

2018 -- H 7002

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STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2018

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A N A C T

RELATING TO INSURANCE -- ACCIDENT AND SICKNESS INSURANCE POLICIES

Introduced By: Representatives Shekarchi, Ajello, Tanzi, Fogarty, and Lima

Date Introduced: January 03, 2018

Referred To: House Corporations

It is enacted by the General Assembly as follows:

1 SECTION 1. Section 27-18-39 of the General Laws in Chapter 27-18 entitled "Accident
2 and Sickness Insurance Policies" is hereby amended to read as follows:

3 **27-18-39. Mastectomy treatment.**

4 (a) All individual or group health insurance coverage and health benefit plans delivered,
5 issued for delivery or renewed in this state on or after January 1, 2005, which provides medical
6 and surgical benefits with respect to mastectomy excluding supplemental policies which only
7 provide coverage for specified diseases or other supplemental policies, shall provide, in a case of
8 any person covered in the individual market or covered by a group health plan coverage for:

9 (1) Reconstruction of the breast on which the mastectomy has been performed;

10 (2) Surgery and reconstruction of the other breast to produce a symmetrical appearance;

11 and

12 (3) Prostheses and treatment of physical complications, including lymphademas, at all
13 stages of mastectomy; in a manner determined in consultation with the attending physician and
14 the patient. ~~Such coverage may be subject to annual deductibles and coinsurance provisions
15 applied to the mastectomy and consistent with those established for other benefits under the plan
16 or coverage.~~ As used in this section, "mastectomy" means the removal of all or part of a breast.

17 Written notice of the availability of such coverage shall be delivered to the participant upon
18 enrollment and annually thereafter.

19 (b) As used in this section, "prosthetic devices" means and includes the provision of

1 initial and subsequent prosthetic devices pursuant to an order of the patient's physician or
2 surgeon.

3 (c) ~~Nothing in this section shall be construed to require an individual or group policy to~~
4 ~~cover the surgical procedure known as mastectomy or to prevent application of deductible or co-~~
5 ~~payment provisions contained in the policy or plan, nor shall this section be construed to require~~
6 ~~that coverage under an individual or group policy be extended to any other procedures.~~

7 (d) Nothing in this section shall be construed to prevent a group health plan or a health
8 insurance carrier offering health insurance coverage from negotiating the level and type of
9 reimbursement with a provider for care provided in accordance with this section.

10 (e) Nothing in this section shall preclude the conducting of managed care reviews and
11 medical necessity reviews, by an insurer, hospital or medical service corporation or health
12 maintenance organization.

13 (f) Notice. A group health plan, and a health insurance issuer providing health insurance
14 coverage in connection with a group health plan, shall provide notice to each participant and
15 beneficiary under such plan regarding the coverage required by this section in accordance with
16 regulations promulgated by the United States Secretary of Health and Human Services. Such
17 notice shall be in writing and prominently positioned in any literature or correspondence made
18 available or distributed by the plan or issuer and shall be transmitted as part of any yearly
19 informational packet sent to the participant or beneficiary.

20 (g) Prohibitions. A group health plan and a health insurance carrier offering group or
21 individual health insurance coverage may not:

22 (1) Deny to a patient eligibility, or continued eligibility, to enroll or renew coverage
23 under the terms of the plan, solely for the purpose of avoiding the requirements of this section;
24 nor

25 (2) Penalize or otherwise reduce or limit the reimbursement of an attending provider, or
26 provide incentives (monetary or otherwise) to an attending provider, to induce such provider to
27 provide care to an individual participant or beneficiary in a manner inconsistent with this section.

28 SECTION 2. Section 27-19-34 of the General Laws in Chapter 27-19 entitled "Nonprofit
29 Hospital Service Corporations" is hereby amended to read as follows:

30 **27-19-34. Mastectomy treatment.**

31 (a) All individual or group health insurance coverage and health benefit plans delivered,
32 issued for delivery or renewed in this state on or after January 1, 2005, which provides medical
33 and surgical benefits with respect to mastectomy shall provide, in a case of any person covered in
34 the individual market or covered by a group health plan coverage for:

1 (1) Reconstruction of the breast on which the mastectomy has been performed;
2 (2) Surgery and reconstruction of the other breast to produce a symmetrical appearance;
3 and

4 (3) Prostheses and treatment of physical complications, including lymphademas, at all
5 stages of mastectomy; in a manner determined in consultation with the attending physician and
6 the patient. ~~Such coverage may be subject to annual deductibles and coinsurance provisions~~
7 ~~applied to the mastectomy and consistent with those established for other benefits under the plan~~
8 ~~or coverage.~~ As used in this section, "mastectomy" means the removal of all or part of a breast.
9 Written notice of the availability of such coverage shall be delivered to the participant upon
10 enrollment and annually thereafter.

