

2022 -- S 2852

LC005597

STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2022

A N A C T

RELATING TO INSURANCE -- ACCIDENT AND SICKNESS INSURANCE POLICIES

Introduced By: Senators Cano, Miller, Gallo, Goodwin, Euer, Quezada, Murray,
Kallman, Lawson, and DiMario

Date Introduced: April 05, 2022

Referred To: Senate Health & Human Services

It is enacted by the General Assembly as follows:

1 SECTION 1. Sections 27-18-30 and 27-18-52 of the General Laws in Chapter 27-18
2 entitled "Accident and Sickness Insurance Policies" are hereby amended to read as follows:

3 **27-18-30. Health insurance contracts -- Infertility.**

4 (a) Any health insurance contract, plan, or policy delivered or issued for delivery or
5 renewed in this state, except contracts providing supplemental coverage to Medicare or other
6 governmental programs, that includes pregnancy-related benefits, shall provide coverage for
7 medically necessary expenses of diagnosis and treatment of infertility for women between the ages
8 of twenty-five (25) and forty-two (42) years, including preimplantation genetic diagnosis (PGD) in
9 conjunction with in vitro fertilization (IVF), and for standard fertility-preservation services when a
10 medically necessary medical treatment may directly or indirectly cause iatrogenic infertility to a
11 covered person. To the extent that a health insurance contract provides reimbursement for a test or
12 procedure used in the diagnosis or treatment of conditions other than infertility, the tests and
13 procedures shall not be excluded from reimbursement when provided attendant to the diagnosis
14 and treatment of infertility for women between the ages of twenty-five (25) and forty-two (42)
15 years; provided, that a subscriber co-payment not to exceed twenty percent (20%) may be required
16 for those programs and/or procedures the sole purpose of which is the treatment of infertility.

17 (b) For purposes of this section, "infertility" means the condition of an otherwise
18 presumably healthy individual who is unable to conceive or sustain a pregnancy during a period of
19 one year.

1 (c) For purposes of this section, "standard fertility-preservation services" means procedures
2 consistent with established medical practices and professional guidelines published by the
3 American Society for Reproductive Medicine, the American Society of Clinical Oncology, or other
4 reputable professional medical organizations.

5 (d) For purposes of this section, "iatrogenic infertility" means an impairment of fertility by
6 surgery, radiation, chemotherapy, or other medical treatment affecting reproductive organs or
7 processes.

8 (e) For purposes of this section, "may directly or indirectly cause" means treatment with a
9 likely side effect of infertility as established by the American Society for Reproductive Medicine,
10 the American Society of Clinical Oncology, or other reputable professional organizations.

11 (f) Notwithstanding the provisions of § 27-18-19 or any other provision to the contrary,
12 this section shall apply to blanket or group policies of insurance.

13 (g) The health insurance contract may limit coverage to a lifetime cap of one hundred
14 thousand dollars (\$100,000).

15 (h) For purposes of this section, "preimplantation genetic diagnosis" or "PGD" means a
16 technique used in conjunction with in vitro fertilization (IVF) to test embryos for specific genetic
17 disorders prior to their transfer to the uterus.

18 **27-18-52. Genetic testing.**

19 (a) Except as provided in chapter 37.3 of title 5, insurance administrators, health plans and
20 providers shall be prohibited from releasing genetic information without prior written authorization
21 of the individual. Written authorization shall be required for each disclosure and include to whom
22 the disclosure is being made. An exception shall exist for those participating in research settings
23 governed by the Federal Policy for the Protection of Human Research Subjects (also known as "The
24 Common Rule"). Tests conducted purely for research are excluded from the definition, as are tests
25 for somatic (as opposed to heritable) mutations, and testing for forensic purposes.

