

2020 -- S 2230

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STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2020

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A N A C T

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

Introduced By: Senators Crowley, Quezada, Nesselbush, Metts, and Euer

Date Introduced: February 04, 2020

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

14 (i) Parity of cost-sharing requirements. Regardless of the professional license of the
15 provider of care, if that care is consistent with the provider's scope of practice and the health
16 plan's credentialing and contracting provisions, cost-sharing for behavioral health counseling
17 visits and medication maintenance visits shall be consistent with the cost-sharing applied to
18 primary care office visits.

19 (j) The coverage required by this section shall include at least ninety (90) days of
20 residential or inpatient services for mental health and/or substance-use disorders for American
21 Society of Addiction Medicine levels of care 3.1 and 3.3.

22 SECTION 2. This act shall take effect on April 1, 2020, or upon passage, whichever date
23 occurs later in time.

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EXPLANATION
BY THE LEGISLATIVE COUNCIL
OF

A N A C T

RELATING TO INSURANCE -- INSURANCE COVERAGE FOR MENTAL ILLNESS AND
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1 This act would require insurance coverage for at least ninety (90) days of residential or
2 inpatient services for mental health and/or substance-use disorders for American Society of
3 Addiction Medicine levels of care 3.1 and 3.3.

4 This act would take effect on April 1, 2020, or upon passage, whichever date occurs later
5 in time.

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