2025 Health Care Affordability State Policy Snapshot

RHODE ISLAND

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HEALTHCARE VALUE HUB

State Has Active Legislation

State Does Not Have Active Legislation

The Health Care Value Hub ("the Hub") is proud to launch the 2025 Health Care Affordability Policy Snapshot ("Affordability Snapshot"). The Affordability Snapshot provides legislators, consumer advocates, regulators and other interested parties a tool to compare their state's health policies across other states.

The categories examined in this resource explore a variety of policy options that impact health care affordability. Policies were examined for whether they were active, implemented to a limited degree, or not active as of June 1, 2025. Sources for this information can be found in the downloadable **Data and Source Document available on the Dashboard page. Definitions and descriptions for each policy category can be found in the Glossary.**

The Hub offers online and hands-on support with staff dedicated to understanding health care policy and connecting advocates and other interested parties together to help build a patient-centered, high-value healthcare system. As a research-based organization, the Hub takes a comprehensive approach to improving affordability through policy analysis, translation, visualization, and collaborative engagement. We encourage advocates, legislators, and other stakeholders to share our findings to improve consumer health care affordability across the states.

Address Consolidation and Promote Competition

Consolidation Oversight

Policy	Status as of June 2025	Summary
Transaction Notification Required	● Requires health systems or providers to notify the state of consolidation transactions	Rhode Island requires the Attorney General and Department of Health be notified of nonprofit hospital conversions (transfer of some or all of its assets or control over those assets). The Certificate of Need program also must be notified of acquisitions that increase the bed capacity, redistribute beds among services, or adds or terminates new health services.
Authority to Modify or Reject Consolidation Transactions	● Has authority to approve, set conditions, or disapprove consolidation transactions	The Attorney General and Department of Health have authority to approve, set conditions for, or disapprove transactions.
Affordability Criteria included in Transaction Review	● Includes consumer affordability or price growth in review criteria, approval conditions, or both	During the review of a proposed nonprofit health facility acquisition, the Department of Health must consider whether the acquisition will impact market shares and how that will affect quality, access, and affordability of health care services.

● State Has Active Policy or Program ◉ Policy or Program Partially Implemented ⊗ State Does Not Have an Active Policy or Program ✱ No Source, or Limited Information Found

Address Consolidation and Promote Competition

Facility Fees

Policy	Status as of June 2025	Summary
Prohibits Facility Fees	⊗ State does not prohibit providers from charging any facility fees	
Facility Fee Transparency Laws	● State requires providers to disclose facility fees to consumers, requires off-campus outpatient departments to identify the physical location where care was provided on claims forms, or both	Upon request, hospitals must provide a written estimate of expected charges, including any facility fees, to any person without health coverage or with an insurance deductible of five thousand dollars ($5,000) or higher.
Limits Cost-Sharing for Facility Fees	⊗ The state has no laws that limit the amount a patient may be billed out-of-pocket for facility fees	

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Address Consolidation and Promote Competition

Anti-Competitive Contract Provisions

Policy	Status as of June 2025	Summary
Restricts All-or-Nothing Contract Provisions	⊗ No law restricting All-or-Nothing contract provisions	
Restricts Anti-Tiering and Anti-Steering Contract Provisions	⊗ No law restricting Anti-Tiering or Anti-Steering contract provisions	
Restricts Physician Noncompete Clauses	◉ Non-competes for physicians limited by statute	Rhode Island prohibits noncompetes that restrict a licensed physician's right to practice, except for contractual provisions in the purchase and sale of a medical practice, which are subject to a term limit of five years.
Restricts Most-Favored Nation Contract Provisions	● Law restricts Most Favored Nation contract provisions	Rhode Island bans Most Favored Nation clauses in health care contracts, preventing insurers from setting reimbursement rates based on the rates paid by other entities.

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Medical Debt Prevention

Balance Billing and Short-Term Insurance

Policy	Status as of June 2025	Summary
Prohibits Balance Billing for Ground Ambulance Services	⊗ Does not prohibit balance billing for out-of-network ground ambulance services	
Prohibits Short-Term, Limited Duration Health Plans	● State law has eliminated short-term, limited duration health plans	Short-term limited duration health plans aren't explicitly banned in the state, but strict regulations have effectively removed them from the market.

