

2025 -- H 6368

LC002772

STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2025

A N A C T

RELATING TO INSURANCE -- ACCIDENT AND SICKNESS INSURANCE POLICIES

Introduced By: Representatives Kislak, Donovan, Speakman, McGaw, Potter, Caldwell,  
Cortvriend, Fogarty, Cotter, and Handy

Date Introduced: May 28, 2025

Referred To: House Health & Human Services

(Attorney General)

It is enacted by the General Assembly as follows:

1 SECTION 1. Section 27-18-25 of the General Laws in Chapter 27-18 entitled "Accident  
2 and Sickness Insurance Policies" is hereby amended to read as follows:

3 **27-18-25. Unfair discrimination prohibited.**

4 ~~Notwithstanding any provision of any policy of insurance, certificate, or service contract~~  
5 ~~issued in this state, whenever the insurance policy, certificate, or service contract provides for~~  
6 ~~reimbursement for any services that may be legally performed by any person licensed under the~~  
7 ~~provisions of chapters 29, 30, 35 and 37 of title 5, reimbursement under the insurance policy,~~  
8 ~~certificate, or service contract shall be based upon a determination of medical necessity and shall~~  
9 ~~not be denied because of race, color, or creed, nor shall any insurer make or permit any unfair~~  
10 ~~discrimination against particular individuals or persons licensed under chapters 29, 30, 35 and 37~~  
11 ~~of title 5.~~

12 (a) For the purposes of this section, the following terms are defined as follows:

13 (1) "Health-benefit plan" or "health plan" means a policy, contract, certificate, or  
14 agreement entered into, offered, or issued by a healthcare entity to provide, deliver, arrange for,  
15 pay for, or reimburse any of the costs of healthcare services, and includes individual and group  
16 plans.

17 (2) "Healthcare entity" means an insurance company licensed, or required to be licensed,  
18 by the State of Rhode Island or other entity subject to the jurisdiction of the commissioner or the  
19 jurisdiction of the department of business regulation pursuant to chapter 62 of title 42, that contracts

1 or offers to contract, or enters into an agreement to provide, deliver, arrange for, pay for, or  
2 reimburse any of the costs of healthcare services including, without limitation: a for-profit or  
3 nonprofit hospital, medical or dental service corporation or plan; a health maintenance  
4 organization; a health insurance company; or any other entity providing a plan of health insurance,  
5 accident and sickness insurance, health benefits, or healthcare services.

6 (b) An individual may not be excluded from participation in, be denied benefits of, or  
7 otherwise be subject to discrimination under any health-benefit plan on the basis of actual or  
8 perceived: race; ethnicity; color; religion; national origin, including language; sex, including sex  
9 characteristics, sexual orientation, gender identity, gender expression, and pregnancy, childbirth,  
10 or related conditions; age; disability; or any combination thereof.

11 (c) No healthcare entity may, in offering, providing, or administering a health plan:

12 (1) Deny, cancel, delay, limit, or refuse to issue or renew a health-benefit plan on the basis  
13 of actual or perceived: race; ethnicity; color; religion; national origin, including language; sex,  
14 including sex characteristics, sexual orientation, gender identity, gender expression, and pregnancy,  
15 childbirth, or related conditions; age; disability; or any combination thereof;

16 (2) Have or implement marketing practices or benefit designs that discriminate on the basis  
17 of actual or perceived: race; ethnicity; color; religion; national origin, including language; sex,  
18 including sex characteristics, sexual orientation, gender identity, gender expression, and pregnancy,  
19 childbirth, or related conditions; age; disability; or any combination thereof;

20 (3) Deny or limit coverage, deny or limit coverage of a claim, or impose additional cost  
21 sharing or other limitations or restrictions on coverage, to an individual on the basis of actual or  
22 perceived: race; ethnicity; color; religion; national origin, including language; sex, including sex  
23 characteristics, sexual orientation, gender identity, gender expression, and pregnancy, childbirth,  
24 or related conditions; age; disability; or any combination thereof;

25 (4) Have or implement a categorical coverage exclusion or limitation for all health services  
26 related to gender transition or other gender-affirming care, or reproductive health care;

27 (5) Otherwise deny or limit coverage, deny or limit coverage of a claim, or impose  
28 additional cost sharing or other limitations or restrictions on coverage, for specific health services  
29 related to gender transition or other gender-affirming care if such denial, limitation, or restriction  
30 results in discrimination against a member of protected class, as described in subsection (b) of this  
31 section; or

32 (6) Have or implement benefit designs that do not provide or administer health insurance  
33 coverage in the most integrated setting appropriate to the needs of qualified individuals with  
34 disabilities, including practices that result in the serious risk of institutionalization or segregation.

