

2021 -- S 0646 SUBSTITUTE A

LC002393/SUB A

STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2021

A N A C T

RELATING TO INSURANCE

Introduced By: Senators Lawson, Lombardo, Seveney, Quezada, Miller, Sosnowski,  
Cano, Pearson, Euer, and Burke

Date Introduced: March 18, 2021

Referred To: Senate Health & Human Services

It is enacted by the General Assembly as follows:

1 SECTION 1. Chapter 27-18 of the General Laws entitled "Accident and Sickness Insurance  
2 Policies" is hereby amended by adding thereto the following section:

3 **27-18-85. Mandatory coverage for treatment of pediatric autoimmune**  
4 **neuropsychiatric disorders associated with streptococcal infections and pediatric acute onset**  
5 **neuropsychiatric syndrome.**

6 (a) Every group health insurance contract, or every group hospital or medical expense  
7 insurance policy, plan, or group policy delivered, issued for delivery, or renewed in this state, by  
8 any health insurance carrier, on or after January 1, 2022, shall provide coverage for treatment of  
9 pediatric autoimmune neuropsychiatric disorders associated with streptococcal infections and  
10 pediatric acute onset neuropsychiatric syndrome, including, but not limited to, the use of  
11 intravenous immunoglobulin therapy.

12 (b) For billing and diagnosis purposes, pediatric autoimmune neuropsychiatric disorders  
13 associated with streptococcal infections and pediatric acute onset neuropsychiatric syndrome shall  
14 be coded as autoimmune encephalitis until the American Medical Association and the Centers for  
15 Medicare and Medicaid Services create and assign a specific code for pediatric autoimmune  
16 neuropsychiatric disorders associated with streptococcal infections and pediatric acute onset  
17 neuropsychiatric syndrome. Thereafter, pediatric autoimmune neuropsychiatric disorders  
18 associated with streptococcal infections and pediatric acute onset neuropsychiatric syndrome may  
19 be coded as autoimmune encephalitis, pediatric autoimmune neuropsychiatric disorders associated

1 with streptococcal infections, or pediatric acute onset neuropsychiatric syndrome.

2 (c) The health care benefits outlined in this section apply only to services delivered within  
3 the state of Rhode Island; provided, that all health insurance carriers shall be required to provide  
4 coverage for those benefits mandated by this section outside of the state of Rhode Island where it  
5 can be established through a pre-authorization process that the required services are not available  
6 in the state of Rhode Island from a provider in the health insurance carrier's network.

7 (d) The office of the health insurance commissioner shall not allow the inclusion of the  
8 cost of the benefit coverage provided in this section in the health insurance coverage rates proposed  
9 to be charged, or a rating formula proposed to be used, by any health insurance carrier to policy  
10 holders.

11 (e) Each health insurance carrier shall collect and provide to the office of the health  
12 insurance commissioner, in a form and frequency acceptable to the commissioner, information and  
13 data reflecting the costs and the savings of adding the benefit coverage provided in this section. On  
14 or before January 1, 2024, the office of the health insurance commissioner shall report to the general  
15 assembly a cost-benefit analysis of the implementation of the benefit coverage provided in this  
16 section. The intent of this cost-benefit analysis is to determine if adding the benefit coverage  
17 provided in this section produces a net savings to health insurance carriers and to policy holders.

18 (f) This section shall sunset and be repealed effective December 31, 2024.

19 SECTION 2. Chapter 27-19 of the General Laws entitled "Nonprofit Hospital Service  
20 Corporations" is hereby amended by adding thereto the following section:

21 **27-19-77. Mandatory coverage for treatment of pediatric autoimmune**  
22 **neuropsychiatric disorders associated with streptococcal infections and pediatric acute onset**  
23 **neuropsychiatric syndrome.**

24 (a) Every group health insurance contract, or every group hospital or medical expense  
25 insurance policy, plan, or group policy delivered, issued for delivery, or renewed in this state, by  
26 any health insurance carrier, on or after January 1, 2022, shall provide coverage for treatment of  
27 pediatric autoimmune neuropsychiatric disorders associated with streptococcal infections and  
28 pediatric acute onset neuropsychiatric syndrome, including, but not limited to, the use of  
29 intravenous immunoglobulin therapy.

