

HOUSE No. 4935

The Commonwealth of Massachusetts

HOUSE OF REPRESENTATIVES, July 26, 2010.

The committee on Ways and Means to whom was referred the petition (accompanied by bill House, No. 3809), reports recommending that the accompanying bill (House, No. 4935) ought to pass.

For the committee,

CHARLES A. MURPHY

The Commonwealth of Massachusetts

In the Year Two Thousand and Ten

An Act relative to insurance coverage for autism.

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 32A of the General Laws is hereby amended by adding the following
2 section:-

3 Section 25. (a) As used in this section the following words shall, unless the context clearly
4 requires otherwise, have the following meanings:-

5 “Actuary”, a person who is a member of American Academy of Actuaries and meets Academy’s
6 professional qualification standards for rendering an actuarial opinion related to health insurance
7 rate making,

8 “Applied behavior analysis”, the design, implementation and evaluation of environmental
9 modifications, using behavioral stimuli and consequences, to produce socially significant
10 improvement in human behavior, including the use of direct observation, measurement and
11 functional analysis of the relationship between environment and behavior.

12 “Autism services provider”, a person, entity or group that provides treatment of autism spectrum
13 disorders.

14 “Autism spectrum disorders”, any of the Pervasive Developmental Disorders as defined by the
15 most recent edition of the Diagnostic and Statistical Manual of Mental Disorders, including
16 Autistic Disorder, Asperger’s Disorder, and Pervasive Developmental Disorders Not Otherwise
17 Specified.

18 “Board certified behavior analyst”, a behavior analyst credentialed by the Behavior Analyst
19 Certification Board as a board certified behavior analyst.

20 “Diagnosis of autism spectrum disorders”, medically necessary assessments, evaluations
21 including neuropsychological evaluations, genetic testing or other tests to diagnose whether an
22 individual has 1 of the autism spectrum disorders.

23 “Habilitative or rehabilitative care”, professional, counseling and guidance services and
24 treatment programs, including but not limited to, applied behavior analysis supervised by a board
25 certified behavior analyst, that are necessary to develop, maintain and restore, to the maximum
26 extent practicable, the functioning of an individual.

27 “Pharmacy care”, medications prescribed by a licensed physician and health-related services
28 deemed medically necessary to determine the need or effectiveness of the medications, to the
29 same extent that pharmacy care is provided by the insurance policy for other medical conditions.

30 “Psychiatric care”, direct or consultative services provided by a psychiatrist licensed in the state
31 in which the psychiatrist practices.

32 “Psychological care”, direct or consultative services provided by a psychologist licensed in the
33 state in which the psychologist practices.

34 “Therapeutic care”, services provided by licensed or certified speech therapists, occupational
35 therapists, physical therapists or social workers.

36 “Treatment of Autism Spectrum Disorders”, includes the following care prescribed, provided or
37 ordered for an individual diagnosed with 1 of the autism spectrum disorders by a licensed
38 physician or a licensed psychologist who determines the care to be medically necessary:
39 habilitative or rehabilitative care; pharmacy care; psychiatric care; psychological care; and
40 therapeutic care.

41 (b) The commission shall provide to an active or retired employee of the commonwealth who is
42 insured under the group insurance commission benefits on a nondiscriminatory basis for the
43 diagnosis and treatment of Autism Spectrum Disorder in individuals.

44 (c) A health plan provided by the commission shall be in compliance with subsection (b) if the
45 plan does not contain any annual or lifetime dollar or unit of service limitation on coverage for
46 the diagnosis and treatment of Autism Spectrum Disorders which is less than any annual or

47 lifetime dollar or unit of service limitation imposed on coverage for the diagnosis and treatment
48 of physical conditions.

49 (d) This section shall not limit benefits that are otherwise available to an individual under a
50 health insurance policy.

51 (e) Coverage under this section shall not be subject to any limits on the number of visits an
52 individual may make to an autism services provider.

53 (f) This section shall not affect any obligation to provide services to an individual under an
54 individualized family service plan, an individualized education program or an individualized
55 service plan. Services related to autism spectrum disorder provided by school personnel pursuant
56 to an individualized education program are not subject to reimbursement under this section.

