

HOUSE No. 3969

The Commonwealth of Massachusetts

PRESENTED BY:

Natalie Higgins

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 providing insurance coverage for Alfi’s syndrome.

PETITION OF:

NAME:	DISTRICT/ADDRESS:	DATE ADDED:
<i>Natalie Higgins</i>	<i>4th Worcester</i>	<i>7/25/2017</i>

HOUSE No. 3969

By Ms. Higgins of Leominster, a petition (subject to Joint Rule 12) of Natalie Higgins relative to insurance coverage for Alfi’s syndrome. Financial Services.

The Commonwealth of Massachusetts

**In the One Hundred and Ninetieth General Court
(2017-2018)**

An Act providing insurance coverage for Alfi’s syndrome.

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 28. (a) For purposes of this section, the following terms shall have the following
4 meanings, unless the context clearly requires otherwise:

5 “Actuary”, a person who is a member of American Academy of Actuaries and meets the
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 “Alfi’s syndrome services provider”, a person, entity or group that provides treatment of
13 Alfi’s syndrome.

14 “Alfi’s syndrome”, a genetic condition also known as 9p deletion syndrome or
15 monosomy 9p.

16 “Board certified behavior analyst”, a behavior analyst credentialed by the behavior
17 analyst certification board as a board certified behavior analyst.

18 “Diagnosis of Alfi’s syndrome”, medically necessary assessments, evaluations including
19 neuropsychological evaluations, genetic testing or other tests to diagnose whether an individual
20 has Alfi’s syndrome.

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

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

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

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

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

35 “Treatment of Alfi’s syndrome”, includes the following care prescribed, provided or
36 ordered for an individual diagnosed with Alfi’s syndrome by a licensed physician or a licensed
37 psychologist who determines the care to be medically necessary: habilitative or rehabilitative
38 care; pharmacy care; psychiatric care; psychological care; and therapeutic care.

39 (b) The commission shall provide to an active or retired employee of the commonwealth
40 who is insured under the group insurance commission benefits on a nondiscriminatory basis for
41 the diagnosis and treatment of Alfi’s syndrome in individuals.

42 (c) A health plan provided by the commission shall be in compliance with subsection (b)
43 if the plan does not contain an annual or lifetime dollar or unit of service limitation on coverage
44 for the diagnosis and treatment of Alfi’s syndrome which is less than an annual or lifetime dollar
45 or unit of service limitation imposed on coverage for the diagnosis and treatment of physical
46 conditions.

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

49 (e) Coverage under this section shall not be subject to a limit on the number of visits an
50 individual may make to an Alfi’s syndrome services provider.

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

53 service plan. Services related to Alfi's syndrome provided by school personnel under an
54 individualized education program are not subject to reimbursement under this section.

55 (g) An insurer, corporation or health maintenance organization shall be exempt for a
56 period of 3 years from the requirement to provide coverage for habilitative or rehabilitative care
57 required under this section and not covered by the insurer, corporation or health maintenance
58 organization as of December 31, 2017, if:

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

61 (i) based on an analysis to be completed not more than once annually by each insurer,
62 corporation or health maintenance organization for the most recent experience period of at least 1
63 year's duration, the annual costs associated with coverage of habilitative or rehabilitative care
64 required under this section and not covered as of December 31, 2017, exceeded 1 per cent of the
65 premiums charged over the experience period by the insurer, corporation or health maintenance
66 organization;

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

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

72 (2) An exemption allowed under paragraph (1) shall apply for a 3-year coverage period
73 following inception or next renewal date of all insurance policies, subscription contracts or

74 health care plans issued or renewed during the 1-year period following the date of the exemption,
75 after which the insurer, corporation or health maintenance organization shall again provide
76 coverage for habilitative or rehabilitative care required under this section.

77 (3) Notwithstanding the exemption allowed under paragraph (1), an insurer, corporation
78 or health maintenance organization may elect to continue to provide coverage for habilitative or
79 rehabilitative care required under this section.

80 SECTION 2. Chapter 175 of the General Laws is hereby amended by inserting after
81 section 47II the following section:-

82 Section 47JJ. (a) For purposes of this section, the following terms shall have the
83 following meanings, unless the context clearly requires otherwise:

84 “Actuary”, a person who is a member of American Academy of Actuaries and meets the
85 academy’s professional qualification standards for rendering an actuarial opinion related to
86 health insurance rate making.

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

91 “Alfi’s syndrome services provider”, a person, entity or group that provides treatment of
92 Alfi’s syndrome.

93 “Alfi’s syndrome”, a genetic condition also known as 9p deletion syndrome or
94 monosomy 9p.