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Medical Debt Prevention

Charity Care and Community Benefit

Policy	Status as of June 2025	Summary
Mandated Hospital Charity Care	State law requires hospitals to provide free or discounted care to low-income patients and sets standards for eligibility (see notes)	Rhode Island requires hospitals to provide charity care at no cost to patients earning up to 200% of the Federal Poverty Line (FPL), and discounted care to patients who earn between 200% and 300% FPL.
Hospital Charity Care Screening Requirements	State does not require health care providers to screen patients for Medicaid, Marketplace, or charity care eligibility before collecting payment	Hospitals in Rhode Island are required to screen uninsured patients to determine if they are eligible for public health insurance programs or hospital financial assistance. If the patient declines the screening or fails to respond, the hospital must document it.
Hospital Charity Care Notification Requirement	State law requires health care providers to notify patients of charity care options before collecting payment	Rhode Island requires hospitals to prominently display a "Notice of Hospital Financial Aid" in emergency departments, admission areas, outpatient care areas, and on their websites.
Hospital Community Benefit Reporting Requirement	State law requires hospitals to annually report the amount of charity care provided	Hospitals must annually report information regarding the cost of charity care, bad debt, Medicaid shortfalls, and other relevant information to the state.

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Medical Debt Prevention

Reducing Financial Consequences

Policy	Status as of June 2025	Summary
Mandates Waiting Prior to Collections	⊗ State law does not require a waiting period before sending medical debts to collections	
Limits on Liens or Foreclosures due to Medical Debt	● State law prohibits initiating a lien or foreclosure to collect medical debt	Rhode Island currently allows hospitals to place liens on a patient's or guarantor's primary home but prohibits foreclosure to collect medical debt. A new law passed in 2025 will ban all liens and foreclosures due to medical debt starting in January 2026.
Limits Wage Garnishment due to Medical Debt	● State law exceeds federal wage garnishment protections for residents with medical debt	Rhode Island currently prohibits wage garnishment for individuals receiving or who have received need-based public assistance in the past year. Starting in January 2026, a new law will fully ban garnishing an individual's wages to collect unpaid medical debt.
Limits on the Amount of Interest Charged to Medical Debt	● State law limits interest rates on medical debt	Effective June 26, 2025, Rhode Island limits the amount of interest that can be applied to medical debt at between 1.5% and 4% per year.

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Curb Excess Costs in the System

Premium Rate Review

Policy	Status as of June 2025	Summary
Effective Rate Review per Centers for Medicare and Medicaid Services (CMS)	Has an effective rate review process	
Authority to Modify or Reject Premium Rate Increases	Has the authority to modify or reject premium rate increases	The Rhode Island Office of the Health Insurance Commissioner (OHIC) has the authority to approve or deny rate filings in in the individual, small group, and large group market.
Affordability Criteria Included in Premium Rate Review	Incorporates affordability criteria into premium rate review	Rhode Island incorporates affordability standards into its health insurance rate review process. Insurers must show that hospital rate increases in their provider contracts are limited to no more than the Consumer Price Index for All Urban Consumers plus 1%. The Office of the Health Insurance Commissioner (OHIC) also has authority to deny rate filings if they are likely to harm consumer interests or escalate health care costs, and assesses whether insurers are implementing effective strategies to improve affordability, such as increasing investments in primary care and behavioral health.

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Curb Excess Costs in the System

Hospital Price Regulation

Policy	Status as of June 2025	Summary
Medicare Reference-Based Pricing	⊗ State does not use reference-based pricing tied to Medicare rates to regulate hospital pricing	
Hospital Global Budgets	● State has implemented hospital global budgets	In 2024, Rhode Island was selected to participate in the Achieving Healthcare Efficiency through Accountable Design (AHEAD) Model, a state total cost of care (TCOC) model.

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Curb Excess Costs in the System

Affordable Coverage

Policy	Status as of June 2025	Summary
Public Option	⊗ State does not offer an active public option insurance plan	
Public Option Includes Provider Participation Mandate	⊗ State does not does not offer a public option, with or without a participation mandate	
Basic Health Plan	⊗ State does not operate a Basic Health Plan	
State-Based Premium Subsidies	⊗ State does not offer supplementary state-funded premium subsidies	

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Curb Excess Costs in the System

Prescription Drug Pricing

Policy	Status as of June 2025	Summary
Biologic Substitution Laws: Prescriber Permission Requirements	State does not require express authorization for biologic substitution	
Biologic Substitution Laws: Prescriber Notification Requirements	Pharmacists are required to notify prescribers of biologic substitution	Pharmacists in Rhode Island are required to notify the prescribing physician of a substitution within five business days.
Drug Purchasing Consortium	State participates in a drug purchasing consortium (see notes)	Rhode Island is a member of the National Medicaid Pooling Initiative.
Drug Coupon Prohibitions	State does not prohibit the use of drug manufacturer coupons*	
Medicaid Managed Care Organization (MCO) Carve Out	State Medicaid does not carve out any drug classes from their MCO benefits*	
Mandatory Generics in Medicaid Fee-for-Service (FFS)	Medicaid FFS programs and pharmacists are not required to substitute a generic version of a drug	

