LC001585

STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2025

AN ACT

RELATING TO INSURANCE -- ACCIDENT AND SICKNESS INSURANCE POLICIES

Introduced By: Senators Mack, Vargas, Kallman, Murray, Lauria, Acosta, Urso,

Valverde, Quezada, and DiMario

Date Introduced: February 26, 2025

Referred To: Senate 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:

27-18-95. Certified professional midwife.

4 (a) As used in this section, "certified professional midwife" or "CPM" means a trained

5 professional who has successfully completed an accredited educational program in midwifery,

6 holds a current certification as a certified professional midwife by the North American Registry of

Midwives (hereinafter referred to in this section as "NARM"), and is licensed to practice midwifery

8 in accordance with § 23-13-9.

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9 (b) Every individual or group health insurance contract, or every individual or group

10 <u>hospital or medical expense insurance policy, plan, or group policy delivered, issued for delivery,</u>

or renewed in this state on or after January 1, 2026, shall provide coverage for the services of a

12 certified professional midwife in accordance with each health insurers' respective principles and

mechanisms of reimbursement, credentialing, and contracting, if the services are within the

14 certified professional midwife's area of professional competence as defined by the standard

15 <u>developed and maintained by the Midwives Alliance of North America (hereinafter referred to in</u>

16 this section as "MANA") in collaboration with the department of health, and are currently

17 reimbursed when rendered by any other healthcare provider. No insurer or hospital or medical

18 <u>service corporation may require supervision, signature, or referral by any other healthcare provider</u>

as a condition of reimbursement, except when those requirements are also applicable to other

	categories of neutricate providers. No insurer of nospitar of medicar service corporation of patient
2	shall be required to pay for duplicate services actually rendered by both a licensed certified
3	professional midwife and any other healthcare provider.
4	(c) Every individual or group health insurance contract, or every individual or group
5	hospital or medical expense insurance policy, plan, or group policy delivered, issued for delivery,
6	or renewed in this state that is required to cover certified professional midwife services defined in
7	subsections (a) and (b) of this section, shall report utilization and cost information related to
8	licensed certified professional midwife's services to the office of the health insurance
9	commissioner on or before July 1, 2026 and each July 1 thereafter. The office of the health
10	insurance commissioner shall define the utilization and cost information required to be reported.
11	(d) This section shall not apply to insurance coverage providing benefits for:
12	(1) Hospital confinement indemnity;
13	(2) Disability income;
14	(3) Accident only;
15	(4) Long-term care;
16	(5) Medicare supplement;
17	(6) Limited benefit health;
18	(7) Specified disease indemnity:
19	(8) Sickness or bodily injury or death by accident or both; and
20	(9) Other limited benefit policies.
21	(e) Notwithstanding any general or special law to the contrary, unless otherwise specified,
22	the provisions of this chapter shall supersede and shall control over any conflicting or inconsistent
23	laws, including general laws, special laws, or local laws, or any rule or regulation of the state
24	including, but not limited to, §§ 23-13-9, 27-41-2(21), 27-41-36 or any other state rule or
25	regulation.
26	SECTION 2. Chapter 27-19 of the General Laws entitled "Nonprofit Hospital Service
27	Corporations" is hereby amended by adding thereto the following section:
28	27-19-87. Certified professional midwife.
29	(a) As used in this section, "certified professional midwife" or "CPM" means a trained
30	professional who has successfully completed an accredited educational program in midwifery,
31	holds a current certification as a certified professional midwife by the North American Registry of
32	Midwives (hereinafter referred to in this section as "NARM"), and is licensed to practice midwifery
33	in accordance with § 23-13-9.
34	(b) Every individual or group health insurance contract, or every individual or group

