

2019 -- H 5517

=====  
LC001371  
=====

STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2019

—————  
A N A C T

RELATING TO INSURANCE -- ACCIDENT AND SICKNESS INSURANCE POLICIES

Introduced By: Representatives Ackerman, Shekarchi, Roberts, Diaz, and Kennedy

Date Introduced: February 15, 2019

Referred To: House Health, Education & Welfare

It is enacted by the General Assembly as follows:

1 SECTION 1. Section 27-18-58 of the General Laws in Chapter 27-18 entitled "Accident  
2 and Sickness Insurance Policies" is hereby amended to read as follows:

3 **27-18-58. Prostate and colorectal examinations -- Coverage mandated.**

4 (a) Every ~~individual or group hospital or~~ accident and sickness insurance policy, medical  
5 expense insurance policy or ~~individual or group hospital or~~ medical services plan contract  
6 delivered, issued for delivery, or renewed in this state shall provide coverage for prostate and  
7 colorectal screening examinations and laboratory tests for cancer for any nonsymptomatic person  
8 covered under that policy or contract, in accordance with the current American Cancer Society  
9 guidelines. Provided, this section does not apply to insurance coverage providing benefits for: (1)  
10 hospital confinement indemnity; (2) disability income; (3) accident only; (4) long-term care; (5)  
11 Medicare supplement; (6) limited benefit health; (7) specific disease indemnity; (8) sickness or  
12 bodily injury or death by accident or both; and (9) other limited benefit policies.

13 (b) If an insured is forty-five (45) years of age or older, an insurer may not impose cost  
14 sharing on the coverage required by subsection (a) of this section and the coverage shall include,  
15 at a minimum:

16 (1) Fecal occult blood tests;

17 (2) Colonoscopies, including the removal of polyps during a screening procedure; or

18 (3) Double contrast barium enemas; and

19 (4) A colonoscopy, including the removal of polyps during the procedure, if the insured

1 has a positive result on any fecal test.

2 (c) If an insured is at high risk for colorectal cancer, the coverage required by subsection  
3 (a) of this section shall include colorectal cancer screening examinations and laboratory tests as  
4 recommended by the treating physician.

5 (d) For the purposes of subsection (c) of this section, an individual is at high risk for  
6 colorectal cancer if the individual has:

7 (1) A family medical history of colorectal cancer;

8 (2) A prior occurrence of cancer or precursor neoplastic polyps;

9 (3) A prior occurrence of a chronic digestive disease condition such as inflammatory  
10 bowel disease, Crohn's disease or ulcerative colitis; or

11 (4) Other predisposing factors.

12 (e) Subsection (b)(4) of this section shall not apply to a high deductible health plan  
13 described in 26 U.S.C. 223.

14 SECTION 2. Section 27-19-49 of the General Laws in Chapter 27-19 entitled "Nonprofit  
15 Hospital Service Corporations" is hereby amended to read as follows:

16 **27-19-49. Prostate and colorectal examinations -- Coverage mandated.**

17 (a) Subscribers to any nonprofit hospital service corporation plan shall be afforded  
18 coverage under the plan for prostate and colorectal examinations and laboratory tests for cancer  
19 for any nonsymptomatic person covered under the policy or ~~contract~~ plan, in accordance with the  
20 current American Cancer Society guidelines.

21 (b) If an insured is forty-five (45) years of age or older, an insurer or the corporation may  
22 not impose cost sharing on the coverage required by subsection (a) of this section and the  
23 coverage shall include, at a minimum:

24 (1) Fecal occult blood tests;

25 (2) Colonoscopies, including the removal of polyps during a screening procedure; or

26 (3) Double contrast barium enemas; and

27 (4) A colonoscopy, including the removal of polyps during the procedure, if the insured  
28 has a positive result on any fecal test.

29 (c) If an insured is at high risk for colorectal cancer, the coverage required by subsection  
30 (a) of this section shall include colorectal cancer screening examinations and laboratory tests as  
31 recommended by the treating physician.

32 (d) For the purposes of subsection (c) of this section, an individual is at high risk for  
33 colorectal cancer if the individual has:

34 (1) A family medical history of colorectal cancer;

- 1           (2) A prior occurrence of cancer or precursor neoplastic polyps;  
2           (3) A prior occurrence of a chronic digestive disease condition such as inflammatory  
3 bowel disease, Crohn's disease or ulcerative colitis; or  
4           (4) Other predisposing factors.  
5           (e) Subsection (b)(4) of this section does not apply to a high deductible health plan  
6 described in 26 U.S.C. 223.