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Curb Excess Costs in the System

Prescription Drug Pricing

Policy	Status as of June 2025	Summary
Supplemental Rebate Programs	Medicaid Pharmacy Supplemental Rebate Agreement (SRA) in place	
Drug Rebate Transparency and Reporting Requirements	Pharmacy benefit managers are not required to report rebate data to the state	
Spread Pricing Restrictions	State does not prohibit pharmacy benefit managers from engaging in spread pricing	
Pharmacy Benefit Manager Reimbursement and Clawbacks	State does not prohibit PBMs from retroactively reducing reimbursement to pharmacies (“clawbacks”)	
Cost-Disclosure and Gag Clause Restrictions	State law prohibits gag clauses in pharmacy contracts	
Prohibits Copay Accumulator Programs	State does not prohibit copay accumulator programs	

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Curb Excess Costs in the System

Medicaid Costs

Policy	Status as of June 2025	Summary
Medical Loss Ratio Remittances (MLR) for Medicaid Managed Care Population	State requires MLR remittances for its Medicaid managed care population	Rhode Island sometimes requires MLR Remittance payments, but not always.
Medicaid Site Neutral Payments	State has not enacted Medicaid site neutral payment legislation*	

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Medicaid Services and Immigrant Coverage

Medicaid Administration

Policy	Status as of June 2025	Summary
Medicaid Managed Care (MCO)	State partners with MCOs to operate their Medicaid program	Rhode Island MCOs cover the majority of Medicaid recipients including families, children, pregnant women, adults 21+ without children, adults with disabilities, and dually eligible adults.
Medicaid Vendor — Eligibility and Enrollment	State contracts with a vendor for Medicaid enrollment or eligibility	
Integrated Medicaid-Medicare	State does not integrate Medicare-Medicaid to coordinate care for the dually eligible population	Starting January 1, 2026 Rhode Island will integrate a fully integrated dual eligible special needs program (FIDE).

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Medicaid Services and Immigrant Coverage

Medicaid Covered Services

Policy	Status as of June 2025	Summary
Medicaid Coverage for Fertility Services	⊗ State Medicaid program does not cover infertility treatments or fertility preservation services	
Medicaid Coverage for Doula Services	● State Medicaid program actively reimburses for doula services	
Medicaid Coverage for Abortion Care	● State Medicaid program utilizes state-based funds to cover abortion care	
Medicaid Coverage for Transition-Related Care	● State Medicaid program explicitly covers any transition-related care for adults	
Medicaid Coverage for Hearing Aids	◉ State Medicaid program covers hearing aids for some, but not all, adults (see notes)	Hearing aid coverage is dependent upon which MCO an individual is enrolled with.
Medicaid Coverage for Eye Exams and Glasses	◉ State Medicaid program covers only eye exams or eyeglasses but not both, or biannually or less frequently, or restricts coverage based on age or health condition (see notes)	Exams and glasses covered biannually.
Medicaid Coverage for Dental Services	● State Medicaid program covers preventive and diagnostic dental services, extractions, dentures, root canals, fillings, and crowns for adults	

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Medicaid Services and Immigrant Coverage

Medicaid Eligibility

Policy	Status as of June 2025	Summary
Medicaid Expansion	State has expanded Medicaid eligibility to 138% of the federal poverty level (FPL)	
Retroactive Medicaid	State retroactively extends Medicaid benefits less than 90 days prior to application date or only for select enrollees (see notes)	Three months of retroactive Medicaid coverage is only available to adults who are Medicaid Integrated Health Care Coverage group members (excluding partial dual Qualified Medicare Beneficiaries), non-citizens who are eligible for emergency Medicaid, or LTSS beneficiaries.
Adult Medicaid Continuous Eligibility	State has not authorized 12-month continuous eligibility for non-pregnant adult Medicaid enrollees*	
12-Month Postpartum Coverage	State has authorized 12-month postpartum Medicaid coverage	
Medicaid Available to People who are Incarcerated	State has not authorized Medicaid coverage for justice-involved individuals while they are in a correctional setting*	
Medicaid Aged, Blind and Disabled (ABD) Asset Limits	State has expanded the asset limit for Medicaid for the Elderly and Disabled eligibility beyond $2,000 for an individual applicant and $3,000 for joint applicants	Rhode Island Medicaid has expanded its asset limit to $4,000 for individual applicants and $6,000 for joint applicants.
Medicaid Aged, Blind and Disabled (ABD) Life Insurance Exemption	Life insurance exemption limits exceed $1,500	Rhode Island's Medicaid asset limit exemption for life insurance is $4,000, meaning that the first $4,000 of the cash value of the life insurance policy is not counted toward the asset limit.
Medicaid Aged, Blind and Disabled (ABD) Retirement Account Exemptions	State exempts both applicants' and spouses' retirement savings from Medicaid eligibility determinations	Applicant and/or spouse's retirement account must be in payout status (i.e. generating monthly income) in order to be exempt.