57 (g) An insurer, corporation or health maintenance organization shall be exempt from providing
58 coverage for habilitative or rehabilitative care required under this section and not covered by the
59 insurer, corporation or health maintenance organization as of December 31, 2010, if:

60 (1) an actuary, affiliated with the insurer, corporation or health maintenance organization
61 certifies in writing to the commissioner of insurance that:

62 (i) based on an analysis to be completed by each insurer, corporation or health maintenance
63 organization for the most recent experience period of at least 1 year's duration, the costs
64 associated with coverage of habilitative or rehabilitative care required under this section, and not
65 covered as of December 31, 2010, exceeded 1 per cent of the premiums charged over the
66 experience period by the insurer, corporation or health maintenance organization;

67 (ii) those costs solely would lead to an increase in average premiums charged of more than 1 per
68 cent for all insurance policies, subscription contracts or health care plans commencing on
69 inception or the next renewal date, based on the premium rating methodology and practices the
70 insurer, corporation or health maintenance organization employs; and

71 (iii) the commissioner of insurance approves the certification of the actuary.

72 (2) Notwithstanding the exemption allowed under paragraph (1) of this subsection, an insurer,
73 corporation or health maintenance organization may elect to continue to provide coverage for
74 habilitative or rehabilitative care required under this section.

75 SECTION 2. Chapter 175 of the General Laws is hereby amended by inserting after section 47Z
76 the following section:-

77 Section 47AA. (a) As used in this section the following words shall, unless the context clearly
78 requires otherwise, have the following meanings:-

79 “Actuary”, a person who is a member of American Academy of Actuaries and meets Academy’s
80 professional qualification standards for rendering an actuarial opinion related to health insurance
81 rate making,

82 “Applied behavior analysis”, the design, implementation and evaluation of environmental
83 modifications, using behavioral stimuli and consequences, to produce socially significant
84 improvement in human behavior, including the use of direct observation, measurement and
85 functional analysis of the relationship between environment and behavior.

86 “Autism services provider”, a person, entity or group that provides treatment of autism spectrum
87 disorders.

88 “Autism spectrum disorders”, any of the Pervasive Developmental Disorders as defined by the
89 most recent edition of the Diagnostic and Statistical Manual of Mental Disorders, including
90 Autistic Disorder, Asperger’s Disorder, and Pervasive Developmental Disorders Not Otherwise
91 Specified.

92 “Board certified behavior analyst”, a behavior analyst credentialed by the Behavior Analyst
93 Certification Board as a board certified behavior analyst.

94 “Diagnosis of autism spectrum disorders”, medically necessary assessments, evaluations
95 including neuropsychological evaluations, genetic testing or other tests to diagnose whether an
96 individual has 1 of the autism spectrum disorders.

97 “Habilitative or rehabilitative care”, professional, counseling and guidance services and
98 treatment programs, including but not limited to, applied behavior analysis supervised by a board
99 certified behavior analyst, that are necessary to develop, maintain and restore, to the maximum
100 extent practicable, the functioning of an individual.

101 “Pharmacy care”, medications prescribed by a licensed physician and health-related services
102 deemed medically necessary to determine the need or effectiveness of the medications, to the
103 same extent that pharmacy care is provided by the policy for other medical conditions.

104 “Psychiatric care”, direct or consultative services provided by a psychiatrist licensed in the state
105 in which the psychiatrist practices.

106 “Psychological care”, direct or consultative services provided by a psychologist licensed in the
107 state in which the psychologist practices.

108 “Therapeutic care”, services provided by licensed or certified speech therapists, occupational
109 therapists, physical therapists or social workers.

110 “Treatment of Autism Spectrum Disorders”, includes the following care prescribed, provided or
111 ordered for an individual diagnosed with 1 of the autism spectrum disorders by a licensed
112 physician or a licensed psychologist who determines the care to be medically necessary:
113 habilitative or rehabilitative care; pharmacy care; psychiatric care; psychological care; and
114 therapeutic care.

115 (b) An individual policy of accident and sickness insurance issued pursuant to section 108 that
116 provides hospital expense and surgical expense insurance and any group blanket or general
117 policy of accident and sickness insurance issued pursuant to section 110 that provides hospital
118 expense and surgical expense insurance, which is issued or renewed within or without the
119 commonwealth, shall provide benefits on a nondiscriminatory basis to residents of the
120 commonwealth and to all policyholders having a principal place of employment in the
121 commonwealth for the diagnosis and treatment of Autism Spectrum Disorder in individuals.

122 (c) Any such policy shall be in compliance with subsection (b) if the policy does not contain any
123 annual or lifetime dollar or unit of service limitation on coverage for the diagnosis and treatment
124 of Autism Spectrum Disorders which is less than any annual or lifetime dollar or unit of service
125 limitation imposed on coverage for the diagnosis and treatment of physical conditions.