95 “Board certified behavior analyst”, a behavior analyst credentialed by the behavior
96 analyst certification board as a board certified behavior analyst.

97 “Diagnosis of Alfi’s syndrome”, medically necessary assessments, evaluations including
98 neuropsychological evaluations, genetic testing or other tests to diagnose whether an individual
99 has Alfi’s syndrome.

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

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

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

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

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

114 “Treatment of Alfi’s syndrome”, includes the following care prescribed, provided or
115 ordered for an individual diagnosed with Alfi’s syndrome by a licensed physician or a licensed

116 psychologist who determines the care to be medically necessary: habilitative or rehabilitative
117 care; pharmacy care; psychiatric care; psychological care; and therapeutic care.

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

125 (c) Such policy shall be in compliance with subsection (b) if the policy does not contain
126 annual or lifetime dollar or unit of service limitation on coverage for the diagnosis and treatment
127 of Alfi's syndrome which is less than an annual or lifetime dollar or unit of service limitation
128 imposed on coverage for the diagnosis and treatment of physical 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 a limit on the number of visits an
132 individual may make to an Alfi's syndrome services provider.

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

137 (g) An insurer, corporation or health maintenance organization shall be exempt for a
138 period of 3 years from the requirement to provide coverage for habilitative or rehabilitative care
139 required under this section and not covered by the insurer, corporation or health maintenance
140 organization as of December 31, 2017, 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 not more than once annually by each insurer,
144 corporation or health maintenance organization for the most recent experience period of at least 1
145 year's duration, the annual costs associated with coverage of habilitative or rehabilitative care
146 required under this section and not covered as of December 31, 2017, exceeded 1 per cent of the
147 premiums charged over the experience period by the insurer, corporation or health maintenance
148 organization;

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

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

154 (2) An exemption allowed under paragraph (1) shall apply for a 3-year coverage period
155 following inception or next renewal date of all insurance policies, subscription contracts or
156 health care plans issued or renewed during the 1-year period following the date of the exemption,
157 after which the insurer, corporation or health maintenance organization shall again provide
158 coverage for habilitative or rehabilitative care required under this section.

159 (3) Notwithstanding the exemption allowed under paragraph (1), an insurer, corporation
160 or health maintenance organization may elect to continue to provide coverage for habilitative or
161 rehabilitative care required under this section.

162 SECTION 3. Chapter 176A of the General Laws is hereby amended by inserting after
163 section 8KK the following section:-

164 Section 8LL. (a) For purposes of this section, the following terms shall have the
165 following meanings, unless the context clearly requires otherwise:

166 “Actuary”, a person who is a member of American Academy of Actuaries and meets the
167 academy’s professional qualification standards for rendering an actuarial opinion related to
168 health insurance rate making.

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

173 “Alfi’s syndrome services provider”, a person, entity or group that provides treatment of
174 Alfi’s syndrome.

175 “Alfi’s syndrome”, a genetic condition also known as 9p deletion syndrome or
176 monosomy 9p.

177 “Board certified behavior analyst”, a behavior analyst credentialed by the behavior
178 analyst certification board as a board certified behavior analyst.

179 “Diagnosis of Alfi’s syndrome”, medically necessary assessments, evaluations including
180 neuropsychological evaluations, genetic testing or other tests to diagnose whether an individual
181 has Alfi’s syndrome.

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

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

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

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

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

196 “Treatment of Alfi’s syndrome”, includes the following care prescribed, provided or
197 ordered for an individual diagnosed with Alfi’s syndrome by a licensed physician or a licensed
198 psychologist who determines the care to be medically necessary: habilitative or rehabilitative
199 care; pharmacy care; psychiatric care; psychological care; and therapeutic care.

200 (b) A contract between a subscriber and the corporation under an individual or group
201 hospital service plan which is issued or renewed within or without the commonwealth shall
202 provide benefits on a nondiscriminatory basis to residents of the commonwealth and to all
203 policyholders having a principal place of employment in the commonwealth for the diagnosis
204 and treatment of Alfi's syndrome in individuals.

205 (c) Such contract shall be in compliance with subsection (b) if the contract does not
206 contain annual or lifetime dollar or unit of service limitation on coverage for the diagnosis and
207 treatment of Alfi's syndrome which is less than an annual or lifetime dollar or unit of service
208 limitation imposed on coverage for the diagnosis and treatment of physical conditions.

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

211 (e) Coverage under this section shall not be subject to a limit on the number of visits an
212 individual may make to an Alfi's syndrome services provider.

