

2026 -- S 2864

=====
LC003699
=====

STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2026

—————
A N A C T

RELATING TO INSURANCE -- ACCIDENT AND SICKNESS INSURANCE POLICIES

Introduced By: Senators Vargas, Lauria, Murray, Urso, Thompson, and LaMountain

Date Introduced: March 04, 2026

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:

3 **27-18-96. Insurance coverage for lung cancer screening.**

4 (a) The Rhode Island general assembly recognizes that lung cancer remains the leading
5 cause of cancer deaths in Rhode Island and further that early detection of lung cancer will ensure
6 that patients get the critical care they need without delay. Accordingly, it is in the best interests of
7 the people of the state to promote widespread availability by eliminating out-of-pocket costs for
8 lung cancer screenings.

9 (b) Every individual or group health insurance contract, plan, or policy that provides
10 coverage and that is delivered, issued for delivery, prescribed, or renewed in this state on or after
11 January 1, 2027, shall provide coverage for follow-up screening or diagnostic services for lung
12 cancer upon the recommendation of a health care provider acting within the provider's scope of
13 practice, and as recommended by nationally recognized clinical practice guidelines for the
14 detection of lung cancer. There shall be no copayment required, and no deductible shall need to be
15 met for follow-up screening or diagnostic services for lung cancer. A deductible may be applied to
16 health plans that are paired with a federally qualified health savings account pursuant to 26 U.S.C.
17 § 223. Nothing in this section would prohibit a health plan from implementing this benefit prior to
18 January 1, 2027.

19 (c) For the purposes of this section, "nationally recognized clinical practice guidelines"

1 means evidence-based, peer reviewed clinical practice guidelines informed by a systematic review
2 of evidence and an assessment of the benefits, and risks of alternative care options intended to
3 optimize patient care developed by independent organization professional societies utilizing a
4 transparent methodology and reporting structure and with a conflict-of-interest policy.

5 (d) Nothing in this section shall be construed to prevent medical management or utilization
6 review of the services, including preauthorization, to ensure that such services are consistent with
7 nationally recognized clinical practice guidelines for the detection of lung cancer.

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

10 **27-19-88. Insurance coverage for lung cancer screening.**

11 (a) The Rhode Island general assembly recognizes that lung cancer remains the leading
12 cause of cancer deaths in Rhode Island and further that early detection of lung cancer will ensure
13 that patients get the critical care they need without delay. Accordingly, it is in the best interests of
14 the people of the state to promote widespread availability by eliminating out-of-pocket costs for
15 lung cancer screenings.

16 (b) Every individual or group health insurance contract, plan, or policy that provides
17 coverage and that is delivered, issued for delivery, prescribed, or renewed in this state on or after
18 January 1, 2027, shall provide coverage for follow-up screening or diagnostic services for lung
19 cancer upon the recommendation of a health care provider acting within the provider's scope of
20 practice, and as recommended by nationally recognized clinical practice guidelines for the
21 detection of lung cancer. There shall be no copayment required, and no deductible shall need to be
22 met for follow-up screening or diagnostic services for lung cancer. A deductible may be applied to
23 health plans that are paired with a federally qualified health savings account pursuant to 26 U.S.C.
24 § 223. Nothing in this section would prohibit a health plan from implementing this benefit prior to
25 January 1, 2027.

26 (c) For the purposes of this section, "nationally recognized clinical practice guidelines"
27 means evidence-based, peer reviewed clinical practice guidelines informed by a systematic review
28 of evidence and an assessment of the benefits, and risks of alternative care options intended to
29 optimize patient care developed by independent organization professional societies utilizing a
30 transparent methodology and reporting structure and with a conflict-of-interest policy.

31 (d) Nothing in this section shall be construed to prevent medical management or utilization
32 review of the services, including preauthorization, to ensure that such services are consistent with
33 nationally recognized clinical practice guidelines for the detection of lung cancer.