1 (d) Nothing in this section requires coverage of any health service where the healthcare  
2 entity has a legitimate, nondiscriminatory reason for denying or limiting coverage of the health  
3 service or determining that such health service fails to meet applicable coverage requirements,  
4 including reasonable medical management techniques such as medical necessity requirements.  
5 Such coverage denial or limitation must not be based on unlawful animus or bias, or constitute a  
6 pretext for discrimination.

7 (e) The enumeration of specific forms of discrimination in subsection (c) of this section  
8 does not limit the general applicability of the prohibition in subsection (b) of this section.

9 (f) No healthcare entity may discriminate with respect to participation under a health-  
10 benefit plan or coverage against any healthcare professional who is acting within the scope of that  
11 healthcare professional's license or certification under applicable state law, on the basis of that  
12 healthcare professional's actual or perceived: race; ethnicity; color; religion; national origin,  
13 including language; sex, including sex characteristics, sexual orientation, gender identity, gender  
14 expression, and pregnancy, childbirth, or related conditions; age; disability; or any combination  
15 thereof.

16 SECTION 2. Section 27-19-75 of the General Laws in Chapter 27-19 entitled "Nonprofit  
17 Hospital Service Corporations" is hereby amended to read as follows:

18 **27-19-75. Unfair discrimination prohibited.**

19 ~~Notwithstanding any provision of any policy of insurance, certificate, or service contract~~  
20 ~~issued in this state, whenever the insurance policy, certificate, or service contract provides for~~  
21 ~~reimbursement for any services that may be legally performed by any person licensed under the~~  
22 ~~provisions of chapters 29, 30, 35 [repealed], and 37 of title 5, reimbursement under the insurance~~  
23 ~~policy, certificate, or service contract shall be based upon a determination of medical necessity and~~  
24 ~~shall not be denied because of race, color, or creed, nor shall any insurer make or permit any unfair~~  
25 ~~discrimination against particular individuals or persons licensed under chapters 29, 30, 35~~  
26 ~~[repealed], and 37 of title 5.~~

27 (a) For the purposes of this section, the following terms are defined as follows:

28 (1) "Health-benefit plan" or "health plan" means a policy, contract, certificate, or  
29 agreement entered into, offered, or issued by a healthcare entity to provide, deliver, arrange for,  
30 pay for, or reimburse any of the costs of healthcare services, and includes individual and group  
31 plans.

32 (2) "Healthcare entity" means an insurance company licensed, or required to be licensed,  
33 by the State of Rhode Island or other entity subject to the jurisdiction of the commissioner or the  
34 jurisdiction of the department of business regulation pursuant to chapter 62 of title 42, that contracts

1 or offers to contract, or enters into an agreement to provide, deliver, arrange for, pay for, or  
2 reimburse any of the costs of healthcare services including, without limitation: a for-profit or  
3 nonprofit hospital, medical or dental service corporation or plan; a health maintenance  
4 organization; a health insurance company; or any other entity providing a plan of health insurance,  
5 accident and sickness insurance, health benefits, or healthcare services.

6 (b) An individual may not be excluded from participation in, be denied benefits of, or  
7 otherwise be subject to discrimination under any health-benefit plan on the basis of actual or  
8 perceived: race; ethnicity; color; religion; national origin, including language; sex, including sex  
9 characteristics, sexual orientation, gender identity, gender expression, and pregnancy, childbirth,  
10 or related conditions; age; disability; or any combination thereof.

