2024 -- H 7445

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STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2024

AN ACT

RELATING TO BUSINESSES AND PROFESSIONS -- PHARMACIES

<u>Introduced By:</u> Representatives Tanzi, McGaw, Potter, Cruz, Stewart, Giraldo, Alzate, Spears, Henries, and Morales

Date Introduced: February 02, 2024

Referred To: House Health & Human Services

It is enacted by the General Assembly as follows:

1 SECTION 1. Chapter 5-19.1 of the General Laws entitled "Pharmacies" is hereby amended 2 by adding thereto the following section: 3 5-19.1-36. Tobacco cessation therapy prescriptive authority. 4 (a) A pharmacist who is licensed pursuant to this chapter and who meets the requirements 5 of this section may prescribe and dispense FDA-approved tobacco cessation drug therapies to a qualified patient pursuant to rules and regulations adopted by the board of pharmacy, subject to the 6 7 approval of the director of health in consultation with the director of behavioral healthcare, 8 developmental disabilities and hospitals. 9 (b) For the purposes of this section, "qualified patient" means a patient who: 10 (1) Is at least eighteen (18) years of age; or of minimum age based on the most recent 11 guidance provided by the FDA; 12 (2) Is willing to participate in a structured tobacco cessation program consisting of an initial 13 evaluation and appropriate follow-up visits with the pharmacist prescribing tobacco cessation 14 products; and 15 (3) Has been educated on symptoms of nicotine toxicity, common and/or severe adverse effects of prescribed medication(s), and when to seek medical treatment. 16 (c) Prior to prescribing tobacco cessation therapies, the pharmacist shall have completed 17 18 tobacco cessation education approved by the state board of pharmacy.

(d) The pharmacist shall refer or consult prior to prescribing regarding high-risk patients

1	or patients with an identified contraindication to FDA-approved tobacco cessation drug therapies
2	to the patient's primary care provider, as applicable, or to another provider, as appropriate.
3	(e) All pharmacists participating in prescribing therapy for tobacco cessation shall follow
4	the most updated guidelines and standards of care as approved by the board of pharmacy, subject
5	to the approval of the director of health in consultation with the director of behavioral healthcare,
6	developmental disabilities and hospitals.
7	(1) Pharmacists shall implement the most updated clinical practice guidelines to help
8	patients quit using all forms of tobacco.
9	(2) Pharmacists' services shall include an educational component to include counseling on
10	medication therapies and cessation strategies as well as referral to sources provided by the Rhode
11	Island department of health.
12	(f) Notification of the patient screening, the prescription record and the follow-up care plan
13	shall be provided to the patient's primary care provider, as applicable, within five (5) business days
14	following the prescribing of a tobacco cessation product.
15	(g) The definition of a qualified patient is subject to adaptation pursuant to rules and
16	regulations adopted by the board of pharmacy, subject to the approval of the director of health in
17	consultation with the director of behavioral healthcare, developmental disabilities and hospitals.
18	(h) Tobacco cessation drug therapies shall be covered by all health insurance companies
19	doing business in the State of Rhode Island.
20	(i) Tobacco cessation drug therapies shall be covered by Medicaid upon approval of the
21	Medicaid section 1115 demonstration waiver to be submitted by the secretary of the executive
22	office of health and human services pursuant to chapter 12.4 of title 42.
23	(j) All state and federal laws governing insurance coverage of tobacco cessation devices,
24	products and services shall apply to tobacco cessation prescribed by a pharmacist under this section.
25	(k) Any individual health plan or group health plan and any health coverage through any
26	commercial health plan shall cover tobacco cessation products that are prescribed and dispensed
27	by a pharmacist, including counseling, if those tobacco cessation products would otherwise be
28	covered if prescribed by another type of health care provider.
29	SECTION 2. Chapter 27-18 of the General Laws entitled "Accident and Sickness Insurance
30	Policies" is hereby amended by adding thereto the following sections:
31	27-18-95. Mandatory coverage for tobacco cessation drug therapies.
32	Every group health insurance contract, or medical expense insurance policy, plan or group
33	policy delivered, issued for delivery, or renewed in this state, by any health insurance carrier, on or
34	after January 1, 2025, shall provide coverage for tobacco cessation drug therapy

[27-18-96.	Coverage	for	pharmacists'	services.