1	hospital or medical expense insurance policy, plan, or group policy delivered, issued for delivery,
2	or renewed in this state on or after January 1, 2026, shall provide coverage for the services of a
3	certified professional midwife in accordance with each health insurers' respective principles and
4	mechanisms of reimbursement, credentialing, and contracting, if the services are within the
5	certified professional midwife's area of professional competence as defined by the standard
6	developed and maintained by the Midwives Alliance of North America (hereinafter referred to in
7	this section as "MANA") in collaboration with the department of health, and are currently
8	reimbursed when rendered by any other healthcare provider. No insurer or hospital or medical
9	service corporation may require supervision, signature, or referral by any other healthcare provider
10	as a condition of reimbursement, except when those requirements are also applicable to other
11	categories of healthcare providers. No insurer or hospital or medical service corporation or patient
12	shall be required to pay for duplicate services actually rendered by both a licensed certified
13	professional midwife and any other healthcare provider.
14	(c) Every individual or group health insurance contract, or every individual or group
15	hospital or medical expense insurance policy, plan, or group policy delivered, issued for delivery,
16	or renewed in this state that is required to cover certified professional midwife services defined in
17	subsections (a) and (b) of this section, shall report utilization and cost information related to
18	licensed certified professional midwife's services to the office of the health insurance
19	commissioner on or before July 1, 2026 and each July 1 thereafter. The office of the health
20	insurance commissioner shall define the utilization and cost information required to be reported.
21	(d) This section shall not apply to insurance coverage providing benefits for:
22	(1) Hospital confinement indemnity;
23	(2) Disability income;
24	(3) Accident only;
25	(4) Long-term care;
26	(5) Medicare supplement;
27	(6) Limited benefit health;
28	(7) Specified disease indemnity;
29	(8) Sickness or bodily injury or death by accident or both; and
30	(9) Other limited benefit policies.
31	(e) Notwithstanding any general or special law to the contrary, unless otherwise specified,
32	the provisions of this chapter shall supersede and shall control over any conflicting or inconsistent
33	laws, including general laws, special laws, or local laws, or any rule or regulation of the state
34	including but not limited to 88 23-13-9 27-41-2(21) 27-41-36 or any other state rule or

2	SECTION 3. Chapter 27-20 of the General Laws entitled "Nonprofit Medical Service
3	Corporations" is hereby amended by adding thereto the following section:
4	27-20-83. Certified professional midwife.
5	(a) As used in this section, "certified professional midwife" or "CPM" means a trained
6	professional who has successfully completed an accredited educational program in midwifery,
7	holds a current certification as a certified professional midwife by the North American Registry of
8	Midwives (hereinafter referred to in this section as "NARM"), and is licensed to practice midwifery
9	in accordance with § 23-13-9.
10	(b) Every individual or group health insurance contract, or every individual or group
11	hospital or medical expense insurance policy, plan, or group policy delivered, issued for delivery,
12	or renewed in this state on or after January 1, 2026, shall provide coverage for the services of a
13	certified professional midwife in accordance with each health insurers' respective principles and
14	mechanisms of reimbursement, credentialing, and contracting, if the services are within the
15	certified professional midwife's area of professional competence as defined by the standard
16	developed and maintained by the Midwives Alliance of North America (hereinafter referred to in
17	this section as "MANA") in collaboration with the department of health, and are currently
18	reimbursed when rendered by any other healthcare provider. No insurer or hospital or medical
19	service corporation may require supervision, signature, or referral by any other healthcare provider
20	as a condition of reimbursement, except when those requirements are also applicable to other
21	categories of healthcare providers. No insurer or hospital or medical service corporation or patient
22	shall be required to pay for duplicate services actually rendered by both a licensed certified
23	professional midwife and any other healthcare provider.
24	(c) Every individual or group health insurance contract, or every individual or group
25	hospital or medical expense insurance policy, plan, or group policy delivered, issued for delivery,
26	or renewed in this state that is required to cover certified professional midwife services defined in
27	subsections (a) and (b) of this section, shall report utilization and cost information related to
28	licensed certified professional midwife's services to the office of the health insurance
29	commissioner on or before July 1, 2026 and each July 1 thereafter. The office of the health
30	insurance commissioner shall define the utilization and cost information required to be reported.
31	(d) This section shall not apply to insurance coverage providing benefits for:
32	(1) Hospital confinement indemnity;
33	(2) Disability income;
34	(3) Accident only:

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regulation.

