

2018 -- S 2411

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LC004359  
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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 -- INSURANCE COVERAGE FOR MENTAL ILLNESS AND  
SUBSTANCE ABUSE

Introduced By: Senators Crowley, Metts, Quezada, and Nesselbush

Date Introduced: February 15, 2018

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 treatment of mental health and substance use disorders.**

5           **[Effective April 1, 2018.]**

6           (a) A group health plan and an individual or group health insurance plan shall provide  
7 coverage for the treatment of mental health and substance-use disorders under the same terms and  
8 conditions as that coverage is provided for other illnesses and diseases.

9           (b) Coverage for the treatment of mental health and substance-use disorders shall not  
10 impose any annual or lifetime dollar limitation.

11           (c) Financial requirements and quantitative treatment limitations on coverage for the  
12 treatment of mental health and substance-use disorders shall be no more restrictive than the  
13 predominant financial requirements applied to substantially all coverage for medical conditions in  
14 each treatment classification.

15           (d) Coverage shall not impose non-quantitative treatment limitations for the treatment of  
16 mental health and substance-use disorders unless the processes, strategies, evidentiary standards,  
17 or other factors used in applying the non-quantitative treatment limitation, as written and in  
18 operation, are comparable to, and are applied no more stringently than, the processes, strategies,

1 evidentiary standards, or other factors used in applying the limitation with respect to  
2 medical/surgical benefits in the classification.

3 (e) The following classifications shall be used to apply the coverage requirements of this  
4 chapter: (1) Inpatient, in-network; (2) Inpatient, out-of-network; (3) Outpatient, in-network; (4)  
5 Outpatient, out-of-network; (5) Emergency care; and (6) Prescription drugs.

6 (f) Medication-assisted treatment or medication-assisted maintenance services of  
7 substance-use disorders, opioid overdoses, and chronic addiction, including methadone,  
8 buprenorphine, naltrexone, or other clinically appropriate medications, is included within the  
9 appropriate classification based on the site of the service.

10 (g) Payors shall rely upon the criteria of the American Society of Addiction Medicine  
11 when developing coverage for levels of care for substance-use disorder treatment.

12 (h) Patients with substance-use disorders shall have access to evidence-based, non-opioid  
13 treatment for pain, therefore coverage shall apply to medically necessary chiropractic care and  
14 osteopathic manipulative treatment performed by an individual licensed under § 5-37-2.

15 (i) Consistent with coverage for medical and surgical services, a group health plan or  
16 health insurer shall cover clinically appropriate residential or inpatient services, including  
17 detoxification and stabilization services, for the treatment of mental health and/or substance-  
18 abuse disorders, including alcohol-use disorders, in accordance with this subsection. After an  
19 appropriate psychiatric assessment for mental health, or an assessment for substance-abuse  
20 disorders, including alcohol-use disorders, based upon the criteria of the American Society of  
21 Addiction Medicine, conducted upon an emergency admission or for continuation of care, if a  
22 qualified medical and/or clinical professional determines that residential or inpatient care,  
23 including detoxification and stabilization services, is the most appropriate and least restrictive  
24 level of care necessary, that professional shall, within twenty-four (24) hours of admission or at  
25 least twenty-four (24) hours prior to the expiration of any previous authorization from the group  
26 health plan or health insurer, submit a treatment plan, including an estimated length of stay and  
27 such other information as may be reasonably requested by the group health plan or health insurer,  
28 to the patient's group health plan or health insurer. The group health plan or health insurer shall  
29 review the information submitted in accordance with the timelines and requirements of chapter  
30 18.9 of title 27; provided, that the patient shall be and remain presumptively covered for  
31 residential or inpatient services, including detoxification and stabilization services, during the  
32 authorization or concurrent assessment review. This subsection shall apply only to covered  
33 services delivered within the group health plan or health insurer's provider network.

1 SECTION 2. 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 -- INSURANCE COVERAGE FOR MENTAL ILLNESS AND  
SUBSTANCE ABUSE

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1           This act would provide that consistent with coverage for medical and surgical services, a  
2 group health plan or health insurer shall cover clinically appropriate residential or inpatient  
3 services, including detoxification and stabilization services, for the treatment of mental health  
4 and/or substance-abuse disorders, including alcohol-use disorders. This act would also provide  
5 that the patient shall be and remain presumptively covered for residential or inpatient services,  
6 including detoxification and stabilization services, during the authorization or concurrent  
7 assessment review by the patient's group health plan or health insurer.

8           This act would take effect January 1, 2019.

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