

2023 -- H 5351

LC000037

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

Introduced By: Representatives Alzate, Felix, Giraldo, Potter, Sanchez, Henries,
Speakman, Batista, and Kazarian

Date Introduced: February 03, 2023

Referred To: House Health & Human Services

It is enacted by the General Assembly as follows:

1 SECTION 1. Sections 27-18-30 and 27-18-52 of the General Laws in Chapter 27-18
2 entitled "Accident and Sickness Insurance Policies" are hereby amended to read as follows:

3 **27-18-30. Health insurance contracts — Infertility.**

4 (a) Any health insurance contract, plan, or policy delivered or issued for delivery or
5 renewed in this state, except contracts providing supplemental coverage to Medicare or other
6 governmental programs, that includes pregnancy-related benefits, shall provide coverage for
7 medically necessary expenses of diagnosis and treatment of infertility for women between the ages
8 of twenty-five (25) and forty-two (42) years, [including preimplantation genetic diagnosis \(PGD\) in](#)
9 [conjunction with in vitro fertilization \(IVF\)](#), and for standard fertility-preservation services when a
10 medically necessary medical treatment may directly or indirectly cause iatrogenic infertility to a
11 covered person. To the extent that a health insurance contract provides reimbursement for a test or
12 procedure used in the diagnosis or treatment of conditions other than infertility, the tests and
13 procedures shall not be excluded from reimbursement when provided attendant to the diagnosis
14 and treatment of infertility for women between the ages of twenty-five (25) and forty-two (42)
15 years; provided, that a subscriber co-payment not to exceed twenty percent (20%) may be required
16 for those programs and/or procedures the sole purpose of which is the treatment of infertility.

17 (b) For purposes of this section, "infertility" means the condition of an otherwise
18 presumably healthy individual who is unable to conceive or sustain a pregnancy during a period of
19 one year.

1 (c) For purposes of this section, “standard fertility-preservation services” means
2 procedures consistent with established medical practices and professional guidelines published by
3 the American Society for Reproductive Medicine, the American Society of Clinical Oncology, or
4 other reputable professional medical organizations.

5 (d) For purposes of this section, “iatrogenic infertility” means an impairment of fertility by
6 surgery, radiation, chemotherapy, or other medical treatment affecting reproductive organs or
7 processes.

8 (e) For purposes of this section, “may directly or indirectly cause” means treatment with a
9 likely side effect of infertility as established by the American Society for Reproductive Medicine,
10 the American Society of Clinical Oncology, or other reputable professional organizations.

11 (f) Notwithstanding the provisions of § 27-18-19 or any other provision to the contrary,
12 this section shall apply to blanket or group policies of insurance.

13 (g) The health insurance contract may limit coverage to a lifetime cap of one hundred
14 thousand dollars (\$100,000).

15 (h) For purposes of this section, "preimplantation genetic diagnosis" or "PGD" means a
16 technique used in conjunction with in vitro fertilization (IVF) to test embryos for specific genetic
17 disorders prior to their transfer to the uterus.

18 **27-18-52. Genetic testing.**

19 (a) Except as provided in chapter 37.3 of title 5, insurance administrators, health plans and
20 providers shall be prohibited from releasing genetic information without prior written authorization
21 of the individual. Written authorization shall be required for each disclosure and include to whom
22 the disclosure is being made. An exception shall exist for those participating in research settings
23 governed by the Federal Policy for the Protection of Human Research Subjects (also known as
24 “The Common Rule”). Tests conducted purely for research are excluded from the definition, as are
25 tests for somatic (as opposed to heritable) mutations, and testing for forensic purposes.

