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STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2019

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A N A C T

RELATING TO INSURANCE -- HEALTH CARE ACCESSIBILITY AND QUALITY
ASSURANCE ACT

Introduced By: Representatives Donovan, Canario, Tanzi, Carson, and Casimiro

Date Introduced: February 27, 2019

Referred To: House Health, Education & Welfare

It is enacted by the General Assembly as follows:

1 SECTION 1. Chapter 27-18.8 of the General Laws entitled "Health Care Accessibility
2 and Quality Assurance Act" is hereby amended by adding thereto the following section:

3 **27-18.8-11. Development of common summary of payments forms.**

4 (a) The commissioner shall develop a common summary of payments form to be used by
5 all carriers in the state of Rhode Island and provided to health care consumers with respect to
6 provider claims submitted to a payer. The common summary of payments form shall be written in
7 an easily readable and understandable format showing the consumer's responsibility, if any, for
8 payment of any portion of a health care provider claim. The office shall allow the development
9 and use of forms that may be exchanged securely through electronic means. Carriers shall not be
10 obligated to issue a common summary of payments form for provider claims that consist solely of
11 requests for copayment.

12 (b)(1) Carriers shall issue common summary of payments forms at the member level for
13 each insured member. Carriers may establish a standard method of delivery of common summary
14 of payments forms. All carriers shall permit the following individuals to choose, in writing, an
15 alternative method of receiving the common summary of payments form:

16 (i) A subscriber who is legally authorized to consent to care for the insured member;

17 (ii) An insured member who is legally authorized to consent to that member's own care;

18 or

1 (iii) Another party who has the exclusive legal authorization to consent to care for the
2 insured member.

3 (2) The alternative methods of receiving the common summary of payments form shall
4 include, but not be limited to:

5 (i) Sending a paper form to the address of the subscriber;

6 (ii) Sending a paper form to the address of the insured member;

7 (iii) Sending a paper form to any alternate address upon request of the insured member;

8 or

9 (iv) Allowing the subscriber, the insured member or both to access the form through
10 electronic means; provided, however, that such access is provided in compliance with any
11 applicable state and federal laws and regulations pertaining to data privacy and security.

12 (c) All carriers shall also permit an individual not authorized under subsection (b) of this
13 section but who is legally authorized to consent to care for an insured member to request, and
14 shall accommodate a reasonable request by such individual to receive, the forms on behalf of the
15 member through any of the alternative methods enumerated in subsection (b) of this section;
16 provided that, the individual clearly states in writing that the disclosure of all or part of the
17 information could endanger the individual or the insured member. Upon receipt of such request,
18 carriers shall not inquire as to the reasons for, or otherwise seek to confirm, the endangerment.

19 (d) The preferred method of receipt selected pursuant to subsection (b) of this section
20 shall be valid until the insured member submits a request in writing for a different method;
21 provided, however, that a carrier shall not be requested to maintain more than one alternate
22 address for a member. Carriers shall comply with an insured member's request pursuant to this
23 subsection not later than three (3) business days after receipt of the request.

24 (e) Carriers shall not specify or describe sensitive health care services in a common
25 summary of payments form. The commissioner shall define sensitive health care services for the
26 purposes of this section. In determining that definition, the commissioner shall consider the
27 recommendations of the National Committee on Vital and Health Statistics and similar
28 regulations in other states and shall consult with experts in fields including, but not limited to,
29 infectious disease, reproductive and sexual health, domestic violence and sexual assault, and
30 mental health and substance abuse disorders.

31 (f) In the event that the insured member has no liability for payment for any procedure or
32 service, carriers shall permit all insured members who are legally authorized to consent to care, or
33 parties legally authorized to consent to care for the insured member, to request suppression of
34 common summary of payments forms for a specific service or procedure, in which case the

1 common summary of payments forms shall be not issued; provided, however, that the insured
2 member clearly makes the request orally or in writing. The carrier may request verification of the
3 request in writing following an oral request. A carrier shall not require an explanation as to the
4 basis for an insured member's request to suppress the common summary of payments forms,
5 unless otherwise requested by law or court order.

6 (g) The insured member's ability to request the preferred method of receipt pursuant to
7 subsection (b) of this section and to request suppression of the common summary of payments
8 forms pursuant to subsection (f) of this section shall be communicated in plain language and in
9 clear and conspicuous manner in evidence of coverage documents, member privacy
10 communications, and on every common summary of payments form and shall be conspicuously
11 displayed on the carrier's members website and online portals for individual members.

12 (h) The commissioner shall issue guidance as necessary to implement and enforce this
13 section, which shall include requirements for reasonable reporting by carriers to the
14 commissioner regarding compliance and the number and type of complaints received regarding
15 noncompliance with this section.

16 (i) The commissioner, in collaboration with the office of the health insurance
17 commissioner, shall develop and implement a plan to educate providers and consumers regarding
18 the rights of insured members and the responsibilities of carriers to promote compliance with this
19 section. The plan shall include, but not be limited to, staff training and other education for
20 hospitals, community health centers, school-based health centers, physicians, nurses and other
21 licensed health care professionals, as well as administrative staff including, but not limited to:

- 22 (1) All staff involved in patient registration and confidentiality education; and
23 (2) Billing staff involved in processing insurance claims. The plan shall be developed in
24 consultation with groups representing health care insurers, providers and consumers, including
25 consumer organizations concerned with the provision of sensitive health care services.

26 (j) Nothing in this section shall supersede any general or special law related to the
27 informed consent of minors.

28 SECTION 2. This act shall take effect upon passage.

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EXPLANATION
BY THE LEGISLATIVE COUNCIL
OF

A N A C T

RELATING TO INSURANCE -- HEALTH CARE ACCESSIBILITY AND QUALITY
ASSURANCE ACT

1 This act would provide for the development of a common summary of payments forms,
2 to be used by all health insurance carriers and to be provided to health care consumers, providing
3 the consumer with their responsibility for payment, if any, of any portion of a health care provider
4 claim.

5 This act would take effect upon passage.

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