126 (d) This section shall not limit benefits that are otherwise available to an individual under a
127 health insurance policy.

128 (e) Coverage under this section shall not be subject to any limits on the number of visits an
129 individual may make to an autism services provider.

130 (f) This section shall not affect any obligation to provide services to an individual under an
131 individualized family service plan, an individualized education program or an individualized

132 service plan. Services related to autism spectrum disorder provided by school personnel pursuant
133 to an individualized education program are not subject to reimbursement under this section.

134 (g) An insurer, corporation or health maintenance organization shall be exempt from providing
135 coverage for habilitative or rehabilitative care required under this section and not covered by the
136 insurer, corporation or health maintenance organization as of December 31, 2010, if:

137 (1) an actuary, affiliated with the insurer, corporation or health maintenance organization
138 certifies in writing to the commissioner of insurance that:

139 (i) based on an analysis to be completed by each insurer, corporation or health maintenance
140 organization for the most recent experience period of at least 1 year's duration, the costs
141 associated with coverage of habilitative or rehabilitative care required under this section, and not
142 covered as of December 31, 2010, exceeded 1 per cent of the premiums charged over the
143 experience period by the insurer, corporation or health maintenance organization;

144 (ii) those costs solely would lead to an increase in average premiums charged of more than 1 per
145 cent for all insurance policies, subscription contracts or health care plans commencing on
146 inception or the next renewal date, based on the premium rating methodology and practices the
147 insurer, corporation or health maintenance organization employs; and

148 (iii) the commissioner of insurance approves the certification of the actuary.

149 (2) Notwithstanding the exemption allowed under paragraph (1) of this subsection, an insurer,
150 corporation or health maintenance organization may elect to continue to provide coverage for
151 habilitative or rehabilitative care required under this section.

152 SECTION 3. Chapter 176A of the General Laws is hereby amended by inserting after section
153 8CC the following section:-

154 Section 8DD. (a) As used in this section the following words shall, unless the context clearly
155 requires otherwise, have the following meanings:-

156 "Actuary", a person who is a member of American Academy of Actuaries and meets Academy's
157 professional qualification standards for rendering an actuarial opinion related to health insurance
158 rate making,

159 “Applied behavior analysis”, the design, implementation and evaluation of environmental
160 modifications, using behavioral stimuli and consequences, to produce socially significant
161 improvement in human behavior, including the use of direct observation, measurement and
162 functional analysis of the relationship between environment and behavior.

163 “Autism services provider”, a person, entity or group that provides treatment of autism spectrum
164 disorders.

165 “Autism spectrum disorders”, any of the Pervasive Developmental Disorders as defined by the
166 most recent edition of the Diagnostic and Statistical Manual of Mental Disorders, including
167 Autistic Disorder, Asperger’s Disorder, and Pervasive Developmental Disorders Not Otherwise
168 Specified.

169 “Board certified behavior analyst”, a behavior analyst credentialed by the Behavior Analyst
170 Certification Board as a board certified behavior analyst.

171 “Diagnosis of autism spectrum disorders”, medically necessary assessments, evaluations
172 including neuropsychological evaluations, genetic testing or other tests to diagnose whether an
173 individual has 1 of the autism spectrum disorders.

174 “Habilitative or rehabilitative care”, professional, counseling and guidance services and
175 treatment programs, including but not limited to, applied behavior analysis supervised by a board
176 certified behavior analyst, that are necessary to develop, maintain and restore, to the maximum
177 extent practicable, the functioning of an individual.

178 “Pharmacy care”, medications prescribed by a licensed physician and health-related services
179 deemed medically necessary to determine the need or effectiveness of the medications, to the
180 same extent that pharmacy care is provided by the contract for other medical conditions.

181 “Psychiatric care”, direct or consultative services provided by a psychiatrist licensed in the state
182 in which the psychiatrist practices.

183 “Psychological care”, direct or consultative services provided by a psychologist licensed in the
184 state in which the psychologist practices.

185 “Therapeutic care”, services provided by licensed or certified speech therapists, occupational
186 therapists, physical therapists or social workers.

187 “Treatment of Autism Spectrum Disorders”, includes the following care prescribed, provided or
188 ordered for an individual diagnosed with 1 of the autism spectrum disorders by a licensed
189 physician or a licensed psychologist who determines the care to be medically necessary:
190 habilitative or rehabilitative care; pharmacy care; psychiatric care; psychological care; and
191 therapeutic care.