26 (b) No individual or group health insurance contract, plan, or policy delivered, issued for
27 delivery, or renewed in this state which provides health insurance medical coverage that includes
28 coverage for physician services in a physician's office, and every policy which provides major
29 medical or similar comprehensive-type coverage excluding disability income, long term care and
30 insurance supplemental policies which only provide coverage for specified diseases or other
31 supplemental policies, shall:

32 (1) Use a genetic test or request for genetic tests or the results of a genetic test to reject,
33 deny, limit, cancel, refuse to renew, increase the rates of, affect the terms or conditions of, or affect
34 a group or an individual health insurance policy, contract, or plan;

1 (2) Request or require a genetic test for the purpose of determining whether or not to issue
2 or renew an individual's health benefits coverage, to set reimbursement/co-pay levels or determine
3 covered benefits and services;

4 (3) Release the results of a genetic test without the prior written authorization of the
5 individual from whom the test was obtained, except in a format whereby individual identifiers are
6 removed, encrypted, or encoded so that the identity of the individual is not disclosed. A recipient
7 of information pursuant to this section may use or disclose this information solely to carry out the
8 purpose for which the information was disclosed. Authorization shall be required for each
9 redisclosure; an exception shall exist for participating in research settings governed by the Federal
10 Policy for the Protection of Human Research Subjects (also known as "The Common Rule").

11 (4) Request or require information as to whether an individual has ever had a genetic test,
12 or participated in genetic testing of any kind, whether for clinical or research purposes.

13 (c) For the purposes of this section, "genetic testing" is the analysis of an individual's DNA,
14 RNA, chromosomes, proteins and certain metabolites in order to detect heritable disease-related
15 genotypes, mutations, phenotypes or karyotypes for clinical purposes. Those purposes include
16 predicting risk of disease, identifying carriers, establishing prenatal and clinical diagnosis or
17 prognosis. Prenatal, newborn and carrier screening, as well as testing in high risk families may be
18 included provided there is an approved release by a parent or guardian. Tests for metabolites are
19 covered only when they are undertaken with high probability that an excess of deficiency of the
20 metabolite indicates the presence of heritable mutations in single genes. "Genetic testing" does not
21 mean routine physical measurement, a routine chemical, blood, or urine analysis or a test for drugs
22 or for HIV infections.

23 (d) Any health insurance contract, plan, or policy delivered or issued for delivery or
24 renewed in this state, except contracts providing supplemental coverage to Medicare or other
25 governmental programs, that includes pregnancy-related benefits, shall provide coverage for the
26 expenses of diagnosis and treatment of infertility for women between the ages of twenty-five (25)
27 and forty-two (42) years, including preimplantation genetic diagnosis (PGD) in conjunction with
28 in vitro fertilization (IVF). For purposes of this section:

29 (1) "Preimplantation genetic diagnosis" or "PGD" means a technique used in conjunction
30 with in vitro fertilization (IVF) to test embryos for specific genetic disorders prior to their transfer
31 to the uterus;

32 (2) "Infertility" means the condition of an otherwise presumably healthy individual who is
33 unable to conceive or sustain a pregnancy during a period of one year.

34 SECTION 2. Sections 27-19-23 and 27-19-44 of the General Laws in Chapter 27-19

1 entitled "Nonprofit Hospital Service Corporations" are hereby amended to read as follows:

2 **27-19-23. Coverage for infertility.**

3 (a) Any nonprofit hospital service contract, plan, or insurance policies delivered, issued for
4 delivery, or renewed in this state, except contracts providing supplemental coverage to Medicare
5 or other governmental programs, that includes pregnancy-related benefits, shall provide coverage
6 for medically necessary expenses of diagnosis and treatment of infertility for women between the
7 ages of twenty-five (25) and forty-two (42) years, including preimplantation genetic diagnosis
8 (PGD) in conjunction with in vitro fertilization (IVF), and for standard fertility-preservation
9 services when a medically necessary medical treatment may directly or indirectly cause iatrogenic
10 infertility to a covered person. To the extent that a nonprofit hospital service corporation provides
11 reimbursement for a test or procedure used in the diagnosis or treatment of conditions other than
12 infertility, those tests and procedures shall not be excluded from reimbursement when provided
13 attendant to the diagnosis and treatment of infertility for women between the ages of twenty-five
14 (25) and forty-two (42) years; provided, that a subscriber copayment, not to exceed twenty percent
15 (20%), may be required for those programs and/or procedures the sole purpose of which is the
16 treatment of infertility.

17 (b) For purposes of this section, "infertility" means the condition of an otherwise
18 presumably healthy individual who is unable to conceive or sustain a pregnancy during a period of
19 one year.