1	(4) Long-term care;
2	(5) Medicare supplement;
3	(6) Limited benefit health;
4	(7) Specified disease indemnity;
5	(8) Sickness or bodily injury or death by accident or both; and
6	(9) Other limited benefit policies.
7	(e) Notwithstanding any general or special law to the contrary, unless otherwise specified,
8	the provisions of this chapter shall supersede and shall control over any conflicting or inconsistent
9	laws, including general laws, special laws, or local laws, or any rule or regulation of the state
10	including, but not limited, to §§ 23-13-9, 27-41-2(21), 27-41-36 or any other state rule or
11	regulation.
12	SECTION 4. Chapter 27-41 of the General Laws entitled "Health Maintenance
13	Organizations" is hereby amended by adding thereto the following section:
14	27-41-100. Certified professional midwife.
15	(a) As used in this section, "certified professional midwife" or "CPM" means a trained
16	professional who has successfully completed an accredited educational program in midwifery,
17	holds a current certification as a certified professional midwife by the North American Registry of
18	Midwives (hereinafter referred to in this section as "NARM"), and is licensed to practice midwifery
19	in accordance with § 23-13-9.
20	(b) Every individual or group health insurance contract, or every individual or group
21	hospital or medical expense insurance policy, plan, or group policy delivered, issued for delivery,
22	or renewed in this state on or after January 1, 2026, shall provide coverage for the services of a
23	certified professional midwife in accordance with each health insurers' respective principles and
24	mechanisms of reimbursement, credentialing, and contracting, if the services are within the
25	certified professional midwife's area of professional competence as defined by the standard
26	developed and maintained by the Midwives Alliance of North America (hereinafter referred to in
27	this section as "MANA") in collaboration with the department of health, and are currently
28	reimbursed when rendered by any other healthcare provider. No insurer or hospital or medical
29	service corporation may require supervision, signature, or referral by any other healthcare provider
30	as a condition of reimbursement, except when those requirements are also applicable to other
31	categories of healthcare providers. No insurer or hospital or medical service corporation or patient
32	shall be required to pay for duplicate services actually rendered by both a licensed certified
33	professional midwife and any other healthcare provider.
34	(c) Every individual or group health insurance contract or every individual or group

1	nospital of medical expense insurance policy, plan, of group policy delivered, issued for delivery,
2	or renewed in this state that is required to cover certified professional midwife services defined in
3	subsections (a) and (b) of this section, shall report utilization and cost information related to
4	licensed certified professional midwife's services to the office of the health insurance
5	commissioner on or before July 1, 2026 and each July 1 thereafter. The office of the health
6	insurance commissioner shall define the utilization and cost information required to be reported.
7	(d) This section shall not apply to insurance coverage providing benefits for:
8	(1) Hospital confinement indemnity;
9	(2) Disability income;
10	(3) Accident only:
11	(4) Long-term care;
12	(5) Medicare supplement;
13	(6) Limited benefit health;
14	(7) Specified disease indemnity;
15	(8) Sickness or bodily injury or death by accident or both; and
16	(9) Other limited benefit policies.
17	(e) Notwithstanding any general or special law to the contrary, the provisions of this
18	chapter shall supersede and shall control over any conflicting or inconsistent laws, including
19	general laws, special laws, or local laws, or any rule or regulation of the state including, but not
20	limited, to §§ 23-13-9, 27-41-2(21), 27-41-36 or any other state rule or regulation.
21	SECTION 5. This act shall take effect on January 1, 2026.

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EXPLANATION

BY THE LEGISLATIVE COUNCIL

OF

AN ACT

RELATING TO INSURANCE -- ACCIDENT AND SICKNESS INSURANCE POLICIES

This bill would require health insurance plans to cover services provided by licensed certified professional midwives. Insurers would be required to report utilization and cost data annually and certain limited benefit policies would be exempt.

This act would take effect on January 1, 2026.

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