

2018 -- S 2545

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LC004868
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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 HEALTH AND SAFETY -- INSURANCE COVERAGE FOR MENTAL
ILLNESS AND SUBSTANCE ABUSE

Introduced By: Senators Miller, Goldin, Calkin, Satchell, and Paolino

Date Introduced: March 01, 2018

Referred To: Senate Health & Human Services

It is enacted by the General Assembly as follows:

1 SECTION 1. Chapter 23-17.26 of the General Laws entitled "Comprehensive Discharge
2 Planning" is hereby amended by adding thereto the following section:

3 **23-17.26-5. comprehensive patient consent form.**

4 Each hospital and freestanding emergency-care facility shall incorporate patient consent
5 for peer recovery coach services into a comprehensive patient consent form to be implemented no
6 later than January 1, 2019.

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

10 **27-38.2-1. Coverage for treatment of mental health and substance use disorders.**
11 **[Effective April 1, 2018.]**

12 (a) A group health plan and an individual or group health insurance plan, and any
13 contract between the Rhode Island Medicaid program and any health insurance carrier, as defined
14 under chapters 18, 19, 20, and 41 of title 27, shall provide coverage for the treatment of mental
15 health and substance-use disorders under the same terms and conditions as that coverage is
16 provided for other illnesses and diseases.

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

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

5 (d) Coverage shall not impose non-quantitative treatment limitations for the treatment of
6 mental health and substance-use disorders unless the processes, strategies, evidentiary standards,
7 or other factors used in applying the non-quantitative treatment limitation, as written and in
8 operation, are comparable to, and are applied no more stringently than, the processes, strategies,
9 evidentiary standards, or other factors used in applying the limitation with respect to
10 medical/surgical benefits in the classification.

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

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

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

20 (h) Patients with substance-use disorders shall have access to evidence-based, non-opioid
21 treatment for pain, therefore coverage shall apply to medically necessary chiropractic care and
22 osteopathic manipulative treatment performed by an individual licensed under § 5-37-2.

23 (i) Consistent with coverage for medical and surgical services, a health insurer shall cover
24 clinically appropriate residential or inpatient services, including detoxification and stabilization
25 services, for the treatment of mental health and/or substance-use disorders, including alcohol-use
26 disorders, in accordance with this subsection. After an appropriate psychiatric assessment for
27 mental health, or an assessment for substance-use disorders, including alcohol-use disorders,
28 based upon the criteria of the American Society of Addiction Medicine, conducted upon an
29 emergency admission or for continuation of care, if a qualified medical and/or clinical
30 professional determines that residential or inpatient care, including detoxification and
31 stabilization services, is the most appropriate and least restrictive level of care necessary, that
32 professional shall, within twenty-four (24) hours of admission or at least twenty-four (24) hours
33 prior to the expiration of any previous authorization from the health insurer, submit a treatment
34 plan, including an estimated length of stay and such other information as may be reasonably

1 requested by the health insurer, to the patient's health insurer. The health insurer shall review the
2 information submitted in accordance with the timelines and requirements of chapter 18.9 of title
3 27, provided that the patient shall be and remain presumptively covered for residential or
4 inpatient services, including detoxification and stabilization services, during the authorization or
5 concurrent assessment review. On or before March 1, 2021, the senate committee on health and
6 human services, in conjunction with the house committee on corporations, shall conduct a hearing
7 on the impact of this subsection, to include presentations from payors and providers, and other
8 stakeholders at the discretion of the committee chairs. This subsection shall apply only to covered
9 services delivered within the health insurer's provider network.

10 SECTION 3. This act shall take effect upon passage.

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EXPLANATION
BY THE LEGISLATIVE COUNCIL
OF

A N A C T

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

- 1 This act would require insurance coverage for the treatment of mental health and
- 2 substance use disorders.
- 3 This act would take effect upon passage.

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