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**STATE OF RHODE ISLAND**

**IN GENERAL ASSEMBLY**

**JANUARY SESSION, A.D. 2019**

 AN ACT

RELATING TO INSURANCE -- INSURANCE COVERAGE FOR MENTAL HEALTH AND SUBSTANCE USE DISORDERS

Introduced By: Representatives \_\_\_\_\_\_, \_\_\_\_\_\_, \_\_\_\_\_\_, \_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_

Date Introduced: January XX, 2019

Referred to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

It is enacted by the General Assembly as follows:

 SECTION 1. Section 27-38.2-1 of the General Laws in Chapter 27-38.2 29 entitled "Insurance Coverage for Mental Illness and Substance Abuse" is hereby amended to read as follows:

 **27-38.2-1. Coverage for treatment of mental health and substance use disorders. [Effective April 1, 2018.].**

 (a) A group health plan and an individual or group health insurance plan shall provide coverage for the treatment of mental health and substance-use disorders under the same terms and conditions as that coverage is provided for other illnesses and diseases.

(b) Coverage for the treatment of mental health and substance-use disorders shall not impose any annual or lifetime dollar limitation.

(c) Financial requirements and quantitative treatment limitations on coverage for the treatment of mental health and substance-use disorders shall be no more restrictive than the predominant financial requirements applied to substantially all coverage for medical conditions in each treatment classification.

(d) Coverage shall not impose non-quantitative treatment limitations for the treatment of mental health and substance-use disorders unless the processes, strategies, evidentiary standards, or other factors used in applying the non-quantitative treatment limitation, as written and in operation, are comparable to, and are applied no more stringently than, the processes, strategies, evidentiary standards, or other factors used in applying the limitation with respect to medical/surgical benefits in the classification.

(e) The following classifications shall be used to apply the coverage requirements of this chapter: (1) Inpatient, in-network; (2) Inpatient, out-of-network; (3) Outpatient, in-network; (4) Outpatient, out-of-network; (5) Emergency care; and (6) Prescription drugs.

(f) Medication-assisted treatment or medication-assisted maintenance services of substance-use disorders, opioid overdoses, and chronic addiction, including methadone, buprenorphine, naltrexone, or other clinically appropriate medications, is included within the appropriate classification based on the site of the service~~.~~, provided that:

(1) There shall not be any prior authorization requirements on any prescription medication approved by the federal Food and Drug Administration (FDA) for the treatment of substance use disorders.

(2) There shall not be any step therapy requirements before coverage is approved for a prescription medication approved by the FDA for the treatment of substance use disorders.

(3) All prescription medications approved by the FDA for the treatment of substance use disorders shall be placed on the lowest tier of the drug formulary.

(4) There shall not be any exclusions of coverage for any prescription medication approved by the FDA for the treatment of substance use disorders and any associated counseling or wraparound services on the grounds that such medications and services were court ordered.

(g) Payors shall rely upon the criteria of the American Society of Addiction Medicine when developing coverage for levels of care for substance-use disorder treatment.

(h) Patients with substance-use disorders shall have access to evidence-based, non-opioid treatment for pain, therefore coverage shall apply to medically necessary chiropractic care and osteopathic manipulative treatment performed by an individual licensed under § 5-37-2.

SECTION 2. This act shall take effect upon passage.

EXPLANATION

BY THE LEGISLATIVE COUNCIL

OF

A N A C T

RELATING TO INSURANCE -- INSURANCE COVERAGE FOR MENTAL ILLNESS AND SUBSTANCE USE DISORDER

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This act would prohibit insurance plans from restricting access to medication-assisted treatment through certain utilization review protocols.

This act would take effect on April 1, 2019 or upon passage, whichever date occurs later in time.

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