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STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2017

A N A C T

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

Introduced By: Representatives Serpa, Fellela, Jacquard, Ackerman, and Vella-Wilkinson

Date Introduced: January 26, 2017

Referred To: House Corporations

(Attorney General)

It is enacted by the General Assembly as follows:

1 SECTION 1. Chapter 23-17.26 of the General Laws entitled "Comprehensive Discharge
2 Planning" is hereby amended by adding thereto the following section:

3 **23-17.26-5. Comprehensive patient consent form.**

4 Each hospital and freestanding emergency-care facility shall incorporate patient consent
5 for peer recovery coach services into a comprehensive patient consent form to be implemented no
6 later than January 1, 2018.

7 SECTION 2. Section 27-38.2-1 of the General Laws in Chapter 27-38.2 entitled
8 "Insurance Coverage for Mental Illness and Substance Abuse" is hereby amended to read as
9 follows:

10 **27-38.2-1. Coverage for the treatment of mental health and substance use disorders.**

11 (a) A group health plan, ~~and an~~ individual or group health insurance plan, and any
12 contract between the Rhode Island Medicaid program and any health insurance carrier, as defined
13 under chapters 18, 19, 20, and 41 of title 27, shall provide coverage for the treatment of mental
14 health and substance-use disorders under the same terms and conditions as that coverage is
15 provided for other illnesses and diseases.

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

18 (c) Financial requirements and quantitative treatment limitations on coverage for the

treatment of mental health and substance-use disorders shall be no more restrictive than the predominant financial requirements applied to substantially all coverage for medical conditions in each treatment classification.

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

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

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

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

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

1 concurrent assessment review. On or before March 1, 2020, the senate committee on health and
2 human services, in conjunction with the house committee on corporations, shall conduct a hearing
3 on the impact of this subsection, to include presentations from payors and providers, and other
4 stakeholders at the discretion of the committee chairs. This subsection shall apply only to covered
5 services delivered within the health insurer's provider network.
6 SECTION 3. This act shall take effect on November 1, 2017.

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EXPLANATION

BY THE LEGISLATIVE COUNCIL

OF

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1 This act would provide that a payor may not deny continued residential or inpatient
2 treatment coverage due to medical necessity and appropriateness of treatment under Rhode Island
3 law if the subscriber has been admitted and is currently in residential or inpatient services for a
4 mental health and/or substance use disorder and the provider of treatment has recommended
5 continued residential or inpatient treatment, and would incorporate patient consent for peer
6 recovery services into the comprehensive patient consent form.
7 This act would take effect on November 1, 2017.

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