213 (f) This section shall not affect an obligation to provide services to an individual under an
214 individualized family service plan, an individualized education program or an individualized
215 service plan. Services related to Alfi's syndrome provided by school personnel under an
216 individualized education program are not subject to reimbursement under this section.

217 (g) An insurer, corporation or health maintenance organization shall be exempt for a
218 period of 3 years from the requirement to provide coverage for habilitative or rehabilitative care
219 required under this section and not covered by the insurer, corporation or health maintenance
220 organization as of December 31, 2017, if:

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

223 (i) based on an analysis to be completed not more than once annually by each insurer,
224 corporation or health maintenance organization for the most recent experience period of at least 1
225 year's duration, the annual costs associated with coverage of habilitative or rehabilitative care
226 required under this section and not covered as of December 31, 2017, exceeded 1 per cent of the
227 premiums charged over the experience period by the insurer, corporation or health maintenance
228 organization;

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

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

234 (2) An exemption allowed under paragraph (1) shall apply for a 3 year coverage period
235 following inception or next renewal date of all insurance policies, subscription contracts or
236 health care plans issued or renewed during the 1-year period following the date of the exemption,
237 after which the insurer, corporation or health maintenance organization shall again provide
238 coverage for habilitative or rehabilitative care required under this section.

239 (3) Notwithstanding the exemption allowed under paragraph (1), an insurer, corporation
240 or health maintenance organization may elect to continue to provide coverage for habilitative or
241 rehabilitative care required under this section.

242 SECTION 4. Chapter 176B of the General Laws is hereby amended by inserting after
243 section 4KK the following section:-

244 Section 4LL. (a) For purposes of this section, the following terms shall have the
245 following meanings, unless the context clearly requires otherwise:

246 “Actuary”, a person who is a member of American Academy of Actuaries and meets the
247 academy’s professional qualification standards for rendering an actuarial opinion related to
248 health insurance rate making.

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

253 “Alfi’s syndrome services provider”, a person, entity or group that provides treatment of
254 Alfi’s syndrome.

255 “Alfi’s syndrome”, a genetic condition also known as 9p deletion syndrome or
256 monosomy 9p.

257 “Board certified behavior analyst”, a behavior analyst credentialed by the behavior
258 analyst certification board as a board certified behavior analyst.

259 “Diagnosis of Alfi’s syndrome”, medically necessary assessments, evaluations including
260 neuropsychological evaluations, genetic testing or other tests to diagnose whether an individual
261 has Alfi’s syndrome.

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

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

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

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

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

276 “Treatment of Alfi’s syndrome”, includes the following care prescribed, provided or
277 ordered for an individual diagnosed with Alfi’s syndrome by a licensed physician or a licensed
278 psychologist who determines the care to be medically necessary: habilitative or rehabilitative
279 care; pharmacy care; psychiatric care; psychological care; and therapeutic care.

280 (b) A subscription certificate under an individual or group medical service agreement
281 which is issued or renewed within or without the commonwealth shall provide benefits on a
282 nondiscriminatory basis to residents of the commonwealth and to all policyholders having a

283 principal place of employment in the commonwealth for the diagnosis and treatment of Alfi's
284 syndrome in individuals.

285 (c) Such certificate shall be in compliance with subsection (b) if the certificate does not
286 contain annual or lifetime dollar or unit of service limitation on coverage for the diagnosis and
287 treatment of Alfi's syndrome which is less than an annual or lifetime dollar or unit of service
288 limitation imposed on coverage for the diagnosis and treatment of physical conditions.

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

291 (e) Coverage under this section shall not be subject to a limit on the number of visits an
292 individual may make to an Alfi's syndrome services provider.

293 (f) This section shall not affect an obligation to provide services to an individual under an
294 individualized family service plan, an individualized education program or an individualized
295 service plan. Services related to Alfi's syndrome provided by school personnel under an
296 individualized education program are not subject to reimbursement under this section.

297 (g) An insurer, corporation or health maintenance organization shall be exempt for a
298 period of 3 years from the requirement to provide coverage for habilitative or rehabilitative care
299 required under this section and not covered by the insurer, corporation or health maintenance
300 organization as of December 31, 2017, if:

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

303 (i) based on an analysis to be completed not more than once annually by each insurer,
304 corporation or health maintenance organization for the most recent experience period of at least 1
305 year's duration, the annual costs associated with coverage of habilitative or rehabilitative care
306 required under this section and not covered as of December 31, 2017, exceeded 1 per cent of the
307 premiums charged over the experience period by the insurer, corporation or health maintenance
308 organization;

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

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

314 (2) An exemption allowed under paragraph (1) shall apply for a 3 year coverage period
315 following inception or next renewal date of all insurance policies, subscription contracts or
316 health care plans issued or renewed during the 1-year period following the date of the exemption,
317 after which the insurer, corporation or health maintenance organization shall again provide
318 coverage for habilitative or rehabilitative care required under this section.