20 (c) For purposes of this section, "standard fertility-preservation services" means procedures
21 consistent with established medical practices and professional guidelines published by the
22 American Society for Reproductive Medicine, the American Society of Clinical Oncology, or other
23 reputable professional medical organizations.

24 (d) For purposes of this section, "iatrogenic infertility" means an impairment of fertility by
25 surgery, radiation, chemotherapy, or other medical treatment affecting reproductive organs or
26 processes.

27 (e) For purposes of this section, "may directly or indirectly cause" means treatment with a
28 likely side effect of infertility as established by the American Society for Reproductive Medicine,
29 the American Society of Clinical Oncology, or other reputable professional organizations.

30 (f) The health insurance contract may limit coverage to a lifetime cap of one hundred
31 thousand dollars (\$100,000).

32 (g) For purposes of this section, "preimplantation genetic diagnosis" or "PGD" means a
33 technique used in conjunction with in vitro fertilization (IVF) to test embryos for specific genetic
34 disorders prior to their transfer to the uterus.

1 **27-19-44. Genetic testing.**

2 (a) Except as provided in chapter 37.3 of title 5, insurance administrators, health plans and
3 providers shall be prohibited from releasing genetic information without prior written authorization
4 of the individual. Written authorization shall be required for each disclosure and include to whom
5 the disclosure is being made. An exception shall exist for those participating in research settings
6 governed by the federal policy for the protection of human research subjects (also known as "The
7 Common Rule"). Tests conducted purely for research are excluded from the definition, as are tests
8 for somatic (as opposed to heritable) mutations, and testing for forensic purposes.

9 (b) No nonprofit health service corporation subject to the provisions of this chapter shall:

10 (1) Use a genetic test or request for a genetic test or the results of a genetic test or other
11 genetic information to reject, deny, limit, cancel, refuse to renew, increase the rates of, affect the
12 terms or conditions of, or affect a group or an individual's health insurance policy, contract, or plan;

13 (2) Request or require a genetic test for the purpose of determining whether or not to issue
14 or renew a group, individual health benefits coverage to set reimbursement/co-pay levels or
15 determine covered benefits and services;

16 (3) Release the results of a genetic test without the prior written authorization of the
17 individual from whom the test was obtained, except in a format by which individual identifiers are
18 removed, encrypted, or encoded so that the identity of the individual is not disclosed. A recipient
19 of information pursuant to this section may use or disclose the information solely to carry out the
20 purpose for which the information was disclosed. Authorization shall be required for each
21 redisclosure. An exception shall exist for participation in research settings governed by the federal
22 policy for the protection of human research subjects (also known as "The Common Rule");

23 (4) Request or require information as to whether an individual has ever had a genetic test,
24 or participated in genetic testing of any kind, whether for clinical or research purposes.

25 (c) For the purposes of this section, "genetic testing" is the analysis of an individual's DNA,
26 RNA, chromosomes, proteins and certain metabolites in order to detect heritable disease-related
27 genotypes, mutations, phenotypes or karyotypes for clinical purposes. These purposes include
28 predicating risk of disease, identifying carriers, establishing prenatal and clinical diagnosis or
29 prognosis. Prenatal, newborn and carrier screening, as well as testing in high risk families may be
30 included provided there is an approved release by a parent or guardian. Tests for metabolites are
31 covered only when they are undertaken with high probability that an excess or deficiency of the
32 metabolite indicates the presence of heritable mutations in single genes. "Genetic testing" does not
33 mean routine physical measurement, a routine chemical, blood, or urine analysis, or a test for drugs
34 or for HIV infection.

1 (d) Any health insurance contract, plan, or policy delivered or issued for delivery or
2 renewed in this state, except contracts providing supplemental coverage to Medicare or other
3 governmental programs, that includes pregnancy-related benefits, shall provide coverage for the
4 expenses of diagnosis and treatment of infertility for women between the ages of twenty-five (25)
5 and forty-two (42) years, including preimplantation genetic diagnosis (PGD) in conjunction with
6 in vitro fertilization (IVF). For purposes of this section:

7 (1) "Preimplantation genetic diagnosis" or "PGD" means a technique used in conjunction
8 with in vitro fertilization (IVF) to test embryos for specific genetic disorders prior to their transfer
9 to the uterus;

10 (2) "Infertility" means the condition of an otherwise presumably healthy individual who is
11 unable to conceive or sustain a pregnancy during a period of one year.

