

HOUSE No. 953

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 adoption of the accompanying bill:

An Act relative to insurance coverage for craniofacial disorders.

PETITION OF:

NAME:	DISTRICT/ADDRESS:
<i>John W. Scibak</i>	<i>2nd Hampshire</i>
<i>Timothy R. Madden</i>	<i>Barnstable, Dukes and Nantucket</i>
<i>Peter V. Kocot</i>	<i>1st Hampshire</i>
<i>Louis L. Kafka</i>	<i>8th Norfolk</i>
<i>Paul Brodeur</i>	<i>32nd Middlesex</i>
<i>Thomas J. Calter</i>	<i>12th Plymouth</i>
<i>Paul McMurtry</i>	<i>11th Norfolk</i>
<i>Aaron Vega</i>	<i>5th Hampden</i>
<i>Angelo J. Puppolo, Jr.</i>	<i>12th Hampden</i>
<i>Jason M. Lewis</i>	<i>Fifth Middlesex</i>
<i>Ellen Story</i>	<i>3rd Hampshire</i>
<i>James E. Timilty</i>	<i>Bristol and Norfolk</i>
<i>Stephen Kulik</i>	<i>1st Franklin</i>
<i>Tom Sannicandro</i>	<i>7th Middlesex</i>
<i>John V. Fernandes</i>	<i>10th Worcester</i>
<i>Angelo L. D'Emilia</i>	<i>8th Plymouth</i>
<i>Jose F. Tosado</i>	<i>9th Hampden</i>

HOUSE No. 953

By Mr. Scibak of South Hadley, a petition (accompanied by bill, House, No. 953) of John W. Scibak and others relative to insurance coverage for craniofacial disorders. Financial Services.

The Commonwealth of Massachusetts

**In the One Hundred and Eighty-Ninth General Court
(2015-2016)**

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 32A of the General Laws, as so appearing, is hereby amended by
2 striking out section 17J, as amended by section 1 of chapter 234 of the acts of 2012, and inserting
3 in the place thereof the following section:-

4 Section 17J. The commission shall provide to any active or retired employee of the
5 commonwealth or spouse/dependent who is insured under the group insurance commission
6 coverage for the cost of treating the following medically diagnosed, congenital craniofacial
7 defects: ectodermal dysplasia, dentinogenesis imperfecta, amelogenesis imperfecta, and
8 congenital oligodontia and for the cost of treating cleft lip and cleft palate for children under the
9 age of 18. The coverage shall include benefits for medical, dental, oral and facial surgery,
10 surgical management and follow-up care by oral and plastic surgeons, orthodontic treatment and
11 management, preventative and restorative dentistry to ensure good health and adequate dental
12 structures for orthodontic treatment or prosthetic management therapy, speech therapy,
13 audiology and nutrition services, if such services are prescribed by the treating physician or

14 surgeon and such physician or surgeon certifies that such services are medically necessary and
15 consequent to the treatment of the medically diagnosed congenital craniofacial defects and birth
16 abnormalities. The coverage required by this section shall be subject to the terms and conditions
17 applicable to other benefits. Payment for dental or orthodontic treatment not related to the
18 management of the medically diagnosed congenital craniofacial defects and birth abnormalities
19 shall not be covered under this section.

20 SECTION 2. Chapter 118E of the General Laws, as so appearing, is hereby amended by
21 striking out section 10G, as amended by section 2 of chapter 234 of the acts of 2012, and
22 inserting in the place thereof the following section:-

23 Section 10G. The division shall cover the cost of treating the following medically
24 diagnosed congenital craniofacial defects: ectodermal dysplasia, dentinogenesis imperfecta,
25 amelogenesis imperfecta, and congenital oligodontia and for the cost of treating cleft lip and cleft
26 palate for children under the age of 18. The coverage shall include benefits for medical, dental,
27 oral and facial surgery, surgical management and follow-up care by oral and plastic surgeons,
28 orthodontic treatment and management, preventative and restorative dentistry to ensure good
29 health and adequate dental structures for orthodontic treatment or prosthetic management
30 therapy, speech therapy, audiology and nutrition services, if such services are prescribed by the
31 treating physician or surgeon and such physician or surgeon certifies that such services are
32 medically necessary and consequent to the treatment of the medically diagnosed congenital
33 craniofacial defects and birth abnormalities. The coverage required by this section shall be
34 subject to the terms and conditions applicable to other benefits. Payment for dental or
35 orthodontic treatment not related to the management of the medically diagnosed congenital
36 craniofacial defects and birth abnormalities shall not be covered under this section.

