

HOUSE No. 4935

The Commonwealth of Massachusetts

In the Year Two Thousand 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
2 following section:-

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

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

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

18 “Board certified behavior analyst”, a behavior analyst credentialed by the Behavior
19 Analyst 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
28 services deemed medically necessary to determine the need or effectiveness of the medications,
29 to the same extent that pharmacy care is provided by the insurance policy for other medical
30 conditions.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

137 (g) An insurer, corporation or health maintenance organization shall be exempt from
138 providing coverage for habilitative or rehabilitative care required under this section and not

139 covered by the insurer, corporation or health maintenance organization as of December 31, 2010,
140 if:

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

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

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

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

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

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

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

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

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

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

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

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

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

178 “Habilitative or rehabilitative care”, professional, counseling and guidance services and
179 treatment programs, including but not limited to, applied behavior analysis supervised by a board

180 certified behavior analyst, that are necessary to develop, maintain and restore, to the maximum
181 extent practicable, the functioning of an individual.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

240 “Applied behavior analysis”, the design, implementation and evaluation of environmental
241 modifications, using behavioral stimuli and consequences, to produce socially significant

242 improvement in human behavior, including the use of direct observation, measurement and
243 functional analysis of the relationship between environment and behavior.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

302 (ii) those costs solely would lead to an increase in average premiums charged of more
303 than 1 per cent for all insurance policies, subscription contracts or health care plans commencing

304 on inception or the next renewal date, based on the premium rating methodology and practices
305 the insurer, corporation or health maintenance organization employs; and

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

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

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

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

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

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

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

323 “Autism spectrum disorders”, any of the Pervasive Developmental Disorders as defined
324 by the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders,

325 including Autistic Disorder, Asperger’s Disorder, and Pervasive Developmental Disorders Not
326 Otherwise Specified.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

387 SECTION 6. All policies, contracts and certificates of health insurance subject to the
388 provisions of section 25 of chapter 32A, section 47AA of chapter 175, section 8DD of chapter
389 176A, section 4CC of chapter 176B, and section 4V of chapter 176G of the General Laws which
390 are delivered, issued or renewed on or after January 1, 2011 shall conform with the provisions of
391 this act. Form filings implementing this act shall be subject to the approval of the commissioner
392 of insurance.

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