HOUSE DOCKET, NO. 175 FILED ON: 1/11/2011

HOUSE . . . . . No. 321

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:

An Act relative to insurance coverage for craniofacial disorders.

PETITION OF:

NAME:	DISTRICT/ADDRESS:
John W. Scibak	*2nd Hampshire*
Louis L. Kafka	*8th Norfolk*
Peter V. Kocot	*1st Hampshire*
James E. Timilty	*[District]*
Cory Atkins	*14th Middlesex*
George T. Ross	*2nd Bristol*
David Paul Linsky	*5th Middlesex*
Stephen Kulik	*1st Franklin*
James Arciero	*2nd Middlesex*
Timothy R. Madden	*Barnstable, Dukes and Nantucket*
Kimberly N. Ferguson	*1st Worcester*
Geraldine M. Creedon	*11th Plymouth*
Thomas M. Stanley	*9th Middlesex*
Christine E. Canavan	*10th Plymouth*
Garrett J. Bradley	*3rd Plymouth*
James M. Cantwell	*4th Plymouth*

David M. Torrisi	*14th Essex*
Eileen M. Donoghue	□ *[District]* □
Denise Andrews	*2nd Franklin*

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By Mr. Scibak of South Hadley, a petition (accompanied by bill, House, No. 321) of John W. Scibak and others relative to insurance coverage for craniofacial disorders. Financial Services.

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

The Commonwealth of Massachusetts

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:

SECTION 1. Chapter 175 of the General Laws, as appearing in the 2006 Official Edition, is hereby amended by inserting after section 47U the following section:-

Section 47V. (a) Any individual policy of accident and sickness insurance pursuant to section one hundred and eight and any group blanket policy of accident and sickness insurance issued pursuant to section one hundred and ten shall provide coverage for medically necessary functional repair or restoration of craniofacial disorders to improve the function of, or to approximate the normal appearance of any abnormal structures caused by congenital defects, developmental deformities, trauma, tumors, infections or disease. Coverage under this section shall include the necessary care and treatment of medically diagnosed congenital defects and birth abnormalities, including, but not limited to cleft lip, cleft palate, ectodermal dysplasia, dentinogenesis imperfect, amelogenesis imperfectal, and other maxillofacial abnormalities. Coverage shall not include cosmetic surgery or for dental or orthodontic treatment unrelated to congenital defects, developmental deformities, trauma, tumors, infections or disease. All coverage shall be subject to any deductible, cost-sharing, and policy or contract maximum provisions, provided that they are no more restrictive for such services than for any injury or sickness covered under the policy.

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

19 Section 8BB. (a) Any contract between a subscriber and the corporation under an
20 individual or group hospital service plan delivered, issued or renewed in the commonwealth shall
21 provide, as benefits to all individual subscribers and members within the commonwealth and to
22 all group members having a principal place of employment within the commonwealth, coverage
23 for 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
35 Edition, is 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
52 Edition, is hereby amended by striking out section 4 and inserting in place thereof the following
53 section:-

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

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

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

57 (c) prenatal care, childbirth and postpartum care as set forth in section 47F of chapter
58 175;

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

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

62 (f) services rendered by a certified registered nurse anesthetist or nurse practitioner as set
63 forth in section 47Q of chapter 175, subject to the terms of a negotiated agreement between the
64 health maintenance organization and the provider of health care services as set forth in section
65 47V of chapter 175; and

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

69 The dependent coverage of any such policy shall also provide coverage for medically
70 necessary early intervention services delivered by certified early intervention specialists, as
71 defined in the early intervention operational standards by the department of public health and in
72 accordance with applicable certification requirements. Such medically necessary services shall
73 be provided by early intervention specialists who are working in early intervention programs
74 certified by the department of public health, as provided in sections 1 and 2 of chapter 111G, for
75 children from birth until their third birthday. Reimbursement of costs for such services shall be
76 part of a basic benefits package offered by the insurer or a third party, with a maximum benefit
77 of $5,200 per year per child and an aggregate benefit of $15,600 over the total enrollment period.