192 (b) A contract between a subscriber and the corporation under an individual or group hospital
193 service plan which is issued or renewed within or without the commonwealth shall provide
194 benefits on a nondiscriminatory basis to residents of the commonwealth and to all policyholders
195 having a principal place of employment in the commonwealth for the diagnosis and treatment of
196 Autism Spectrum Disorder in individuals.

197 (c) Any such contract shall be in compliance with subsection (b) if the contract does not contain
198 any annual or lifetime dollar or unit of service limitation on coverage for the diagnosis and
199 treatment of Autism Spectrum Disorders which is less than any annual or lifetime dollar or unit
200 of service limitation imposed on coverage for the diagnosis and treatment of physical conditions.

201 (d) This section shall not limit benefits that are otherwise available to an individual under a
202 health insurance policy.

203 (e) Coverage under this section shall not be subject to any limits on the number of visits an
204 individual may make to an autism services provider.

205 (f) This section shall not affect any obligation to provide services to an individual under an
206 individualized family service plan, an individualized education program or an individualized
207 service plan. Services related to autism spectrum disorder provided by school personnel pursuant
208 to an individualized education program are not subject to reimbursement under this section.

209 (g) An insurer, corporation or health maintenance organization shall be exempt from providing
210 coverage for habilitative or rehabilitative care required under this section and not covered by the
211 insurer, corporation or health maintenance organization as of December 31, 2010, if:

212 (1) an actuary, affiliated with the insurer, corporation or health maintenance organization
213 certifies in writing to the commissioner of insurance that:

214 (i) based on an analysis to be completed by each insurer, corporation or health maintenance
215 organization for the most recent experience period of at least 1 year’s duration, the costs

216 associated with coverage of habilitative or rehabilitative care required under this section, and not
217 covered as of December 31, 2010, exceeded 1 per cent of the premiums charged over the
218 experience period by the insurer, corporation or health maintenance organization;

219 (ii) those costs solely would lead to an increase in average premiums charged of more than 1 per
220 cent for all insurance policies, subscription contracts or health care plans commencing on
221 inception or the next renewal date, based on the premium rating methodology and practices the
222 insurer, corporation or health maintenance organization employs; and

223 (iii) the commissioner of insurance approves the certification of the actuary.

224 (2) Notwithstanding the exemption allowed under paragraph (1) of this subsection, an insurer,
225 corporation or health maintenance organization may elect to continue to provide coverage for
226 habilitative or rehabilitative care required under this section.

227 SECTION 4. Chapter 176B of the General Laws is hereby amended by inserting after section
228 4CC the following section:-

229 Section 4DD. (a) As used in this section the following words shall, unless the context clearly
230 requires otherwise, have the following meanings:-

231 “Actuary”, a person who is a member of American Academy of Actuaries and meets Academy’s
232 professional qualification standards for rendering an actuarial opinion related to health insurance
233 rate making,

234 “Applied behavior analysis”, the design, implementation and evaluation of environmental
235 modifications, using behavioral stimuli and consequences, to produce socially significant
236 improvement in human behavior, including the use of direct observation, measurement and
237 functional analysis of the relationship between environment and behavior.

238 “Autism services provider”, a person, entity or group that provides treatment of autism spectrum
239 disorders.

240 “Autism spectrum disorders”, any of the Pervasive Developmental Disorders as defined by the
241 most recent edition of the Diagnostic and Statistical Manual of Mental Disorders, including
242 Autistic Disorder, Asperger’s Disorder, and Pervasive Developmental Disorders Not Otherwise
243 Specified.

244 “Board certified behavior analyst”, a behavior analyst credentialed by the Behavior Analyst
245 Certification Board as a board certified behavior analyst.

246 “Diagnosis of autism spectrum disorders”, medically necessary assessments, evaluations
247 including neuropsychological evaluations, genetic testing or other tests to diagnose whether an
248 individual has 1 of the autism spectrum disorders.

249 “Habilitative or rehabilitative care”, professional, counseling and guidance services and
250 treatment programs, including but not limited to, applied behavior analysis supervised by a board
251 certified behavior analyst, that are necessary to develop, maintain and restore, to the maximum
252 extent practicable, the functioning of an individual.

253 “Pharmacy care”, medications prescribed by a licensed physician and health-related services
254 deemed medically necessary to determine the need or effectiveness of the medications, to the
255 same extent that pharmacy care is provided by the certificate for other medical conditions.