11 (b) Notice. A group health plan, and a health insurance issuer providing health insurance
12 coverage in connection with a group health plan, shall provide notice to each participant and
13 beneficiary under such plan regarding the coverage required by this section in accordance with
14 regulations promulgated by the United States Secretary of Health and Human Services. Such
15 notice shall be in writing and prominently positioned in any literature or correspondence made
16 available or distributed by the plan or issuer and shall be transmitted as part of any yearly
17 informational packet sent to the participant or beneficiary.

18 (c) As used in this section, "prosthetic devices" means and includes the provisions of
19 initial and subsequent prosthetic devices pursuant to an order of the patient's physician or
20 surgeon.

21 (d) ~~Nothing in this section shall be construed to require an individual or group policy to~~
22 ~~cover the surgical procedure known as mastectomy or to prevent the application of deductible or~~
23 ~~copayment provisions contained in the policy or plan, nor shall this section be construed to~~
24 ~~require that coverage under an individual or group policy be extended to any other procedures.~~

25 (e) Nothing in this section shall be construed to prevent a group health plan or a health
26 insurance carrier offering health insurance coverage from negotiating the level and type of
27 reimbursement with a provider for care provided in accordance with this section.

28 (f) Nothing in this section shall preclude the conducting of managed care reviews and
29 medical necessity reviews by an insurer, hospital or medical service corporation or health
30 maintenance organization.

31 (g) Prohibitions. A group health plan and a health insurance carrier offering group or
32 individual health insurance coverage may not:

33 (1) Deny to a patient eligibility, or continued eligibility, to enroll or renew coverage
34 under the terms of the plan, solely for the purpose of avoiding the requirements of this section;

1 nor

2 (2) Penalize or otherwise reduce or limit the reimbursement of an attending provider, or
3 provide incentives (monetary or otherwise) to an attending provider, to induce such provider to
4 provide care to an individual participant or beneficiary in a manner inconsistent with this section.

5 SECTION 3. Section 27-20-29 of the General Laws in Chapter 27-20 entitled "Nonprofit
6 Medical Service Corporations" is hereby amended to read as follows:

7 **27-20-29. Mastectomy treatment.**

8 (a) All individual or group health insurance coverage and health benefit plans delivered,
9 issued for delivery or renewed in this state on or after January 1, 2005, which provides medical
10 and surgical benefits with respect to mastectomy shall provide, in a case of any person covered in
11 the individual market or covered by a group health plan coverage for:

12 (1) Reconstruction of the breast on which the mastectomy has been performed;

13 (2) Surgery and reconstruction of the other breast to produce a symmetrical appearance;

14 and

15 (3) Prostheses and treatment of physical complications, including lymphademas, at all
16 stages of mastectomy; in a manner determined in consultation with the attending physician and
17 the patient. ~~Such coverage may be subject to annual deductibles and coinsurance provisions~~
18 ~~applied to the mastectomy and consistent with those established for other benefits under the plan~~
19 ~~or coverage.~~ As used in this section, "mastectomy" means the removal of all or part of a breast.
20 Written notice of the availability of such coverage shall be delivered to the participant upon
21 enrollment and annually thereafter.

22 (b) Notice. A group health plan, and a health insurance issuer providing health insurance
23 coverage in connection with a group health plan, shall provide notice to each participant and
24 beneficiary under such plan regarding the coverage required by this section in accordance with
25 regulations promulgated by the United States Secretary of Health and Human Services. Such
26 notice shall be in writing and prominently positioned in any literature or correspondence made
27 available or distributed by the plan or issuer and shall be transmitted as part of any yearly
28 informational packet sent to the participant or beneficiary.

29 (c) As used in this section, "prosthetic devices" means and includes the provision of
30 initial and subsequent prosthetic devices pursuant to an order of the patient's physician or
31 surgeon.

32 ~~(d) Nothing in this section shall be construed to require an individual or group policy to~~
33 ~~cover the surgical procedure known as mastectomy or to prevent the application of deductible or~~
34 ~~copayment provisions contained in the policy or plan, nor shall this section be construed to~~

1 ~~require that coverage under an individual or group policy be extended to any other procedures.~~

2 (e) Nothing in this section shall be construed to prevent a group health plan or a health
3 insurance carrier offering health insurance coverage from negotiating the level and type of
4 reimbursement with a provider for care provided in accordance with this section.