7           SECTION 3. Section 27-20-44 of the General Laws in Chapter 27-20 entitled "Nonprofit  
8 Medical Service Corporations" is hereby amended to read as follows:

9           **27-20-44. Prostate and colorectal examinations -- Coverage mandated.**

10          (a) Subscribers to any nonprofit medical service corporation plan shall be afforded  
11 coverage under the plan for prostate and colorectal examinations and laboratory tests for cancer  
12 for any nonsymptomatic person covered under the policy or ~~contract~~ plan, in accordance with the  
13 current American Cancer Society guidelines.

14          (b) If an insured is forty-five (45) years of age or older, an insurer or the corporation may  
15 not impose cost sharing on the coverage required by subsection (a) of this section and the  
16 coverage shall include, at a minimum:

- 17           (1) Fecal occult blood tests;  
18           (2) Colonoscopies, including the removal of polyps during a screening procedure; or  
19           (3) Double contrast barium enemas; and  
20           (4) A colonoscopy, including the removal of polyps during the procedure, if the insured  
21 has a positive result on any fecal test.

22          (c) If an insured is at high risk for colorectal cancer, the coverage required by subsection  
23 (a) of this section shall include colorectal cancer screening examinations and laboratory tests as  
24 recommended by the treating physician.

25          (d) For the purposes of subsection (c) of this section, an individual is at high risk for  
26 colorectal cancer if the individual has:

- 27           (1) A family medical history of colorectal cancer;  
28           (2) A prior occurrence of cancer or precursor neoplastic polyps;  
29           (3) A prior occurrence of a chronic digestive disease condition such as inflammatory  
30 bowel disease, Crohn's disease or ulcerative colitis; or  
31           (4) Other predisposing factors.

32          (e) Subsection (b)(4) of this section does not apply to a high deductible health plan  
33 described in 26 U.S.C. 223.

34          SECTION 4. Section 27-41-60 of the General Laws in Chapter 27-41 entitled "Health

1 Maintenance Organizations" is hereby amended to read as follows:

2 **27-41-60. Prostate and colorectal examinations -- Coverage mandated.**

3 (a) Subscribers to any health maintenance organization plan shall be afforded coverage  
4 under that plan for prostate and colorectal examinations and laboratory tests for cancer for any  
5 nonsymptomatic person covered under the policy or ~~contract~~ plan, in accordance with the current  
6 American cancer society guidelines.

7 (b) If an insured is forty-five (45) years of age or older, an insurer or the organization  
8 may not impose cost sharing on the coverage required by subsection (a) of this section and the  
9 coverage shall include, at a minimum:

10 (1) Fecal occult blood tests;

11 (2) Colonoscopies, including the removal of polyps during a screening procedure; or

12 (3) Double contrast barium enemas; and

13 (4) A colonoscopy, including the removal of polyps during the procedure, if the insured  
14 has a positive result on any fecal test.

15 (c) If an insured is at high risk for colorectal cancer, the coverage required by subsection  
16 (a) of this section shall include colorectal cancer screening examinations and laboratory tests as  
17 recommended by the treating physician.

18 (d) For the purposes of subsection (c) of this section, an individual is at high risk for  
19 colorectal cancer if the individual has:

20 (1) A family medical history of colorectal cancer;

21 (2) A prior occurrence of cancer or precursor neoplastic polyps;

22 (3) A prior occurrence of a chronic digestive disease condition such as inflammatory  
23 bowel disease, Crohn's disease or ulcerative colitis; or

24 (4) Other predisposing factors.

25 (e) Subsection (b)(4) of this section does not apply to a high deductible health plan  
26 described in 26 U.S.C. 223.

27 SECTION 5. This act shall take effect upon passage and shall apply to policies or plans  
28 delivered, issued for delivery or renewed in this state on and after September 1, 2019.

=====  
LC001371  
=====

EXPLANATION  
BY THE LEGISLATIVE COUNCIL  
OF  
A N A C T  
RELATING TO INSURANCE -- ACCIDENT AND SICKNESS INSURANCE POLICIES

\*\*\*

1           This act would prohibit cost sharing for persons forty-five (45) years or older for  
2 colorectal screening examinations, laboratory tests and colonoscopies covered by health  
3 insurance policies or plans.

4           This act would take effect upon passage and would apply to policies or plans delivered,  
5 issued for delivery or renewed in this state on and after September 1, 2019.

=====  
LC001371  
=====