-17.26 entitled  
2 "Comprehensive Discharge Planning" is hereby amended to read as follows:

3 **23-17.26-3. Comprehensive discharge planning.** -- (a) On or before July 1, ~~2015~~ 2016,  
4 each hospital operating in the State of Rhode Island shall submit to the director:

5 (1) Evidence of participation in a high-quality comprehensive discharge planning and  
6 transitions improvement project operated by a nonprofit organization in this state; or

7 (2) A plan for the provision of comprehensive discharge planning and information to be  
8 shared with patients transitioning from the hospitals care. Such plan shall contain the adoption of  
9 evidence-based practices including, but not limited to:

10 (i) Providing in-hospital education prior to discharge;

11 (ii) Ensuring patient involvement such that, at discharge, patients and caregivers  
12 understand the patient's conditions and medications and have a point of contact for follow-up  
13 questions;

14 (iii) Attempting to identify patients' primary care providers and assisting with scheduling  
15 post-hospital follow-up appointments prior to patient discharge;

16 (iv) Expanding the transmission of the department of health's continuity of care form, or  
17 successor program, to include primary care providers' receipt of information at patient discharge  
18 when the primary care provider is identified by the patient; and

1 (v) Coordinating and improving communication with outpatient providers.

2 (3) The discharge plan and transition process shall ~~also be made~~ include recovery  
3 planning tools for patients with ~~opioid and other substance use disorders~~ substance use disorders,  
4 opioid overdoses, and chronic addiction which plan and transition process shall include the  
5 elements contained in subsections (a)(1) or (a)(2) of this section, as applicable. In addition, such  
6 discharge plan and transition process shall also include:

7 (i) Assistance, with patient consent, in securing at least one follow-up appointment for  
8 the patient within seven (7) days of discharge, as clinically appropriate:

9 (A) With a facility licensed by the department of behavioral healthcare, developmental  
10 disabilities and hospitals to provide treatment of substance use disorders, opioid overdoses, and  
11 chronic addiction;

12 (B) With a certified recovery coach;

13 (C) With a licensed clinician with expertise in the treatment of substance use disorders,  
14 opioid overdoses, and chronic addiction; or

15 (D) With a Rhode Island licensed hospital with a designated program for the treatment of  
16 substance use disorders, opioid overdoses, and chronic addiction. The patient shall be informed of  
17 said appointment prior to the patient being discharged from the hospital;

18 (ii) ~~In the absence of a scheduled follow-up appointment pursuant to subsection (a)(3)(i),~~  
19 ~~every reasonable effort shall be made to contact the patient within thirty (30) days post discharge~~  
20 ~~to provide the patient with a referral and other such assistance as the patient needs to obtain a~~  
21 ~~follow-up appointment; and~~

22 (iii) ~~That the patient receives information about the real-time availability of appropriate~~  
23 ~~in-patient and out-patient services in Rhode Island.~~

24 (iv) That the patient, or non-patient, presenting to hospitals, health care clinics, urgent  
25 care centers, and emergency room diversion facilities with indication of a substance use disorder,  
26 opioid overdose, or chronic addiction, shall receive information about the real-time availability of  
27 clinically appropriate in-patient and out-patient services for the treatment of substance use  
28 disorders, opioid overdose, or chronic addiction, including:

29 (A) Detoxification;

30 (B) Stabilization;

31 (C) Medication-assisted treatment or medication-assisted maintenance services, including  
32 methadone, buprenorphine, naltrexone or other clinically appropriate medications; and

33 (D) Recovery coaches.

34 (4) On or before November 1, ~~2014~~ 2016, the director of the department of health ~~shall~~

1 ~~develop and disseminate to all hospitals, health care clinics, urgent care centers, and emergency~~  
2 ~~room diversion facilities a model discharge plan and transition process for patients with opioid~~  
3 ~~and other substance use disorders. This model plan may be used as a guide, but may be amended~~  
4 ~~and modified to meet the specific needs of each hospital, health care clinic, urgent care center and~~  
5 ~~emergency room diversion facility.~~ with the director of the department of behavioral healthcare,  
6 developmental disabilities and hospitals shall submit revised regulations for patients presenting to  
7 hospitals, health care clinics, urgent care centers, and emergency room diversion facilities with  
8 indication of a substance use disorder, opioid overdose, or chronic addiction to ensure prompt  
9 access to the clinically appropriate in-patient and out-patient services contained in subsection  
10 (a)(3)(iv) of this section. The director of the department of health with the director of the  
11 department of behavioral healthcare, developmental disabilities and hospitals shall develop and  
12 disseminate to all hospitals, health care clinics, urgent care centers, and emergency room  
13 diversion facilities model pre-admission, admission and discharge guidelines, a recovery plan and  
14 transition process for patients with substance use disorders, opioid overdose, or chronic addiction,  
15 presenting information on the real-time availability of appropriate in-patient and out-patient  
16 services contained in subsection (a)(3)(iv) of this section. Recommendations from the Rhode  
17 Island governor's overdose prevention and intervention task force strategic plan may be  
18 incorporated into the model plan as a guide, but may be amended and modified to meet the  
19 specific needs of each hospital, health care clinic, urgent care center and emergency room  
20 diversion facility.

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

24 **27-38.2-1. Coverage for the treatment of mental health and substance use disorders.**

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

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

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

34 (d) Coverage shall not impose non-quantitative treatment limitations for the treatment of

1 mental health and substance-use disorders unless the processes, strategies, evidentiary standards,  
2 or other factors used in applying the non-quantitative treatment limitation, as written and in  
3 operation, are comparable to, and are applied no more stringently than, the processes, strategies,  
4 evidentiary standards, or other factors used in applying the limitation with respect to  
5 medical/surgical benefits in the classification.

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

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

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

16 SECTION 3. This act shall take effect upon passage.

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EXPLANATION  
BY THE LEGISLATIVE COUNCIL  
OF

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RELATING TO HEALTH AND SAFETY -- INSURANCE--MENTAL ILLNESS AND  
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1           This act would require comprehensive discharge planning for patients treated for  
2 substance use disorders and would require insurers to cover medication-assisted addiction  
3 treatment including methadone, buprenorphine, and naltrexone.

4           This act would take effect upon passage.

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