

2022 -- H 8219

=====  
LC005858  
=====

STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2022

—————  
A N A C T

RELATING TO STATE AFFAIRS AND GOVERNMENT -- MANDATED HEALTH  
INSURANCE BENEFITS ADVISORY COUNCIL

Introduced By: Representative P Morgan

Date Introduced: May 06, 2022

Referred To: House Health & Human Services

It is enacted by the General Assembly as follows:

1 SECTION 1. Title 42 of the General Laws entitled "STATE AFFAIRS AND  
2 GOVERNMENT" is hereby amended by adding thereto the following chapter:

3 CHAPTER 14.7

4 MANDATED HEALTH INSURANCE BENEFITS ADVISORY COUNCIL

5 **42-14.7-1. Declaration.**

6 It is hereby declared that health benefits coverage, while providing important protection  
7 for consumers, is costly for individuals, businesses, and government employers and programs that  
8 pay for coverage. Mandated benefits have public health, social, financial and medical implications  
9 for patients, providers and health plans. It is in the public interest to authorize and require the  
10 mandated health insurance benefits advisory council to conduct independent reviews of proposed  
11 and existing mandated benefits, to provide the general assembly with adequate and independent  
12 documentation, defining the social and financial impact and medical efficacy of proposed and  
13 existing mandates.

14 **42-14.7-2. Definitions.**

15 As used in this chapter:

16 (1) "Carrier" means an insurance company, health service corporation, hospital services  
17 corporation, medical services corporation or health maintenance organization authorized to issue  
18 health benefit plans in Rhode Island.

1 (2) "Council" means the mandated health insurance benefits advisory council.

2 (3) "Mandated health benefit" means a benefit that a carrier must provide as part of a health  
3 benefits plan, based on Rhode Island law, unless the benefit is also required by federal law.

4 (4) "Mandated provider" means a provider type that a carrier must include as part of a  
5 health benefits plan network, based on Rhode Island law, unless the provider mandate is also  
6 required by federal law.

7 **42-14.5-3. Mandated health insurance benefits advisory council.**

8 There is hereby created a mandated health insurance benefits advisory council, consisting  
9 of the following members:

10 (1) A representative from two (2) medical insurance companies, to be appointed by the  
11 health insurance commissioner.

12 (2) A representative from a Rhode Island sole proprietorship business, with less than one  
13 hundred (100) employees, to be appointed by the health insurance commissioner.

14 (3) A representative of a Rhode Island based employer, with between one hundred (100)  
15 and five hundred (500) employees, to be appointed by the health insurance commissioner.

16 (4) A representative of the Rhode Island Manufacturers Association.

17 (5) A representative from each Rhode Island chamber of commerce, with at least one  
18 hundred (100) members, to be appointed by the health insurance commissioner.

19 (6) Two (2) public members, to be appointed by the speaker of the house of representatives.

20 (7) Two (2) public members, to be appointed by the president of the senate.

21 **42-14.7-4. Review of mandated benefits or providers.**

22 (a) The council shall review existing benefit or provider mandates (retrospective review),  
23 and proposed benefit or provider mandates (prospective review), in accordance with the process  
24 established in subsections (b) and (c) of this section, and in accordance with the review criteria set  
25 forth in subsection (d) of this section.

26 (b) Retrospective review process;

27 (1) The council shall conduct retrospective review of all existing benefit or provider  
28 mandates every three (3) years, or three (3) years following the enactment of an existing mandate,  
29 whichever comes later.

30 (2) An existing mandate shall sunset sixty (60) days following the council's report to the  
31 general assembly, recommending the sunset of the mandate, unless the general assembly reenacts  
32 the mandate.

33 (3) The council shall solicit information and comments from consumers, government and  
34 private-sector employers, relevant provider associations, advocates for a particular mandate, other

1 state agencies, including, but not limited to, the executive office of health and human services  
2 (EOHHS), department of health (DOH), the department of behavioral healthcare, developmental  
3 disabilities and hospitals (BHDDH), the department of human services (DHS), the lieutenant  
4 governor's office and HealthSourceRI (HSRI), and other individuals and entities with relevant  
5 information concerning the mandate under review.

6 (4) The council may, at its discretion, conduct a focused report on any existing mandate at  
7 any time, based on new research, on medical efficacy of a mandate, or significant change in social  
8 or financial impact.

