

2018 -- H 7623

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LC004621  
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STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2018

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A N A C T

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

Introduced By: Representatives Walsh, Williams, Regunberg, Lombardi, and Hull

Date Introduced: February 14, 2018

Referred To: House Finance

It is enacted by the General Assembly as follows:

1           SECTION 1. Sections 27-38.2-1 and 27-38.2-2 of the General Laws in Chapter 27-38.2  
2 entitled "Insurance Coverage for Mental Illness and Substance Abuse" are hereby amended to  
3 read as follows:

4           **27-38.2-1. ~~Coverage for treatment of mental health and substance use disorders.~~**  
5 **~~[Effective April 1, 2018.]~~ Coverage for treatment of mental health, drug addiction, and**  
6 **substance use disorders. [Effective April 1, 2018.]**

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

10          (b) Coverage for the treatment of mental health, drug addiction, and substance-use  
11 disorders shall not impose any annual or lifetime dollar limitation.

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

16          (d) Coverage shall not impose non-quantitative treatment limitations for the treatment of  
17 mental health, drug addiction, and substance-use disorders unless the processes, strategies,  
18 evidentiary standards, or other factors used in applying the non-quantitative treatment limitation,

1 as written and in operation, are comparable to, and are applied no more stringently than, the  
2 processes, strategies, evidentiary standards, or other factors used in applying the limitation with  
3 respect to medical/surgical benefits in the classification.

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

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

11 (g) Payors shall rely upon the criteria of the American Society of Addiction Medicine  
12 when developing coverage for levels of care for substance-use disorder treatment [and drug](#)  
13 [addiction](#).

14 (h) Patients with substance-use disorders [including drug addiction](#), shall have access to  
15 evidence-based, non-opioid treatment for pain, therefore coverage shall apply to medically  
16 necessary chiropractic care and osteopathic manipulative treatment performed by an individual  
17 licensed under § 5-37-2.

18 **27-38.2-2. Definitions.**

19 For the purposes of this chapter, the following words and terms have the following  
20 meanings:

21 [\(1\) "Drug addiction" means a chronic, relapsing brain disease that is characterized by](#)  
22 [compulsive drug seeking and use, despite harmful consequences.](#)

23 ~~(1)~~[\(2\)](#) "Financial requirements" means deductibles, copayments, coinsurance, or out-of-  
24 pocket maximums.

25 ~~(2)~~[\(3\)](#) "Group health plan" means an employee welfare benefit plan as defined in 29  
26 U.S.C. § 1002(1) to the extent that the plan provides health benefits to employees or their  
27 dependents directly or through insurance, reimbursement, or otherwise. For purposes of this  
28 chapter, a group health plan shall not include a plan that provides health benefits directly to  
29 employees or their dependents, except in the case of a plan provided by the state or an  
30 instrumentality of the state.

31 ~~(3)~~[\(4\)](#) "Health insurance plan" means health insurance coverage offered, delivered, issued  
32 for delivery, or renewed by a health insurer.

33 ~~(4)~~[\(5\)](#) "Health insurers" means all persons, firms, corporations, or other organizations  
34 offering and assuring health services on a prepaid or primarily expense-incurred basis, including

1 but not limited to, policies of accident or sickness insurance, as defined by chapter 18 of this title;  
2 nonprofit hospital or medical service plans, whether organized under chapter 19 or 20 of this title  
3 or under any public law or by special act of the general assembly; health maintenance  
4 organizations, or any other entity that insures or reimburses for diagnostic, therapeutic, or  
5 preventive services to a determined population on the basis of a periodic premium. Provided, this  
6 chapter does not apply to insurance coverage providing benefits for:

- 7 (i) Hospital confinement indemnity;
- 8 (ii) Disability income;
- 9 (iii) Accident only;
- 10 (iv) Long-term care;
- 11 (v) Medicare supplement;
- 12 (vi) Limited benefit health;
- 13 (vii) Specific disease indemnity;
- 14 (viii) Sickness or bodily injury or death by accident or both; and
- 15 (ix) Other limited benefit policies.

16 ~~(5)~~(6) "Mental health or substance use disorder" means any mental disorder and  
17 substance use disorder that is listed in the most recent revised publication or the most updated  
18 volume of either the Diagnostic and Statistical Manual of Mental Disorders (DSM) published by  
19 the American Psychiatric Association or the International Classification of Disease Manual (ICO)  
20 published by the World Health Organization; provided, that tobacco and caffeine are excluded  
21 from the definition of "substance" for the purposes of this chapter.

22 ~~(6)~~(7) "Non-quantitative treatment limitations" means: (i) Medical management  
23 standards; (ii) Formulary design and protocols; (iii) Network tier design; (iv) Standards for  
24 provider admission to participate in a network; (v) Reimbursement rates and methods for  
25 determining usual, customary, and reasonable charges; and (vi) Other criteria that limit scope or  
26 duration of coverage for services in the treatment of mental health and substance use disorders,  
27 including restrictions based on geographic location, facility type, and provider specialty.

28 ~~(7)~~(8) "Quantitative treatment limitations" means numerical limits on coverage for the  
29 treatment of mental health and substance use disorders based on the frequency of treatment,  
30 number of visits, days of coverage, days in a waiting period, or other similar limits on the scope  
31 or duration of treatment.

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

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EXPLANATION  
BY THE LEGISLATIVE COUNCIL  
OF

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RELATING TO INSURANCE - INSURANCE COVERAGE FOR MENTAL ILLNESS AND  
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1           This act would clarify that coverage under this chapter would include drug addiction and  
2 defines drug addiction as a chronic, relapsing brain disease characterized by compulsive drug  
3 seeking and use, despite harmful consequences.

4           This act would take effect upon passage.

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