256 “Psychiatric care”, direct or consultative services provided by a psychiatrist licensed in the state
257 in which the psychiatrist practices.

258 “Psychological care”, direct or consultative services provided by a psychologist licensed in the
259 state in which the psychologist practices.

260 “Therapeutic care”, services provided by licensed or certified speech therapists, occupational
261 therapists, physical therapists or social workers.

262 “Treatment of Autism Spectrum Disorders”, includes the following care prescribed, provided or
263 ordered for an individual diagnosed with 1 of the autism spectrum disorders by a licensed
264 physician or a licensed psychologist who determines the care to be medically necessary:
265 habilitative or rehabilitative care; pharmacy care; psychiatric care; psychological care; and
266 therapeutic care.

267 (b) A subscription certificate under an individual or group medical service agreement which is
268 issued or renewed within or without the commonwealth shall provide benefits on a
269 nondiscriminatory basis to residents of the commonwealth and to all policyholders having a
270 principal place of employment in the commonwealth for the diagnosis and treatment of Autism
271 Spectrum Disorder in individuals.

272 (c) Any such certificate shall be in compliance with subsection (b) if the certificate does not
273 contain any annual or lifetime dollar or unit of service limitation on coverage for the diagnosis
274 and treatment of Autism Spectrum Disorders which is less than any annual or lifetime dollar or
275 unit of service limitation imposed on coverage for the diagnosis and treatment of physical
276 conditions.

277 (d) This section shall not limit benefits that are otherwise available to an individual under a
278 health insurance policy.

279 (e) Coverage under this section shall not be subject to any limits on the number of visits an
280 individual may make to an autism services provider.

281 (f) This section shall not affect any obligation to provide services to an individual under an
282 individualized family service plan, an individualized education program or an individualized
283 service plan. Services related to autism spectrum disorder provided by school personnel pursuant
284 to an individualized education program are not subject to reimbursement under this section.

285 (g) An insurer, corporation or health maintenance organization shall be exempt from providing
286 coverage for habilitative or rehabilitative care required under this section and not covered by the
287 insurer, corporation or health maintenance organization as of December 31, 2010, if:

288 (1) an actuary, affiliated with the insurer, corporation or health maintenance organization
289 certifies in writing to the commissioner of insurance that:

290 (i) based on an analysis to be completed by each insurer, corporation or health maintenance
291 organization for the most recent experience period of at least 1 year's duration, the costs
292 associated with coverage of habilitative or rehabilitative care required under this section, and not
293 covered as of December 31, 2010, exceeded 1 per cent of the premiums charged over the
294 experience period by the insurer, corporation or health maintenance organization;

295 (ii) those costs solely would lead to an increase in average premiums charged of more than 1 per
296 cent for all insurance policies, subscription contracts or health care plans commencing on
297 inception or the next renewal date, based on the premium rating methodology and practices the
298 insurer, corporation or health maintenance organization employs; and

299 (iii) the commissioner of insurance approves the certification of the actuary.

300 (2) Notwithstanding the exemption allowed under paragraph (1) of this subsection, an insurer,
301 corporation or health maintenance organization may elect to continue to provide coverage for
302 habilitative or rehabilitative care required under this section.

303 SECTION 5. Chapter 176G of the General Laws is hereby amended by inserting after section 4U
304 the following section:-

305 Section 4V. (a) As used in this section the following words shall, unless the context clearly
306 requires otherwise, have the following meanings:-

307 “Actuary”, a person who is a member of American Academy of Actuaries and meets Academy’s
308 professional qualification standards for rendering an actuarial opinion related to health insurance
309 rate making,

310 “Applied behavior analysis”, the design, implementation and evaluation of environmental
311 modifications, using behavioral stimuli and consequences, to produce socially significant
312 improvement in human behavior, including the use of direct observation, measurement and
313 functional analysis of the relationship between environment and behavior.

314 “Autism services provider”, a person, entity or group that provides treatment of autism spectrum
315 disorders.

316 “Autism spectrum disorders”, any of the Pervasive Developmental Disorders as defined by the
317 most recent edition of the Diagnostic and Statistical Manual of Mental Disorders, including
318 Autistic Disorder, Asperger’s Disorder, and Pervasive Developmental Disorders Not Otherwise
319 Specified.

320 “Board certified behavior analyst”, a behavior analyst credentialed by the Behavior Analyst
321 Certification Board as a board certified behavior analyst.

