

2023 -- S 0294

LC000089

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

Introduced By: Senators Sosnowski, Goodwin, Gallo, DiMario, Valverde, Murray, and
Lauria

Date Introduced: February 16, 2023

Referred To: Senate 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 two (2) screening mammograms
11 per year when recommended by a physician for women who have been treated for breast cancer
12 within the last five (5) years or are at high risk of developing breast cancer due to genetic
13 predisposition (BRCA gene mutation or multiple first degree relatives) or high risk lesion on prior
14 biopsy (lobular carcinoma in situ) or atypical ductal hyperplasia and for any person who has
15 received notice pursuant to § 23-12.9-2 of the existence of dense breast tissue, coverage shall be
16 provided for the costs of breast ultrasound screenings, breast MRI exams and/or digital breast
17 tomosynthesis (DBT) screenings.

18 (b) This section shall not apply to insurance coverage providing benefits for: (1) hospital
19 confinement indemnity; (2) disability income; (3) accident only; (4) long term care; (5) Medicare

1 supplement; (6) limited benefit health; (7) specified disease indemnity; (8) sickness or bodily injury
2 or death by accident or both; and (9) other limited benefit policies.

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

5 **27-19-20. Mammograms and pap smears -- Coverage mandated.**

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

9 (b) Notwithstanding the provisions of this chapter, subscribers to any nonprofit hospital
10 service plan shall be afforded coverage for two (2) screening mammograms per year when
11 recommended by a physician for women who have been treated for breast cancer within the last
12 five (5) years or who are at high risk of developing breast cancer due to genetic predisposition
13 (BRCA gene mutation or multiple first degree relatives) or high risk lesion on prior biopsy (lobular
14 carcinoma in situ) or atypical ductal hyperplasia [and for any person who has received notice](#)
15 [pursuant to § 23-12.9-2 of the existence of dense breast tissue, coverage shall be provided for the](#)
16 [costs of breast ultrasound screenings, breast MRI exams and/or digital breast tomosynthesis \(DBT\)](#)
17 [screenings.](#)

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

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

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

24 (b) Notwithstanding the provisions of this chapter, subscribers to any nonprofit medical
25 service plan shall be afforded coverage for two (2) paid screening mammograms per year when
26 recommended by a physician for women who have been treated for breast cancer within the last
27 five (5) years or who are at high risk of developing breast cancer due to genetic predisposition
28 (BRCA gene mutation or multiple first degree relatives) or high risk lesion on prior biopsy (lobular
29 carcinoma in situ) or atypical ductal hyperplasia [and for any person who has received notice](#)
30 [pursuant to § 23-12.9-2 of the existence of dense breast tissue, coverage shall be provided for the](#)
31 [costs of breast ultrasound screenings, breast MRI exams and/or digital breast tomosynthesis \(DBT\)](#)
32 [screenings.](#)

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

1 **27-41-30. Mammograms and pap smears -- Coverage mandated.**

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

5 (b) Notwithstanding the provisions of this chapter, subscribers to any health maintenance
6 organization plan shall be afforded coverage for two (2) paid screening mammograms per year
7 when recommended by a physician for women who have been treated for breast cancer within the
8 last five (5) years or who are at high risk of developing breast cancer due to genetic predisposition
9 (BRCA gene mutation or multiple first degree relatives) or high risk lesion on prior biopsy (lobular
10 carcinoma in situ) or atypical ductal hyperplasia and for any person who has received notice
11 pursuant to § 23-12.9-2 of the existence of dense breast tissue, coverage shall be provided for the
12 costs of breast ultrasound screenings, breast MRI exams and/or digital breast tomosynthesis (DBT)
13 screenings.

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

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EXPLANATION
BY THE LEGISLATIVE COUNCIL
OF
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RELATING TO INSURANCE -- ACCIDENT AND SICKNESS INSURANCE POLICIES

1 This act would require insurance carriers, nonprofit hospital service plans, nonprofit
2 medical service corporations and health maintenance organizations to cover the costs of breast
3 ultrasounds and/or MRI breast exams for any person receiving notice of dense breast tissue
4 pursuant to § 23-12.9-2 ("The Dense Breast Notification and Education Act").

5 This act would take effect upon passage.

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