26 (b) No individual or group health insurance contract, plan, or policy delivered, issued for
27 delivery, or renewed in this state which provides health insurance medical coverage that includes
28 coverage for physician services in a physician’s office, and every policy which provides major
29 medical or similar comprehensive-type coverage excluding disability income, long term care and
30 insurance supplemental policies which only provide coverage for specified diseases or other
31 supplemental policies, shall:

32 (1) Use a genetic test or request for genetic tests or the results of a genetic test to reject,
33 deny, limit, cancel, refuse to renew, increase the rates of, affect the terms or conditions of, or affect
34 a group or an individual health insurance policy, contract, or plan;

1 (2) Request or require a genetic test for the purpose of determining whether or not to issue
2 or renew an individual's health benefits coverage, to set reimbursement/co-pay levels or determine
3 covered benefits and services;

4 (3) Release the results of a genetic test without the prior written authorization of the
5 individual from whom the test was obtained, except in a format whereby individual identifiers are
6 removed, encrypted, or encoded so that the identity of the individual is not disclosed. A recipient
7 of information pursuant to this section may use or disclose this information solely to carry out the
8 purpose for which the information was disclosed. Authorization shall be required for each
9 redisclosure; an exception shall exist for participating in research settings governed by the Federal
10 Policy for the Protection of Human Research Subjects (also known as "The Common Rule").

11 (4) Request or require information as to whether an individual has ever had a genetic test,
12 or participated in genetic testing of any kind, whether for clinical or research purposes.

13 (c) For the purposes of this section, "genetic testing" is the analysis of an individual's DNA,
14 RNA, chromosomes, proteins and certain metabolites in order to detect heritable disease-related
15 genotypes, mutations, phenotypes or karyotypes for clinical purposes. Those purposes include
16 predicting risk of disease, identifying carriers, establishing prenatal and clinical diagnosis or
17 prognosis. Prenatal, newborn and carrier screening, as well as testing in high risk families may be
18 included provided there is an approved release by a parent or guardian. Tests for metabolites are
19 covered only when they are undertaken with high probability that an excess of deficiency of the
20 metabolite indicates the presence of heritable mutations in single genes. "Genetic testing" does not
21 mean routine physical measurement, a routine chemical, blood, or urine analysis or a test for drugs
22 or for HIV infections.

23 (d) Any health insurance contract, plan, or policy delivered or issued for delivery or
24 renewed in this state, except contracts providing supplemental coverage to Medicare or other
25 governmental programs, that includes pregnancy-related benefits, shall provide coverage for the
26 expenses of diagnosis and treatment of infertility for women between the ages of twenty-five (25)
27 and forty-two (42) years, including preimplantation genetic diagnosis (PGD) in conjunction with
28 in vitro fertilization (IVF). For purposes of this section:

29 (1) "Preimplantation genetic diagnosis" or "PGD" means a technique used in conjunction
30 with in vitro fertilization (IVF) to test embryos for specific genetic disorders prior to their transfer
31 to the uterus;

32 (2) "Infertility" means the condition of an otherwise presumably healthy individual who is
33 unable to conceive or sustain a pregnancy during a period of one year.

34 SECTION 2. Sections 27-19-23 and 27-19-44 of the General Laws in Chapter 27-19

1 entitled "Nonprofit Hospital Service Corporations" are hereby amended to read as follows:

2 **27-19-23. Coverage for infertility.**

3 (a) Any nonprofit hospital service contract, plan, or insurance policies delivered, issued for
4 delivery, or renewed in this state, except contracts providing supplemental coverage to Medicare
5 or other governmental programs, that includes pregnancy-related benefits, shall provide coverage
6 for medically necessary expenses of diagnosis and treatment of infertility for women between the
7 ages of twenty-five (25) and forty-two (42) years, including preimplantation genetic diagnosis
8 (PGD) in conjunction with in vitro fertilization (IVF), and for standard fertility-preservation
9 services when a medically necessary medical treatment may directly or indirectly cause iatrogenic
10 infertility to a covered person. To the extent that a nonprofit hospital service corporation provides
11 reimbursement for a test or procedure used in the diagnosis or treatment of conditions other than
12 infertility, those tests and procedures shall not be excluded from reimbursement when provided
13 attendant to the diagnosis and treatment of infertility for women between the ages of twenty-five
14 (25) and forty-two (42) years; provided, that a subscriber copayment, not to exceed twenty percent
15 (20%), may be required for those programs and/or procedures the sole purpose of which is the
16 treatment of infertility.

17 (b) For purposes of this section, "infertility" means the condition of an otherwise
18 presumably healthy individual who is unable to conceive or sustain a pregnancy during a period of
19 one year.

