LC003511

2018 -- H 7320

STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2018

AN ACT

RELATING TO INSURANCE -- ACCIDENT AND SICKNESS INSURANCE POLICIES

Introduced By: Representatives Fogarty, Amore, Carson, Kazarian, and Bennett Date Introduced: January 26, 2018

Referred To: House Corporations

It is enacted by the General Assembly as follows:

SECTION 1. Section 27-18-41 of the General Laws in Chapter 27-18 entitled "Accident
 and Sickness Insurance Policies" is hereby amended to read as follows:

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27-18-41. Mammograms and pap smears -- Coverage mandated.

4 (a) (1) Every individual or group hospital or medical expense insurance policy or 5 individual or group hospital or medical services plan contract delivered, issued for delivery, or 6 renewed in this state shall provide coverage for mammograms and pap smears, in accordance 7 with guidelines established by the American Cancer Society.

8 (2) Notwithstanding the provisions of this chapter, every individual or group hospital or 9 medical insurance policy or individual or group hospital or medical services plan contract 10 delivered, issued for delivery, or renewed in this state shall pay the costs of breast ultrasound 11 screening and/or a breast MRI exam for any person who has received notice pursuant to § 23-12 12.9-2 of the existence of dense breast tissue, for two (2) screening mammograms per year when 13 recommended by a physician for women who have been treated for breast cancer within the last 14 five (5) years or are at high risk of developing breast cancer due to genetic predisposition (BRCA 15 gene mutation or multiple first degree relatives) or high risk lesion on prior biopsy (lobular 16 carcinoma in situ) or atypical ductal hyperplasia.

(b) This section shall not apply to insurance coverage providing benefits for: (1) hospital
confinement indemnity; (2) disability income; (3) accident only; (4) long term care; (5) Medicare
supplement; (6) limited benefit health; (7) specified disease indemnity; (8) sickness or bodily

1 injury or death by accident or both; and (9) other limited benefit policies.

2 SECTION 2. Section 27-19-20 of the General Laws in Chapter 27-19 entitled "Nonprofit
3 Hospital Service Corporations" is hereby amended to read as follows:

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27-19-20. Mammograms and pap smears -- Coverage mandated.

5 (a) Subscribers to any nonprofit hospital service plan shall be afforded coverage under 6 the plan for mammograms and pap smears, in accordance with guidelines established by the 7 American Cancer Society.

8 (b) Notwithstanding the provisions of this chapter, subscribers to any nonprofit hospital 9 service plan shall be afforded coverage the costs of breast ultrasound screening and/or a breast 10 MRI exam for any person who has received notice pursuant to § 23-12.9-2 of the existence of 11 dense breast tissue, for two (2) screening mammograms per year when recommended by a 12 physician for women who have been treated for breast cancer within the last five (5) years or who 13 are at high risk of developing breast cancer due to genetic predisposition (BRCA gene mutation 14 or multiple first degree relatives) or high risk lesion on prior biopsy (lobular carcinoma in situ) or 15 atypical ductal hyperplasia.

SECTION 3. Section 27-20-17 of the General Laws in Chapter 27-20 entitled "Nonprofit
 Medical Service Corporations" is hereby amended to read as follows:

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27-20-17. Mammograms and pap smears -- Coverage mandated.

(a) Subscribers to any nonprofit medical service plan shall be afforded coverage under
the plan for mammograms and pap smears, in accordance with guidelines established by the
American Cancer Society.

22 (b) Notwithstanding the provisions of this chapter, subscribers to any nonprofit medical 23 service plan shall be afforded coverage the costs of breast ultrasound screening and/or a breast MRI exam for any person who has received notice pursuant to § 23-12.9-2 of the existence of 24 25 dense breast tissue, for two (2) paid screening mammograms per year when recommended by a 26 physician for women who have been treated for breast cancer within the last five (5) years or who 27 are at high risk of developing breast cancer due to genetic predisposition (BRCA gene mutation 28 or multiple first degree relatives) or high risk lesion on prior biopsy (lobular carcinoma in situ) or 29 atypical ductal hyperplasia.

30 SECTION 4. Section 27-41-30 of the General Laws in Chapter 27-41 entitled "Health 31 Maintenance Organizations" is hereby amended to read as follows:

32 <u>27-41-30. Mammograms and pap smears -- Coverage mandated.</u>

(a) Subscribers to any health maintenance organization plan shall be afforded coverageunder that plan for mammograms and pap smears, in accordance with guidelines established by

1 the American Cancer Society.

2 (b) Notwithstanding the provisions of this chapter, subscribers to any health maintenance 3 organization plan shall be afforded coverage the costs of breast ultrasound screening and/or a 4 breast MRI exam for any person who has received notice pursuant to § 23-12.9-2 of the existence 5 of dense breast tissue, for two (2) paid screening mammograms per year when recommended by a 6 physician for women who have been treated for breast cancer within the last five (5) years or who 7 are at high risk of developing breast cancer due to genetic predisposition (BRCA gene mutation 8 or multiple first degree relatives) or high risk lesion on prior biopsy (lobular carcinoma in situ) or 9 atypical ductal hyperplasia.

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SECTION 5. This act shall take effect upon passage.

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EXPLANATION

BY THE LEGISLATIVE COUNCIL

OF

AN ACT

RELATING TO INSURANCE -- ACCIDENT AND SICKNESS INSURANCE POLICIES

This act would require insurance carriers, nonprofit hospital service plans, nonprofit
 medical service corporations and health maintenance organizations to cover the costs of breast
 ultrasounds and/or MRI breast exams for any person receiving notice of dense breast tissue
 pursuant to § 23-12.9-2.
 This act would take effect upon passage.

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