9 (c) Prospective review process:

10 (1) When any bill is introduced in the general assembly that would require a carrier to  
11 provide a mandated health benefit or require a health plan to include a specific provider type to be  
12 covered, the chairperson of the committee, to which the bill is referred, shall request the council to  
13 conduct an independent review of the proposed bill. The council shall conduct its review upon  
14 receipt by the council of adequate supporting documentation from the stakeholders seeking  
15 enactment of the bill, and upon a determination by the council, that the supporting documentation  
16 is complete.

17 (2) Any such legislation shall be accompanied by supporting documentation, detailing the  
18 public health, social and financial impact of the proposed mandate and its medical efficacy. If the  
19 proposed mandate will increase the cost of insurance premiums, the documentation must also  
20 include a proposal for how to fund the increased cost.

21 (3) The council shall solicit information and comments from consumers, government and  
22 private-sector employers, relevant provider associations, advocates for a particular mandate, other  
23 state agencies, including, but not limited to, EOHHS, DOH, BHDDH, DHS, the lieutenant  
24 governor's office and HSRI, and other individuals and entities with relevant information concerning  
25 the proposed mandate under review.

26 (4) The council shall report its findings and recommendations to the committee with  
27 jurisdiction over the bill, within six (6) months, following the council's determination that the  
28 supporting documentation is complete.

29 (5) The council's retrospective and prospective review must include a literature review and  
30 financial analysis, and must include consideration of stakeholder information and comments. The  
31 council's review shall include consideration of the following factors:

32 (i) Public health;

33 (ii) Impact of mandate on state's morbidity and mortality rates across subpopulations;

34 (iii) Impact of mandate on health disparities;

- 1           (iv) Social impact;
- 2           (v) Utilization;
- 3           (vi) Impact of mandate on use of treatment;
- 4           (vii) Encouragement of mandate on consumer use of appropriate treatment/service;
- 5           (viii) Whether the mandate is typically covered by insurers in the state, including the self-  
6 insured;
- 7           (ix) How relevant is the mandate to Rhode Island given the prevalence of a particular  
8 disease in the state;
- 9           (x) Whether there are providers in the state available to provide the particular service and  
10 how the mandate would impact the number and type of providers within the state;
- 11           (xi) Whether there are alternative ways for consumers to obtain coverage;
- 12           (xii) If and how lack of coverage impacts consumers' ability to afford and receive care;
- 13           (xiii) Whether individuals are avoiding care because of lack of coverage;
- 14           (xiv) Assessment of other states, regarding coverage of the proposed mandated benefit and  
15 estimated costs, when available;
- 16           (xv) Financial impact, including:
- 17           (A) General cost of the mandate;
- 18           (B) Costs to specific stakeholders, including, but not limited to, cost to individual  
19 consumers, governmental and private sector employers, and public programs;
- 20           (C) Impact of mandate on total cost of care and on administrative costs;
- 21           (D) Cost of not passing the mandate; and
- 22           (E) How the additional cost of the mandate would be funded; and
- 23           (xvi) Medical efficacy, including:
- 24           (A) Whether treatment falls within federally-defined essential health benefits;
- 25           (B) Effect in prevention or treatment of disease or disability;
- 26           (C) Recognition by the medical community as effective and efficacious;
- 27           (D) Demonstration by peer-reviewed scientific literature;
- 28           (E) Impact of service on overall quality of care provided; and
- 29           (F) The effects of balancing the social, financial and medical input.
- 30           **42-14.7-5. Cost of review funding.**
- 31           The council may assess carriers for the cost of any review conducted under this chapter, in  
32 accordance with § 42-14-10 (actuarial fund).

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

=====  
LC005858  
=====

EXPLANATION  
BY THE LEGISLATIVE COUNCIL  
OF

A N A C T

RELATING TO STATE AFFAIRS AND GOVERNMENT -- MANDATED HEALTH  
INSURANCE BENEFITS ADVISORY COUNCIL

\*\*\*

1           This act would create the mandated health insurance benefits advisory council, to analyze  
2 the state's current health insurance benefits mandates and to review retrospectively and  
3 prospectively the mandates. The reviews of both the current and new mandates would be based  
4 upon sound clinical and scientific medical evidence and would balance cost and benefits. The  
5 council would consider the medical efficacy, cost and social impact of each mandate and report its  
6 findings to the general assembly.

7           This act would take effect upon passage.

=====  
LC005858  
=====