SECTION 1. Chapter 27-18 of the General Laws entitled "Accident and Sickness Insurance Policies" is hereby amended by adding thereto the following section:

27-18-85. Medication assisted treatment for opioid use disorder.

(a) Every individual or group health insurance contract, plan or policy delivered, issued for delivery or renewed in this state on or after January 1, 2020, shall include coverage for medication assisted treatment for opioid use disorder.

(b) As used in this section, medication assisted treatment shall include the use of:

1. At least one buprenorphine/naloxone combination product;
2. At least one buprenorphine-only product;
3. At least one formulation of methadone; and
4. At least one formulation of naltrexone.

(c) The medications identified in subsection (b) of this section shall be available without any prior authorization requirement and without regard to an individual’s prior success or failure, with the limited exceptions of dose limit and supply limit criteria consistent with federal guidelines; however, any dose or supply limit criteria must allow for the dispensing of medication assisted treatment within Federal Drug Administration (FDA) recommended dose guidelines without any prior authorization requirements and the prescribing clinician shall be provided the opportunity to clinically justify a dose outside the guidelines.
(d) The medication assisted treatment provided pursuant to this section may be covered as a medical or pharmacy benefit.

(e) The medications identified in subsection (b) of this section shall be placed on the lowest cost sharing tier of the formulary managed by the health insurer or the pharmacy benefit management company.

(f) This section shall not apply to insurance coverage providing benefits for:

1. Hospital confinement indemnity;
2. Disability income;
3. Accident only;
4. Long-term care;
5. Medicare supplement;
6. Limited benefit health;
7. Specified disease indemnity;
8. Sickness or bodily injury or death by accident or both; and
9. Other limited benefit policies.

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

27-19-77. Medication assisted treatment for opioid use disorder.

(a) Every individual or group health insurance contract, plan or policy delivered, issued for delivery or renewed in this state on or after January 1, 2020, shall include coverage for medication assisted treatment for opioid use disorder.

(b) As used in this section, medication assisted treatment shall include the use of:

1. At least one buprenorphine/naloxone combination product;
2. At least one buprenorphine-only product;
3. At least one formulation of methadone; and
4. At least one formulation of naltrexone.

(c) The medications identified in subsection (b) of this section shall be available without any prior authorization requirement and without regard to an individual’s prior success or failure, with the limited exceptions of dose limit and supply limit criteria consistent with federal guidelines; however, any dose or supply limit criteria must allow for the dispensing of medication assisted treatment within Federal Drug Administration (FDA) recommended dose guidelines without any prior authorization requirements and the prescribing clinician shall be provided the opportunity to clinically justify a dose outside the guidelines.

(d) The medication assisted treatment provided pursuant to this section may be covered
as a medical or pharmacy benefit,

e The medications identified in subsection (b) of this section shall be placed on the
lowest cost sharing tier of the formulary managed by the health insurer or the pharmacy benefit
management company.

(f) This section shall not apply to insurance coverage providing benefits for:

(1) Hospital confinement indemnity;
(2) Disability income;
(3) Accident only;
(4) Long-term care;
(5) Medicare supplement;
(6) Limited benefit health;
(7) Specified disease indemnity;
(8) Sickness or bodily injury or death by accident or both; and
(9) Other limited benefit policies.

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

27-20-73. Medication assisted treatment for opioid use disorder.

(a) Every individual or group health insurance contract, plan or policy delivered, issued
for delivery or renewed in this state on or after January 1, 2020, shall include coverage for
medication assisted treatment for opioid use disorder.

(b) As used in this section, medication assisted treatment shall include the use of:

(1) At least one buprenorphine/naloxone combination product;
(2) At least one buprenorphine-only product;
(3) At least one formulation of methadone; and
(4) At least one formulation of naltrexone.

(c) The medications identified in subsection (b) of this section shall be available without
any prior authorization requirement and without regard to an individual’s prior success or failure,
with the limited exceptions of dose limit and supply limit criteria consistent with federal
guidelines; however, any dose or supply limit criteria must allow for the dispensing of medication
assisted treatment within Federal Drug Administration (FDA) recommended dose guidelines
without any prior authorization requirements and the prescribing clinician shall be provided the
opportunity to clinically justify a dose outside the guidelines.

(d) The medication assisted treatment provided pursuant to this section may be covered
as a medical or pharmacy benefit.
(e) The medications identified in subsection (b) of this section shall be placed on the lowest cost sharing tier of the formulary managed by the health insurer or the pharmacy benefit management company.

(f) This section shall not apply to insurance coverage providing benefits for:

1. Hospital confinement indemnity;
2. Disability income;
3. Accident only;
4. Long-term care;
5. Medicare supplement;
6. Limited benefit health;
7. Specified disease indemnity;
8. Sickness or bodily injury or death by accident or both; and
9. Other limited benefit policies.

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

27-41-90. Medication assisted treatment for opioid use disorder.

(a) Every individual or group health insurance contract, plan or policy delivered, issued for delivery or renewed in this state on or after January 1, 2020, shall include coverage for medication assisted treatment for opioid use disorder.

(b) As used in this section, medication assisted treatment shall include the use of:

1. At least one buprenorphine/naloxone combination product;
2. At least one buprenorphine-only product;
3. At least one formulation of methadone; and
4. At least one formulation of naltrexone.

