

STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2017

A N A C T

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

Introduced By: Senators Crowley, Sosnowski, Quezada, Goldin, and Miller

Date Introduced: March 02, 2017

Referred To: Senate Health & Human Services

(Attorney General)

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 the 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) A payor may not deny continued residential or inpatient treatment coverage due to  
12 medical necessity and appropriateness of treatment under §27-38.2-3 if the subscriber has been  
13 admitted and is currently in residential or inpatient services for a mental health and/or substance  
14 use disorder and the provider of treatment has recommended continued residential or inpatient  
15 treatment for mental health based upon a clinical assessment or for substance use disorder based  
16 upon the criteria of the American Society of Addiction Medicine.

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

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EXPLANATION  
BY THE LEGISLATIVE COUNCIL  
OF

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1           This act would provide that a payor may not deny continued residential or inpatient  
2 treatment coverage due to medical necessity and appropriateness of treatment under §27-38.2-3 if  
3 the subscriber has been admitted and is currently in residential or inpatient services for a mental  
4 health and/or substance use disorder and the provider of treatment has recommended continued  
5 residential or inpatient treatment.

6           This act would take effect upon passage.

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