319 (3) Notwithstanding the exemption allowed under paragraph (1), an insurer, corporation
320 or health maintenance organization may elect to continue to provide coverage for habilitative or
321 rehabilitative care required under this section.

322 SECTION 5. Chapter 176G of the General Laws is hereby amended by inserting after
323 section 4CC the following section:-

324 Section 4DD. (a) For purposes of this section, the following terms shall have the
325 following meanings, unless the context clearly requires otherwise:

326 “Actuary”, a person who is a member of American Academy of Actuaries and meets the
327 academy’s professional qualification standards for rendering an actuarial opinion related to
328 health insurance rate making.

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

333 “Alfi’s syndrome services provider”, a person, entity or group that provides treatment of
334 Alfi’s syndrome.

335 “Alfi’s syndrome”, a genetic condition also known as 9p deletion syndrome or
336 monosomy 9p.

337 “Board certified behavior analyst”, a behavior analyst credentialed by the behavior
338 analyst certification board as a board certified behavior analyst.

339 “Diagnosis of Alfi’s syndrome”, medically necessary assessments, evaluations including
340 neuropsychological evaluations, genetic testing or other tests to diagnose whether an individual
341 has Alfi’s syndrome.

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

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

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

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

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

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

356 “Treatment of Alfi’s syndrome”, includes the following care prescribed, provided or
357 ordered for an individual diagnosed with Alfi’s syndrome by a licensed physician or a licensed
358 psychologist who determines the care to be medically necessary: habilitative or rehabilitative
359 care; pharmacy care; psychiatric care; psychological care; and therapeutic care.

360 (b) A health maintenance contract issued or renewed within or without the
361 commonwealth shall provide benefits on a nondiscriminatory basis to residents of the
362 commonwealth and to all policyholders having a principal place of employment in the
363 commonwealth for the diagnosis and treatment of Alfi’s syndrome in individuals.

364 (c) Such health maintenance contract shall be in compliance with subsection (b) if the
365 contract does not contain annual or lifetime dollar or unit of service limitation on coverage for
366 the diagnosis and treatment of Alfi's syndrome which is less than an annual or lifetime dollar or
367 unit of service limitation imposed on coverage for the diagnosis and treatment of physical
368 conditions.

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

371 (e) Coverage under this section shall not be subject to a limit on the number of visits an
372 individual may make to an Alfi's syndrome services provider.

373 (f) This section shall not affect an obligation to provide services to an individual under an
374 individualized family service plan, an individualized education program or an individualized
375 service plan. Services related to Alfi's syndrome provided by school personnel under an
376 individualized education program are not subject to reimbursement under this section.

377 (g) An insurer, corporation or health maintenance organization shall be exempt for a
378 period of 3 years from the requirement to provide coverage for habilitative or rehabilitative care
379 required under this section and not covered by the insurer, corporation or health maintenance
380 organization as of December 31, 2017, if:

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

383 (i) based on an analysis to be completed not more than once annually by each insurer,
384 corporation or health maintenance organization for the most recent experience period of at least 1

385 year's duration, the annual costs associated with coverage of habilitative or rehabilitative care
386 required under this section and not covered as of December 31, 2017, exceeded 1 per cent of the
387 premiums charged over the experience period by the insurer, corporation or health maintenance
388 organization;

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

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

394 (2) An exemption allowed under paragraph (1) shall apply for a 3 year coverage period
395 following inception or next renewal date of all insurance policies, subscription contracts or
396 health care plans issued or renewed during the 1-year period following the date of the exemption,
397 after which the insurer, corporation or health maintenance organization shall again provide
398 coverage for habilitative or rehabilitative care required under this section.

399 (3) Notwithstanding the exemption allowed under paragraph (1), an insurer, corporation
400 or health maintenance organization may elect to continue to provide coverage for habilitative or
401 rehabilitative care required under this section.

402 SECTION 6. All policies, contracts and certificates of health insurance subject to section
403 28 of chapter 32A, section 47JJ of chapter 175, section 8LL of chapter 176A, section 4LL of
404 chapter 176B, and section 4DD of chapter 176G of the General Laws which are delivered, issued
405 or renewed on or after January 1, 2018 shall conform with the provisions of this act. Form filings
406 implementing this act shall be subject to the approval of the commissioner of insurance.

SECTION 7. This act shall take effect on January 1, 2018.