- (a) Every group health insurance contract, or every group hospital or medical expense insurance policy, plan, or group policy delivered, issued for delivery, or renewed in this state, by any health insurance carrier, on or after January 1, 2025, shall provide coverage for the services within the lawful scope of practice of pharmacists pursuant to § 5-19.1-2 if the plan would have provided coverage if the service had been performed by a physician, advanced practice nurse, or physician assistant. No nonprofit medical service corporation may require supervision, signature, or referral by any other healthcare provider as a condition of reimbursement to a pharmacist; provided that, no nonprofit medical service corporation may be required to pay for duplicative services actually rendered by both a pharmacist and any other healthcare provider.
 - (b) The health plan must include an adequate number of pharmacists in its network of participating medical providers. The participation of pharmacies in the plan network's drug benefit does not satisfy the requirement that plans include pharmacists in their networks of participating medical providers.
 - (c) The healthcare benefits outlined in this chapter apply only to services delivered within the health insurer's provider network; provided that, all health insurers shall be required to provide coverage for those benefits mandated by this chapter outside of the health insurer's provider network where it can be established that the required services are not available from a provider in the health insurer's network.
- 20 SECTION 3. Chapter 27-19 of the General Laws entitled "Nonprofit Hospital Service 21 Corporations" is hereby amended by adding thereto the following sections:

27-19-87. Mandatory coverage for tobacco cessation drug therapies.

Every group health insurance contract, or medical expense insurance policy, plan or group policy delivered, issued for delivery, or renewed in this state, by any health insurance carrier, on or after January 1, 2025, shall provide coverage for tobacco cessation drug therapy.

27-19-88. Coverage for pharmacists' services.