5 (f) Nothing in this section shall preclude the conducting of managed care reviews and
6 medical necessity reviews by an insurer, hospital or medical service corporation or health
7 maintenance organization.

8 (g) Prohibitions. A group health plan and a health insurance carrier offering group or
9 individual health insurance coverage may not:

10 (1) Deny to a patient eligibility, or continued eligibility, to enroll or renew coverage
11 under the terms of the plan, solely for the purpose of avoiding the requirements of this section;
12 nor

13 (2) Penalize or otherwise reduce or limit the reimbursement of an attending provider, or
14 provide incentives (monetary or otherwise) to an attending provider, to induce such provider to
15 provide care to an individual participant or beneficiary in a manner inconsistent with this section.

16 SECTION 4. Section 27-41-43 of the General Laws in Chapter 27-41 entitled "Health
17 Maintenance Organizations" is hereby amended to read as follows:

18 **27-41-43. Mastectomy treatment.**

19 (a) All individual or group health insurance coverage and health benefit plans delivered,
20 issued for delivery or renewed in this state on or after January 1, 2005, which provides medical
21 and surgical benefits with respect to mastectomy shall provide, in a case of any person covered in
22 the individual market or covered by a group health plan coverage for:

23 (1) Reconstruction of the breast on which the mastectomy has been performed;

24 (2) Surgery and reconstruction of the other breast to produce a symmetrical appearance;

25 and

26 (3) Prostheses and treatment of physical complications, including lymphademas, at all
27 stages of mastectomy; in a manner determined in consultation with the attending physician and
28 the patient. ~~Such coverage may be subject to annual deductibles and coinsurance provisions
29 applied to the mastectomy and consistent with those established for other benefits under the plan
30 or coverage.~~ As used in this section, "mastectomy" means the removal of all or part of a breast.
31 Written notice of the availability of such coverage shall be delivered to the participant upon
32 enrollment and annually thereafter.

33 (b) Notice. A group health plan, and a health insurance issuer providing health insurance
34 coverage in connection with a group health plan, shall provide notice to each participant and

1 beneficiary under such plan regarding the coverage required by this section in accordance with
2 regulations promulgated by the United States Secretary of Health and Human Services. Such
3 notice shall be in writing and prominently positioned in any literature or correspondence made
4 available or distributed by the plan or issuer and shall be transmitted as part of any yearly
5 informational packet sent to the participant or beneficiary.

6 (c) As used in this section, "prosthetic devices" means and includes the provision of
7 initial and subsequent prosthetic devices pursuant to an order of the patient's physician or
8 surgeon.

9 (d) (1) ~~Nothing in this section shall be construed to require an individual or group policy~~
10 ~~to cover the surgical procedure known as mastectomy or to prevent application of deductible or~~
11 ~~copayment provisions contained in the policy or plan, nor shall this section be construed to~~
12 ~~require that coverage under an individual or group policy be extended to any other procedures.~~

13 (2) Nothing in this section shall be construed to prevent a group health plan or a health
14 insurance carrier offering health insurance coverage from negotiating the level and type of
15 reimbursement with a provider for care provided in accordance with this section.

16 (3) Nothing in this section shall preclude the conducting of managed care reviews and
17 medical necessity reviews, by an insurer, hospital or medical service corporation or health
18 maintenance organization.

19 (4) Prohibitions. A group health plan and a health insurance carrier offering group or
20 individual health insurance coverage may not:

21 (i) Deny to a patient eligibility, or continued eligibility, to enroll or renew coverage under
22 the terms of the plan, solely for the purpose of avoiding the requirements of this section; nor

23 (ii) Penalize or otherwise reduce or limit the reimbursement of an attending provider, or
24 provide incentives (monetary or otherwise) to an attending provider, to induce such provider to
25 provide care to an individual participant or beneficiary in a manner inconsistent with this section.

26 SECTION 5. This act shall take effect on January 1, 2019.

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EXPLANATION
BY THE LEGISLATIVE COUNCIL
OF

A N A C T

RELATING TO INSURANCE -- ACCIDENT AND SICKNESS INSURANCE POLICIES

- 1 This act would require individual or group policy insurance to cover mastectomies.
- 2 This act would take effect on January 1, 2019.

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