11 (c) No healthcare entity may, in offering, providing, or administering a health plan:

12 (1) Deny, cancel, delay, limit, or refuse to issue or renew a health-benefit plan on the basis  
13 of actual or perceived: race; ethnicity; color; religion; national origin, including language; sex,  
14 including sex characteristics, sexual orientation, gender identity, gender expression, and pregnancy,  
15 childbirth, or related conditions; age; disability; or any combination thereof;

16 (2) Have or implement marketing practices or benefit designs that discriminate on the basis  
17 of actual or perceived: race; ethnicity; color; religion; national origin, including language; sex,  
18 including sex characteristics, sexual orientation, gender identity, gender expression, and pregnancy,  
19 childbirth, or related conditions; age; disability; or any combination thereof;

20 (3) Deny or limit coverage, deny or limit coverage of a claim, or impose additional cost  
21 sharing or other limitations or restrictions on coverage, to an individual on the basis of actual or  
22 perceived: race; ethnicity; color; religion; national origin, including language; sex, including sex  
23 characteristics, sexual orientation, gender identity, gender expression, and pregnancy, childbirth,  
24 or related conditions; age; disability; or any combination thereof;

25 (4) Have or implement a categorical coverage exclusion or limitation for all health services  
26 related to gender transition or other gender-affirming care, or reproductive health care;

27 (5) Otherwise deny or limit coverage, deny or limit coverage of a claim, or impose  
28 additional cost sharing or other limitations or restrictions on coverage, for specific health services  
29 related to gender transition or other gender-affirming care if such denial, limitation, or restriction  
30 results in discrimination against a member of protected class, as described in subsection (b) of this  
31 section; or

32 (6) Have or implement benefit designs that do not provide or administer health insurance  
33 coverage in the most integrated setting appropriate to the needs of qualified individuals with  
34 disabilities, including practices that result in the serious risk of institutionalization or segregation.

1 (d) Nothing in this section requires coverage of any health service where the healthcare  
2 entity has a legitimate, nondiscriminatory reason for denying or limiting coverage of the health  
3 service or determining that such health service fails to meet applicable coverage requirements,  
4 including reasonable medical management techniques such as medical necessity requirements.  
5 Such coverage denial or limitation must not be based on unlawful animus or bias, or constitute a  
6 pretext for discrimination.

7 (e) The enumeration of specific forms of discrimination in subsection (c) of this section  
8 does not limit the general applicability of the prohibition in subsection (b) of this section.

9 (f) No healthcare entity may discriminate with respect to participation under a health-  
10 benefit plan or coverage against any healthcare professional who is acting within the scope of that  
11 healthcare professional's license or certification under applicable state law, on the basis of that  
12 healthcare professional's actual or perceived: race; ethnicity; color; religion; national origin,  
13 including language; sex, including sex characteristics, sexual orientation, gender identity, gender  
14 expression, and pregnancy, childbirth, or related conditions; age; disability; or any combination  
15 thereof.

16 SECTION 3. Section 27-20-71 of the General Laws in Chapter 27-20 entitled "Nonprofit  
17 Medical Service Corporations" is hereby amended to read as follows:

18 **27-20-71. Unfair discrimination prohibited.**

19 ~~Notwithstanding any provision of any policy of insurance, certificate, or service contract~~  
20 ~~issued in this state, whenever the insurance policy, certificate, or service contract provides for~~  
21 ~~reimbursement for any services that may be legally performed by any person licensed under the~~  
22 ~~provisions of chapters 29, 30, 35 [repealed], and 37 of title 5, reimbursement under the insurance~~  
23 ~~policy, certificate, or service contract shall be based upon a determination of medical necessity and~~  
24 ~~shall not be denied because of race, color, or creed, nor shall any insurer make or permit any unfair~~  
25 ~~discrimination against particular individuals or persons licensed under chapters 29, 30, 35~~  
26 ~~[repealed], and 37 of title 5.~~

27 (a) For the purposes of this section, the following terms are defined as follows:

28 (1) "Health-benefit plan" or "health plan" means a policy, contract, certificate, or  
29 agreement entered into, offered, or issued by a healthcare entity to provide, deliver, arrange for,  
30 pay for, or reimburse any of the costs of healthcare services, and includes individual and group  
31 plans.