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Medicaid Services and Immigrant Coverage

Immigrant Coverage

Policy	Status as of June 2025	Summary
From Conception to End of Pregnancy (FCEP)	Covers pregnancy-related services through the CHIP From-Conception-to-End-of-Pregnancy (FCEP) Option and post-partum coverage	Rhode Island extends postpartum coverage to 12 months for parents covered under the *From Conception to End of Pregnancy* option.
Immigrant Children without a Five-Year Bar	State offers coverage for lawfully residing immigrant children without a five-year bar	
Pregnant Immigrants without a Five-Year Bar	Offers coverage for lawfully residing pregnant immigrants without a five-year bar	
State-Funded Coverage for Children Regardless of Citizenship Status	Offers coverage for children regardless of immigration status	
State-Funded Coverage for Adults Regardless of Citizenship Status	Does not offer coverage for adults regardless of immigration status	

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Improve Oversight, Accountability, and Transparency

All-Payer Claims Database

Policy	Status as of June 2025	Summary
Established an All-Payer Claims Database (APCD)	State has a(n) all-payer or multi-payer claims database	
All-Payer Claims Database (APCD) Operated by the State	APCD is operated by the state	

Prescription Drug Affordability Board

Policy	Status as of June 2025	Summary
Established Prescription Drug Affordability Board (PDAB)	The state has not established or passed legislation to establish a prescription drug affordability board	
Prescription Drug Upper Payment Limits	The state has not established Upper Payment Limits for prescription drugs	

State Has Active Policy or Program | Policy or Program Partially Implemented | State Does Not Have an Active Policy or Program | * No Source, or Limited Information Found

Improve Oversight, Accountability, and Transparency

Price Transparency

Policy	Status as of June 2025	Summary
Service Cost Price Transparency Tool	⊗ State does not have a public-facing price transparency tool	
Prescription Drug Price Reporting Requirement	⊗ Organizations are not required to report prescription drug price information to a state entity	

Health Care Spending Oversight

Policy	Status as of June 2025	Summary
Health Care Spending Benchmark	● State has established a health care spending benchmark for providers, insurance carriers, or both	Rhode Island incorporates a global health spending cap linked to economic growth as part of the state's Health Insurance Premium Regulation Program. The program includes inflation caps and other mandates. The benchmark was set at 3.2% for 2019-2022, 5.1% for 2024, and 2.6% for 2025. Data is reported and compared to benchmark at the state level, insurer market level including Medicare, Medicaid, and commercial, individual payers, and Accountable Care Organizations. The state also has a primary care spending target.
Authority to Enforce Health Care Spending Benchmark	⊗ State does not have an enforcement mechanism for their health care spending benchmark(s)	The Office of Health Insurance Commissioner will publicly report on performance against the target at a statewide level, with several "drill-down" analyses, but does not stipulate what action should be taken if benchmark is exceeded.
Hospital or Primary Care Spending Oversight Entity	● State monitors and reports hospital spending, primary care spending, or both	Rhode Island's Health Spending Accountability and Transparency Program, established in 2022, monitors hospital spending. Rhode Island's Office of the Health Insurance Commissioner's (OHIC) assesses primary care spending among commercial insurers relative to the state's Affordability Standards, which direct insurers to spend at least 10.7% of their annual medical expenses on primary care.

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Reduce Cost-Sharing for Patients

Reduce Cost-Sharing: Prescription Drugs

Policy	Status as of June 2025	Summary
Waives or Reduces Cost-Sharing for Diabetes Medications	State has enacted legislation to limit cost-sharing for insulin, diabetes related equipment, or both	Rhode Island limits the out-of-pocket cost for a 30-day supply of prescription insulin to $40.00.
Waives or Reduces Cost-Sharing for Asthma Inhalers	State has not enacted legislation limiting cost-sharing for asthma inhalers	
Waives or Reduces Cost-Sharing for Epinephrine Auto-Injectors	State has enacted legislation to limit cost-sharing for prescription epinephrine autoinjector(s)	Insurers in Rhode Island are required to cover a twin-pack of epinephrine auto-injectors once per policy year without any cost-sharing.
Waives or Reduces Cost-Sharing for Specialty Drugs	State has enacted legislation to limit cost-sharing for specialty drugs	Rhode Island requires health insurance carriers operating in the state to cap cost-sharing for specialty drugs used to treat complex or chronic medical conditions at $150.00 per month.

