

2019 -- H 6005

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STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2019

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A N A C T

RELATING TO INSURANCE -- ACCIDENT AND SICKNESS INSURANCE POLICIES

Introduced By: Representatives Fogarty, Carson, Caldwell, Cortvriend, and Messier

Date Introduced: April 12, 2019

Referred To: House Health, Education & Welfare

It is enacted by the General Assembly as follows:

1 SECTION 1. Section 27-18-41 of the General Laws in Chapter 27-18 entitled "Accident
2 and Sickness Insurance Policies" is hereby amended to read as follows:

3 **27-18-41. Mammograms and pap smears -- Coverage mandated.**

4 (a) (1) Every individual or group hospital or medical expense insurance policy or
5 individual or group hospital or medical services plan contract delivered, issued for delivery, or
6 renewed in this state shall provide coverage for mammograms and pap smears, in accordance
7 with guidelines established by the American Cancer Society.

8 (2) Notwithstanding the provisions of this chapter, every individual or group hospital or
9 medical insurance policy or individual or group hospital or medical services plan contract
10 delivered, issued for delivery, or renewed in this state shall pay for two (2) screening
11 mammograms per year when recommended by a physician for women who have been treated for
12 breast cancer within the last five (5) years or are at high risk of developing breast cancer due to
13 genetic predisposition (BRCA gene mutation or multiple first degree relatives) or high risk lesion
14 on prior biopsy (lobular carcinoma in situ) or atypical ductal hyperplasia [and for any person who](#)
15 [has received notice pursuant to § 23-12.9-2 of the existence of dense breast tissue, coverage shall](#)
16 [be provided for the costs of breast ultrasound screenings, breast MRI exams and/or digital breast](#)
17 [tomosynthesis \(dbt\) screenings.](#)

18 (b) This section shall not apply to insurance coverage providing benefits for: (1) hospital
19 confinement indemnity; (2) disability income; (3) accident only; (4) long term care; (5) Medicare

1 supplement; (6) limited benefit health; (7) specified disease indemnity; (8) sickness or bodily
2 injury or death by accident or both; and (9) other limited benefit policies.

3 SECTION 2. Section 27-19-20 of the General Laws in Chapter 27-19 entitled "Nonprofit
4 Hospital Service Corporations" is hereby amended to read as follows:

5 **27-19-20. Mammograms and pap smears -- Coverage mandated.**

6 (a) Subscribers to any nonprofit hospital service plan shall be afforded coverage under
7 the plan for mammograms and pap smears, in accordance with guidelines established by the
8 American Cancer Society.

9 (b) Notwithstanding the provisions of this chapter, subscribers to any nonprofit hospital
10 service plan shall be afforded coverage for two (2) screening mammograms per year when
11 recommended by a physician for women who have been treated for breast cancer within the last
12 five (5) years or who are at high risk of developing breast cancer due to genetic predisposition
13 (BRCA gene mutation or multiple first degree relatives) or high risk lesion on prior biopsy
14 (lobular carcinoma in situ) or atypical ductal hyperplasia and for any person who has received
15 notice pursuant to § 23-12.9-2 of the existence of dense breast tissue, coverage shall be provided
16 for the costs of breast ultrasound screenings, breast MRI exams and/or digital breast
17 tomosynthesis (dbt) screenings.

18 SECTION 3. Section 27-20-17 of the General Laws in Chapter 27-20 entitled "Nonprofit
19 Medical Service Corporations" is hereby amended to read as follows:

20 **27-20-17. Mammograms and pap smears -- Coverage mandated.**

21 (a) Subscribers to any nonprofit medical service plan shall be afforded coverage under
22 the plan for mammograms and pap smears, in accordance with guidelines established by the
23 American Cancer Society.

24 (b) Notwithstanding the provisions of this chapter, subscribers to any nonprofit medical
25 service plan shall be afforded coverage for two (2) paid screening mammograms per year when
26 recommended by a physician for women who have been treated for breast cancer within the last
27 five (5) years or who are at high risk of developing breast cancer due to genetic predisposition
28 (BRCA gene mutation or multiple first degree relatives) or high risk lesion on prior biopsy
29 (lobular carcinoma in situ) or atypical ductal hyperplasia and for any person who has received
30 notice pursuant to § 23-12.9-2 of the existence of dense breast tissue, coverage shall be provided
31 for the costs of breast ultrasound screenings, breast MRI exams and/or digital breast
32 tomosynthesis (dbt) screenings.

33 SECTION 4. Section 27-41-30 of the General Laws in Chapter 27-41 entitled "Health
34 Maintenance Organizations" is hereby amended to read as follows:

1 **27-41-30. Mammograms and pap smears -- Coverage mandated.**

2 (a) Subscribers to any health maintenance organization plan shall be afforded coverage
3 under that plan for mammograms and pap smears, in accordance with guidelines established by
4 the American Cancer Society.

5 (b) Notwithstanding the provisions of this chapter, subscribers to any health maintenance
6 organization plan shall be afforded coverage for two (2) paid screening mammograms per year
7 when recommended by a physician for women who have been treated for breast cancer within the
8 last five (5) years or who are at high risk of developing breast cancer due to genetic
9 predisposition (BRCA gene mutation or multiple first degree relatives) or high risk lesion on prior
10 biopsy (lobular carcinoma in situ) or atypical ductal hyperplasia and for any person who has
11 received notice pursuant to § 23-12.9-2 of the existence of dense breast tissue, coverage shall be
12 provided for the costs of breast ultrasound screenings, breast MRI exams and/or digital breast
13 tomosynthesis (dbt) screenings.

14 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 require insurance carriers, nonprofit hospital service plans, nonprofit
2 medical service corporations and health maintenance organizations to cover the costs of breast
3 ultrasounds and/or MRI breast exams for any person receiving notice of dense breast tissue
4 pursuant to § 23-12.9-2.

5 This act would take effect upon passage.

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