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

1	services actually rendered by both a pharmacist and any other healthcare provider.
2	(b) The health plan must include an adequate number of pharmacists in its network of
3	participating medical providers. The participation of pharmacies in the plan network's drug benefit
4	does not satisfy the requirement that plans include pharmacists in their networks of participating
5	medical providers.
6	(c) The healthcare benefits outlined in this chapter apply only to services delivered within
7	the health insurer's provider network; provided that, all health insurers shall be required to provide
8	coverage for those benefits mandated by this chapter outside of the health insurer's provider
9	network where it can be established that the required services are not available from a provider in
10	the health insurer's network.
11	SECTION 4. Chapter 27-20 of the General Laws entitled "Nonprofit Medical Service
12	Corporations" is hereby amended by adding thereto the following sections:
13	27-20-83. Mandatory coverage for tobacco cessation drug therapies.
14	Every group health insurance contract, or medical expense insurance policy, plan or group
15	policy delivered, issued for delivery, or renewed in this state, by any health insurance carrier, on or
16	after January 1, 2025, shall provide coverage for tobacco cessation drug therapy.
17	27-20-84. Coverage for pharmacists' services.
18	(a) Every group health insurance contract, or every group hospital or medical expense
19	insurance policy, plan, or group policy delivered, issued for delivery, or renewed in this state, by
20	any haalih inayyanaa aanian an an aftan January 1 2005 ahall mayida aayyanaa fan tha aaniaaa
20	any health insurance carrier, on or after January 1, 2025, shall provide coverage for the services
21	within the lawful scope of practice of pharmacists pursuant to § 5-19.1-2 if the plan would have
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21 22	within the lawful scope of practice of pharmacists pursuant to § 5-19.1-2 if the plan would have provided coverage if the service had been performed by a physician, advanced practice nurse, or
21 22 23	within the lawful scope of practice of pharmacists pursuant to § 5-19.1-2 if the plan would have provided coverage if the service had been performed by a physician, advanced practice nurse, or physician assistant. No nonprofit medical service corporation may require supervision, signature,
21 22 23 24	within the lawful scope of practice of pharmacists pursuant to § 5-19.1-2 if the plan would have provided coverage if the service had been performed by a physician, advanced practice nurse, or physician assistant. No nonprofit medical service corporation may require supervision, signature, or referral by any other healthcare provider as a condition of reimbursement to a pharmacist;
21 22 23 24 25	within the lawful scope of practice of pharmacists pursuant to § 5-19.1-2 if the plan would have provided coverage if the service had been performed by a physician, advanced practice nurse, or physician assistant. No nonprofit medical service corporation may require supervision, signature, or referral by any other healthcare provider as a condition of reimbursement to a pharmacist; provided that, no nonprofit medical service corporation may be required to pay for duplicative
21 22 23 24 25 26	within the lawful scope of practice of pharmacists pursuant to § 5-19.1-2 if the plan would have provided coverage if the service had been performed by a physician, advanced practice nurse, or physician assistant. No nonprofit medical service corporation may require supervision, signature, or referral by any other healthcare provider as a condition of reimbursement to a pharmacist; provided that, no nonprofit medical service corporation may be required to pay for duplicative services actually rendered by both a pharmacist and any other healthcare provider.
221 222 223 224 225 226 227	within the lawful scope of practice of pharmacists pursuant to § 5-19.1-2 if the plan would have provided coverage if the service had been performed by a physician, advanced practice nurse, or physician assistant. No nonprofit medical service corporation may require supervision, signature, or referral by any other healthcare provider as a condition of reimbursement to a pharmacist; provided that, no nonprofit medical service corporation may be required to pay for duplicative services actually rendered by both a pharmacist and any other healthcare provider. (b) The health plan must include an adequate number of pharmacists in its network of
221 222 223 224 225 226 227 228	within the lawful scope of practice of pharmacists pursuant to § 5-19.1-2 if the plan would have provided coverage if the service had been performed by a physician, advanced practice nurse, or physician assistant. No nonprofit medical service corporation may require supervision, signature, or referral by any other healthcare provider as a condition of reimbursement to a pharmacist; provided that, no nonprofit medical service corporation may be required to pay for duplicative services actually rendered by both a pharmacist and any other healthcare provider. (b) The health plan must include an adequate number of pharmacists in its network of participating medical providers. The participation of pharmacies in the plan network's drug benefit
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221 222 223 224 225 226 227 228 229 330	within the lawful scope of practice of pharmacists pursuant to § 5-19.1-2 if the plan would have provided coverage if the service had been performed by a physician, advanced practice nurse, or physician assistant. No nonprofit medical service corporation may require supervision, signature, or referral by any other healthcare provider as a condition of reimbursement to a pharmacist; provided that, no nonprofit medical service corporation may be required to pay for duplicative services actually rendered by both a pharmacist and any other healthcare provider. (b) The health plan must include an adequate number of pharmacists in its network of participating medical providers. The participation of pharmacists in the plan network's drug benefit does not satisfy the requirement that plans include pharmacists in their networks of participating medical providers.
221 222 23 24 25 226 227 228 229 330 331	within the lawful scope of practice of pharmacists pursuant to § 5-19.1-2 if the plan would have provided coverage if the service had been performed by a physician, advanced practice nurse, or physician assistant. No nonprofit medical service corporation may require supervision, signature, or referral by any other healthcare provider as a condition of reimbursement to a pharmacist; provided that, no nonprofit medical service corporation may be required to pay for duplicative services actually rendered by both a pharmacist and any other healthcare provider. (b) The health plan must include an adequate number of pharmacists in its network of participating medical providers. The participation of pharmacies in the plan network's drug benefit does not satisfy the requirement that plans include pharmacists in their networks of participating medical providers. (c) The healthcare benefits outlined in this chapter apply only to services delivered within

