

2013 -- S 0754

=====  
LC02012  
=====

STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2013

—————  
A N A C T

RELATING TO INSURANCE - PRESCRIPTION DRUG BENEFITS

Introduced By: Senator Donna M. Nesselbush

Date Introduced: March 13, 2013

Referred To: Senate Health & Human Services

It is enacted by the General Assembly as follows:

1 SECTION 1. Section 27-20.8-2 of the General Laws in Chapter 27-20.8 entitled  
2 "Prescription Drug Benefits" is hereby amended to read as follows:

3 **27-20.8-2. Pharmacy benefit, limits and co-payments.** -- Any health plan that offers  
4 pharmacy benefits shall comply with the following:

5 (a) ~~When a~~ A health plan's pharmacy benefit ~~has~~ shall not have a dollar limit, ~~the~~  
6 ~~insured's use of such benefit shall be determined based on the health plan's contracted rate to~~  
7 ~~purchase the drug minus the enrollee's applicable co-payment for covered drugs. The balance will~~  
8 ~~apply towards the enrollee's dollars limit.~~

9 (b) Each health plan shall establish a separate out-of-pocket limit for prescription drugs,  
10 including specialty drugs, equal to the maximum dollar amounts in effect under section 223(b)(2)  
11 of the internal revenue code for self-only and family coverage, respectively. For the purposes of  
12 this section, the use of term "out-of-pocket limit" must be consistent with the definitions of those  
13 terms as prescribed by the secretary of the United States department of health and human services  
14 pursuant to section 2715 of the affordable care act.

15 ~~(b)(c)~~ (c) When a health plan charges a co-payment for covered prescription drugs that is  
16 based on a percent of the drug cost, the health plan shall disclose within the group policy or  
17 individual policy benefits description statement whether the co-payment is based on the plan's  
18 contracted rate to purchase the drug or some other cost basis such as retail price.

19 (d) Nothing in this section shall apply to the title XIX state plan pursuant to title XIX of

1 [the social security act to provide medicaid coverage or title XXI state plan pursuant to title XXI](#)  
2 [of the social security act to provide medical assistance coverage. The services provided shall be in](#)  
3 [accord with title XIX \[42 U.S.C. et seq.\] and title XXI \[42 U.S.C. 1397 et seq.\] of the social](#)  
4 [security act.](#)

5 SECTION 2. This act shall take effect upon passage.

=====  
LC02012  
=====

EXPLANATION  
BY THE LEGISLATIVE COUNCIL  
OF  
A N A C T  
RELATING TO INSURANCE - PRESCRIPTION DRUG BENEFITS

\*\*\*

1           This act would mandate that a health plan's pharmacy benefit shall not have a dollar  
2 limit. Each health plan would establish that a separate out-of-pocket limit would be for  
3 prescription drugs, including specialty drugs, equal to the maximum dollar amounts in effect  
4 under section 223(b)(2) of the Internal Revenue Code for self-only and family coverage,  
5 respectively.

6           This act would take effect upon passage.

=====  
LC02012  
=====