

HOUSE No. 00321

The Commonwealth of Massachusetts

PRESENTED BY:

John W. Scibak

To the Honorable Senate and House of Representatives of the Commonwealth of Massachusetts in General Court assembled:

The undersigned legislators and/or citizens respectfully petition for the passage of the accompanying bill:

An Act relative to insurance coverage for craniofacial disorders.

PETITION OF:

NAME:	DISTRICT/ADDRESS:
<i>Louis L. Kafka</i>	<i>8th Norfolk</i>
<i>Peter V. Kocot</i>	<i>1st Hampshire</i>
<i>James E. Timilty</i>	<i>Bristol and Norfolk</i>
<i>Cory Atkins</i>	<i>14th Middlesex</i>
<i>George Ross</i>	<i>2nd Bristol</i>
<i>David Paul Linsky</i>	<i>5th Middlesex</i>
<i>Stephen Kulik</i>	<i>1st Franklin</i>
<i>James Arciero</i>	<i>2nd Middlesex</i>
<i>Timothy R. Madden</i>	<i>Barnstable, Dukes and Nantucket</i>
<i>Kimberly Ferguson</i>	<i>1st Worcester</i>
<i>Geraldine Creedon</i>	<i>11th Plymouth</i>
<i>Thomas M. Stanley</i>	<i>9th Middlesex</i>
<i>Christine E. Canavan</i>	<i>10th Plymouth</i>
<i>Garrett J. Bradley</i>	<i>3rd Plymouth</i>
<i>James M. Cantwell</i>	<i>4th Plymouth</i>
<i>David M. Torrissi</i>	<i>14th Essex</i>
<i>Eileen M. Donoghue</i>	<i>First Middlesex</i>

Denise Andrews

2nd Franklin

HOUSE No. 00321

By Mr. John W Scibak of South Hadley, petition (accompanied by bill, House, No. 00321) of Denise Andrews and others relative to insurance coverage for craniofacial disorders. Joint Committee on Financial Services.

[SIMILAR MATTER FILED IN PREVIOUS SESSION
SEE
□ HOUSE
□ , NO. 1034 OF 2009-2010.]

The Commonwealth of Massachusetts

In the Year Two Thousand Eleven

An Act relative to insurance coverage for craniofacial disorders.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

- 1 SECTION 1. Chapter 175 of the General Laws, as appearing in the 2006 Official Edition, is
- 2 hereby amended by inserting after section 47U the following section:-
- 3 Section 47V. (a) Any individual policy of accident and sickness insurance pursuant to section
- 4 one hundred and eight and any group blanket policy of accident and sickness insurance issued
- 5 pursuant to section one hundred and ten shall provide coverage for medically necessary
- 6 functional repair or restoration of craniofacial disorders to improve the function of, or to
- 7 approximate the normal appearance of any abnormal structures caused by congenital defects,
- 8 developmental deformities, trauma, tumors, infections or disease. Coverage under this section
- 9 shall include the necessary care and treatment of medically diagnosed congenital defects and

10 birth abnormalities, including, but not limited to cleft lip, cleft palate, ectodermal dysplasia,
11 dentinogenesis imperfect, amelogenesis imperfectal, and other maxillofacial abnormalities.
12 Coverage shall not include cosmetic surgery or for dental or orthodontic treatment unrelated to
13 congenital defects, developmental deformities, trauma, tumors, infections or disease. All
14 coverage shall be subject to any deductible, cost-sharing, and policy or contract maximum
15 provisions, provided that they are no more restrictive for such services than for any injury or
16 sickness covered under the policy.