2	SECTION 5. Chapter 27-41 of the General Laws entitled "Health Maintenance
3	Organizations" is hereby amended by adding thereto the following sections:
4	27-41-100. Mandatory coverage for tobacco cessation drug therapies.
5	Every group health insurance contract, or medical expense insurance policy, plan or group
6	policy delivered, issued for delivery, or renewed in this state, by any health insurance carrier, on or
7	after January 1, 2025, shall provide coverage for tobacco cessation drug therapy.
8	27-41-101. Coverage for pharmacists' services.
9	(a) Every group health insurance contract, or every group hospital or medical expense
0	insurance policy, plan, or group policy delivered, issued for delivery, or renewed in this state, by
1	any health insurance carrier, on or after January 1, 2025, shall provide coverage for the services
12	within the lawful scope of practice of pharmacists pursuant to § 5-19.1-2 if the plan would have
13	provided coverage if the service had been performed by a physician, advanced practice nurse, or
14	physician assistant. No nonprofit medical service corporation may require supervision, signature,
15	or referral by any other healthcare provider as a condition of reimbursement to a pharmacist
16	provided that, no nonprofit medical service corporation may be required to pay for duplicative
17	services actually rendered by both a pharmacist and any other healthcare provider.
18	(b) The health plan must include an adequate number of pharmacists in its network of
19	participating medical providers. The participation of pharmacies in the plan network's drug benefit
20	does not satisfy the requirement that plans include pharmacists in their networks of participating
21	medical providers.
22	(c) The healthcare benefits outlined in this chapter apply only to services delivered within
23	the health insurer's provider network; provided that, all health insurers shall be required to provide
24	coverage for those benefits mandated by this chapter outside of the health insurer's provider
25	network where it can be established that the required services are not available from a provider in
26	the health insurer's network.
27	SECTION 6. Rhode Island Medicaid Reform Act of 2008 Resolution.
28	WHEREAS, The General Assembly enacted Chapter 12.4 of Title 42 entitled "The Rhode
29	Island Medicaid Reform Act of 2008"; and
30	WHEREAS, A legislative enactment is required pursuant to Rhode Island General Laws
31	42-12.4-1, et seq.; and
32	WHEREAS, Rhode Island General Laws § 42-7.2-5(3)(i) provides that the Secretary of
33	the Executive Office of Health and Human Services ("Executive Office") is responsible for the
34	review and coordination of any Medicaid section 1115 demonstration waiver requests and renewals

the health insurer's network.

1	as well as any initiatives and proposals requiring amendments to the Medicaid state plan or category
2	II or III changes as described in the demonstration, "with potential to affect the scope, amount, or
3	duration of publicly-funded health care services, provider payments or reimbursements, or access
4	to or the availability of benefits and services provided by Rhode Island general and public laws";
5	and
6	WHEREAS, Implementation of adjustments may require amendments to the Rhode
7	Island's Medicaid state plan and/or section 1115 waiver under the terms and conditions of the
8	demonstration. Further, adoption of new or amended rules, regulations and procedures may also be
9	required to allow a pharmacist to prescribe tobacco cessation therapies; now, therefore be it
0	RESOLVED, That this General Assembly hereby approves the proposal stated above; and
1	be it further
12	RESOLVED, That the Secretary of the Executive Office of Health and Human Services is
13	hereby authorized and directed to pursue and implement any waiver amendments, state plan
14	amendment, and/or changes to the applicable department's rules, regulations and procedures
15	approved herein and as authorized by Chapter 12.4 of Title 42 as soon as practicable; and be it
16	further
17	RESOLVED, That this Joint Resolution shall take effect on July 1, 2024.
18	SECTION 7. Section 1 of this act shall take effect on January 1, 2025 and sections 2
19	through 6 shall take effect upon passage.

LC004644

EXPLANATION

BY THE LEGISLATIVE COUNCIL

OF

AN ACT

RELATING TO BUSINESSES AND PROFESSIONS -- PHARMACIES

This act would add a new section which sets forth conditions for pharmacists to prescribe tobacco cessation drug therapies, including education approved by the state board of pharmacy.

The cessation therapies would be covered by all health insurance carriers on or after January 1, 2025.

Section 1 of this act would take effect on January 1, 2025 and sections 2 through 6 would take effect upon passage.

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