34 SECTION 3. Chapter 27-20 of the General Laws entitled "Nonprofit Medical Service

1 Corporations" is hereby amended by adding thereto the following section:

2 **27-20-84. Insurance coverage for lung cancer screening.**

3 (a) The Rhode Island general assembly recognizes that lung cancer remains the leading
4 cause of cancer deaths in Rhode Island and further that early detection of lung cancer will ensure
5 that patients get the critical care they need without delay. Accordingly, it is in the best interests of
6 the people of the state to promote widespread availability by eliminating out-of-pocket costs for
7 lung cancer screenings.

8 (b) Every individual or group health insurance contract, plan, or policy that provides
9 coverage and that is delivered, issued for delivery, prescribed, or renewed in this state on or after
10 January 1, 2027, shall provide coverage for follow-up screening or diagnostic services for lung
11 cancer upon the recommendation of a health care provider acting within the provider's scope of
12 practice, and as recommended by nationally recognized clinical practice guidelines for the
13 detection of lung cancer. There shall be no copayment required, and no deductible shall need to be
14 met for follow-up screening or diagnostic services for lung cancer. A deductible may be applied to
15 health plans that are paired with a federally qualified health savings account pursuant to 26 U.S.C.
16 § 223. Nothing in this section would prohibit a health plan from implementing this benefit prior to
17 January 1, 2027.

18 (c) For the purposes of this section, "nationally recognized clinical practice guidelines"
19 means evidence-based, peer reviewed clinical practice guidelines informed by a systematic review
20 of evidence and an assessment of the benefits, and risks of alternative care options intended to
21 optimize patient care developed by independent organization professional societies utilizing a
22 transparent methodology and reporting structure and with a conflict-of-interest policy.

23 (d) Nothing in this section shall be construed to prevent medical management or utilization
24 review of the services, including preauthorization, to ensure that such services are consistent with
25 nationally recognized clinical practice guidelines for the detection of lung cancer.

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

28 **27-41-101. Insurance coverage for lung cancer screening.**

29 (a) The Rhode Island general assembly recognizes that lung cancer remains the leading
30 cause of cancer deaths in Rhode Island and further that early detection of lung cancer will ensure
31 that patients get the critical care they need without delay. Accordingly, it is in the best interests of
32 the people of the state to promote widespread availability by eliminating out-of-pocket costs for
33 lung cancer screenings.

34 (b) Every individual or group health insurance contract, plan, or policy that provides

1 coverage and that is delivered, issued for delivery, prescribed, or renewed in this state on or after
2 January 1, 2027, shall provide coverage for follow-up screening or diagnostic services for lung
3 cancer upon the recommendation of a health care provider acting within the provider's scope of
4 practice, and as recommended by nationally recognized clinical practice guidelines for the
5 detection of lung cancer. There shall be no copayment required, and no deductible shall need to be
6 met for follow-up screening or diagnostic services for lung cancer. A deductible may be applied to
7 health plans that are paired with a federally qualified health savings account pursuant to 26 U.S.C.
8 § 223. Nothing in this section would prohibit a health plan from implementing this benefit prior to
9 January 1, 2027.

10 (c) For the purposes of this section, "nationally recognized clinical practice guidelines"
11 means evidence-based, peer reviewed clinical practice guidelines informed by a systematic review
12 of evidence and an assessment of the benefits, and risks of alternative care options intended to
13 optimize patient care developed by independent organization professional societies utilizing a
14 transparent methodology and reporting structure and with a conflict-of-interest policy.

15 (d) Nothing in this section shall be construed to prevent medical management or utilization
16 review of the services, including preauthorization, to ensure that such services are consistent with
17 nationally recognized clinical practice guidelines for the detection of lung cancer.

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

=====
LC003699
=====

EXPLANATION
BY THE LEGISLATIVE COUNCIL
OF
A N A C T
RELATING TO INSURANCE -- ACCIDENT AND SICKNESS INSURANCE POLICIES

- 1 This act would mandate health insurance coverage by eliminating out-of-pocket costs for
- 2 lung cancer screenings in order to enable patients to get the critical care they need without delay.
- 3 This act would take effect upon passage.

=====
LC003699
=====