30 (b) For billing and diagnosis purposes, pediatric autoimmune neuropsychiatric disorders  
31 associated with streptococcal infections and pediatric acute onset neuropsychiatric syndrome shall  
32 be coded as autoimmune encephalitis until the American Medical Association and the Centers for  
33 Medicare and Medicaid Services create and assign a specific code for pediatric autoimmune  
34 neuropsychiatric disorders associated with streptococcal infections and pediatric acute onset

1 neuropsychiatric syndrome. Thereafter, pediatric autoimmune neuropsychiatric disorders  
2 associated with streptococcal infections and pediatric acute onset neuropsychiatric syndrome may  
3 be coded as autoimmune encephalitis, pediatric autoimmune neuropsychiatric disorders associated  
4 with streptococcal infections, or pediatric acute onset neuropsychiatric syndrome.

5 (c) The health care benefits outlined in this section apply only to services delivered within  
6 the state of Rhode Island; provided, that all health insurance carriers shall be required to provide  
7 coverage for those benefits mandated by this section outside of the state of Rhode Island where it  
8 can be established through a pre-authorization process that the required services are not available  
9 in the state of Rhode Island from a provider in the health insurance carrier's network.

10 (d) The office of the health insurance commissioner shall not allow the inclusion of the  
11 cost of the benefit coverage provided in this section in the health insurance coverage rates proposed  
12 to be charged, or a rating formula proposed to be used, by any health insurance carrier to policy  
13 holders.

14 (e) Each health insurance carrier shall collect and provide to the office of the health  
15 insurance commissioner, in a form and frequency acceptable to the commissioner, information and  
16 data reflecting the costs and the savings of adding the benefit coverage provided in this section. On  
17 or before January 1, 2024, the office of the health insurance commissioner shall report to the general  
18 assembly a cost-benefit analysis of the implementation of the benefit coverage provided in this  
19 section. The intent of this cost-benefit analysis is to determine if adding the benefit coverage  
20 provided in this section produces a net savings to health insurance carriers and to policy holders.

21 (f) This section shall sunset and be repealed effective December 31, 2024.

22 SECTION 3. Chapter 27-20 of the General Laws entitled "Nonprofit Medical Service  
23 Corporations" is hereby amended by adding thereto the following section:

24 **27-20-73. Mandatory coverage for treatment of pediatric autoimmune**  
25 **neuropsychiatric disorders associated with streptococcal infections and pediatric acute onset**  
26 **neuropsychiatric syndrome.**

27 (a) Every group health insurance contract, or every group hospital or medical expense  
28 insurance policy, plan, or group policy delivered, issued for delivery, or renewed in this state, by  
29 any health insurance carrier, on or after January 1, 2022, shall provide coverage for treatment of  
30 pediatric autoimmune neuropsychiatric disorders associated with streptococcal infections and  
31 pediatric acute onset neuropsychiatric syndrome, including, but not limited to, the use of  
32 intravenous immunoglobulin therapy.

33 (b) For billing and diagnosis purposes, pediatric autoimmune neuropsychiatric disorders  
34 associated with streptococcal infections and pediatric acute onset neuropsychiatric syndrome shall

1 be coded as autoimmune encephalitis until the American Medical Association and the Centers for  
2 Medicare and Medicaid Services create and assign a specific code for pediatric autoimmune  
3 neuropsychiatric disorders associated with streptococcal infections and pediatric acute onset  
4 neuropsychiatric syndrome. Thereafter, pediatric autoimmune neuropsychiatric disorders  
5 associated with streptococcal infections and pediatric acute onset neuropsychiatric syndrome may  
6 be coded as autoimmune encephalitis, pediatric autoimmune neuropsychiatric disorders associated  
7 with streptococcal infections, or pediatric acute onset neuropsychiatric syndrome.

8 (c) The health care benefits outlined in this section apply only to services delivered within  
9 the state of Rhode Island; provided, that all health insurance carriers shall be required to provide  
10 coverage for those benefits mandated by this section outside of the state of Rhode Island where it  
11 can be established through a pre-authorization process that the required services are not available  
12 in the state of Rhode Island from a provider in the health insurance carrier's network.

