

2024 -- H 7737

LC004428

STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2024

A N A C T

RELATING TO INSURANCE -- ACCIDENT AND SICKNESS INSURANCE POLICIES

Introduced By: Representatives Fogarty, Tanzi, McGaw, Cortvriend, Boylan, McEntee,
Kazarian, Kislak, Cotter, and Donovan

Date Introduced: February 28, 2024

Referred To: House Health & Human Services

It is enacted by the General Assembly as follows:

1 SECTION 1. Chapter 27-18 of the General Laws entitled "Accident and Sickness Insurance
2 Policies" is hereby amended by adding thereto the following section:

3 **27-18-42.1. Diagnostic and supplemental breast examination.**

4 (a) As used in this section, the following words shall have the following meanings:

5 (1) "Cost-sharing requirements" means a deductible, coinsurance, copayment and any
6 maximum limitation on the application of such a deductible, coinsurance, copayment or similar
7 out-of-pocket expense.

8 (2) "Diagnostic breast examinations" means a medically necessary and appropriate
9 examination of the breast, including an examination using diagnostic mammography, breast
10 magnetic resonance imaging, or breast ultrasound, that is:

11 (i) Used to evaluate an abnormality seen or suspected from a screening examination for
12 breast cancer; or

13 (ii) Used to evaluate an abnormality detected by another means of examination.

14 (3) "Supplemental breast examinations" means a medically necessary and appropriate
15 examination of the breast, including an examination using breast magnetic resonance imaging, or
16 breast ultrasound, that is:

17 (i) Used to screen for breast cancer when there is no abnormality seen or suspected; and

18 (ii) Based on personal or family medical history, or additional factors that may increase the
19 individual's risk of breast cancer.

1 (b) In the case that a group health plan, or a health insurance issuer offering group or
2 individual health insurance coverage, that provides benefits with respect to screening, supplemental
3 and diagnostic breast examinations furnished to an individual enrolled under such plan or such
4 coverage, the plan or coverage shall not impose any cost-sharing requirements.

5 SECTION 2. Chapter 27-19 of the General Laws entitled "Nonprofit Hospital Service
6 Corporations" is hereby amended by adding thereto the following section:

7 **27-19-34.2. Diagnostic and supplemental breast examination.**

8 (a) As used in this section, the following words shall have the following meanings:

9 (1) "Cost-sharing requirements" means a deductible, coinsurance, copayment and any
10 maximum limitation on the application of such a deductible, coinsurance, copayment or similar
11 out-of-pocket expense.

12 (2) "Diagnostic breast examinations" means a medically necessary and appropriate
13 examination of the breast, including an examination using diagnostic mammography, breast
14 magnetic resonance imaging, or breast ultrasound, that is:

15 (i) Used to evaluate an abnormality seen or suspected from a screening examination for
16 breast cancer; or

17 (ii) Used to evaluate an abnormality detected by another means of examination.

18 (3) "Supplemental breast examinations" means a medically necessary and appropriate
19 examination of the breast, including an examination using breast magnetic resonance imaging, or
20 breast ultrasound, that is:

21 (i) Used to screen for breast cancer when there is no abnormality seen or suspected; and

22 (ii) Based on personal or family medical history, or additional factors that may increase the
23 individual's risk of breast cancer.

24 (b) In the case that a group health plan, or a health insurance issuer offering group or
25 individual health insurance coverage, that provides benefits with respect to screening, supplemental
26 and diagnostic breast examinations furnished to an individual enrolled under such plan or such
27 coverage, the plan or coverage shall not impose any cost-sharing requirements.

28 SECTION 3. Chapter 27-20 of the General Laws entitled "Nonprofit Medical Service
29 Corporations" is hereby amended by adding thereto the following section:

30 **27-20-17.2. Diagnostic and supplemental breast examination.**

31 (a) As used in this section, the following words shall have the following meanings:

32 (1) "Cost-sharing requirements" means a deductible, coinsurance, copayment and any
33 maximum limitation on the application of such a deductible, coinsurance, copayment or similar
34 out-of-pocket expense.

1 (2) "Diagnostic breast examinations" means a medically necessary and appropriate
2 examination of the breast, including an examination using diagnostic mammography, breast
3 magnetic resonance imaging, or breast ultrasound, that is:

4 (i) Used to evaluate an abnormality seen or suspected from a screening examination for
5 breast cancer; or

6 (ii) Used to evaluate an abnormality detected by another means of examination.

7 (3) "Supplemental breast examinations" means a medically necessary and appropriate
8 examination of the breast, including an examination using breast magnetic resonance imaging, or
9 breast ultrasound, that is:

10 (i) Used to screen for breast cancer when there is no abnormality seen or suspected; and

11 (ii) Based on personal or family medical history, or additional factors that may increase the
12 individual's risk of breast cancer.

13 (b) In the case that a group health plan, or a health insurance issuer offering group or
14 individual health insurance coverage, that provides benefits with respect to screening, supplemental
15 and diagnostic breast examinations furnished to an individual enrolled under such plan or such
16 coverage, the plan or coverage shall not impose any cost-sharing requirements.

17 SECTION 4. Chapter 27-41 of the General Laws entitled "Health Maintenance
18 Organizations" is hereby amended by adding thereto the following section:

19 **27-41-30.2. Diagnostic and supplemental breast examination.**

20 (a) As used in this section, the following words shall have the following meanings:

21 (1) "Cost-sharing requirements" means a deductible, coinsurance, copayment and any
22 maximum limitation on the application of such a deductible, coinsurance, copayment or similar
23 out-of-pocket expense.

24 (2) "Diagnostic breast examinations" means a medically necessary and appropriate
25 examination of the breast, including an examination using diagnostic mammography, breast
26 magnetic resonance imaging, or breast ultrasound, that is:

27 (i) Used to evaluate an abnormality seen or suspected from a screening examination for
28 breast cancer; or

29 (ii) Used to evaluate an abnormality detected by another means of examination.

30 (3) "Supplemental breast examinations" means a medically necessary and appropriate
31 examination of the breast, including an examination using breast magnetic resonance imaging, or
32 breast ultrasound, that is:

33 (i) Used to screen for breast cancer when there is no abnormality seen or suspected; and

34 (ii) Based on personal or family medical history, or additional factors that may increase the

1 individual's risk of breast cancer.

2 (b) In the case that a group health plan, or a health insurance issuer offering group or
3 individual health insurance coverage, that provides benefits with respect to screening, supplemental
4 and diagnostic breast examinations furnished to an individual enrolled under such plan or such
5 coverage, the plan or coverage shall not impose any cost-sharing requirements.

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

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EXPLANATION
BY THE LEGISLATIVE COUNCIL
OF
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- 1 This act would prohibit an insurance company from imposing any cost-sharing
- 2 requirements for any diagnostic or supplemental breast examinations.
- 3 This act would take effect upon passage.

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