

CHAPTER 175. INSURANCE

PROVISIONS RESPECTING DOMESTIC COMPANIES

Organization

Chapter 175: Section 47C. Dependent coverage for newborn infants or adoptive children; inclusion in policies of accident and sickness insurance

Section 47C. Any blanket or general policy of insurance described in subdivision (A), (C), or (D) of section one hundred and ten which provides hospital expense and surgical expense insurance, which provides for dependent coverage, and which is delivered or issued for delivery or subsequently renewed by agreement between the insurer and the policyholder, within or without the commonwealth, or any policy of accident and sickness insurance as described in section one hundred and eight which provides hospital expense and surgical expense insurance, which provides for dependent coverage, and which is delivered or issued for delivery or subsequently renewed by agreement between the insurer and the policyholder in the commonwealth, or any employees' health and welfare fund which provides hospital expense and surgical expense benefits, which provides for dependent coverage, and which is issued or renewed to any person or group of persons in the commonwealth shall include as insured members of the blanket general policy, policy of accident and sickness, or fund, newborn infants and newborn infants of a dependent of a policyholder domiciled in the commonwealth or a beneficiary domiciled in the commonwealth of a fund immediately from the moment of birth and thereafter. Any such policy shall also include as insured members of the blanket general policy, policy of accident or sickness, or fund, adoptive children of a policyholder domiciled in the commonwealth or beneficiary of a fund domiciled in the commonwealth immediately from the date of the filing of a petition to adopt under chapter two hundred and ten and thereafter if the child has been residing in the home of the policyholder or beneficiary as a foster child for whom the holder or beneficiary has been receiving foster care payments, or, in all other cases, immediately from the date of placement by a licensed placement agency of the child for purposes of adoption in the home of a policyholder or beneficiary and thereafter. The coverage for newly born infants and adoptive children shall consist of coverage of injury or sickness including the necessary care and treatment of medically diagnosed congenital defects and birth abnormalities, or premature birth. Such coverage shall also include those special medical formulas which are approved by the commissioner of the department of public health, prescribed by a physician, and are medically necessary for treatment of phenylketonuria, tyrosinemia, homocystinuria, maple syrup urine disease, propionic acidemia, or methylmalonic acidemia in infants and children or medically necessary to protect the unborn fetuses of pregnant women with phenylketonuria. Such coverage shall also include screening for lead poisoning as required by the regulations promulgated pursuant to section one hundred and ninety-three of chapter one hundred and eleven. If payment of a specific premium is required to provide coverage for a child, the policy or contract may require that notification of birth

of a newly born child or of filing of a petition to adopt a foster child or of placement of a child for purposes of adoption and payment of the required premium must be furnished to the insurer or indemnity corporation. For the purposes of this section “notification” may mean submission of a claim.

Any policy of insurance or any employers’ health and welfare fund, as described in this section, shall provide in addition to the coverage described in the preceding paragraph benefits for expense of residents of the commonwealth covered under such policy or fund, for the provision of preventive and primary care services for children. For the purposes of this paragraph preventive care services shall mean services rendered to a dependent child of an insured from the date of birth through the attainment of six years of age and shall include physical examination, history, measurements, sensory screening, neuropsychiatric evaluation and development screening, and assessment at the following intervals: six times during the child’s first year after birth, three times during the next year, annually until age six. Such services shall also include hereditary and metabolic screening at birth, appropriate immunizations, and tuberculin tests, hematocrit, hemoglobin or other appropriate blood tests, and urinalysis as recommended by the physician.

The dependent coverage of any such policy shall also provide coverage for medically necessary early intervention services delivered by certified early intervention specialists, as defined in the early intervention operational standards by the department of public health and in accordance with applicable certification requirements. Such medically necessary services shall be provided by early intervention specialists who are working in early intervention programs certified by the department of public health, as provided in sections 1 and 2 of chapter 111G, for children from birth until their third birthday. Reimbursement of costs for such services shall be part of a basic benefits package offered by the insurer or a third party and shall not require co-payments or deductibles; provided, however, that co-payments, coinsurance or deductibles shall be required if the applicable plan is governed by the Federal Internal Revenue Code and would lose its tax-exempt status as a result of the prohibition on co-payments, coinsurance or deductibles for these services.