20 (c) For purposes of this section, "standard fertility-preservation services" means
21 procedures consistent with established medical practices and professional guidelines published by
22 the American Society for Reproductive Medicine, the American Society of Clinical Oncology, or
23 other reputable professional medical organizations.

24 (d) For purposes of this section, "iatrogenic infertility" means an impairment of fertility by
25 surgery, radiation, chemotherapy, or other medical treatment affecting reproductive organs or
26 processes.

27 (e) For purposes of this section, "may directly or indirectly cause" means treatment with a
28 likely side effect of infertility as established by the American Society for Reproductive Medicine,
29 the American Society of Clinical Oncology, or other reputable professional organizations.

30 (f) The health insurance contract may limit coverage to a lifetime cap of one hundred
31 thousand dollars (\$100,000).

32 (g) For purposes of this section, "preimplantation genetic diagnosis" or "PGD" means a
33 technique used in conjunction with in vitro fertilization (IVF) to test embryos for specific genetic
34 disorders prior to their transfer to the uterus.

1 **27-19-44. Genetic testing.**

2 (a) Except as provided in chapter 37.3 of title 5, insurance administrators, health plans and
3 providers shall be prohibited from releasing genetic information without prior written authorization
4 of the individual. Written authorization shall be required for each disclosure and include to whom
5 the disclosure is being made. An exception shall exist for those participating in research settings
6 governed by the federal policy for the protection of human research subjects (also known as “The
7 Common Rule”). Tests conducted purely for research are excluded from the definition, as are tests
8 for somatic (as opposed to heritable) mutations, and testing for forensic purposes.

9 (b) No nonprofit health service corporation subject to the provisions of this chapter shall:

10 (1) Use a genetic test or request for a genetic test or the results of a genetic test or other
11 genetic information to reject, deny, limit, cancel, refuse to renew, increase the rates of, affect the
12 terms or conditions of, or affect a group or an individual’s health insurance policy, contract, or
13 plan;

14 (2) Request or require a genetic test for the purpose of determining whether or not to issue
15 or renew a group, individual health benefits coverage to set reimbursement/co-pay levels or
16 determine covered benefits and services;

17 (3) Release the results of a genetic test without the prior written authorization of the
18 individual from whom the test was obtained, except in a format by which individual identifiers are
19 removed, encrypted, or encoded so that the identity of the individual is not disclosed. A recipient
20 of information pursuant to this section may use or disclose the information solely to carry out the
21 purpose for which the information was disclosed. Authorization shall be required for each
22 redisclosure. An exception shall exist for participation in research settings governed by the federal
23 policy for the protection of human research subjects (also known as “The Common Rule”);

24 (4) Request or require information as to whether an individual has ever had a genetic test,
25 or participated in genetic testing of any kind, whether for clinical or research purposes.

26 (c) For the purposes of this section, “genetic testing” is the analysis of an individual’s DNA,
27 RNA, chromosomes, proteins and certain metabolites in order to detect heritable disease-related
28 genotypes, mutations, phenotypes or karyotypes for clinical purposes. These purposes include
29 predicating risk of disease, identifying carriers, establishing prenatal and clinical diagnosis or
30 prognosis. Prenatal, newborn and carrier screening, as well as testing in high risk families may be
31 included provided there is an approved release by a parent or guardian. Tests for metabolites are
32 covered only when they are undertaken with high probability that an excess or deficiency of the
33 metabolite indicates the presence of heritable mutations in single genes. “Genetic testing” does not
34 mean routine physical measurement, a routine chemical, blood, or urine analysis, or a test for drugs

1 or for HIV infection.

2 (d) Any health insurance contract, plan, or policy delivered or issued for delivery or
3 renewed in this state, except contracts providing supplemental coverage to Medicare or other
4 governmental programs, that includes pregnancy-related benefits, shall provide coverage for the
5 expenses of diagnosis and treatment of infertility for women between the ages of twenty-five (25)
6 and forty-two (42) years, including preimplantation genetic diagnosis (PGD) in conjunction with
7 in vitro fertilization (IVF). For purposes of this section:

8 (1) "Preimplantation genetic diagnosis" or "PGD" means a technique used in conjunction
9 with in vitro fertilization (IVF) to test embryos for specific genetic disorders prior to their transfer
10 to the uterus;

11 (2) "Infertility" means the condition of an otherwise presumably healthy individual who is
12 unable to conceive or sustain a pregnancy during a period of one year.

