STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2023

AN ACT

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:

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:

(A) 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

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

(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.

SECTION 2. Section 27-19-20 of the General Laws in Chapter 27-19 entitled "Nonprofit 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:

(1) 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

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

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:

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.

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

(1) 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

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

SECTION 4. Section 27-41-30 of the General Laws in Chapter 27-41 entitled “Health 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:

(1) 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

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

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

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

This act would take effect on January 1, 2024.