# STATE OF RHODE ISLAND 

IN GENERAL ASSEMBLY
JANUARY SESSION, A.D. 2024

A N A C T<br>RELATING TO INSURANCE -- PRESCRIPTION DRUG BENEFITS

Introduced By: Senators Britto, Ruggerio, and Miller
Date Introduced: March 05, 2024
Referred To: Senate Health \& Human Services

It is enacted by the General Assembly as follows:
SECTION 1. Section 27-20.8-1 of the General Laws in Chapter 27-20.8 entitled "Prescription Drug Benefits" is hereby amended to read as follows:

## 27-20.8-1. Definitions.

For the purposes of this chapter, the following terms shall mean:
(1) "Cost sharing" means any copayment, coinsurance, deductible, or annual limitation on cost sharing (including, but not limited to, a limitation subject to 42 U.S.C. $\$ \$ 18022$ (c) and 300 gg_ $6(b))$, required by or on behalf of an enrollee in order to receive a specific health care service, including a prescription drug, covered by a health plan, whether covered under the medical or pharmacy benefit.
(2) "Director" shall mean the director of the department of business regulation.
$(2)(3)$ "Health plan" shall mean an insurance carrier as defined in chapters 18, 19, 20, and 41 of this title.
$(3)(4)$ "Insured" shall mean any person who is entitled to have pharmacy services paid by a health plan pursuant to a policy, certificate, contract, or agreement of insurance or coverage including those administered for the health plan under a contract with a third-party administrator that manages pharmacy benefits or pharmacy network contracts.
(5) "Insurer" means any person, firm, or corporation offering and/or insuring healthcare services on a prepaid basis, including, but not limited to, a nonprofit service corporation, a health maintenance organization, the Rhode Island Medicaid program, including its contracted managed
care entities, or an entity offering a policy of accident and sickness insurance.
(6) "Person" means a natural person, corporation, mutual company, unincorporated $\underline{\text { association, partnership, joint venture, limited liability company, trust, estate, foundation, nonprofit }}$ corporation, unincorporated organization, or government or governmental subdivision or agency.
(7) "Pharmacy benefit manager" means, any person or business who administers the prescription drug or device program of one or more health plans on behalf of a third party in accordance with a pharmacy benefit program. This term includes any agent or representative of a pharmacy benefit manager hired or contracted by the pharmacy benefit manager to assist in the administering of the drug program and any wholly or partially owned or controlled subsidiary of a pharmacy benefit manager.

SECTION 2. Chapter 27-20.8 of the General Laws entitled "Prescription Drug Benefits" is hereby amended by adding thereto the following section:

## 27-20.8-5. Cost sharing calculation.

(a) When calculating an enrollee's overall contribution to any out-of-pocket maximum or any cost sharing requirement under a health plan, an insurer or pharmacy benefit manager shall include any amounts paid by the enrollee or paid on behalf of the enrollee by another person.
(b) This section shall apply with respect to health plans that are entered into, amended, extended, or renewed on or after January 1, 2025.

SECTION 3. This act shall take effect upon passage.
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LC003540

EXPLANATION
BY THE LEGISLATIVE COUNCIL
OF

## A N A C T <br> RELATING TO INSURANCE -- PRESCRIPTION DRUG BENEFITS


#### Abstract

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This act would include any costs paid by an enrollee or on behalf of the enrollee by a third party when calculating an enrollee's overall contribution to any out-of-pocket maximum or cost sharing requirement under a health plan as of January 1, 2025.

This act would take effect upon passage.


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