

2022 -- H 7453

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LC004636  
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STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2022

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A N A C T

RELATING TO INSURANCE – ACCIDENT AND SICKNESS INSURANCE POLICIES

Introduced By: Representative James N. McLaughlin

Date Introduced: February 11, 2022

Referred To: House Health & Human Services

It is enacted by the General Assembly as follows:

1 SECTION 1. Chapter 27-18 of the General Laws entitled “Accident and Sickness Insurance  
2 Policies” is hereby amended by adding thereto the following section:

3 **27-18-89. Co-pay cap for diagnostic imaging tests.**

4 (a) Every individual or group hospital or medical services plan contract delivered or  
5 renewed in this state that provides coverage for diagnostic imaging testing, inclusive of magnetic  
6 resonance imaging testing (MRIs), computed tomography scans (CT), ultrasound or x-ray, pursuant  
7 to the terms of a health coverage plan shall cap the total amount that a covered person is required  
8 to pay for a covered diagnostic imaging testing at an amount not to exceed forty dollars (\$40.00).

9 (b) Nothing in this section prevents a health plan from reducing a covered person’s cost  
10 sharing to an amount less than the amount specified in subsection (a) of this section.

11 (c) The office of the health insurance commissioner may use any of its enforcement powers  
12 to obtain a health plan’s compliance with this section.

13 (d) The office of the health insurance commissioner may promulgate rules and regulations  
14 as necessary to implement and administer this section and to align with federal requirements.

15 SECTION 2. Chapter 27-19 of the General Laws entitled “Nonprofit Hospital Service  
16 Corporations” is hereby amended by adding thereto the following section:

17 **27-19-81. Co-pay cap for diagnostic imaging tests.**

18 (a) Every individual or group hospital or medical services plan contract delivered or  
19 renewed in this state that provides coverage for diagnostic imaging testing, inclusive of magnetic

1 resonance imaging testing (MRIs), computed tomography scans (CT), ultrasound or x-ray, pursuant  
2 to the terms of a health coverage plan shall cap the total amount that a covered person is required  
3 to pay for a covered diagnostic imaging testing at an amount not to exceed forty dollars (\$40.00).

4 (b) Nothing in this section prevents a health plan from reducing a covered person's cost  
5 sharing to an amount less than the amount specified in subsection (a) of this section.

6 (c) The office of the health insurance commissioner may use any of its enforcement powers  
7 to obtain a health plan's compliance with this section.

8 (d) The office of the health insurance commissioner may promulgate rules and regulations  
9 as necessary to implement and administer this section and to align with federal requirements.

10 SECTION 3. Chapter 27-20 of the General Laws entitled "Nonprofit Medical Service  
11 Corporations" is hereby amended by adding thereto the following section:

12 **27-20-77. Co-pay cap for diagnostic imaging tests.**

13 (a) Every individual or group hospital or medical services plan contract delivered or  
14 renewed in this state that provides coverage for diagnostic imaging testing, inclusive of magnetic  
15 resonance imaging testing (MRIs), computed tomography scans (CT), ultrasound or x-ray, pursuant  
16 to the terms of a health coverage plan shall cap the total amount that a covered person is required  
17 to pay for a covered diagnostic imaging testing at an amount not to exceed forty dollars (\$40.00).

18 (b) Nothing in this section prevents a health plan from reducing a covered person's cost  
19 sharing to an amount less than the amount specified in subsection (a) of this section.

20 (c) The office of the health insurance commissioner may use any of its enforcement powers  
21 to obtain a health plan's compliance with this section.

22 (d) The office of the health insurance commissioner may promulgate rules and regulations  
23 as necessary to implement and administer this section and to align with federal requirements.

24 SECTION 4. Chapter 27-41 of the General Laws entitled "Health Maintenance  
25 Organizations" is hereby amended by adding thereto the following section:

26 **27-41-94. Co-pay cap for diagnostic imaging tests.**

27 (a) Every individual or group hospital or medical services plan contract delivered or  
28 renewed in this state that provides coverage for diagnostic imaging testing, inclusive of magnetic  
29 resonance imaging testing (MRIs), computed tomography scans (CT), ultrasound or x-ray, pursuant  
30 to the terms of a health coverage plan shall cap the total amount that a covered person is required  
31 to pay for a covered diagnostic imaging testing at an amount not to exceed forty dollars (\$40.00).

32 (b) Nothing in this section prevents a health plan from reducing a covered person's cost  
33 sharing to an amount less than the amount specified in subsection (a) of this section.

34 (c) The office of the health insurance commissioner may use any of its enforcement powers

1 [to obtain a health plan's compliance with this section.](#)

2 [\(d\) The office of the health insurance commissioner may promulgate rules and regulations](#)  
3 [as necessary to implement and administer this section and to align with federal requirements.](#)

4 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

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1           This act would limit an individual’s co-pay for any diagnostic imaging tests, inclusive of  
2 magnetic resonance imaging tests (MRIs), computed tomography scans (CT), ultrasound or x-ray,  
3 to forty dollars (\$40.00).

4           This act would take effect upon passage.

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