

**2016 -- H 7625 SUBSTITUTE A**

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LC004482/SUB A  
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**STATE OF RHODE ISLAND**

**IN GENERAL ASSEMBLY**

**JANUARY SESSION, A.D. 2016**

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A N A C T

RELATING TO INSURANCE -- INSURANCE COVERAGE FOR MENTAL ILLNESS AND  
SUBSTANCE ABUSE

Introduced By: Representatives Serpa, Fellela, Almeida, Williams, and McKiernan

Date Introduced: February 12, 2016

Referred To: House Corporations

(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 the treatment of mental health and substance use disorders..**

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

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

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

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

1 medical/surgical benefits in the classification.

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

5 (f) Medication-assisted therapy, including methadone maintenance services, for the  
6 treatment of substance-use disorders, opioid overdoses, and chronic addiction is included within  
7 the appropriate classification based on the site of the service.

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

10 (h) A payor may not deny continued residential or inpatient treatment coverage due to  
11 medical necessity and appropriateness of treatment under §27-38.2-3 if the subscriber has been  
12 admitted and is currently in residential or inpatient services for a mental health and/or substance  
13 abuse disorder and the provider of treatment has recommended continued residential or inpatient  
14 treatment based upon the criteria of the American Society of Addiction Medicine.

15 SECTION 2. 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 -- INSURANCE COVERAGE FOR MENTAL ILLNESS AND  
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1           This act would prohibit insurers for mental illness and/or substance abuse from denying  
2 continued coverage for residential or inpatient services if such services are medically necessary  
3 and if the insured is admitted and currently in residential or inpatient treatment or if the continued  
4 treatment is recommended based on the criteria of the American Society of Addiction Medicine.

5           This act would take effect upon passage.

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