



## OHIC 2014 Legislative Session Update – Summary of Select Bills March 18, 2014

Bill Category	Bill Number and Legislative Council Explanation	Bill Status
<b>Rate Review</b>	<b>H7538 – Individual Market Rate Hearings:</b> This act would require a public hearing for all insurers or health maintenance organizations who propose rates for health insurance coverage in the individual market	<b>3/11:</b> Went before Committee and held for further study
	<b>S2558 – Uniform Rate Review Procedure:</b> This act would create a uniform rate review procedure for rates proposed to be changed or rating formulas proposed to be used by nonprofit hospital service corporations, nonprofit medical services corporations and the catastrophic health insurance plan requiring public hearings or public meetings with the applicant bearing the reasonable expenses of the filing. This act would not limit the appeal rights of any person or entity that had the right to appeal a final decision of the commissioner under § 27-19-6, 27-20-6 or 42-62-13.	
	<b>H7177 – Gender Rating:</b> This act would prohibit insurance companies from varying the premium rates charged for a health coverage plan based on the gender of the individual policy holder, enrollee, subscriber, or member.	<b>2/4:</b> Went before Committee and held for further study
	<b>S2221 – Gender Rating:</b> This act would provide that insurance companies shall not vary the premium rates charged for a health coverage plan based on the gender of the individual policy holder, enrollee, subscriber, or member.	<b>3/20:</b> Hearing scheduled
	<b>S2223 – Rate Increase Linked to CPI:</b> This act would provide that any rate increase with respect to health insurance plans shall be no greater than the Consumer Price Index.	
<b>Mental Health Parity</b>	<b>H7649 (S2534, H7477) – Access to Abuse-Deterrent Pain Medications:</b> This act would prevent health insurance policies, plans or contracts that provide coverage for prescription drugs from requiring a beneficiary to use an opioid drug not indicated by the FDA for the condition being treated prior to the use of a non-opioid	



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	<p>drug that is approved by the FDA for the condition being treated, or to use a non-abuse-deterrent formulation prior to using an abuse-deterrent formulation.</p>	
	<p><b>H7933 – Coverage to Treat Opioid Addictions:</b> This act would require mandatory health insurance coverage for certain listed drugs which treat opioid substance abuse and addictions. This act would also require hospitals to amend their discharge plans and discharge processes to address patients with opioid and other substance abuse addictions. The act would require at least one follow-up contact by the hospital with the patient after discharge, and the scheduling of at least one follow-up appointment with an appropriate facility for the patient. The health insurance commissioner would annually review the adequacy of both the health insurers' insurance coverage and the discharge plans and transition processes developed by the hospitals.</p>	
	<p><b>S2769 – RI Behavioral Health Care Reform Act of 2014:</b> This act would establish the "Rhode Island Behavioral Health Care Reform Act of 2014." Its purpose is to ensure appropriate use of healthcare resources to manage behavioral healthcare services and to promote the delivery of such services to people who need them, and includes routine screening of children for behavioral health matters. The act would direct various parties, including physicians, the director of the department of health, and the health insurance commissioner to undertake various actions to achieve these goals. It would also provide for increased insurance coverage for health-related behavioral services.</p>	
	<p><b>S2701 – Insurance Coverage for Mental Illness and Substance Abuse:</b> This act would specify the nature and extent of the health benefits for addictive and behavioral healthcare and surgical services that health insurers must offer in their health insurance policies relating to a diagnosis of mental health or substance abuse disorders in order to make these benefits equivalent to those benefits offered for general medical benefits.</p>	
<p><b>Benefit Mandates and Utilization</b></p>	<p><b>H7643 (S2531) – Pharmacy Networks:</b> This act would regulate the business relationship between providers of pharmacy services and group health insurers, nonprofit hospital service corporations, nonprofit medical service corporations and</p>	<p><b>3/11:</b> S2531 Went before Committee and held for further study</p>



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<b>Review</b>	health maintenance organizations including establishment of the relationship and the requirements needed to be considered an acceptable pharmacy service provider, termination of the relationship, audits, acceptance or denial of benefits, substitution of drugs with therapeutic equivalents, cost limitations, maximum allowable cost rates and grievance procedures between the parties, and liability sharing requirements.	
	<b>H7318 – Coverage of Temporomandibular Joint Disorder:</b> This act would require that health insurance policies include coverage for temporomandibular joint disorder.	2/25: Went before Committee and held for further study
	<b>H7470 (S2349) – Non-Profit Dental Service Corporations:</b> This act would require nonprofit dental service plan providers to provide notice of any changes relating to coverage under the plan to dentist providing coverage under the plan.	2/25: H7470 went before Committee and held for further study 3/6: S2349 went before Committee and held for further study
	<b>H7542 (S2516) – Optometric Services:</b> This act would provide that no contract between an insurance company or similar entity and an optometrist would require the optometrist to provide services to a subscriber at a price set by the insurer, unless the services were covered under the applicable insurance agreement.	3/11: S2516 Went before Committee and held for further study
	<b>H7903 – Coverage of Formula and Other Prescribed Foods:</b> This act would require insurance coverage of formula and other prescribed food for all patients regardless of age, and would also abolish the mandated cap on coverage and any co-payments or deductibles in connection with such benefits.	
<b>Miscellaneous</b>	<b>S2508 – Office of Health Policy:</b> This act would create an office of health policy, within the department of administration, whose responsibility it would be to reduce the cost of health care while increasing access to quality health care.	