(c) The medications identified in subsection (b) of this section shall be available without any prior authorization requirement and without regard to an individual’s prior success or failure, with the limited exceptions of dose limit and supply limit criteria consistent with federal guidelines; however, any dose or supply limit criteria must allow for the dispensing of medication assisted treatment within Federal Drug Administration (FDA) recommended dose guidelines without any prior authorization requirements and the prescribing clinician shall be provided the opportunity to clinically justify a dose outside the guidelines.

(d) The medication assisted treatment provided pursuant to this section may be covered as a medical or pharmacy benefit.

(e) The medications identified in subsection (b) of this section shall be placed on the
lowest cost sharing tier of the formulary managed by the health insurer or the pharmacy benefit management company.

(f) This section shall not apply to insurance coverage providing benefits for:

(1) Hospital confinement indemnity;
(2) Disability income;
(3) Accident only;
(4) Long-term care;
(5) Medicare supplement;
(6) Limited benefit health;
(7) Specified disease indemnity;
(8) Sickness or bodily injury or death by accident or both; and
(9) Other limited benefit policies.

SECTION 5. Title 21 of the General Laws entitled “FOOD AND DRUGS” is hereby amended by adding thereto the following chapter:

CHAPTER 28.10

ENSURING ACCESS TO HIGH QUALITY CARE FOR THE TREATMENT OF SUBSTANCE USE DISORDERS ACT

21-28.10-1. Title.

This chapter shall be known and may be cited as the “Ensuring access to high quality care for the treatment of substance use disorders act.”

21-28.10-2. Requirements for provision and coverage.

(a) Every individual or group health insurance contract, plan or policy delivered, issued for delivery or renewed in this state on or after January 1, 2020, shall include coverage for medication assisted treatment for opioid use disorder, pursuant to §§ 27-18-85, 27-19-77, 27-20-73, and 27-41-90.

(b) The Rhode Island medical assistance program, chapter 8 of title 40, shall include coverage for medication assisted treatment for opioid use disorder. All provisions of this chapter shall apply to the Rhode Island medical assistance program. The provisions of this chapter establish a minimum standard. Whenever federal law, rules or regulations provide for more rigorous or stringent standards then compliance is required with both this chapter and federal law, rules or regulations.

(c) As used in this section, “medication assisted treatment” means the use of medications, commonly in combination with counseling and behavioral therapies, to provide a comprehensive approach to the treatment of substance use disorders and shall include the use of:
(1) At least one buprenorphine/naloxone combination product;

(2) At least one buprenorphine-only product;

(3) At least one formulation of methadone; and

(5) At least one formulation of naltrexone.

(d) The medications identified in subsection (c) of this section shall be available without any prior authorization requirement and without regard to an individual’s prior success or failure, with the limited exceptions of dose limit and supply limit criteria consistent with federal guidelines; however, any dose or supply limit criteria must allow for the dispensing of medication assisted treatment within Federal Drug Administration (FDA) recommended dose guidelines without any prior authorization requirements and the prescribing clinician shall be provided the opportunity to clinically justify a dose outside the guidelines.

(e) The medication assisted treatment provided pursuant to this section may be covered as a medical or pharmacy benefit.

(f) The department of corrections and all other state entities responsible for the care of persons detained or incarcerated in jails or prisons shall be required to ensure all persons under their care are assessed for substance use disorders using standard diagnostic criteria by a licensed physician who actively treats patients with substance use disorders. These entities shall make available the medication assisted treatment pursuant to this chapter and to chapters 18, 19, 20, and 41 of title 27.

(g) Drug courts or other government operated diversion programs that provide for alternatives to jail or prison for persons with a substance use disorder shall be required to ensure all persons under their care are assessed for substance use disorders using standard diagnostic criteria by a licensed physician who actively treats patients with substance use disorders. These programs shall make available the medication assisted treatment pursuant to this chapter and to chapters 18, 19, 20, and 41 of title 27. No group health plan and an individual or group health insurance plan, and any contract between the Rhode Island medical assistance program, as defined under chapter 8 of title 40, and any health insurance carrier, as defined under chapters 18, 19, 20, and 41 of title 27, shall refuse to cover medication assisted treatment that such plan is required to cover solely because medication assisted treatment was ordered by a court of competent jurisdiction or by a government operated diversion program.


(a) Any contract, written policy, or written procedure in violation of this chapter shall be deemed to be unenforceable and null and void.

(a) If any provision of this chapter or the application thereof to any person or

circumstance shall be adjudged by any court of competent jurisdiction to be invalid, such

invalidity shall not affect other provisions or applications of the chapter which can be given effect

without the invalid provision or application, and to this end the provisions of this chapter are

declared to be severable.

SECTION 6. This act shall take effect on January 1, 2020.
EXPLANATION
BY THE LEGISLATIVE COUNCIL
OF
A N A C T
RELATING TO FOOD AND DRUGS -- ENSURING ACCESS TO HIGH QUALITY CARE
FOR THE TREATMENT OF SUBSTANCE USE DISORDERS

***

This act would establish the medication assisted treatment (MAT) program which uses medications, in combination with counseling and behavioral therapies, to create a comprehensive approach to the treatment of substance use disorders. This act would authorize the use of certain FDA-approved medications to treat opioid addiction including methadone, buprenorphine (alone or in combination with naloxone) and naltrexone in addition to behavioral therapies such as individual therapy, group counseling, and family behavior therapy.

This act would take effect on January 1, 2020.

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