

2024 -- S 2086 AS AMENDED

LC004126

STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2024

A N A C T

RELATING TO INSURANCE -- ACCIDENT AND SICKNESS INSURANCE POLICIES

Introduced By: Senators Ujifusa, Miller, Valverde, DiMario, Gu, Acosta, Mack, Gallo, Bissaillon, and McKenney

Date Introduced: January 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 **27-18-33.3. Patient choice in dispensing of clinician-administered drugs.**

4 (a) As used in this section,

5 (1) "Clinician-administered drug" means an outpatient infused prescription drug other than  
6 a vaccine that:

7 (i) Cannot reasonably be self-administered by the patient to whom the drug is prescribed  
8 or by a non-clinician individual assisting the patient with the self-administration; and

9 (ii) Is typically administered:

10 (A) By a health care professional authorized under the laws of this state to administer the  
11 drug, including when acting under a physician's delegation and supervision; and

12 (B) In a physician's office, hospital outpatient infusion center, or other clinical setting.

13 (b) A health insurer or a third party acting on its behalf shall not refuse to authorize,  
14 approve, or pay a provider for a covered clinician-administered drug that was administered and  
15 dispensed by any in-network hospital or clinic; provided that:

16 (1) The dispensing and administering and any associated authorizations and approvals are  
17 consistent with the provider contract and the issuer's medical and payment policies provided such  
18 policies do not prohibit the procurement, administration, and dispensing by an in-network hospital  
19 or clinic; and

1           (2) The reimbursement to the provider shall be negotiated between the health insurer and  
2 provider at a rate equal to payments between the insurer and a preferred pharmacy.

3           (c) After January 1, 2025, the office of the health insurance commissioner, in consultation  
4 with health insurers and providers, shall conduct an analysis of the payment for  
5 clinician-administered drugs under this section.

6           (1) In conducting the analysis, the office of the health insurance commissioner may:

7           (i) Gather data from providers regarding potentially inaccurate payments; and

8           (ii) Obtain necessary information from health insurers to understand how reimbursements  
9 to providers for clinician-administered drugs are calculated.

10          (2) The office of the health insurance commissioner shall publish on its website a summary  
11 of its analysis, without identifying any health insurers or providers.

12          (3) The office of the health insurance commissioner may include in its analysis legislative  
13 recommendations to improve the reimbursement process for clinician-administered drugs under  
14 this section, as necessary. Any recommendations shall include a description of the  
15 recommendation's potential costs to consumers, health insurers, providers, and the state.

16          (4) The office of the health insurance commissioner shall provide the general assembly  
17 with their analysis no later than February 28, 2026.

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

20          **27-19-26.3. Patient choice in dispensing of clinician-administered drugs.**

21          (a) As used in this section,

22          (1) "Clinician-administered drug" means an outpatient infused prescription drug other than  
23 a vaccine that:

24          (i) Cannot reasonably be self-administered by the patient to whom the drug is prescribed  
25 or by a non-clinician individual assisting the patient with the self-administration; and

26          (ii) Is typically administered:

27          (A) By a health care professional authorized under the laws of this state to administer the  
28 drug, including when acting under a physician's delegation and supervision; and

29          (B) In a physician's office, hospital outpatient infusion center, or other clinical setting.

30          (b) A health insurer or a third party acting on its behalf shall not refuse to authorize,  
31 approve, or pay a provider for a covered clinician-administered drug that was administered and  
32 dispensed by any in-network hospital or clinic; provided that:

33          (1) The dispensing and administering and any associated authorizations and approvals are  
34 consistent with the provider contract and the issuer's medical and payment policies provided such

1 policies do not prohibit the procurement, administration, and dispensing by an in-network hospital  
2 or clinic; and

3 (2) The reimbursement to the provider shall be negotiated between the health insurer and  
4 provider at a rate equal to payments between the insurer and a preferred pharmacy.

5 (c) After January 1, 2025, the office of the health insurance commissioner, in consultation  
6 with health insurers and providers, shall conduct an analysis of the payment for  
7 clinician-administered drugs under this section.

8 (1) In conducting the analysis, the office of the health insurance commissioner may:

9 (i) Gather data from providers regarding potentially inaccurate payments; and

10 (ii) Obtain necessary information from health insurers to understand how reimbursements  
11 to providers for clinician-administered drugs are calculated.

12 (2) The office of the health insurance commissioner shall publish on its website a summary  
13 of its analysis, without identifying any health insurers or providers.

14 (3) The office of the health insurance commissioner may include in its analysis legislative  
15 recommendations to improve the reimbursement process for clinician-administered drugs under  
16 this section, as necessary. Any recommendations shall include a description of the  
17 recommendation's potential costs to consumers, health insurers, providers, and the state.

18 (4) The office of the health insurance commissioner shall provide the general assembly  
19 with their analysis no later than February 28, 2026.

