It is enacted by the General Assembly as follows:

SECTION 1. Legislative findings. The general assembly hereby finds and declares that:

1. (1) In enacting the Reproductive Privacy Act in 2019, the general assembly recognized the importance of protecting a person's right to reproductive health care. However, exercising that right can be illusory for people of limited financial means.

2. (2) Funding restrictions on abortion coverage interfere with an individual's personal decision-making, with their health and well-being, and with their constitutionally protected right to a safe and legal medical procedure.

3. (3) Restrictions on abortion coverage have a disproportionate impact on low-income residents, immigrants, people of color, and young people who are already disadvantaged in their access to the resources, information, and services necessary to prevent an unintended pregnancy or to carry a health pregnancy to term.

4. (4) Numerous other states provide abortion coverage in their Medicaid programs and in their state employee insurance plans.

5. (5) The purpose of this legislation is to promote equity in access to reproductive health care.

SECTION 2. Section 42-12.3-3 of the General Laws in Chapter 42-12.3 entitled "Health Care for Children and Pregnant Women" is hereby amended to read as follows:

42-12.3-3. Medical assistance expansion for pregnant women/RIte Start.
(a) The secretary of the executive office of health and human services is authorized to amend its Title XIX state plan pursuant to Title XIX of the Social Security Act to provide Medicaid coverage and to amend its Title XXI state plan pursuant to Title XXI of the Social Security Act to provide medical assistance coverage through expanded family income disregards for pregnant persons whose family income levels are between one hundred eighty-five percent (185%) and two hundred fifty percent (250%) of the federal poverty level. The department is further authorized to promulgate any regulations necessary and in accord with Title XIX [42 U.S.C. § 1396 et seq.] and Title XXI [42 U.S.C. § 1397aa et seq.] of the Social Security Act necessary in order to implement said state plan amendment. The services provided shall be in accord with Title XIX [42 U.S.C. § 1396 et seq.] and Title XXI [42 U.S.C. § 1397aa et seq.] of the Social Security Act.

(b) The secretary of health and human services is authorized and directed to establish a payor of last resort program to cover prenatal, delivery and postpartum care. The program shall cover the cost of maternity care for any pregnant person who lacks health insurance coverage for maternity care and who is not eligible for medical assistance under Title XIX [42 U.S.C. § 1396 et seq.] and Title XXI [42 U.S.C. § 1397aa et seq.] of the Social Security Act including, but not limited to, a noncitizen pregnant person lawfully admitted for permanent residence on or after August 22, 1996, without regard to the availability of federal financial participation, provided such pregnant person satisfies all other eligibility requirements. The secretary shall promulgate regulations to implement this program. Such regulations shall include specific eligibility criteria; the scope of services to be covered; procedures for administration and service delivery; referrals for non-covered services; outreach; and public education. Excluded services under this subsection will include, but not be limited to, induced abortion except in cases of rape or incest or to save the life of the pregnant individual.

(c) The secretary of health and human services may enter into cooperative agreements with the department of health and/or other state agencies to provide services to individuals eligible for services under subsections (a) and (b) above.

(d) The following services shall be provided through the program:

(1) Ante-partum and postpartum care;

(2) Delivery;

(3) Cesarean section;

(4) Newborn hospital care;

(5) Inpatient transportation from one hospital to another when authorized by a medical provider; and

(6) Prescription medications and laboratory tests.
(e) The secretary of health and human services shall provide enhanced services, as appropriate, to pregnant persons as defined in subsections (a) and (b), as well as to other pregnant persons eligible for medical assistance. These services shall include: care coordination; nutrition and social service counseling; high-risk obstetrical care; childbirth and parenting preparation programs; smoking cessation programs; outpatient counseling for drug-alcohol use; interpreter services; mental health services; and home visitation. The provision of enhanced services is subject to available appropriations. In the event that appropriations are not adequate for the provision of these services, the executive office has the authority to limit the amount, scope, and duration of these enhanced services.

(f) The executive office of health and human services shall provide for extended family planning services for up to twenty-four (24) months postpartum. These services shall be available to persons who have been determined eligible for RIte Start or for medical assistance under Title XIX [42 U.S.C. § 1396 et seq.] or Title XXI [42 U.S.C. § 1397aa et seq.] of the Social Security Act.

(g) Effective October 1, 2022, individuals eligible for RIte Start pursuant to this section or for medical assistance under Title XIX or Title XXI of the Social Security Act while pregnant (including during a period of retroactive eligibility), are eligible for full Medicaid benefits through the last day of the month in which their twelve-month (12) postpartum period ends. This benefit will be provided to eligible Rhode Island residents without regard to the availability of federal financial participation. The executive office of health and human services is directed to ensure that federal financial participation is used to the maximum extent allowable to provide coverage pursuant to this section, and that state-only funds will be used only if federal financial participation is not available.

(h) Any person eligible for services under subsections (a) and (b) of this section, or otherwise eligible for medical assistance under title XIX [42 U.S.C. § 1396 et seq.] and title XXI [42 U.S.C. § 1397aa et seq.] of the Social Security Act, shall also be entitled to services for any termination of pregnancy permitted under § 23-4.13-2; provided, however, that no federal funds shall be used to pay for such services, except as authorized under federal law.

SECTION 3. Section 36-12-2.1 of the General Laws in Chapter 36-12 entitled "Insurance Benefits" is hereby repealed.

36-12-2.1. Health insurance benefits -- Coverage for abortions excluded.

(a) The state of Rhode Island shall not include in any health insurance contracts, plans, or policies covering employees, any provision which shall provide coverage for induced abortions (except where the life of the mother would be endangered if the fetus were carried to term, or where
the pregnancy resulted from rape or incest). This section shall be applicable to all contracts, plans, or policies of:

1. All health insurers subject to title 27;
2. All group and blanket health insurers subject to title 27;
3. All nonprofit hospital, medical, surgical, dental, and health service corporations;
4. All health maintenance organizations; and
5. Any provision of medical, hospital, surgical, and funeral benefits and of coverage against accidental death or injury when the benefits or coverage are incidental to or part of other insurance authorized by the statutes of this state.

(b) Provided, however, that the provisions of this section shall not apply to benefits provided under existing collective bargaining agreements entered into prior to June 30, 1982.

c) Nothing contained herein shall be construed to pertain to insurance coverage for complications as the result of an abortion.

SECTION 4. This act shall take effect upon passage.
EXPLANATION
BY THE LEGISLATIVE COUNCIL
OF
A N A C T
RELATING TO STATE AFFAIRS AND GOVERNMENT -- HEALTH CARE FOR CHILDREN AND PREGNANT WOMEN--EQUALITY IN ABORTION COVERAGE

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1 This act would provide for abortion coverage in the Medicaid program and repeal the
2 abortion coverage exclusion for state employee insurance plans.
3 This act would take effect upon passage.

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