

**HOUSE . . . . . No. 999**

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**The Commonwealth of Massachusetts**

PRESENTED BY:

*Natalie M. 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 M. Higgins</i>	<i>4th Worcester</i>	<i>1/15/2019</i>
<i>James K. Hawkins</i>	<i>2nd Bristol</i>	<i>2/1/2019</i>

**HOUSE . . . . . No. 999**

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By Ms. Higgins of Leominster, a petition (accompanied by bill, House, No. 999) of Natalie M. Higgins and James K. Hawkins relative to insurance coverage for Alfi’s syndrome. Financial Services.

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[SIMILAR MATTER FILED IN PREVIOUS SESSION  
SEE HOUSE, NO. 3969 OF 2017-2018.]

**The Commonwealth of Massachusetts**

—————  
**In the One Hundred and Ninety-First General Court  
(2019-2020)**  
—————

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, 2019, 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, 2019, 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, 2019, 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, 2019, 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, 2019, 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, 2019, 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, 2019, 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, 2019, 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, 2019, 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, 2019, 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.

407 SECTION 7. This act shall take effect on January 1, 2020.