37 SECTION 3. Chapter 175 of the General Laws, as so appearing, is hereby amended by
38 striking out section 47BB, as amended by section 3 of chapter 234 of the acts of 2012, and
39 inserting in the place thereof the following section:-

40 Section 47CC. An individual policy of accident and sickness insurance issued under
41 section 108 that provides hospital expense and surgical expense insurance and any group blanket
42 or general policy of accident and sickness insurance issued under section 110 that provides
43 hospital expense and surgical expense insurance, which is issued or renewed within or without
44 the commonwealth, shall cover the cost of treating the following medically diagnosed congenital
45 craniofacial defects: ectodermal dysplasia, dentinogenesis imperfecta, amelogenesis imperfecta,
46 and congenital oligodontia and for the cost of treating cleft lip and cleft palate for children under
47 the age of 18. that covers a child under the age of 18 shall cover the cost of treating cleft lip and
48 cleft palate for the child. The coverage shall include benefits for medical, dental, oral and facial
49 surgery, surgical management and follow-up care by oral and plastic surgeons, orthodontic
50 treatment and management, preventative and restorative dentistry to ensure good health and
51 adequate dental structures for orthodontic treatment or prosthetic management therapy, speech
52 therapy, audiology and nutrition services, if such services are prescribed by the treating
53 physician or surgeon and such physician or surgeon certifies that such services are medically
54 necessary and consequent to the treatment of the medically diagnosed congenital craniofacial
55 defects and birth abnormalities. The coverage required by this section shall be subject to the
56 terms and conditions applicable to other benefits. Payment for dental or orthodontic treatment
57 not related to the management of the medically diagnosed congenital craniofacial defects and
58 birth abnormalities shall not be covered under this section.

59 SECTION 4. Chapter 176A of the General Laws, as so appearing, is hereby amended by
60 striking out section 8EE, as amended by section 3 of chapter 234 of the acts of 2012, and
61 inserting in the place thereof the following section:-

62 Section 8EE. A contract between a subscriber and the corporation under an individual or
63 group hospital service plan which provides hospital expense and surgical expense insurance,
64 except contracts providing supplemental coverage to Medicare or other governmental programs,
65 delivered, issued or renewed by agreement between the insurer and the policyholder, within or
66 without the commonwealth shall provide coverage for the cost of treating congenital craniofacial
67 defects and birth abnormalities including, but not limited to cleft lip, cleft palate, ectodermal
68 dysplasia, dentinogenesis imperfecta, amelogenesis imperfecta, and other maxillofacial
69 abnormalities for the child. The coverage shall include benefits for medical, dental, oral and
70 facial surgery, surgical management and follow-up care by oral and plastic surgeons, orthodontic
71 treatment and management, preventative and restorative dentistry to ensure good health and
72 adequate dental structures for orthodontic treatment or prosthetic management therapy, speech
73 therapy, audiology and nutrition services, if such services are prescribed by the treating
74 physician or surgeon and such physician or surgeon certifies that such services are medically
75 necessary and consequent to the treatment of the medically diagnosed congenital craniofacial
76 defects and birth abnormalities. The coverage required by this section shall be subject to the
77 terms and conditions applicable to other benefits. Payment for dental or orthodontic treatment
78 not related to the management of the medically diagnosed congenital craniofacial defects and
79 birth abnormalities shall not be covered under this section.

80 Section 8EE. A contract between a subscriber and the corporation under an individual or
81 group hospital service plan which provides hospital expense and surgical expense insurance,

82 except contracts providing supplemental coverage to Medicare or other governmental programs,
83 delivered, issued or renewed by agreement between the insurer and the policyholder, within or
84 without the commonwealth, shall cover the cost of treating the following medically diagnosed
85 congenital craniofacial defects: ectodermal dysplasia, dentinogenesis imperfecta, amelogenesis
86 imperfecta, and congenital oligodontia and for the cost of treating cleft lip and cleft palate for
87 children under the age of 18. The coverage shall include benefits for medical, dental, oral and
88 facial surgery, surgical management and follow-up care by oral and plastic surgeons, orthodontic
89 treatment and management, preventative and restorative dentistry to ensure good health and
90 adequate dental structures for orthodontic treatment or prosthetic management therapy, speech
91 therapy, audiology and nutrition services, if such services are prescribed by the treating
92 physician or surgeon and such physician or surgeon certifies that such services are consequent to
93 the treatment of the medically diagnosed congenital craniofacial defects and birth abnormalities.
94 The coverage required by this section shall be subject to the terms and conditions applicable to
95 other benefits. Payment for dental or orthodontic treatment not related to the management of the
96 medically diagnosed congenital craniofacial defects and birth abnormalities shall not be covered
97 under this section.