13 SECTION 3. Section 27-20-20 and 27-20-39 of the General Laws in Chapter 27-20 entitled
14 "Nonprofit Medical Service Corporations" are hereby amended to read as follows:

15 **27-20-20. Coverage for infertility.**

16 (a) Any nonprofit medical service contract, plan, or insurance policies delivered, issued for
17 delivery, or renewed in this state, except contracts providing supplemental coverage to Medicare
18 or other governmental programs, that includes pregnancy-related benefits, shall provide coverage
19 for the medically necessary expenses of diagnosis and treatment of infertility for women between
20 the ages of twenty-five (25) and forty-two (42) years, including preimplantation genetic diagnosis
21 (PGD) in conjunction with in vitro fertilization (IVF), and for standard fertility-preservation
22 services when a medically necessary medical treatment may directly or indirectly cause iatrogenic
23 infertility to a covered person. To the extent that a nonprofit medical service corporation provides
24 reimbursement for a test or procedure used in the diagnosis or treatment of conditions other than
25 infertility, those tests and procedures shall not be excluded from reimbursement when provided
26 attendant to the diagnosis and treatment of infertility for women between the ages of twenty-five
27 (25) and forty-two (42) years; provided, that subscriber copayment, not to exceed twenty percent
28 (20%), may be required for those programs and/or procedures the sole purpose of which is the
29 treatment of infertility.

30 (b) For purposes of this section, "infertility" means the condition of an otherwise
31 presumably healthy individual who is unable to conceive or sustain a pregnancy during a period of
32 one year.

33 (c) For purposes of this section, "standard fertility-preservation services" means
34 procedures consistent with established medical practices and professional guidelines published by

1 the American Society for Reproductive Medicine, the American Society of Clinical Oncology, or
2 other reputable professional medical organizations.

3 (d) For purposes of this section, “iatrogenic infertility” means an impairment of fertility by
4 surgery, radiation, chemotherapy, or other medical treatment affecting reproductive organs or
5 processes.

6 (e) For purposes of this section, “may directly or indirectly cause” means treatment with a
7 likely side effect of infertility as established by the American Society for Reproductive Medicine,
8 the American Society of Clinical Oncology, or other reputable professional organizations.

9 (f) The health insurance contract may limit coverage to a lifetime cap of one hundred
10 thousand dollars (\$100,000).

11 (g) For purposes of this section, "preimplantation genetic diagnosis" or "PGD" means a
12 technique used in conjunction with in vitro fertilization (IVF) to test embryos for specific genetic
13 disorders prior to their transfer to the uterus.

14 **27-20-39. Genetic testing.**

15 (a) Except as provided in chapter 37.3 of title 5, insurance administrators, health plans and
16 providers shall be prohibited from releasing genetic information without prior written authorization
17 of the individual. Written authorization shall be required for each disclosure and include to whom
18 the disclosure is being made. An exception shall exist for those participating in research settings
19 governed by the federal policy for the protection of human research subjects (also known as “The
20 Common Rule”). Tests conducted purely for research are excluded from the definition, as are tests
21 for somatic (as opposed to heritable) mutations, and testing for forensic purposes.

22 (b) No nonprofit health insurer subject to the provisions of this chapter shall:

23 (1) Use a genetic test or request for a genetic test or the results of a genetic test to reject,
24 deny, limit, cancel, refuse to renew, increase the rates of, affect the terms or conditions of, or affect
25 a group or individual’s health insurance policy, contract, or plan;

26 (2) Request or require a genetic test for the purpose of determining whether or not to issue
27 or renew health benefits coverage, to set reimbursement/co-pay levels or determine covered
28 benefits and services;

29 (3) Release the results of a genetic test without the prior written authorization of the
30 individual from whom the test was obtained, except in a format by which individual identifiers are
31 removed, encrypted, or encoded so that the identity of the individual is not disclosed. A recipient
32 of information pursuant to this section may use or disclose the information solely to carry out the
33 purpose for which the information was disclosed. Authorization shall be required for each
34 redisclosure. An exception shall exist for participation in research settings governed by the federal

1 policy for the protection of human research subjects (also known as “The Common Rule”); or

2 (4) Request or require information as to whether an individual has ever had a genetic test,
3 or participated in genetic testing of any kind, whether for clinical or research purposes.