13 (d) The office of the health insurance commissioner shall not allow the inclusion of the  
14 cost of the benefit coverage provided in this section in the health insurance coverage rates proposed  
15 to be charged, or a rating formula proposed to be used, by any health insurance carrier to policy  
16 holders.

17 (e) Each health insurance carrier shall collect and provide to the office of the health  
18 insurance commissioner, in a form and frequency acceptable to the commissioner, information and  
19 data reflecting the costs and the savings of adding the benefit coverage provided in this section. On  
20 or before January 1, 2024, the office of the health insurance commissioner shall report to the general  
21 assembly a cost-benefit analysis of the implementation of the benefit coverage provided in this  
22 section. The intent of this cost-benefit analysis is to determine if adding the benefit coverage  
23 provided in this section produces a net savings to health insurance carriers and to policy holders.

24 (f) This section shall sunset and be repealed effective December 31, 2024.

25 SECTION 4. Chapter 27-41 of the General Laws entitled "Health Maintenance  
26 Organizations" is hereby amended by adding thereto the following section:

27 **27-41-90. Mandatory coverage for treatment of pediatric autoimmune**  
28 **neuropsychiatric disorders associated with streptococcal infections and pediatric acute onset**  
29 **neuropsychiatric syndrome.**

30 (a) Every group health insurance contract, or every group hospital or medical expense  
31 insurance policy, plan, or group policy delivered, issued for delivery, or renewed in this state, by  
32 any health insurance carrier, on or after January 1, 2022, shall provide coverage for treatment of  
33 pediatric autoimmune neuropsychiatric disorders associated with streptococcal infections and  
34 pediatric acute onset neuropsychiatric syndrome, including, but not limited to, the use of

1 intravenous immunoglobulin therapy.

2 (b) For billing and diagnosis purposes, pediatric autoimmune neuropsychiatric disorders  
3 associated with streptococcal infections and pediatric acute onset neuropsychiatric syndrome shall  
4 be coded as autoimmune encephalitis until the American Medical Association and the Centers for  
5 Medicare and Medicaid Services create and assign a specific code for pediatric autoimmune  
6 neuropsychiatric disorders associated with streptococcal infections and pediatric acute onset  
7 neuropsychiatric syndrome. Thereafter, pediatric autoimmune neuropsychiatric disorders  
8 associated with streptococcal infections and pediatric acute onset neuropsychiatric syndrome may  
9 be coded as autoimmune encephalitis, pediatric autoimmune neuropsychiatric disorders associated  
10 with streptococcal infections, or pediatric acute onset neuropsychiatric syndrome.

11 (c) The health care benefits outlined in this section apply only to services delivered within  
12 the state of Rhode Island; provided, that all health insurance carriers shall be required to provide  
13 coverage for those benefits mandated by this section outside of the state of Rhode Island where it  
14 can be established through a pre-authorization process that the required services are not available  
15 in the state of Rhode Island from a provider in the health insurance carrier's network.

16 (d) The office of the health insurance commissioner shall not allow the inclusion of the  
17 cost of the benefit coverage provided in this section in the health insurance coverage rates proposed  
18 to be charged, or a rating formula proposed to be used, by any health insurance carrier to policy  
19 holders.

20 (e) Each health insurance carrier shall collect and provide to the office of the health  
21 insurance commissioner, in a form and frequency acceptable to the commissioner, information and  
22 data reflecting the costs and the savings of adding the benefit coverage provided in this section. On  
23 or before January 1, 2024, the office of the health insurance commissioner shall report to the general  
24 assembly a cost-benefit analysis of the implementation of the benefit coverage provided in this  
25 section. The intent of this cost-benefit analysis is to determine if adding the benefit coverage  
26 provided in this section produces a net savings to health insurance carriers and to policy holders.

27 (f) This section shall sunset and be repealed effective December 31, 2024.

28 SECTION 5. This act shall take effect upon passage.

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LC002393/SUB A  
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EXPLANATION  
BY THE LEGISLATIVE COUNCIL  
OF  
A N A C T  
RELATING TO INSURANCE

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1           This act would require coverage for the treatment of pediatric autoimmune  
2   neuropsychiatric disorders associated with streptococcal infections and pediatric acute onset  
3   neuropsychiatric syndrome, including, but not limited to, the use of intravenous immunoglobulin  
4   therapy.

5           This act would take effect upon passage.

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