

2017 -- S 0329

LC001270

STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2017

A N A C T

RELATING TO INSURANCE -- INSURANCE COVERAGE FOR MENTAL ILLNESS AND
SUBSTANCE ABUSE

Introduced By: Senators Miller, Goldin, Satchell, Sosnowski, and Goodwin

Date Introduced: February 16, 2017

Referred To: Senate Health & Human Services

It is enacted by the General Assembly as follows:

1 SECTION 1. Section 27-38.2-1 of the General Laws in Chapter 27-38.2 entitled
2 "Insurance Coverage for Mental Illness and Substance Abuse" is hereby amended to read as
3 follows:

4 **27-38.2-1. Coverage for the treatment of mental health and substance use disorders.**

5 (a) A group health plan and an individual or group health insurance plan shall provide
6 coverage for the treatment of mental health and substance-use disorders under the same terms and
7 conditions as that coverage is provided for other illnesses and diseases.

8 (b) Coverage for the treatment of mental health and substance-use disorders shall not
9 impose any annual or lifetime dollar limitation.

10 (c) Financial requirements and quantitative treatment limitations on coverage for the
11 treatment of mental health and substance-use disorders shall be no more restrictive than the
12 predominant financial requirements applied to substantially all coverage for medical conditions in
13 each treatment classification.

14 (d) Coverage shall not impose non-quantitative treatment limitations for the treatment of
15 mental health and substance-use disorders unless the processes, strategies, evidentiary standards,
16 or other factors used in applying the non-quantitative treatment limitation, as written and in
17 operation, are comparable to, and are applied no more stringently than, the processes, strategies,
18 evidentiary standards, or other factors used in applying the limitation with respect to

1 medical/surgical benefits in the classification.

2 (e) The following classifications shall be used to apply the coverage requirements of this
3 chapter: (1) Inpatient, in-network; (2) Inpatient, out-of-network; (3) Outpatient, in-network; (4)
4 Outpatient, out-of-network; (5) Emergency care; and (6) Prescription drugs.

5 (f) Medication-assisted treatment or medication-assisted maintenance services of
6 substance-use disorders, opioid overdoses, and chronic addiction, including methadone,
7 buprenorphine, naltrexone, or other clinically appropriate medications, is included within the
8 appropriate classification based on the site of the service.

9 (g) Payors shall rely upon the criteria of the American Society of Addiction Medicine
10 when developing coverage for levels of care for substance-use disorder treatment.

11 (h) Consistent with coverage for medical and surgical services, patients with mental
12 health and/or substance-use disorders are presumptively eligible for emergency admission
13 practices, including any appropriate inpatient services. After an appropriate psychiatric
14 assessment, if a qualified medical professional determines that continued residential or inpatient
15 care is necessary care for a patient, that professional will submit a treatment plan, including an
16 estimated length of stay, to the patient's payor for authorization of payment. A patient will remain
17 presumptively eligible for residential or inpatient services during the payment authorization
18 period. The office of the health insurance commissioner shall promulgate regulations that define
19 reasonable payment authorization procedures and timelines for payors.

20 SECTION 2. 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 provide that patients with mental health and/or substance-use disorders
2 are presumptively eligible for emergency admission practices, including any appropriate inpatient
3 services.
4 This act would take effect upon passage.

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