

2023 -- H 5283 SUBSTITUTE A

LC000686/SUB A

STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2023

A N A C T

**RELATING TO INSURANCE -- ACCIDENT AND SICKNESS INSURANCE POLICIES --
MAMMOGRAMS AND PAP SMEARS -- COVERAGE MANDATED**

Introduced By: Representatives Fogarty, Kazarian, Carson, Tanzi, Lima, Cotter, Spears,
Donovan, Henries, and McGaw

Date Introduced: February 01, 2023

Referred To: House Health & Human Services

It is enacted by the General Assembly as follows:

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

3 **27-18-41. Mammograms and pap smears — Coverage mandated.**

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

11 (A) Two ~~two~~ (2) screening mammograms per year when recommended by a physician for
12 women who have been treated for breast cancer within the last five (5) years or are at high risk of
13 developing breast cancer due to genetic predisposition (BRCA gene mutation or multiple first
14 degree relatives) or high risk lesion on prior biopsy (lobular carcinoma in situ) or atypical ductal
15 hyperplasia; and

16 (B) Any screening deemed medically necessary for proper breast cancer screening in
17 accordance with applicable American College of Radiology guidelines including, but not limited
18 to, magnetic resonance imaging, ultrasound, or molecular breast imaging for any person who has

1 [received notice pursuant to § 23-12.9-2 of the existence of dense breast tissue.](#)

2 (b) This section shall not apply to insurance coverage providing benefits for: (1) hospital
3 confinement indemnity; (2) disability income; (3) accident only; (4) long term care; (5) Medicare
4 supplement; (6) limited benefit health; (7) specified disease indemnity; (8) sickness or bodily injury
5 or death by accident or both; and (9) other limited benefit policies.

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

8 **27-19-20. Mammograms and pap smears — Coverage mandated.**

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

12 (b) Notwithstanding the provisions of this chapter, subscribers to any nonprofit hospital
13 service plan shall be afforded coverage for:

14 [\(1\) Two ~~two~~](#) (2) screening mammograms per year when recommended by a physician for
15 women who have been treated for breast cancer within the last five (5) years or who are at high risk
16 of developing breast cancer due to genetic predisposition (BRCA gene mutation or multiple first
17 degree relatives) or high risk lesion on prior biopsy (lobular carcinoma in situ) or atypical ductal
18 hyperplasia; [and](#)

19 [\(2\) Any screening deemed medically necessary for proper breast cancer screening in](#)
20 [accordance with applicable American College of Radiology guidelines including, but not limited](#)
21 [to, magnetic resonance imaging, ultrasound, or molecular breast imaging for any person who has](#)
22 [received notice pursuant to § 23-12.9-2 of the existence of dense breast tissue.](#)

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

25 **27-20-17. Mammograms and pap smears — Coverage mandated.**

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

29 (b) Notwithstanding the provisions of this chapter, subscribers to any nonprofit medical
30 service plan shall be afforded coverage for:

31 [\(1\) Two ~~two~~](#) (2) paid screening mammograms per year when recommended by a physician
32 for women who have been treated for breast cancer within the last five (5) years or who are at high
33 risk of developing breast cancer due to genetic predisposition (BRCA gene mutation or multiple
34 first degree relatives) or high risk lesion on prior biopsy (lobular carcinoma in situ) or atypical

1 ductal hyperplasia-; and

2 (2) Any screening deemed medically necessary for proper breast cancer screening in
3 accordance with applicable American College of Radiology guidelines including, but not limited
4 to, magnetic resonance imaging, ultrasound, or molecular breast imaging for any person who has
5 received notice pursuant to § 23-12.9-2 of the existence of dense breast tissue.

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

8 **27-41-30. Mammograms and pap smears — Coverage mandated.**

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

12 (b) Notwithstanding the provisions of this chapter, subscribers to any health maintenance
13 organization plan shall be afforded coverage for:

14 (1) Two ~~two~~ (2) paid screening mammograms per year when recommended by a physician
15 for women who have been treated for breast cancer within the last five (5) years or who are at high
16 risk of developing breast cancer due to genetic predisposition (BRCA gene mutation or multiple
17 first degree relatives) or high risk lesion on prior biopsy (lobular carcinoma in situ) or atypical
18 ductal hyperplasia-; and

19 (2) Any screening deemed medically necessary for proper breast cancer screening in
20 accordance with applicable American College of Radiology guidelines including, but not limited
21 to, magnetic resonance imaging, ultrasound, or molecular breast imaging for any person who has
22 received notice pursuant to § 23-12.9-2 of the existence of dense breast tissue.

23 SECTION 5. This act shall take effect on January 1, 2024.

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EXPLANATION
BY THE LEGISLATIVE COUNCIL
OF

A N A C T

RELATING TO INSURANCE -- ACCIDENT AND SICKNESS INSURANCE POLICIES --
MAMMOGRAMS AND PAP SMEARS -- COVERAGE MANDATED

1 This act would mandate insurance coverage for any screenings deemed medically
2 necessary for any person who has received notice of dense breast tissue.

3 This act would take effect on January 1, 2024.

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