



OFFICE OF MANAGEMENT & BUDGET

State Budget Office

One Capitol Hill
Providence, RI 02908-5890

Office: (401) 222-6300

State Fiscal Note for Bill Number:

2026-H 7075

Date of State Budget Office Approval: Wednesday, April 8, 2026

Date Requested: Monday, March 9, 2026

Date Due: Thursday, March 19, 2026

<i>Impact on Expenditures</i>		<i>Impact on Revenues</i>	
FY 2026	N/A	FY 2026	N/A
FY 2027	\$0	FY 2027	N/A
FY 2028	\$0	FY 2028	N/A

Explanation by State Budget Office:

This act would require, commencing January 1, 2027, group health plans and health insurance issuers that provide prescription benefits to cover at least one type of glucagon auto injector, nasal spray, or formulation which does not require reconstitution to treat hypoglycemia with two (2) glucagon auto-injectors every plan year. No copayment or deductible would be required to obtain prescribed glucagon medications.

This act would take effect upon passage.

Summary of Facts and Assumptions:

The act would take effect upon passage, which the Budget Office assumes to be July 1, 2026.

The bill requires every individual or group health insurance contract, plan, or policy that provides prescription coverage and that is delivered, issued for delivery, prescribed, or renewed in this state on or after January 1, 2027, to provide coverage for at least one type of glucagon auto-injector, nasal spray or formulation not requiring reconstitution. There shall be no copayment required and no deductible shall need to be met, to obtain two (2) glucagon auto-injectors, nasal spray or non-reconstituted formulation covered by the contract, plan, or policy, every twelve (12) month plan year. A deductible may be applied to health plans that are paired with federally qualified health savings account pursuant to 26 U.S.C § 223. Nothing in the bill would prohibit a health plan from implementing this benefit prior to January 1, 2027.

Sections 2-5 of the bill solely impact Title 27: Insurance of Rhode Island General Law (RIGL). The Budget Office consulted State of Rhode Island's Office of Employee Benefits, who notes that Title 27 does not apply to the State's self-insured medical and Rx plans. Therefore, these sections will not impact the health insurance policies offered to state employees and their families and are assumed to have no fiscal impact on state funds. This will impact private health insurance policies; however, this analysis solely focuses on the state funds. Though an analysis of these expenditures and corresponding impact on private insurance premiums is beyond the scope of this fiscal note, the Budget Office consulted with the Office of the Health Insurance Commissioner (OHIC) to gather additional information and context.



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OHIC reached out to the six major insurers (Blue Cross & Blue Shield of Rhode Island, UnitedHealthcare, Neighborhood Health Plan of Rhode Island, Harvard Pilgrim Health Care, Cigna, and Aetna) to understand each providers coverage for glucagon auto-injector, nasal spray or formulation not requiring constitution to include any cost-sharing amounts, and prior authorization requirements. Below are OHIC's findings:

Coverage varies by insurer: Most insurers cover nasal glucagon, auto-injectors, and traditional formulations, but Neighborhood Health Plan excludes intranasal glucagon (Baqsimi) as of 2026, requiring exceptions for access.

Utilization management policies: No prior authorization or step therapy is common for ready-to-use glucagon products, except Neighborhood Health Plan's non-formulary exception which acts as a step therapy barrier. Quantity limits apply selectively.

Cost sharing differences: UnitedHealthcare offers \$0 cost sharing for glucagon in fully insured groups, while others have tiered copays or coinsurance with some caps (e.g., \$150). Neighborhood Health Plan has no cost-sharing caps and higher tiers for intranasal glucagon (Baqsimi).

Alignment with bill H 7075: UnitedHealthcare and Harvard Pilgrim align well with coverage, utilization, and affordability goals; BCBSRI partially aligns but has affordability concerns; Neighborhood Health Plan conflicts due to coverage gaps and step therapy barriers; Cigna lacks standardized cost caps.

Comments on Sources of Funds:


Medical claims by members of the self-insures state employee health insurance plan are financed through health insurance fund. The employer contributions to the health insurance fund are financed with all sources of funds.

Summary of Fiscal Impact:

FY 2026: No fiscal impact reported due to timing.

FY 2027: \$0

FY 2028: \$0

Budget Office Signature:  Digitally signed by Joseph Codega
Date: 2026.04.08 12:32:43 -04'00'

Fiscal Advisor Signature: 