AN ACT RELATING TO INSURANCE -- ACCIDENT AND SICKNESS INSURANCE POLICIES

Introduced By: Senators DiMario, Miller, Lauria, Cano, Valverde, and Lawson

Date Introduced: March 01, 2024

Referred To: Senate Health & Human Services

It is enacted by the General Assembly as follows:

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


(a) As used in this section, “community health worker” means a trained professional providing services that are considered medically necessary for patients with one or more chronic health, including behavioral health, conditions, patients who are at risk for a chronic health condition, and/or who face barriers meeting their health or health-related social needs. Services that can be provided by community health workers can include, but are not limited to:

(1) Health and promotion coaching;
(2) Health education and training;
(3) Health system navigation and resource coordination services;
(4) Care planning; and
(5) Follow-up care recommendations.

(b)(1) Every individual or group health insurance contract, or every individual or group hospital or medical expense insurance policy, plan, or group policy delivered, issued for delivery, or renewed in this state on or after January 1, 2025, shall provide coverage for the services of a community health worker in accordance with each health insurer's respective principles and mechanisms of reimbursement, credentialing, and contracting, if the services are within the community health worker's area of professional competence as defined by the community health...
worker certification standard developed and maintained by the Rhode Island certification board in collaboration with the department of health, and are currently reimbursed when rendered by any other healthcare provider.

(2) No insurer or hospital or medical service corporation may require supervision, signature, or referral by any other healthcare provider as a condition of reimbursement, except when those requirements are also applicable to other categories of healthcare providers.

(3) No insurer or hospital or medical service corporation or patient may be required to pay for duplicate services actually rendered by both a community health worker and any other healthcare provider.

(c) Every individual or group health insurance contract, or every individual or group hospital or medical expense insurance policy, plan, or group policy delivered, issued for delivery, or renewed in this state that is required to cover perinatal doula services as defined in subsections (a) and (b) of this section, shall report utilization and cost information related to community health worker services to the office of the health insurance commissioner on or before July 1, 2026 and each July 1 thereafter. The office of the health insurance commissioner shall define the utilization and cost information required to be reported.

(d) This section shall not apply to insurance coverage providing benefits for:

(1) Hospital confinement indemnity;

(2) Disability income;

(3) Accident only;

(4) Long-term care;

(5) Medicare supplement;

(6) Limited benefit health;

(7) Specified disease indemnity;

(8) Sickness or bodily injury or death by accident or both; and

(9) Other limited benefit policies.

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


(a) As used in this section, “community health worker” means a trained professional providing services that are considered medically necessary for patients with one or more chronic health, including behavioral health, conditions, patients who are at risk for a chronic health condition, and/or who face barriers meeting their health or health-related social needs. Services that can be provided by community health workers can include, but are not limited to:
(1) Health and promotion coaching;
(2) Health education and training;
(3) Health system navigation and resource coordination services;
(4) Care planning; and
(5) Follow-up care recommendations.

(b) (1) Every individual or group health insurance contract, or every individual or group hospital or medical expense insurance policy, plan, or group policy delivered, issued for delivery, or renewed in this state on or after January 1, 2025, shall provide coverage for the services of a community health worker in accordance with each health insurer's respective principles and mechanisms of reimbursement, credentialing, and contracting, if the services are within the community health worker's area of professional competence as defined by the community health worker certification standard developed and maintained by the Rhode Island certification board in collaboration with the department of health, and are currently reimbursed when rendered by any other healthcare provider.

(2) No insurer or hospital or medical service corporation may require supervision, signature, or referral by any other healthcare provider as a condition of reimbursement, except when those requirements are also applicable to other categories of healthcare providers.

(3) No insurer or hospital or medical service corporation or patient may be required to pay for duplicate services actually rendered by both a community health worker and any other healthcare provider.

(c) Every individual or group health insurance contract, or every individual or group hospital or medical expense insurance policy, plan, or group policy delivered, issued for delivery, or renewed in this state that is required to cover perinatal doula services as defined in subsections (a) and (b) of this section, shall report utilization and cost information related to community health worker services to the office of the health insurance commissioner on or before July 1, 2026 and each July 1 thereafter. The office of the health insurance commissioner shall define the utilization and cost information required to be reported.

(d) This section shall not apply to insurance coverage providing benefits for:

(1) Hospital confinement indemnity;
(2) Disability income;
(3) Accident only;
(4) Long-term care;
(5) Medicare supplement;
(6) Limited benefit health;
(7) Specified disease indemnity;
(8) Sickness or bodily injury or death by accident or both; and
(9) Other limited benefit policies.

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

27-20-83. Community health workers.