12 SECTION 3. Sections 27-20-20 and 27-20-39 of the General Laws in Chapter 27-20
13 entitled "Nonprofit Medical Service Corporations" are hereby amended to read as follows:

14 **27-20-20. Coverage for infertility.**

15 (a) Any nonprofit medical service contract, plan, or insurance policies delivered, issued for
16 delivery, or renewed in this state, except contracts providing supplemental coverage to Medicare
17 or other governmental programs, that includes pregnancy-related benefits, shall provide coverage
18 for the medically necessary expenses of diagnosis and treatment of infertility for women between
19 the ages of twenty-five (25) and forty-two (42) years, including preimplantation genetic diagnosis
20 (PGD) in conjunction with in vitro fertilization (IVF), and for standard fertility-preservation
21 services when a medically necessary medical treatment may directly or indirectly cause iatrogenic
22 infertility to a covered person. To the extent that a nonprofit medical service corporation provides
23 reimbursement for a test or procedure used in the diagnosis or treatment of conditions other than
24 infertility, those tests and procedures shall not be excluded from reimbursement when provided
25 attendant to the diagnosis and treatment of infertility for women between the ages of twenty-five
26 (25) and forty-two (42) years; provided, that subscriber copayment, not to exceed twenty percent
27 (20%), may be required for those programs and/or procedures the sole purpose of which is the
28 treatment of infertility.

29 (b) For purposes of this section, "infertility" means the condition of an otherwise
30 presumably healthy individual who is unable to conceive or sustain a pregnancy during a period of
31 one year.

32 (c) For purposes of this section, "standard fertility-preservation services" means procedures
33 consistent with established medical practices and professional guidelines published by the
34 American Society for Reproductive Medicine, the American Society of Clinical Oncology, or other

1 reputable professional medical organizations.

2 (d) For purposes of this section, "iatrogenic infertility" means an impairment of fertility by
3 surgery, radiation, chemotherapy, or other medical treatment affecting reproductive organs or
4 processes.

5 (e) For purposes of this section, "may directly or indirectly cause" means treatment with a
6 likely side effect of infertility as established by the American Society for Reproductive Medicine,
7 the American Society of Clinical Oncology, or other reputable professional organizations.

8 (f) The health insurance contract may limit coverage to a lifetime cap of one hundred
9 thousand dollars (\$100,000).

10 (g) For purposes of this section, "preimplantation genetic diagnosis" or "PGD" means a
11 technique used in conjunction with in vitro fertilization (IVF) to test embryos for specific genetic
12 disorders prior to their transfer to the uterus.

13 **27-20-39. Genetic testing.**

14 (a) Except as provided in chapter 37.3 of title 5, insurance administrators, health plans and
15 providers shall be prohibited from releasing genetic information without prior written authorization
16 of the individual. Written authorization shall be required for each disclosure and include to whom
17 the disclosure is being made. An exception shall exist for those participating in research settings
18 governed by the federal policy for the protection of human research subjects (also known as "The
19 Common Rule"). Tests conducted purely for research are excluded from the definition, as are tests
20 for somatic (as opposed to heritable) mutations, and testing for forensic purposes.

21 (b) No nonprofit health insurer subject to the provisions of this chapter shall:

22 (1) Use a genetic test or request for a genetic test or the results of a genetic test to reject,
23 deny, limit, cancel, refuse to renew, increase the rates of, affect the terms or conditions of, or affect
24 a group or individual's health insurance policy, contract, or plan;

25 (2) Request or require a genetic test for the purpose of determining whether or not to issue
26 or renew health benefits coverage, to set reimbursement/co-pay levels or determine covered
27 benefits and services;

28 (3) Release the results of a genetic test without the prior written authorization of the
29 individual from whom the test was obtained, except in a format by which individual identifiers are
30 removed, encrypted, or encoded so that the identity of the individual is not disclosed. A recipient
31 of information pursuant to this section may use or disclose the information solely to carry out the
32 purpose for which the information was disclosed. Authorization shall be required for each
33 redisclosure. An exception shall exist for participation in research settings governed by the federal
34 policy for the protection of human research subjects (also known as "The Common Rule"); or

1 (4) Request or require information as to whether an individual has ever had a genetic test,
2 or participated in genetic testing of any kind, whether for clinical or research purposes.