4 (c) For the purposes of this section, “genetic testing” is the analysis of an individual’s DNA,
5 RNA, chromosomes, proteins and certain metabolites in order to detect heritable disease-related
6 genotypes, mutations, phenotypes or karyotypes for clinical purposes. Those purposes include
7 predicting risk of disease, identifying carriers, establishing prenatal and clinical diagnosis or
8 prognosis. Prenatal, newborn and carrier screening, as well as testing in high risk families may be
9 included provided there is an approved release by a parent or guardian. Tests for metabolites are
10 covered only when they are undertaken with high probability that an excess of deficiency of the
11 metabolite indicates the presence of heritable mutations in single genes. “Genetic testing” does not
12 mean routine physical measurement, a routine chemical, blood, or urine analysis or a test for drugs
13 or for HIV infections.

14 (d) Any health insurance contract, plan, or policy delivered or issued for delivery or
15 renewed in this state, except contracts providing supplemental coverage to Medicare or other
16 governmental programs, that includes pregnancy-related benefits, shall provide coverage for the
17 expenses of diagnosis and treatment of infertility for women between the ages of twenty-five (25)
18 and forty-two (42) years, including preimplantation genetic diagnosis (PGD) in conjunction with
19 in vitro fertilization (IVF). For purposes of this section:

20 (1) "Preimplantation genetic diagnosis" or "PGD" means a technique used in conjunction
21 with in vitro fertilization (IVF) to test embryos for specific genetic disorders prior to their transfer
22 to the uterus;

23 (2) "Infertility" means the condition of an otherwise presumably healthy individual who is
24 unable to conceive or sustain a pregnancy during a period of one year.

25 SECTION 4. Sections 27-41-33 and 27-41-53 of the General Laws in Chapter 27-41
26 entitled "Health Maintenance Organizations" are hereby amended to read as follows:

27 **27-41-33. Coverage for infertility.**

28 (a) Any health maintenance organization service contract plan or policy delivered, issued
29 for delivery, or renewed in this state, except a contract providing supplemental coverage to
30 Medicare or other governmental programs, that includes pregnancy-related benefits, shall provide
31 coverage for medically necessary expenses of diagnosis and treatment of infertility for women
32 between the ages of twenty-five (25) and forty-two (42), including preimplantation genetic
33 diagnosis (PGD) in conjunction with in vitro fertilization (IVF), years and for standard fertility-
34 preservation services when a medically necessary medical treatment may directly or indirectly

1 cause iatrogenic infertility to a covered person. To the extent that a health maintenance organization
2 provides reimbursement for a test or procedure used in the diagnosis or treatment of conditions
3 other than infertility, those tests and procedures shall not be excluded from reimbursement when
4 provided attendant to the diagnosis and treatment of infertility for women between the ages of
5 twenty-five (25) and forty-two (42) years; provided, that subscriber copayment, not to exceed
6 twenty percent (20%), may be required for those programs and/or procedures the sole purpose of
7 which is the treatment of infertility.

8 (b) For purposes of this section, “infertility” means the condition of an otherwise healthy
9 individual who is unable to conceive or sustain a pregnancy during a period of one year.

10 (c) For purposes of this section, “standard fertility-preservation services” means
11 procedures consistent with established medical practices and professional guidelines published by
12 the American Society for Reproductive Medicine, the American Society of Clinical Oncology, or
13 other reputable professional medical organizations.

14 (d) For purposes of this section, “iatrogenic infertility” means an impairment of fertility by
15 surgery, radiation, chemotherapy, or other medical treatment affecting reproductive organs or
16 processes.

17 (e) For purposes of this section, “may directly or indirectly cause” means treatment with a
18 likely side effect of infertility as established by the American Society for Reproductive Medicine,
19 the American Society of Clinical Oncology, or other reputable professional organizations.