98 SECTION 5. Chapter 176B of the General Laws, as so appearing, is hereby amended by
99 striking out section 4EE, as amended by section 3 of chapter 234 of the acts of 2012, and
100 inserting in the place thereof the following section:-

101 Section 4GG. Any subscription certificate under an individual or group medical service
102 agreement, except certificates that provide supplemental coverage to Medicare or other
103 governmental programs, issued, delivered or renewed within or without the commonwealth, that
104 covers a child under the age of 18 shall provide coverage for the cost of treating the following

105 medically diagnosed congenital craniofacial defects: ectodermal dysplasia, dentinogenesis
106 imperfecta, amelogenesis imperfecta, and congenital oligodontia and for the cost of treating cleft
107 lip and cleft palate for children under the age of 18. The coverage shall include benefits for
108 medical, dental, oral and facial surgery, surgical management and follow-up care by oral and
109 plastic surgeons, orthodontic treatment and management, preventative and restorative dentistry to
110 ensure good health and adequate dental structures for orthodontic treatment or prosthetic
111 management therapy, speech therapy, audiology and nutrition services, if such services are
112 prescribed by the treating physician or surgeon and such physician or surgeon certifies that such
113 services are medically necessary and consequent to the treatment of the medically diagnosed
114 congenital craniofacial defects and birth abnormalities. The coverage required by this section
115 shall be subject to the terms and conditions applicable to other benefits. Payment for dental or
116 orthodontic treatment not related to the management of the medically diagnosed congenital
117 craniofacial defects and birth abnormalities shall not be covered under this section.

118 SECTION 6. Chapter 176G of the General Laws, as so appearing, is hereby amended by
119 striking out section 4W, as amended by section 3 of chapter 234 of the acts of 2012, and
120 inserting in the place thereof the following section:-

121 Section 4W. A health maintenance contract issued or renewed within or without the
122 commonwealth shall provide coverage for the cost of treating treating the following medically
123 diagnosed congenital craniofacial defects: ectodermal dysplasia, dentinogenesis imperfecta,
124 amelogenesis imperfecta, and congenital oligodontia and for the cost of treating cleft lip and cleft
125 palate for children under the age of 18. The coverage shall include benefits for medical, dental,
126 oral and facial surgery, surgical management and follow-up care by oral and plastic surgeons,
127 orthodontic treatment and management, preventative and restorative dentistry to ensure good

128 health and adequate dental structures for orthodontic treatment or prosthetic management
129 therapy, speech therapy, audiology and nutrition services, if such services are prescribed by the
130 treating physician or surgeon and such physician or surgeon certifies that such services are
131 medically necessary and consequent to the treatment of the medically diagnosed congenital
132 craniofacial defects and birth abnormalities. The coverage required by this section shall be
133 subject to the terms and conditions applicable to other benefits. Payment for dental or
134 orthodontic treatment not related to the management of the medically diagnosed congenital
135 craniofacial defects and birth abnormalities shall not be covered under this section.

136 SECTION 7. Chapter 176I of the General Laws, as so appearing, is hereby amended by
137 striking out section 12, as amended by section 3 of chapter 234 of the acts of 2012, and inserting
138 in the place thereof the following section:-

139 Section 12. An organization entering into a preferred provider contract shall provide
140 coverage for the cost of treating treating the following medically diagnosed congenital
141 craniofacial defects: ectodermal dysplasia, dentinogenesis imperfecta, amelogenesis imperfecta,
142 and congenital oligodontia and for the cost of treating cleft lip and cleft palate for children under
143 the age of 18. The coverage shall include benefits for medical, dental, oral and facial surgery,
144 surgical management and follow-up care by oral and plastic surgeons, orthodontic treatment and
145 management, preventative and restorative dentistry to ensure good health and adequate dental
146 structures for orthodontic treatment or prosthetic management therapy, speech therapy,
147 audiology and nutrition services, if such services are prescribed by the treating physician or
148 surgeon and such physician or surgeon certifies that such services are medically necessary and
149 consequent to the treatment of the medically diagnosed congenital craniofacial defects and birth
150 abnormalities. The coverage required by this section shall be subject to the terms and conditions

151 applicable to other benefits. Payment for dental or orthodontic treatment not related to the
152 management of the medically diagnosed congenital craniofacial defects and birth abnormalities
153 shall not be covered under this section.

154 SECTION 8. This act shall apply to all policies, contracts and certificates of health
155 insurance subject to chapters 32A, 118E, 175, 176A, 176B, 176G and 176I of the General Laws
156 which are delivered, issued or renewed on or after January 1, 2016.