2021 -- H 6019

STATE OF RHODE ISLAND
IN GENERAL ASSEMBLY
JANUARY SESSION, A.D. 2021

A N A C T

RELATING TO INSURANCE -- ACCIDENT AND SICKNESS INSURANCE POLICIES

Introduced By: Representatives Fogarty, Amore, Tanzi, Shalkross Smith, Ranglin-Vassell, Hull, and Messier
Date Introduced: February 26, 2021
Referred To: House Health & Human Services

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:


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

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

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

Hospital Service Corporations" is hereby amended to read as follows:


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

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

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:


(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.

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

Maintenance Organizations" is hereby amended to read as follows:

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

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

SECTION 5. This act shall take effect upon passage.
EXPLANATION
BY THE LEGISLATIVE COUNCIL
OF
A N A C T
RELATING TO INSURANCE -- ACCIDENT AND SICKNESS INSURANCE POLICIES

***

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