3 (c) For the purposes of this section, "genetic testing" is the analysis of an individual's DNA,
4 RNA, chromosomes, proteins and certain metabolites in order to detect heritable disease-related
5 genotypes, mutations, phenotypes or karyotypes for clinical purposes. Those purposes include
6 predicting risk of disease, identifying carriers, establishing prenatal and clinical diagnosis or
7 prognosis. Prenatal, newborn and carrier screening, as well as testing in high risk families may be
8 included provided there is an approved release by a parent or guardian. Tests for metabolites are
9 covered only when they are undertaken with high probability that an excess or deficiency of the
10 metabolite indicates the presence of heritable mutations in single genes. "Genetic testing" does not
11 mean routine physical measurement, a routine chemical, blood, or urine analysis or a test for drugs
12 or for HIV infections.

13 (d) Any health insurance contract, plan, or policy delivered or issued for delivery or
14 renewed in this state, except contracts providing supplemental coverage to Medicare or other
15 governmental programs, that includes pregnancy-related benefits, shall provide coverage for the
16 expenses of diagnosis and treatment of infertility for women between the ages of twenty-five (25)
17 and forty-two (42) years, including preimplantation genetic diagnosis (PGD) in conjunction with
18 in vitro fertilization (IVF). For purposes of this section:

19 (1) "Preimplantation genetic diagnosis" or "PGD" means a technique used in conjunction
20 with in vitro fertilization (IVF) to test embryos for specific genetic disorders prior to their transfer
21 to the uterus;

22 (2) "Infertility" means the condition of an otherwise presumably healthy individual who is
23 unable to conceive or sustain a pregnancy during a period of one year.

24 SECTION 4. Sections 27-41-33 and 27-41-53 of the General Laws in Chapter 27-41
25 entitled "Health Maintenance Organizations" are hereby amended to read as follows:

26 **27-41-33. Coverage for infertility.**

27 (a) Any health maintenance organization service contract plan or policy delivered, issued
28 for delivery, or renewed in this state, except a contract providing supplemental coverage to
29 Medicare or other governmental programs, that includes pregnancy-related benefits, shall provide
30 coverage for medically necessary expenses of diagnosis and treatment of infertility for women
31 between the ages of twenty-five (25) and forty-two (42) years, including preimplantation genetic
32 diagnosis (PGD) in conjunction with in vitro fertilization (IVF), and for standard fertility-
33 preservation services when a medically necessary medical treatment may directly or indirectly
34 cause iatrogenic infertility to a covered person. To the extent that a health maintenance organization

1 provides reimbursement for a test or procedure used in the diagnosis or treatment of conditions
2 other than infertility, those tests and procedures shall not be excluded from reimbursement when
3 provided attendant to the diagnosis and treatment of infertility for women between the ages of
4 twenty-five (25) and forty-two (42) years; provided, that subscriber copayment, not to exceed
5 twenty percent (20%), may be required for those programs and/or procedures the sole purpose of
6 which is the treatment of infertility.

7 (b) For purposes of this section, "infertility" means the condition of an otherwise healthy
8 individual who is unable to conceive or sustain a pregnancy during a period of one year.

9 (c) For purposes of this section, "standard fertility-preservation services" means procedures
10 consistent with established medical practices and professional guidelines published by the
11 American Society for Reproductive Medicine, the American Society of Clinical Oncology, or other
12 reputable professional medical organizations.

13 (d) For purposes of this section, "iatrogenic infertility" means an impairment of fertility by
14 surgery, radiation, chemotherapy, or other medical treatment affecting reproductive organs or
15 processes.

16 (e) For purposes of this section, "may directly or indirectly cause" means treatment with a
17 likely side effect of infertility as established by the American Society for Reproductive Medicine,
18 the American Society of Clinical Oncology, or other reputable professional organizations.

