

**2017 -- H 5218 SUBSTITUTE A**

=====  
LC000735/SUB A  
=====

**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. 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  
6 coverage 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 treatment or medication-assisted maintenance services of  
6 substance-use disorders, opioid overdoses, and chronic addiction, including methadone,  
7 buprenorphine, naltrexone, or other clinically appropriate medications, is included within the  
8 appropriate classification based on the site of the service.

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

11 (h) Consistent with coverage for medical and surgical services, subscribers with mental  
12 health and/or substance-use disorders are presumptively eligible for emergency admission  
13 practices, including any appropriate residential or inpatient services. If the subscriber has been  
14 admitted and is currently in residential or inpatient services for a mental health and/or substance  
15 use disorder, regardless of whether the subscriber was admitted to residential or inpatient services  
16 based on an emergency referral, after an appropriate psychiatric assessment for mental health  
17 and/or an assessment for substance use disorder based upon the criteria of the American Society  
18 of Addiction Medicine, if a qualified medical professional determines that continued residential  
19 or inpatient care is clinically necessary care for a subscriber, that professional will submit a  
20 treatment plan, including an estimated length of stay, to the subscriber's payor for authorization  
21 of payment. A subscriber will remain presumptively eligible for residential or inpatient services  
22 during the payment authorization period. The office of the health insurance commissioner shall  
23 promulgate regulations that define reasonable payment authorization procedures and timelines for  
24 payors.

25 SECTION 2. This act shall take effect upon passage.

=====  
LC000735/SUB A  
=====

EXPLANATION  
BY THE LEGISLATIVE COUNCIL  
OF

A N A C T

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

\*\*\*

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.

6           This act would take effect upon passage.

=====  
LC000735/SUB A  
=====