

2023 -- H 5283

LC000686

STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2023

A N A C T

RELATING TO INSURANCE -- ACCIDENT AND SICKNESS INSURANCE POLICIES --
MAMMOGRAMS AND PAP SMEARS -- COVERAGE MANDATED

Introduced By: Representatives Fogarty, Kazarian, Carson, Tanzi, Lima, Cotter, Spears,
Donovan, Henries, and McGaw

Date Introduced: February 01, 2023

Referred To: House Health & Human Services

It is enacted by the General Assembly as follows:

1 SECTION 1. Section 27-18-41 of the General Laws in Chapter 27-18 entitled "Accident
2 and Sickness Insurance Policies" is hereby amended to read as follows:

3 **27-18-41. Mammograms and pap smears — Coverage mandated.**

4 (a)(1) Every individual or group hospital or medical expense insurance policy or individual
5 or group hospital or medical services plan contract delivered, issued for delivery, or renewed in this
6 state shall provide coverage for mammograms and pap smears, in accordance with guidelines
7 established by the American Cancer Society.

8 (2) Notwithstanding the provisions of this chapter, every individual or group hospital or
9 medical insurance policy or individual or group hospital or medical services plan contract
10 delivered, issued for delivery, or renewed in this state shall pay for:

11 (A) Two ~~two~~ (2) screening mammograms per year when recommended by a physician for
12 women who have been treated for breast cancer within the last five (5) years or are at high risk of
13 developing breast cancer due to genetic predisposition (BRCA gene mutation or multiple first
14 degree relatives) or high risk lesion on prior biopsy (lobular carcinoma in situ) or atypical ductal
15 hyperplasia; and

16 (B) Any additional screening deemed medically necessary by a treating health care
17 provider for proper breast cancer screening in accordance with applicable American College of
18 Radiology guidelines including, but not limited to, magnetic resonance imaging, ultrasound, or

1 [molecular breast imaging for any person who has received notice pursuant to § 23-12.9-2 of the](#)
2 [existence of dense breast tissue.](#)

3 (b) This section shall not apply to insurance coverage providing benefits for: (1) hospital
4 confinement indemnity; (2) disability income; (3) accident only; (4) long term care; (5) Medicare
5 supplement; (6) limited benefit health; (7) specified disease indemnity; (8) sickness or bodily injury
6 or death by accident or both; and (9) other limited benefit policies.

7 SECTION 2. Section 27-19-20 of the General Laws in Chapter 27-19 entitled "Nonprofit
8 Hospital Service Corporations" is hereby amended to read as follows:

9 **27-19-20. Mammograms and pap smears — Coverage mandated.**

10 (a) Subscribers to any nonprofit hospital service plan shall be afforded coverage under the
11 plan for mammograms and pap smears, in accordance with guidelines established by the American
12 Cancer Society.

13 (b) Notwithstanding the provisions of this chapter, subscribers to any nonprofit hospital
14 service plan shall be afforded coverage for:

15 [\(1\) Two ~~two~~](#) (2) screening mammograms per year when recommended by a physician for
16 women who have been treated for breast cancer within the last five (5) years or who are at high risk
17 of developing breast cancer due to genetic predisposition (BRCA gene mutation or multiple first
18 degree relatives) or high risk lesion on prior biopsy (lobular carcinoma in situ) or atypical ductal
19 hyperplasia; [and](#)

20 [\(2\) Any additional screening deemed medically necessary by a treating health care provider](#)
21 [for proper breast cancer screening in accordance with applicable American College of Radiology](#)
22 [guidelines including, but not limited to, magnetic resonance imaging, ultrasound, or molecular](#)
23 [breast imaging for any person who has received notice pursuant to § 23-12.9-2 of the existence of](#)
24 [dense breast tissue.](#)

25 SECTION 3. Section 27-20-17 of the General Laws in Chapter 27-20 entitled "Nonprofit
26 Medical Service Corporations" is hereby amended to read as follows:

27 **27-20-17. Mammograms and pap smears — Coverage mandated.**

28 (a) Subscribers to any nonprofit medical service plan shall be afforded coverage under the
29 plan for mammograms and pap smears, in accordance with guidelines established by the American
30 Cancer Society.

31 (b) Notwithstanding the provisions of this chapter, subscribers to any nonprofit medical
32 service plan shall be afforded coverage for:

33 [\(1\) Two ~~two~~](#) (2) paid screening mammograms per year when recommended by a physician
34 for women who have been treated for breast cancer within the last five (5) years or who are at high

1 risk of developing breast cancer due to genetic predisposition (BRCA gene mutation or multiple
2 first degree relatives) or high risk lesion on prior biopsy (lobular carcinoma in situ) or atypical
3 ductal hyperplasia-; and

4 (2) Any additional screening deemed medically necessary by a treating health care provider
5 for proper breast cancer screening in accordance with applicable American College of Radiology
6 guidelines including, but not limited to, magnetic resonance imaging, ultrasound, or molecular
7 breast imaging for any person who has received notice pursuant to § 23-12.9-2 of the existence of
8 dense breast tissue.

9 SECTION 4. Section 27-41-30 of the General Laws in Chapter 27-41 entitled "Health
10 Maintenance Organizations" is hereby amended to read as follows:

11 **27-41-30. Mammograms and pap smears — Coverage mandated.**

12 (a) Subscribers to any health maintenance organization plan shall be afforded coverage
13 under that plan for mammograms and pap smears, in accordance with guidelines established by the
14 American Cancer Society.

15 (b) Notwithstanding the provisions of this chapter, subscribers to any health maintenance
16 organization plan shall be afforded coverage for:

17 (1) Two ~~two~~ (2) paid screening mammograms per year when recommended by a physician
18 for women who have been treated for breast cancer within the last five (5) years or who are at high
19 risk of developing breast cancer due to genetic predisposition (BRCA gene mutation or multiple
20 first degree relatives) or high risk lesion on prior biopsy (lobular carcinoma in situ) or atypical
21 ductal hyperplasia-; and

22 (2) Any additional screening deemed medically necessary by a treating health care provider
23 for proper breast cancer screening in accordance with applicable American College of Radiology
24 guidelines including, but not limited to, magnetic resonance imaging, ultrasound, or molecular
25 breast imaging for any person who has received notice pursuant to § 23-12.9-2 of the existence of
26 dense breast tissue.

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

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EXPLANATION
BY THE LEGISLATIVE COUNCIL
OF

A N A C T

RELATING TO INSURANCE -- ACCIDENT AND SICKNESS INSURANCE POLICIES --
MAMMOGRAMS AND PAP SMEARS -- COVERAGE MANDATED

- 1 This act would mandate insurance coverage for any additional screenings deemed
- 2 medically necessary for any person who has received notice of dense breast tissue.
- 3 This act would take effect upon passage.

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