(a) As used in this section, "community health worker" means a trained professional providing services that are considered medically necessary for patients with one or more chronic health, including behavioral health, conditions, patients who are at risk for a chronic health condition, and/or who face barriers meeting their health or health-related social needs. Services that can be provided by community health workers can include, but are not limited to:

(1) Health and promotion coaching;
(2) Health education and training;
(3) Health system navigation and resource coordination services;
(4) Care planning; and
(5) Follow-up care recommendations.

(b)(1) Every individual or group health insurance contract, or every individual or group hospital or medical expense insurance policy, plan, or group policy delivered, issued for delivery, or renewed in this state on or after January 1, 2025, shall provide coverage for the services of a community health worker in accordance with each health insurer's respective principles and mechanisms of reimbursement, credentialing, and contracting, if the services are within the community health worker's area of professional competence as defined by the community health worker certification standard developed and maintained by the Rhode Island certification board in collaboration with the department of health, and are currently reimbursed when rendered by any other healthcare provider.

(2) No insurer or hospital or medical service corporation may require supervision, signature, or referral by any other healthcare provider as a condition of reimbursement, except when those requirements are also applicable to other categories of healthcare providers.

(3) No insurer or hospital or medical service corporation or patient may be required to pay for duplicate services actually rendered by both a community health worker and any other healthcare provider.

(c) Every individual or group health insurance contract, or every individual or group hospital or medical expense insurance policy, plan, or group policy delivered, issued for delivery, or renewed in this state that is required to cover perinatal doula services as defined in subsections...
(a) and (b) of this section, shall report utilization and cost information related to community health worker services to the office of the health insurance commissioner on or before July 1, 2026 and each July 1 thereafter. The office of the health insurance commissioner shall define the utilization and cost information required to be reported.

(d) This section shall not apply to insurance coverage providing benefits for:

(1) Hospital confinement indemnity;

(2) Disability income;

(3) Accident only;

(4) Long-term care;

(5) Medicare supplement;

(6) Limited benefit health;

(7) Specified disease indemnity;

(8) Sickness or bodily injury or death by accident or both; and

(9) Other limited benefit policies.

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

27-41-100. Community health workers.

(a) As used in this section, “community health worker” means a trained professional providing services that are considered medically necessary for patients with one or more chronic health, including behavioral health, conditions, patients who are at risk for a chronic health condition, and/or who face barriers meeting their health or health-related social needs. Services that can be provided by community health workers can include, but are not limited to:

(1) Health and promotion coaching;

(2) Health education and training;

(3) Health system navigation and resource coordination services;

(4) Care planning; and

(5) Follow-up care recommendations.

(b)(1) Every individual or group health insurance contract, or every individual or group hospital or medical expense insurance policy, plan, or group policy delivered, issued for delivery, or renewed in this state on or after January 1, 2025, shall provide coverage for the services of a community health worker in accordance with each health insurer's respective principles and mechanisms of reimbursement, credentialing, and contracting, if the services are within the community health worker's area of professional competence as defined by the community health worker certification standard developed and maintained by the Rhode Island certification board in
collaboration with the department of health, and are currently reimbursed when rendered by any
other healthcare provider.

(2) No insurer or hospital or medical service corporation may require supervision,
signature, or referral by any other healthcare provider as a condition of reimbursement, except when
those requirements are also applicable to other categories of healthcare providers.

(3) No insurer or hospital or medical service corporation or patient may be required to pay
for duplicate services actually rendered by both a community health worker and any other
healthcare provider.

(c) Every individual or group health insurance contract, or every individual or group
hospital or medical expense insurance policy, plan, or group policy delivered, issued for delivery,
or renewed in this state that is required to cover perinatal doula services as defined in subsections
(a) and (b) of this section, shall report utilization and cost information related to community health
worker services to the office of the health insurance commissioner on or before July 1, 2026 and
each July 1 thereafter. The office of the health insurance commissioner shall define the utilization
and cost information required to be reported.

(d) This section shall not apply to insurance coverage providing benefits for:

(1) Hospital confinement indemnity;

(2) Disability income;

(3) Accident only;

(4) Long-term care;

(5) Medicare supplement;

(6) Limited benefit health;

(7) Specified disease indemnity;

(8) Sickness or bodily injury or death by accident or both; and

(9) Other limited benefit policies.

SECTION 5. This act shall take effect upon passage.
This act would require insurance coverage for all community health workers’ services to include, but not be limited to, health and promotion coaching, health education and training, health system navigation and resource coordination services, care planning and follow-up care recommendations. Coverage would not be provided for insurance coverage providing benefits for hospital confinement indemnity, disability income, accident only, long-term care, Medicare supplement, limited benefit health, specified disease indemnity, sickness or bodily injury or death by accident, or both, and other limited benefit policies.

This act would take effect upon passage.