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STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2024

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A N A C T

RELATING TO INSURANCE -- ACCIDENT AND SICKNESS INSURANCE POLICIES

Introduced By: Senators DiPalma, and Miller

Date Introduced: February 12, 2024

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, 2025, shall provide coverage for the services  
7 within the lawful scope of practice of pharmacists pursuant to § 5-19.1-2, and pharmacists' services  
8 provided under a collaborative agreement pursuant to § 5-19.2-2, if the plan would have provided  
9 coverage if the service had been performed by a physician, advanced practice nurse, or physician  
10 assistant . No nonprofit medical service corporation may require supervision, signature, or referral  
11 by any other healthcare provider as a condition of reimbursement to a pharmacist; provided that,  
12 no nonprofit medical service corporation may be required to pay for duplicative services actually  
13 rendered by both a pharmacist and any other healthcare provider.

14           (b) The health plan must include an adequate number of pharmacists in its network of  
15 participating medical providers. The participation of pharmacies in the plan network's drug benefit  
16 does not satisfy the requirement that plans include pharmacists in their networks of participating  
17 medical providers.

18           (c) The healthcare benefits outlined in this chapter apply only to services delivered within  
19 the health insurer's provider network; provided that, all health insurers shall be required to provide

1 coverage for those benefits mandated by this chapter outside of the health insurer's provider  
2 network where it can be established that the required services are not available from a provider in  
3 the health insurer's network.

4 (d) The department of human services shall apply to the United States department of health  
5 and human services for any amendment to the state Medicaid plan or for any Medicaid waiver as  
6 necessary to implement this section. The department of human services shall submit the Medicaid  
7 state plan amendment not later than September 1, 2024.

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

10 **27-19-87. Coverage for pharmacists' services.**

11 (a) Every group health insurance contract, or every group hospital or medical expense  
12 insurance policy, plan, or group policy delivered, issued for delivery, or renewed in this state, by  
13 any health insurance carrier, on or after January 1, 2025, shall provide coverage for the services  
14 within the lawful scope of practice of pharmacists pursuant to § 5-19.1-2, and pharmacists' services  
15 provided under a collaborative agreement pursuant to § 5-19.2-2, if the plan would have provided  
16 coverage if the service had been performed by a physician, advanced practice nurse, or physician  
17 assistant. No nonprofit medical service corporation may require supervision, signature, or referral  
18 by any other healthcare provider as a condition of reimbursement to a pharmacist; provided that,  
19 no nonprofit medical service corporation may be required to pay for duplicative services actually  
20 rendered by both a pharmacist and any other healthcare provider.

21 (b) The health plan must include an adequate number of pharmacists in its network of  
22 participating medical providers. The participation of pharmacies in the plan network's drug benefit  
23 does not satisfy the requirement that plans include pharmacists in their networks of participating  
24 medical providers.

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

30 (d) The department of human services shall apply to the United States department of health  
31 and human services for any amendment to the state Medicaid plan or for any Medicaid waiver as  
32 necessary to implement this section. The department of human services shall submit the Medicaid  
33 state plan amendment not later than September 1, 2024.

34 SECTION 3. Chapter 27-20 of the General Laws entitled "Nonprofit Medical Service

1 Corporations" is hereby amended by adding thereto the following section:

2 **27-20-83. Coverage for pharmacists' services.**

3 (a) Every group health insurance contract, or every group hospital or medical expense  
4 insurance policy, plan, or group policy delivered, issued for delivery, or renewed in this state, by  
5 any health insurance carrier, on or after January 1, 2025, shall provide coverage for the services  
6 within the lawful scope of practice of pharmacists pursuant to § 5-19.1-2, and pharmacists' services  
7 provided under a collaborative agreement pursuant to § 5-19.2-2, if the plan would have provided  
8 coverage if the service had been performed by a physician, advanced practice nurse, or physician  
9 assistant. No nonprofit medical service corporation may require supervision, signature, or referral  
10 by any other healthcare provider as a condition of reimbursement to a pharmacist; provided that,  
11 no nonprofit medical service corporation may be required to pay for duplicative services actually  
12 rendered by both a pharmacist and any other healthcare provider.

13 (b) The health plan must include an adequate number of pharmacists in its network of  
14 participating medical providers. The participation of pharmacies in the plan network's drug benefit  
15 does not satisfy the requirement that plans include pharmacists in their networks of participating  
16 medical providers.

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

22 (d) The department of human services shall apply to the United States department of health  
23 and human services for any amendment to the state Medicaid plan or for any Medicaid waiver as  
24 necessary to implement this section. The department of human services shall submit the Medicaid  
25 state plan amendment not later than September 1, 2024.

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

28 **27-41-100. Coverage for pharmacists' services.**

29 (a) Every group health insurance contract, or every group hospital or medical expense  
30 insurance policy, plan, or group policy delivered, issued for delivery, or renewed in this state, by  
31 any health insurance carrier, on or after January 1, 2025, shall provide coverage for the services  
32 within the lawful scope of practice of pharmacists pursuant to § 5-19.1-2, and pharmacists' services  
33 provided under a collaborative agreement pursuant to § 5-19.2-2, if the plan would have provided  
34 coverage if the service had been performed by a physician, advanced practice nurse, or physician

1 assistant. No nonprofit medical service corporation may require supervision, signature, or referral  
2 by any other healthcare provider as a condition of reimbursement to a pharmacist; provided that,  
3 no nonprofit medical service corporation may be required to pay for duplicative services actually  
4 rendered by both a pharmacist and any other healthcare provider.

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

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

14 (d) The department of human services shall apply to the United States department of health  
15 and human services for any amendment to the state Medicaid plan or for any Medicaid waiver as  
16 necessary to implement this section. The department of human services shall submit the Medicaid  
17 state plan amendment not later than September 1, 2024.

18 SECTION 5. This act shall take effect on January 1, 2025.

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

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1           This act would require insurance coverage for all services provided by a pharmacist  
2 provided coverage of such services would have been covered if provided by a physician, advanced  
3 practice nurse, or physician assistant. The health plan would be required to provide an adequate  
4 number of pharmacists in its network of participating medical providers. This act would further  
5 require the department of human services to apply to the United States department of health and  
6 human services for any amendment to state Medicaid plan or any Medicaid waiver as necessary to  
7 implement this act, no later than September 1, 2024.

8           This act would take effect on January 1, 2025.

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