322 “Diagnosis of autism spectrum disorders”, medically necessary assessments, evaluations
323 including neuropsychological evaluations, genetic testing or other tests to diagnose whether an
324 individual has 1 of the autism spectrum disorders.

325 “Habilitative or rehabilitative care”, professional, counseling and guidance services and
326 treatment programs, including but not limited to, applied behavior analysis supervised by a board
327 certified behavior analyst, that are necessary to develop, maintain and restore, to the maximum
328 extent practicable, the functioning of an individual.

329 “Pharmacy care”, medications prescribed by a licensed physician and health-related services
330 deemed medically necessary to determine the need or effectiveness of the medications, to the
331 same extent that pharmacy care is provided by the contract for other medical conditions.

332 “Psychiatric care”, direct or consultative services provided by a psychiatrist licensed in the state
333 in which the psychiatrist practices.

334 “Psychological care”, direct or consultative services provided by a psychologist licensed in the
335 state in which the psychologist practices.

336 “Therapeutic care”, services provided by licensed or certified speech therapists, occupational
337 therapists, physical therapists or social workers.

338 “Treatment of Autism Spectrum Disorders”, includes the following care prescribed, provided or
339 ordered for an individual diagnosed with 1 of the autism spectrum disorders by a licensed
340 physician or a licensed psychologist who determines the care to be medically necessary:
341 habilitative or rehabilitative care; pharmacy care; psychiatric care; psychological care; and
342 therapeutic care.

343 (b) A health maintenance contract issued or renewed within or without the commonwealth shall
344 provide benefits on a nondiscriminatory basis to residents of the commonwealth and to all
345 policyholders having a principal place of employment in the commonwealth for the diagnosis
346 and treatment of Autism Spectrum Disorder in individuals.

347 (c) A health maintenance contract shall be in compliance with subsection (b) if the contract does
348 not contain any annual or lifetime dollar or unit of service limitation on coverage for the
349 diagnosis and treatment of Autism Spectrum Disorders which is less than any annual or lifetime
350 dollar or unit of service limitation imposed on coverage for the diagnosis and treatment of
351 physical conditions.

352 (d) This section shall not limit benefits that are otherwise available to an individual under a
353 health insurance policy.

354 (e) Coverage under this section shall not be subject to any limits on the number of visits an
355 individual may make to an autism services provider.

356 (f) This section shall not affect any obligation to provide services to an individual under an
357 individualized family service plan, an individualized education program or an individualized

358 service plan. Services related to autism spectrum disorder provided by school personnel pursuant
359 to an individualized education program are not subject to reimbursement under this section.

360 (g) An insurer, corporation or health maintenance organization shall be exempt from providing
361 coverage for habilitative or rehabilitative care required under this section and not covered by the
362 insurer, corporation or health maintenance organization as of December 31, 2010, if:

363 (1) an actuary, affiliated with the insurer, corporation or health maintenance organization
364 certifies in writing to the commissioner of insurance that:

365 (i) based on an analysis to be completed not more than once annually by each insurer,
366 corporation or health maintenance organization for the most recent experience period of at least 1
367 year's duration, the costs associated with coverage of habilitative or rehabilitative care required
368 under this section, and not covered as of December 31, 2010, exceeded 1 per cent of the
369 premiums charged over the experience period by the insurer, corporation or health maintenance
370 organization;

371 (ii) those costs solely would lead to an increase in average premiums charged of more than 1 per
372 cent for all insurance policies, subscription contracts or health care plans commencing on
373 inception or the next renewal date, based on the premium rating methodology and practices the
374 insurer, corporation or health maintenance organization employs; and

375 (iii) the commissioner of insurance approves the certification of the actuary.

376 (2) Notwithstanding the exemption allowed under paragraph (1) of this subsection, an insurer,
377 corporation or health maintenance organization may elect to continue to provide coverage for
378 habilitative or rehabilitative care required under this section.

379 SECTION 6. All policies, contracts and certificates of health insurance subject to the provisions
380 of section 25 of chapter 32A, section 47AA of chapter 175, section 8DD of chapter 176A,
381 section 4CC of chapter 176B, and section 4V of chapter 176G of the General Laws which are
382 delivered, issued or renewed on or after January 1, 2011 shall conform with the provisions of this
383 act. Form filings implementing this act shall be subject to the approval of the commissioner of
384 insurance.

385 SECTION 7. This act shall take effect on January 1, 2011.