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## STATE OF RHODE ISLAND

#### IN GENERAL ASSEMBLY

#### **JANUARY SESSION, A.D. 2020**

#### AN ACT

# RELATING TO INSURANCE -- HEALTH CARE INSURERS -- COORDINATION OF BENEFITS

Introduced By: Senators Nesselbush, Lawson, Crowley, Sheehan, and Lombardi

<u>Date Introduced:</u> February 13, 2020

Referred To: Senate Health & Human Services

It is enacted by the General Assembly as follows:

SECTION 1. Chapter 27-20.6 of the General Laws entitled "Health Care Insurers -

Coordination of Benefits" is hereby amended by adding thereto the following section:

#### 27-20.6-4.1. Primary insurer determination.

(a) Each insurer prior to arbitration pursuant to § 27-20.6-5, shall have a coordination of benefits process in place to determine which insurer is the primary insurer in the event that a subscriber is covered by more than one insurer. When a subscriber is covered by more than one insurer, the insurers shall determine which plan is the primary insurer within thirty (30) days of receipt of the claim. If there exists a dispute between insurers regarding which health plan is the primary insurer that is not resolved within thirty (30) days, the dispute shall be submitted to the director of the department of business regulation for review, and the director shall make a determination within thirty (30) days of receipt of the dispute. Once the director makes a determination as to which insurer is the primary insurer, said primary insurer shall have thirty (30) days to pay all pending claims or utilize the arbitration process pursuant to § 27-20.6-5.

(b) The director of the department of business regulation shall promulgate rules and regulations which may be necessary to carry out the provisions of this section.

SECTION 2. This act shall take effect upon passage.

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# **EXPLANATION**

### BY THE LEGISLATIVE COUNCIL

OF

# AN ACT

# RELATING TO INSURANCE -- HEALTH CARE INSURERS -- COORDINATION OF BENEFITS

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This act would authorize the director of the department of business regulation to
determine the primary insurer when a subscriber is covered by more than one insurer for the
purposes of the coordination of benefits between health care insurers.

This act would take effect upon passage.

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