

2018 -- H 7002 SUBSTITUTE A

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LC003302/SUB A
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STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2018

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A N A C T

RELATING TO INSURANCE -- ACCIDENT AND SICKNESS INSURANCE POLICIES

Introduced By: Representatives Shekarchi, Ajello, Tanzi, Fogarty, and Lima

Date Introduced: January 03, 2018

Referred To: House Corporations

It is enacted by the General Assembly as follows:

1 SECTION 1. Section 27-18-39 of the General Laws in Chapter 27-18 entitled "Accident
2 and Sickness Insurance Policies" is hereby amended to read as follows:

3 **27-18-39. Mastectomy treatment.**

4 (a) All individual or group health insurance coverage and health benefit plans delivered,
5 issued for delivery or renewed in this state on or after January 1, 2005, which provides medical
6 and surgical benefits with respect to mastectomy excluding supplemental policies which only
7 provide coverage for specified diseases or other supplemental policies, shall provide, in a case of
8 any person covered in the individual market or covered by a group health plan coverage for:

9 (1) Reconstruction of the breast on which the mastectomy has been performed;

10 (2) Surgery and reconstruction of the other breast to produce a symmetrical appearance;

11 and

12 (3) Prosthesis and treatment of physical complications, including lymphedemas, at all
13 stages of mastectomy; in a manner determined in consultation with the attending physician,

14 [physician assistant as defined in § 5-54-2, or an advance practice registered nurse as defined in §](#)
15 [5-34-3](#), and the patient. ~~Such coverage may be subject to annual deductibles and coinsurance~~

16 ~~provisions applied to the mastectomy and consistent with those established for other benefits~~
17 ~~under the plan or coverage.~~ As used in this section, "mastectomy" means the removal of all or

18 part of a breast. Written notice of the availability of such coverage shall be delivered to the
19 participant upon enrollment and annually thereafter.

1 (b) As used in this section, "prosthetic devices" means and includes the provision of
2 initial and subsequent prosthetic devices pursuant to an order of the patient's physician, [physician](#)
3 [assistant](#), [advance practice registered nurse](#), or surgeon.

4 (c) ~~Nothing in this section shall be construed to require an individual or group policy to~~
5 ~~cover the surgical procedure known as mastectomy or to prevent application of deductible or co-~~
6 ~~payment provisions contained in the policy or plan, nor shall this section be construed to require~~
7 ~~that coverage under an individual or group policy be extended to any other procedures.~~

8 (d) Nothing in this section shall be construed to prevent a group health plan or a health
9 insurance carrier offering health insurance coverage from negotiating the level and type of
10 reimbursement with a provider for care provided in accordance with this section.

11 (e) Nothing in this section shall preclude the conducting of managed care reviews and
12 medical necessity reviews, by an insurer, hospital or medical service corporation or health
13 maintenance organization.

14 (f) Notice. A group health plan, and a health insurance issuer providing health insurance
15 coverage in connection with a group health plan, shall provide notice to each participant and
16 beneficiary under such plan regarding the coverage required by this section in accordance with
17 regulations promulgated by the United States Secretary of Health and Human Services. Such
18 notice shall be in writing and prominently positioned in any literature or correspondence made
19 available or distributed by the plan or issuer and shall be transmitted as part of any yearly
20 informational packet sent to the participant or beneficiary.

21 (g) Prohibitions. A group health plan and a health insurance carrier offering group or
22 individual health insurance coverage may not:

23 (1) Deny to a patient eligibility, or continued eligibility, to enroll or renew coverage
24 under the terms of the plan, solely for the purpose of avoiding the requirements of this section;
25 nor

26 (2) Penalize or otherwise reduce or limit the reimbursement of an attending provider, or
27 provide incentives (monetary or otherwise) to an attending provider, to induce such provider to
28 provide care to an individual participant or beneficiary in a manner inconsistent with this section.

29 SECTION 2. Section 27-19-34 of the General Laws in Chapter 27-19 entitled "Nonprofit
30 Hospital Service Corporations" is hereby amended to read as follows:

31 **27-19-34. Mastectomy treatment.**

32 (a) All individual or group health insurance coverage and health benefit plans delivered,
33 issued for delivery or renewed in this state on or after January 1, 2005, which provides medical
34 and surgical benefits with respect to mastectomy shall provide, in a case of any person covered in

1 the individual market or covered by a group health plan coverage for:

2 (1) Reconstruction of the breast on which the mastectomy has been performed;

3 (2) Surgery and reconstruction of the other breast to produce a symmetrical appearance;

4 and

5 (3) Prostheses and treatment of physical complications, including lymphademas, at all
6 stages of mastectomy; in a manner determined in consultation with the attending physician,
7 [physician assistant as defined in § 5-54-2, or an advance practice registered nurse as defined in §](#)
8 [5-34-3](#), and the patient. ~~Such coverage may be subject to annual deductibles and coinsurance~~
9 ~~provisions applied to the mastectomy and consistent with those established for other benefits~~
10 ~~under the plan or coverage.~~ As used in this section, "mastectomy" means the removal of all or
11 part of a breast. Written notice of the availability of such coverage shall be delivered to the
12 participant upon enrollment and annually thereafter.