19 (f) The health insurance contract may limit coverage to a lifetime cap of one hundred
20 thousand dollars (\$100,000).

21 (g) For purposes of this section, "preimplantation genetic diagnosis" or "PGD" means a
22 technique used in conjunction with in vitro fertilization (IVF) to test embryos for specific genetic
23 disorders prior to their transfer to the uterus.

24 **27-41-53. Genetic testing.**

25 (a) Except as provided in chapter 37.3 of title 5, insurance administrators, health plans and
26 providers shall be prohibited from releasing genetic information without prior written authorization
27 of the individual. Written authorization shall be required for each disclosure and include to whom
28 the disclosure is being made. An exception shall exist for those participating in research settings
29 governed by the federal policy for the protection of human research subjects (also known as "The
30 Common Rule"). Tests conducted purely for research are excluded from the definition, as are tests
31 for somatic (as opposed to heritable) mutations, and testing for forensic purposes.

32 (b) No health maintenance organization subject to the provisions of this chapter shall:

33 (1) Use a genetic test or request for genetic test the results of a genetic test to reject, deny,
34 limit, cancel, refuse to renew, increase the rates of, affect the terms or conditions of, or affect a

1 group or an individual's health insurance policy contract, or plan;

2 (2) Request or require a genetic test for the purpose of determining whether or not to issue
3 or renew an individual's health benefits coverage, to set reimbursement/co-pay levels or determine
4 covered benefits and services;

5 (3) Release the results of a genetic test without the prior written authorization of the
6 individual from whom the test was obtained, except in a format where individual identifiers are
7 removed, encrypted, or encoded so that the identity of the individual is not disclosed. A recipient
8 of information pursuant to this section may use or disclose the information solely to carry out the
9 purpose for which the information was disclosed. Authorization shall be required for each re-
10 disclosure. An exception shall exist for participation in research settings governed by the federal
11 policy for the protection of human research subjects (also known as "The Common Rule"); or

12 (4) Request or require information as to whether an individual has ever had a genetic test,
13 or participated in genetic testing of any kind, whether for clinical or research purposes.

14 (c) For the purposes of this section, "genetic testing" is the analysis of an individual's DNA,
15 RNA, chromosomes, protein and certain metabolites in order to detect heritable inheritable disease-
16 related genotypes, mutations, phenotypes or karyotypes for clinical purposes. Those purposes
17 include predicting risk of disease, identifying carriers, establishing prenatal and clinical diagnosis
18 or prognosis. Prenatal, newborn and carrier screening, and testing in high risk families may be
19 included provided there is an approved release by a parent or guardian. Tests for metabolites are
20 covered only when they are undertaken with high probability that an excess or deficiency of the
21 metabolite indicates the presence of heritable mutations in single genes. "Genetic testing" does not
22 mean routine physical measurement, a routine chemical, blood, or urine analysis or a test for drugs
23 or for HIV infections.

24 (d) Any health insurance contract, plan, or policy delivered or issued for delivery or
25 renewed in this state, except contracts providing supplemental coverage to Medicare or other
26 governmental programs, that includes pregnancy-related benefits, shall provide coverage for the
27 expenses of diagnosis and treatment of infertility for women between the ages of twenty-five (25)
28 and forty-two (42) years, including preimplantation genetic diagnosis (PGD) in conjunction with
29 in vitro fertilization (IVF). For purposes of this section:

30 (1) "Preimplantation genetic diagnosis" or "PGD" means a technique used in conjunction
31 with in vitro fertilization (IVF) to test embryos for specific genetic disorders prior to their transfer
32 to the uterus;

33 (2) "Infertility" means the condition of an otherwise presumably healthy individual who is
34 unable to conceive or sustain a pregnancy during a period of one year.

1 SECTION 5. 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 -- ACCIDENT AND SICKNESS INSURANCE POLICIES

1 This act would mandate all insurance contracts, plans or policies provide insurance
2 coverage for the expense of diagnosing and treating infertility for women between the ages of
3 twenty-five and forty-two years including preimplantation genetic diagnosis (PGD) in conjunction
4 with in vitro fertilization (IVF).

5 This act would take effect upon passage.

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