32 (2) "Healthcare entity" means an insurance company licensed, or required to be licensed,  
33 by the State of Rhode Island or other entity subject to the jurisdiction of the commissioner or the  
34 jurisdiction of the department of business regulation pursuant to chapter 62 of title 42, that contracts

1 or offers to contract, or enters into an agreement to provide, deliver, arrange for, pay for, or  
2 reimburse any of the costs of healthcare services including, without limitation: a for-profit or  
3 nonprofit hospital, medical or dental service corporation or plan; a health maintenance  
4 organization; a health insurance company; or any other entity providing a plan of health insurance,  
5 accident and sickness insurance, health benefits, or healthcare services.

6 (b) An individual may not be excluded from participation in, be denied benefits of, or  
7 otherwise be subject to discrimination under any health-benefit plan on the basis of actual or  
8 perceived: race; ethnicity; color; religion; national origin, including language; sex, including sex  
9 characteristics, sexual orientation, gender identity, gender expression, and pregnancy, childbirth,  
10 or related conditions; age; disability; or any combination thereof.

11 (c) No healthcare entity may, in offering, providing, or administering a health plan:

12 (1) Deny, cancel, delay, limit, or refuse to issue or renew a health-benefit plan on the basis  
13 of actual or perceived: race; ethnicity; color; religion; national origin, including language; sex,  
14 including sex characteristics, sexual orientation, gender identity, gender expression, and pregnancy,  
15 childbirth, or related conditions; age; disability; or any combination thereof;

16 (2) Have or implement marketing practices or benefit designs that discriminate on the basis  
17 of actual or perceived: race; ethnicity; color; religion; national origin, including language; sex,  
18 including sex characteristics, sexual orientation, gender identity, gender expression, and pregnancy,  
19 childbirth, or related conditions; age; disability; or any combination thereof;

20 (3) Deny or limit coverage, deny or limit coverage of a claim, or impose additional cost  
21 sharing or other limitations or restrictions on coverage, to an individual on the basis of actual or  
22 perceived: race; ethnicity; color; religion; national origin, including language; sex, including sex  
23 characteristics, sexual orientation, gender identity, gender expression, and pregnancy, childbirth,  
24 or related conditions; age; disability; or any combination thereof;

25 (4) Have or implement a categorical coverage exclusion or limitation for all health services  
26 related to gender transition or other gender-affirming care, or reproductive health care;

27 (5) Otherwise deny or limit coverage, deny or limit coverage of a claim, or impose  
28 additional cost sharing or other limitations or restrictions on coverage, for specific health services  
29 related to gender transition or other gender-affirming care if such denial, limitation, or restriction  
30 results in discrimination against a member of protected class, as described in subsection (b) of this  
31 section; or

32 (6) Have or implement benefit designs that do not provide or administer health insurance  
33 coverage in the most integrated setting appropriate to the needs of qualified individuals with  
34 disabilities, including practices that result in the serious risk of institutionalization or segregation.

1 (d) Nothing in this section requires coverage of any health service where the healthcare  
2 entity has a legitimate, nondiscriminatory reason for denying or limiting coverage of the health  
3 service or determining that such health service fails to meet applicable coverage requirements,  
4 including reasonable medical management techniques such as medical necessity requirements.  
5 Such coverage denial or limitation must not be based on unlawful animus or bias, or constitute a  
6 pretext for discrimination.

7 (e) The enumeration of specific forms of discrimination in subsection (c) of this section  
8 does not limit the general applicability of the prohibition in subsection (b) of this section.

9 (f) No healthcare entity may discriminate with respect to participation under a health-  
10 benefit plan or coverage against any healthcare professional who is acting within the scope of that  
11 healthcare professional's license or certification under applicable state law, on the basis of that  
12 healthcare professional's actual or perceived: race; ethnicity; color; religion; national origin,  
13 including language; sex, including sex characteristics, sexual orientation, gender identity, gender  
14 expression, and pregnancy, childbirth, or related conditions; age; disability; or any combination  
15 thereof.

