State PBM Reform Inventory

Updated October 2026

Rhode Island

Issue	Summary	Citation
Licensing/Registration	PBMs must register as a third-party administrator with the Department of Insurance. Certificates of authority remain valid for so long as the administrator continues business in the state and remains compliant with applicable rules. The department shall establish an application form. **Certificate of Authority Requirement:** No entity may act as a PBM without holding a valid certificate of authority issued by the Health Insurance Commissioner. The application and renewal fees are $10,000, and each certificate expires after two years.	R.I. Gen. Laws § 27-20.7-12; R.I. Gen. Laws § 27-29.1-7; R.I. Gen. Laws § 27-84-3

Reporting Requirements	Each administrator shall file an annual report for the preceding calendar year with the department on or before July 1. The report shall be in the form and contain any matters that the commissioner prescribes, but shall include
	• The complete names and addresses of all insurers with which the administrator had an agreement during the preceding fiscal year.
	• Pricing discounts, rebates, inflationary payments, credits, claw backs, fees, grants, chargebacks, reimbursements or other incentives
	• Terms and conditions of any contract or agreement
	• Patient utilization information included;
	  ○ Dollar amounts of rebates and fees collected from manufacturers passed to insurers
	  ○ Dollar amounts of rebates and fees passed to covered individuals at the point of sale
	  ○ Dollar amounts of rebates and fees retained by the PBM
	• Rebate percentage and dollar amount under each rebate contract
	
	Administrators must also provide a complete description of the financial arrangements between the third-party administrator and each of the insurers covering benefit contracts delivered in
		R.I. Gen. Laws § 27-20.7-14;
		
		R.I. Gen. Laws § 27-29.1-7;
		
		R.I. 2026 H 8582;
		
		R.I. 2026 H 8579

	Rhode Island; and if the third-party administrator is owned by or affiliated with another entity or entities, it shall include an organization chart and brief description that shows the relationships among all affiliates within a holding company or otherwise affiliated.
	
	No PBM shall;
	• Prohibit or penalize a pharmacy or pharmacist from disclosing information to a person purchasing a prescription regarding;
	  ○ Cost to the individual or pharmacy
	  ○ The pharmacy's reimbursement
	  ○ Availability of therapeutically equivalent medications
	  ○ Alternative methods of purchasing the prescription including paying cash
	  ○ Charge or collect a copayment that exceeds the total submitted charges by the pharmacy for which the pharmacy is paid	

PBM Income	All funds received by the PBM in relation to providing PBM services shall be received by the PBM—including spread pricing--and shall be used or distributed pursuant to the PBM's contract with the insurer and applicable law. Beginning August 1, 2027, a PBM shall provide to an insurer for whom it is providing services the following; • Pricing discounts, rebates, credits, claw backs, fees, grants, reimbursements, and other benefits • Contract terms and conditions • Activities, policies, and practices that constitute conflict of interest	R.I. 2026 H 8582
Pharmacy Contracting	A PBM shall not substitute or cause the substitution of one prescription drug for another, including generic or therapeutically equivalent drugs, without the approval of the prescriber.	R.I. 2026 H 8582
Patient Cost-Sharing	**Copay Cap:** A health plan that provides coverage for prescription insulin drugs shall cap the total amount that a covered person is required to pay for a covered prescription insulin drug at an amount not to exceed $40 per 30-day supply of insulin. Coverage for prescription insulin drugs shall not be subject to any deductible.	R.I. Gen. Laws § 27-20.8-3