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

22 **27-20-23.3. Patient choice in dispensing of clinician-administered drugs.**

23 (a) As used in this section,

24 (1) "Clinician-administered drug" means an outpatient infused prescription drug other than  
25 a vaccine that:

26 (i) Cannot reasonably be self-administered by the patient to whom the drug is prescribed  
27 or by a non-clinician individual assisting the patient with the self-administration; and

28 (ii) Is typically administered:

29 (A) By a health care professional authorized under the laws of this state to administer the  
30 drug, including when acting under a physician's delegation and supervision; and

31 (B) In a physician's office, hospital outpatient infusion center, or other clinical setting.

32 (b) A health insurer or a third party acting on its behalf shall not refuse to authorize,  
33 approve, or pay a provider for a covered clinician-administered drug that was administered and  
34 dispensed by any in-network hospital or clinic; provided that:

1 (1) The dispensing and administering and any associated authorizations and approvals are  
2 consistent with the provider contract and the issuer's medical and payment policies provided such  
3 policies do not prohibit the procurement, administration, and dispensing by an in-network hospital  
4 or clinic; and

5 (2) The reimbursement to the provider shall be negotiated between the health insurer and  
6 provider at a rate equal to payments between the insurer and a preferred pharmacy.

7 (c) After January 1, 2025, the office of the health insurance commissioner, in consultation  
8 with health insurers and providers, shall conduct an analysis of the payment for  
9 clinician-administered drugs under this section.

10 (1) In conducting the analysis, the office of the health insurance commissioner may:

11 (i) Gather data from providers regarding potentially inaccurate payments; and

12 (ii) Obtain necessary information from health insurers to understand how reimbursements  
13 to providers for clinician-administered drugs are calculated.

14 (2) The office of the health insurance commissioner shall publish on its website a summary  
15 of its analysis, without identifying any health insurers or providers.

16 (3) The office of the health insurance commissioner may include in its analysis legislative  
17 recommendations to improve the reimbursement process for clinician-administered drugs under  
18 this section, as necessary. Any recommendations shall include a description of the  
19 recommendation's potential costs to consumers, health insurers, providers, and the state.

20 (4) The office of the health insurance commissioner shall provide the general assembly  
21 with their analysis no later than February 28, 2026.

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

24 **27-41-38.4. Patient choice in dispensing of clinician-administered drugs.**

25 (a) As used in this section,

26 (1) "Clinician-administered drug" means an outpatient infused prescription drug other than  
27 a vaccine that:

28 (i) Cannot reasonably be self-administered by the patient to whom the drug is prescribed  
29 or by a non-clinician individual assisting the patient with the self-administration; and

30 (ii) Is typically administered:

31 (A) By a health care professional authorized under the laws of this state to administer the  
32 drug, including when acting under a physician's delegation and supervision; and

33 (B) In a physician's office, hospital outpatient infusion center, or other clinical setting.

34 (b) A health insurer or a third party acting on its behalf shall not refuse to authorize,

1 approve, or pay a provider for a covered clinician-administered drug that was administered and  
2 dispensed by any in-network hospital or clinic; provided that:

3 (1) The dispensing and administering and any associated authorizations and approvals are  
4 consistent with the provider contract and the issuer's medical and payment policies provided such  
5 policies do not prohibit the procurement, administration, and dispensing by an in-network hospital  
6 or clinic; and

7 (2) The reimbursement to the provider shall be negotiated between the health insurer and  
8 provider at a rate equal to payments between the insurer and a preferred pharmacy.

9 (c) After January 1, 2025, the office of the health insurance commissioner, in consultation  
10 with health insurers and providers, shall conduct an analysis of the payment for  
11 clinician-administered drugs under this section.

12 (1) In conducting the analysis, the office of the health insurance commissioner may:

13 (i) Gather data from providers regarding potentially inaccurate payments; and

14 (ii) Obtain necessary information from health insurers to understand how reimbursements  
15 to providers for clinician-administered drugs are calculated.

16 (2) The office of the health insurance commissioner shall publish on its website a summary  
17 of its analysis, without identifying any health insurers or providers.

18 (3) The office of the health insurance commissioner may include in its analysis legislative  
19 recommendations to improve the reimbursement process for clinician-administered drugs under  
20 this section, as necessary. Any recommendations shall include a description of the  
21 recommendation's potential costs to consumers, health insurers, providers, and the state.

22 (4) The office of the health insurance commissioner shall provide the general assembly  
23 with their analysis no later than February 28, 2026.

24 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 prevent healthcare entities from refusing to authorize, approve, or pay a  
2 participating provider for providing covered clinician-administered drugs and related services to  
3 covered persons. This act would also prevent healthcare entities from imposing coverage or benefits  
4 limitations, or require an enrollee to pay an additional fee, higher copay, higher coinsurance, second  
5 copay, second coinsurance, or other penalty when obtaining clinician-administered drugs from a  
6 healthcare provider. It would prohibit interference with the patient's right to choose to obtain a  
7 clinician-administered drug from their provider or pharmacy of choice.

8           This act would take effect upon passage.

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