17 SECTION 2. Chapter 176A of the General Laws, as appearing in the 2006 Official Edition, is
18 hereby amended by inserting after section 8AA the following section:-

19 Section 8BB. (a) Any contract between a subscriber and the corporation under an individual or
20 group hospital service plan delivered, issued or renewed in the commonwealth shall provide, as
21 benefits to all individual subscribers and members within the commonwealth and to all group
22 members having a principal place of employment within the commonwealth, coverage for
23 medically necessary functional repair or restoration of craniofacial disorders to improve the
24 function of, or to approximate the normal appearance of any abnormal structures caused by
25 congenital defects, developmental deformities, trauma, tumors, infections or disease. Coverage
26 under this section shall include the necessary care and treatment of medically diagnosed
27 congenital defects and birth abnormalities, including, but not limited to cleft lip, cleft palate,
28 ectodermal dysplasia, dentinogenesis imperfect, amelogenesis imperfectal, and other
29 maxillofacial abnormalities. Coverage shall not include cosmetic surgery or for dental or
30 orthodontic treatment unrelated to congenital defects, developmental deformities, trauma,
31 tumors, infections or disease. All coverage shall be subject to any deductible, cost-sharing, and

32 policy or contract maximum provisions, provided that they are no more restrictive for such
33 services than for any injury or sickness covered under the policy.

34 SECTION 3. Chapter 176B of the General Laws, as appearing in the 2006 Official Edition, is
35 hereby amended by inserting after section 4Rthe following section:-

36 Section 4S. (a) Any subscription certificate under an individual or group medical service
37 agreement delivered, issued or renewed in the commonwealth shall provide, as benefits to all
38 individual subscribers and members within the commonwealth and to all group members having
39 a principal place of employment within the commonwealth, coverage for medically necessary
40 functional repair or restoration of craniofacial disorders to improve the function of, or to
41 approximate the normal appearance of any abnormal structures caused by congenital defects,
42 developmental deformities, trauma, tumors, infections or disease. Coverage under this section
43 shall include the necessary care and treatment of medically diagnosed congenital defects and
44 birth abnormalities, including, but not limited to cleft lip, cleft palate, ectodermal dysplasia,
45 dentinogenesis imperfect, amelogenesis imperfectal, and other maxillofacial abnormalities.
46 Coverage shall not include cosmetic surgery or for dental or orthodontic treatment unrelated to
47 congenital defects, developmental deformities, trauma, tumors, infections or disease. All
48 coverage shall be subject to any deductible, cost-sharing, and policy or contract maximum
49 provisions, provided that they are no more restrictive for such services than for any injury or
50 sickness covered under the policy.

51 SECTION 4. Chapter 176G of the General Laws, as appearing in the 2006 Official Edition, is
52 hereby amended by striking out section 4 and inserting in place thereof the following section:-

53 Section 4. A health maintenance contract shall provide coverage for:

54 (a) pregnant women, infants and children as set forth in section 47C of chapter 175;

55 (b) cardiac rehabilitation as set forth in section 47D of chapter 175;

56 (c) prenatal care, childbirth and postpartum care as set forth in section 47F of chapter 175;

57 (d) cytologic screening and mammographic examination as set forth in section 47G of chapter
58 175;

59 (e) diagnosis and treatment of infertility as set forth in section 47H of chapter 175;

60 (f) services rendered by a certified registered nurse anesthetist or nurse practitioner as set forth in
61 section 47Q of chapter 175, subject to the terms of a negotiated agreement between the health
62 maintenance organization and the provider of health care services as set forth in section 47V of
63 chapter 175; and

64 (g) medically necessary functional repair or restoration of craniofacial disorders to improve the
65 function of, or to approximate the normal appearance of any abnormal structures caused by
66 congenital defects, developmental deformities, trauma, tumors, infections or disease.

67 The dependent coverage of any such policy shall also provide coverage for medically necessary
68 early intervention services delivered by certified early intervention specialists, as defined in the
69 early intervention operational standards by the department of public health and in accordance
70 with applicable certification requirements. Such medically necessary services shall be provided
71 by early intervention specialists who are working in early intervention programs certified by the
72 department of public health, as provided in sections 1 and 2 of chapter 111G, for children from
73 birth until their third birthday. Reimbursement of costs for such services shall be part of a basic

74 benefits package offered by the insurer or a third party, with a maximum benefit of \$5,200 per
75 year per child and an aggregate benefit of \$15,600 over the total enrollment period.