13 (b) Notice. A group health plan, and a health insurance issuer providing health insurance
14 coverage in connection with a group health plan, shall provide notice to each participant and
15 beneficiary under such plan regarding the coverage required by this section in accordance with
16 regulations promulgated by the United States Secretary of Health and Human Services. Such
17 notice shall be in writing and prominently positioned in any literature or correspondence made
18 available or distributed by the plan or issuer and shall be transmitted as part of any yearly
19 informational packet sent to the participant or beneficiary.

20 (c) As used in this section, "prosthetic devices" means and includes the provisions of
21 initial and subsequent prosthetic devices pursuant to an order of the patient's physician, [physician](#)
22 [assistant, advance practice registered nurse](#), or surgeon.

23 ~~(d) Nothing in this section shall be construed to require an individual or group policy to~~
24 ~~cover the surgical procedure known as mastectomy or to prevent the application of deductible or~~
25 ~~copayment provisions contained in the policy or plan, nor shall this section be construed to~~
26 ~~require that coverage under an individual or group policy be extended to any other procedures.~~

27 (e) Nothing in this section shall be construed to prevent a group health plan or a health
28 insurance carrier offering health insurance coverage from negotiating the level and type of
29 reimbursement with a provider for care provided in accordance with this section.

30 (f) Nothing in this section shall preclude the conducting of managed care reviews and
31 medical necessity reviews by an insurer, hospital or medical service corporation or health
32 maintenance organization.

33 (g) Prohibitions. A group health plan and a health insurance carrier offering group or
34 individual health insurance coverage may not:

1 (1) Deny to a patient eligibility, or continued eligibility, to enroll or renew coverage
2 under the terms of the plan, solely for the purpose of avoiding the requirements of this section;
3 nor

4 (2) Penalize or otherwise reduce or limit the reimbursement of an attending provider, or
5 provide incentives (monetary or otherwise) to an attending provider, to induce such provider to
6 provide care to an individual participant or beneficiary in a manner inconsistent with this section.

7 SECTION 3. Section 27-20-29 of the General Laws in Chapter 27-20 entitled "Nonprofit
8 Medical Service Corporations" is hereby amended to read as follows:

9 **27-20-29. Mastectomy treatment.**

10 (a) All individual or group health insurance coverage and health benefit plans delivered,
11 issued for delivery or renewed in this state on or after January 1, 2005, which provides medical
12 and surgical benefits with respect to mastectomy shall provide, in a case of any person covered in
13 the individual market or covered by a group health plan coverage for:

14 (1) Reconstruction of the breast on which the mastectomy has been performed;

15 (2) Surgery and reconstruction of the other breast to produce a symmetrical appearance;

16 and

17 (3) Prostheses and treatment of physical complications, including lymphademas, at all
18 stages of mastectomy; in a manner determined in consultation with the attending physician,
19 [physician assistant as defined in § 5-54-2, or an advance practice registered nurse as defined in §](#)

20 [5-34-3](#), and the patient. ~~Such coverage may be subject to annual deductibles and coinsurance~~
21 ~~provisions applied to the mastectomy and consistent with those established for other benefits~~
22 ~~under the plan or coverage.~~ As used in this section, "mastectomy" means the removal of all or

23 part of a breast. Written notice of the availability of such coverage shall be delivered to the
24 participant upon enrollment and annually thereafter.

25 (b) Notice. A group health plan, and a health insurance issuer providing health insurance
26 coverage in connection with a group health plan, shall provide notice to each participant and
27 beneficiary under such plan regarding the coverage required by this section in accordance with
28 regulations promulgated by the United States Secretary of Health and Human Services. Such
29 notice shall be in writing and prominently positioned in any literature or correspondence made
30 available or distributed by the plan or issuer and shall be transmitted as part of any yearly
31 informational packet sent to the participant or beneficiary.

32 (c) As used in this section, "prosthetic devices" means and includes the provision of
33 initial and subsequent prosthetic devices pursuant to an order of the patient's physician, [physician](#)
34 [assistant, advance practice registered nurse,](#) or surgeon.