20 (f) The health insurance contract may limit coverage to a lifetime cap of one hundred
21 thousand dollars (\$100,000).

22 (g) For purposes of this section, "preimplantation genetic diagnosis" or "PGD" means a
23 technique used in conjunction with in vitro fertilization (IVF) to test embryos for specific genetic
24 disorders prior to their transfer to the uterus.

25 **27-41-53. Genetic testing.**

26 (a) Except as provided in chapter 37.3 of title 5, insurance administrators, health plans and
27 providers shall be prohibited from releasing genetic information without prior written authorization
28 of the individual. Written authorization shall be required for each disclosure and include to whom
29 the disclosure is being made. An exception shall exist for those participating in research settings
30 governed by the federal policy for the protection of human research subjects (also known as “The
31 Common Rule”). Tests conducted purely for research are excluded from the definition, as are tests
32 for somatic (as opposed to heritable) mutations, and testing for forensic purposes.

33 (b) No health maintenance organization subject to the provisions of this chapter shall:

34 (1) Use a genetic test or request for genetic test the results of a genetic test to reject, deny,

1 limit, cancel, refuse to renew, increase the rates of, affect the terms or conditions of, or affect a
2 group or an individual's health insurance policy contract, or plan;

3 (2) Request or require a genetic test for the purpose of determining whether or not to issue
4 or renew an individual's health benefits coverage, to set reimbursement/co-pay levels or determine
5 covered benefits and services;

6 (3) Release the results of a genetic test without the prior written authorization of the
7 individual from whom the test was obtained, except in a format where individual identifiers are
8 removed, encrypted, or encoded so that the identity of the individual is not disclosed. A recipient
9 of information pursuant to this section may use or disclose the information solely to carry out the
10 purpose for which the information was disclosed. Authorization shall be required for each re-
11 disclosure. An exception shall exist for participation in research settings governed by the federal
12 policy for the protection of human research subjects (also known as "The Common Rule"); or

13 (4) Request or require information as to whether an individual has ever had a genetic test,
14 or participated in genetic testing of any kind, whether for clinical or research purposes.

15 (c) For the purposes of this section, "genetic testing" is the analysis of an individual's DNA,
16 RNA, chromosomes, protein and certain metabolites in order to detect heritable inheritable disease-
17 related genotypes, mutations, phenotypes or karyotypes for clinical purposes. Those purposes
18 include predicting risk of disease, identifying carriers, establishing prenatal and clinical diagnosis
19 or prognosis. Prenatal, newborn and carrier screening, and testing in high risk families may be
20 included provided there is an approved release by a parent or guardian. Tests for metabolites are
21 covered only when they are undertaken with high probability that an excess or deficiency of the
22 metabolite indicates the presence of heritable mutations in single genes. "Genetic testing" does not
23 mean routine physical measurement, a routine chemical, blood, or urine analysis or a test for drugs
24 or for HIV infections.

25 (d) Any health insurance contract, plan, or policy delivered or issued for delivery or
26 renewed in this state, except contracts providing supplemental coverage to Medicare or other
27 governmental programs, that includes pregnancy-related benefits, shall provide coverage for the
28 expenses of diagnosis and treatment of infertility for women between the ages of twenty-five (25)
29 and forty-two (42) years, including preimplantation genetic diagnosis (PGD) in conjunction with
30 in vitro fertilization (IVF). For purposes of this section:

31 (1) "Preimplantation genetic diagnosis" or "PGD" means a technique used in conjunction
32 with in vitro fertilization (IVF) to test embryos for specific genetic disorders prior to their transfer
33 to the uterus;

34 (2) "Infertility" means the condition of an otherwise presumably healthy individual who is

1 [unable to conceive or sustain a pregnancy during a period of one year.](#)

2 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

1 This act would mandate all insurance contracts, plans or policies provide insurance
2 coverage for the expense of diagnosing and treating infertility for women between the ages of
3 twenty-five and forty-two years including preimplantation genetic diagnosis (PGD) in conjunction
4 with in vitro fertilization (IVF).

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

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