16 SECTION 4. Section 27-41-88 of the General Laws in Chapter 27-41 entitled "Health  
17 Maintenance Organizations" is hereby amended to read as follows:

18 **27-41-88. Unfair discrimination prohibited.**

19 ~~Notwithstanding any provision of any policy of insurance, certificate, or service contract~~  
20 ~~issued in this state, whenever the insurance policy, certificate, or service contract provides for~~  
21 ~~reimbursement for any services that may be legally performed by any person licensed under the~~  
22 ~~provisions of chapters 29, 30, 35, and 37 of title 5, reimbursement under the insurance policy,~~  
23 ~~certificate, or service contract shall be based upon a determination of medical necessity and shall~~  
24 ~~not be denied because of race, color, or creed, nor shall any insurer make or permit any unfair~~  
25 ~~discrimination against particular individuals or persons licensed under chapters 29, 30, 35, and 37~~  
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33 by the State of Rhode Island or other entity subject to the jurisdiction of the commissioner or the  
34 jurisdiction of the department of business regulation pursuant to chapter 62 of title 42, that contracts

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3 nonprofit hospital, medical or dental service corporation or plan; a health maintenance  
4 organization; a health insurance company; or any other entity providing a plan of health insurance,  
5 accident and sickness insurance, health benefits, or healthcare services.

6 (b) An individual may not be excluded from participation in, be denied benefits of, or  
7 otherwise be subject to discrimination under any health-benefit plan on the basis of actual or  
8 perceived: race; ethnicity; color; religion; national origin, including language; sex, including sex  
9 characteristics, sexual orientation, gender identity, gender expression, and pregnancy, childbirth,  
10 or related conditions; age; disability; or any combination thereof.

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12 (1) Deny, cancel, delay, limit, or refuse to issue or renew a health-benefit plan on the basis  
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14 including sex characteristics, sexual orientation, gender identity, gender expression, and pregnancy,  
15 childbirth, or related conditions; age; disability; or any combination thereof;

16 (2) Have or implement marketing practices or benefit designs that discriminate on the basis  
17 of actual or perceived: race; ethnicity; color; religion; national origin, including language; sex,  
18 including sex characteristics, sexual orientation, gender identity, gender expression, and pregnancy,  
19 childbirth, or related conditions; age; disability; or any combination thereof;

20 (3) Deny or limit coverage, deny or limit coverage of a claim, or impose additional cost  
21 sharing or other limitations or restrictions on coverage, to an individual on the basis of actual or  
22 perceived: race; ethnicity; color; religion; national origin, including language; sex, including sex  
23 characteristics, sexual orientation, gender identity, gender expression, and pregnancy, childbirth,  
24 or related conditions; age; disability; or any combination thereof;

25 (4) Have or implement a categorical coverage exclusion or limitation for all health services  
26 related to gender transition or other gender-affirming care, or reproductive health care;

27 (5) Otherwise deny or limit coverage, deny or limit coverage of a claim, or impose  
28 additional cost sharing or other limitations or restrictions on coverage, for specific health services  
29 related to gender transition or other gender-affirming care if such denial, limitation, or restriction  
30 results in discrimination against a member of protected class, as described in subsection (b) of this  
31 section; or

32 (6) Have or implement benefit designs that do not provide or administer health insurance  
33 coverage in the most integrated setting appropriate to the needs of qualified individuals with  
34 disabilities, including practices that result in the serious risk of institutionalization or segregation.

1           (d) Nothing in this section requires coverage of any health service where the healthcare  
2 entity has a legitimate, nondiscriminatory reason for denying or limiting coverage of the health  
3 service or determining that such health service fails to meet applicable coverage requirements,  
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5 Such coverage denial or limitation must not be based on unlawful animus or bias, or constitute a  
6 pretext for discrimination.

7           (e) The enumeration of specific forms of discrimination in subsection (c) of this section  
8 does not limit the general applicability of the prohibition in subsection (b) of this section.

9           (f) No healthcare entity may discriminate with respect to participation under a health-  
10 benefit plan or coverage against any healthcare professional who is acting within the scope of that  
11 healthcare professional's license or certification under applicable state law, on the basis of that  
12 healthcare professional's actual or perceived: race; ethnicity; color; religion; national origin,  
13 including language; sex, including sex characteristics, sexual orientation, gender identity, gender  
14 expression, and pregnancy, childbirth, or related conditions; age; disability; or any combination  
15 thereof.

16           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

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- 1           This act would amend unfair discrimination statutes to encompass more protected
- 2 categories and protect against additional forms of discrimination.
- 3           This act would take effect upon passage.

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