1 (d) ~~Nothing in this section shall be construed to require an individual or group policy to~~
2 ~~cover the surgical procedure known as mastectomy or to prevent the application of deductible or~~
3 ~~copayment provisions contained in the policy or plan, nor shall this section be construed to~~
4 ~~require that coverage under an individual or group policy be extended to any other procedures.~~

5 (e) Nothing in this section shall be construed to prevent a group health plan or a health
6 insurance carrier offering health insurance coverage from negotiating the level and type of
7 reimbursement with a provider for care provided in accordance with this section.

8 (f) Nothing in this section shall preclude the conducting of managed care reviews and
9 medical necessity reviews by an insurer, hospital or medical service corporation or health
10 maintenance organization.

11 (g) Prohibitions. A group health plan and a health insurance carrier offering group or
12 individual health insurance coverage may not:

13 (1) Deny to a patient eligibility, or continued eligibility, to enroll or renew coverage
14 under the terms of the plan, solely for the purpose of avoiding the requirements of this section;
15 nor

16 (2) Penalize or otherwise reduce or limit the reimbursement of an attending provider, or
17 provide incentives (monetary or otherwise) to an attending provider, to induce such provider to
18 provide care to an individual participant or beneficiary in a manner inconsistent with this section.

19 SECTION 4. Section 27-41-43 of the General Laws in Chapter 27-41 entitled "Health
20 Maintenance Organizations" is hereby amended to read as follows:

21 **27-41-43. Mastectomy treatment.**

22 (a) All individual or group health insurance coverage and health benefit plans delivered,
23 issued for delivery or renewed in this state on or after January 1, 2005, which provides medical
24 and surgical benefits with respect to mastectomy shall provide, in a case of any person covered in
25 the individual market or covered by a group health plan coverage for:

26 (1) Reconstruction of the breast on which the mastectomy has been performed;

27 (2) Surgery and reconstruction of the other breast to produce a symmetrical appearance;

28 and

29 (3) Prostheses and treatment of physical complications, including lymphademas, at all
30 stages of mastectomy; in a manner determined in consultation with the attending physician,

31 physician assistant as defined in § 5-54-2, or an advance practice registered nurse as defined in §
32 5-34-3, and the patient. ~~Such coverage may be subject to annual deductibles and coinsurance~~

33 ~~provisions applied to the mastectomy and consistent with those established for other benefits~~
34 ~~under the plan or coverage.~~ As used in this section, "mastectomy" means the removal of all or

1 part of a breast. Written notice of the availability of such coverage shall be delivered to the
2 participant upon enrollment and annually thereafter.

3 (b) Notice. A group health plan, and a health insurance issuer providing health insurance
4 coverage in connection with a group health plan, shall provide notice to each participant and
5 beneficiary under such plan regarding the coverage required by this section in accordance with
6 regulations promulgated by the United States Secretary of Health and Human Services. Such
7 notice shall be in writing and prominently positioned in any literature or correspondence made
8 available or distributed by the plan or issuer and shall be transmitted as part of any yearly
9 informational packet sent to the participant or beneficiary.

10 (c) As used in this section, "prosthetic devices" means and includes the provision of
11 initial and subsequent prosthetic devices pursuant to an order of the patient's physician, [physician](#)
12 [assistant, advance practice registered nurse](#), or surgeon.

13 (d) (1) ~~Nothing in this section shall be construed to require an individual or group policy~~
14 ~~to cover the surgical procedure known as mastectomy or to prevent application of deductible or~~
15 ~~copayment provisions contained in the policy or plan, nor shall this section be construed to~~
16 ~~require that coverage under an individual or group policy be extended to any other procedures.~~

17 (2) Nothing in this section shall be construed to prevent a group health plan or a health
18 insurance carrier offering health insurance coverage from negotiating the level and type of
19 reimbursement with a provider for care provided in accordance with this section.

20 (3) Nothing in this section shall preclude the conducting of managed care reviews and
21 medical necessity reviews, by an insurer, hospital or medical service corporation or health
22 maintenance organization.

23 (4) Prohibitions. A group health plan and a health insurance carrier offering group or
24 individual health insurance coverage may not:

25 (i) Deny to a patient eligibility, or continued eligibility, to enroll or renew coverage under
26 the terms of the plan, solely for the purpose of avoiding the requirements of this section; nor

27 (ii) Penalize or otherwise reduce or limit the reimbursement of an attending provider, or
28 provide incentives (monetary or otherwise) to an attending provider, to induce such provider to
29 provide care to an individual participant or beneficiary in a manner inconsistent with this section.

30 SECTION 5. This act shall take effect on January 1, 2019.

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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 require individual or group policy insurance to cover mastectomies.
- 2 This act would take effect on January 1, 2019.

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