Reduced Cost-Sharing: Behavioral Health

Policy	Status as of June 2025	Summary
Waives or Reduces Cost-Sharing for an Annual Behavioral Health Office Visit	State does not require private insurers to cover at least one annual mental health wellness exam without cost-sharing	

State Has Active Policy or Program | Policy or Program Partially Implemented | State Does Not Have an Active Policy or Program | * No Source, or Limited Information Found

Reduce Cost-Sharing for Patients

Reduced Cost-Sharing: Preventive Care

Policy	Status as of June 2025	Summary
Waives Cost-Sharing for Preventive Services Recommended by the U.S. Preventive Services Task Force (USPSTF)	State mandates private insurers cover USPSTF recommended preventive services without cost-sharing	Rhode Island requires health insurance carriers to cover preventive services described in the Patient Protection and Affordable Care Act (ACA), and includes provisions to ensure continuity of coverage for those services without cost-sharing in the event that the ACA is repealed.

Reduced Cost-Sharing: Maternal and Reproductive Health Care

Policy	Status as of June 2025	Summary
Individual and Small Group Health Plans Required to Cover Fertility Treatment	The state requires individual and small group health plans to offer coverage for fertility preservation services, but not for in-vitro fertilization	Rhode Island requires health insurance policies with pregnancy related benefits to cover standard fertility preservation services when medical treatment may cause iatrogenic infertility. In vitro fertilization (IVF) is not required to be covered.
Individual and Small Group Health Plans Required to Cover Doula Services	State law requires private health insurers to cover doula services for enrollees	Rhode Island requires that all individual and group health benefit plans include coverage for perinatal doula services.
Individual and Small Group Health Plans Required to Cover Abortion Services	The state does not require individual and small group health plans to cover abortion services	

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Reduce Cost-Sharing for Patients

Reduced Cost-Sharing: Cancer Screening and Testing Services

Policy	Status as of June 2025	Summary
Waives or Reduces Cost-Sharing for Colorectal Cancer Screenings	State law requires insurers to cover colorectal cancer screening tests with no cost-sharing	
Waives or Reduces Cost-Sharing for Follow-Up Colorectal Cancer Screening Exams	State law requires insurers to cover follow-up colorectal cancer screening tests with no cost-sharing	
Waives or Reduces Cost-Sharing for Lung Cancer Screenings	State law does not require coverage or waive cost-sharing for lung cancer screening exams	Individual and large group health insurance carriers in Rhode Island are not explicitly required to provide coverage for lung cancer screenings without cost-sharing, but the state does require health insurance carriers to provide coverage for the preventive services detailed in the Affordable Care Act without cost-sharing.

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Reduce Cost-Sharing for Patients

Reduced Cost-Sharing: Cancer Screening and Testing Services

Policy	Status as of June 2025	Summary
Waives or Reduces Cost-Sharing for Cervical Cancer Screenings	State law requires insurers to cover cervical cancer screening but allows cost-sharing	
Waives or Reduces Cost-Sharing for Breast Cancer Screenings	State law requires insurers to cover breast cancer screening but allows cost-sharing	
Waives or Reduces Cost-Sharing for Supplementary Breast Cancer Screenings	State law requires insurers to cover supplementary breast cancer screening but allows cost-sharing	Rhode Island legislators introduced bills in 2025 to prohibit cost-sharing for diagnostic or supplementary breast cancer examinations, but both bills died in committee. However, the state does mandate insurance coverage for any additional screenings deemed medically necessary for any person who has received notice of dense breast tissue.

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Reduce Cost-Sharing for Patients

Reduced Cost-Sharing: Cancer Screening and Testing Services

Policy	Status as of June 2025	Summary
Waives or Reduces Cost-Sharing for Prostate Cancer Screenings	State law requires insurers to cover prostate cancer screening with no cost-sharing	
Waives or Reduces Cost-Sharing for Ovarian Cancer Screening	State law does not require coverage or waive cost-sharing for ovarian cancer screening exams*	
Waives or Reduces Cost-Sharing for Biomarker Testing for Cancer	State requires coverage of biomarker testing for cancer screening but allows cost-sharing	Rhode Island requires all state-regulated private health insurance plans cover biomarker testing, The law does not prohibit cost-sharing.

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