In addition to such benefits, said policy shall provide coverage for the cost of a newborn hearing screening test to be performed before the newborn infant is discharged from the hospital or birthing center to the care of the parent or guardian or as provided by regulations of the department of public health. Nothing contained in this paragraph shall be construed to abrogate any obligation to provide coverage for a hearing screening test or any other hearing screening test or audiological diagnostic procedure pursuant to any law or regulation of the commonwealth or of the United States or under the terms or provisions of any policy or contract.

CHAPTER 176A. NON-PROFIT HOSPITAL SERVICE CORPORATIONS

Chapter 176A: Section 8B. Dependent coverage for newborn infants or adoptive children; inclusion in contracts

Section 8B. Any contract, which provides for dependent coverage, between a subscriber and the corporation under an individual or group hospital service plan which shall be delivered or issued for delivery or subsequently renewed in this commonwealth shall include as insured members newborn infants and newborn infants of a dependent of a contract holder immediately from the moment of birth and thereafter. Any such contract shall also include as insured members adoptive children of a contract holder immediately from the date of filing of a petition to adopt under chapter two hundred and ten and thereafter, if the child has been residing in the home of the contract holder as a foster child for whom the contract holder has been receiving foster care payments, or, in all other cases, immediately from the date of placement by a licensed placement agency of the child for purposes of adoption in the home of the contract holder and thereafter. Such insurance shall provide benefits for expense arising from illness, injury, congenital malformation, or premature birth. Such coverage shall include also those special medical formulas which are approved by the commissioner of the department of public health, prescribed by a physician, and are medically necessary for treatment of phenylketonuria, tyrosinemia, homocystinuria, maple syrup urine disease, propionic acidemia, or methylmalonic acidemia in infants and children or medically necessary to protect the unborn fetuses of pregnant women with phenylketonuria. Such coverage shall also include screening for lead poisoning as required by the regulations promulgated pursuant to section one hundred and ninety-three of chapter one hundred and eleven. If payment of a subscription fee is required to provide coverage for a child, the policy or contract may require that notification of birth of a newly born child or of filing of a petition to adopt a foster child or of placement of a child for purposes of adoption and payment of the required fees must be furnished to the non-profit service corporation. For the purposes of this section, "notification" may mean submission of a claim.

Any contract, as described in this section, shall provide as benefits to all subscribers and members in addition to the benefits described in the preceding paragraph the provision of preventive and primary care services for children. For the purposes of this paragraph preventive and primary care services shall mean services rendered to a dependent child or a subscriber or member from the date of birth through the attainment of six years of age and shall include physical examination, history, measurements, sensory screening, neuropsychiatric evaluation and development screening, and assessment at the following intervals: six times during the child's first year after birth, three times during the year annually until age six. Such services shall also include hereditary and metabolic screening at birth, appropriate immunizations, and tuberculin tests, hematocrit, hemoglobin or other appropriate blood test and urinalysis as recommended by the physician.

The dependent coverage of any such policy shall also provide coverage for medically necessary early intervention services delivered by certified early intervention specialists, as defined in the early intervention operational standards by the department of public health and in accordance with applicable certification requirements. Such medically necessary services shall be provided by early intervention specialists who are working in early intervention programs certified by the department of public health, as provided in sections 1 and 2 of chapter 111G, for children from birth until their third birthday. Reimbursement of costs for such services shall be part of a basic benefits package offered by the insurer or a third party and shall not require co-payments or deductibles; provided, however, that co-payments, coinsurance or deductibles shall be required if the applicable plan is governed by the Federal Internal Revenue Code and would lose its tax-exempt status as a result of the prohibition on co-payments, coinsurance or deductibles for these services.

In addition to such benefits, any contract as described in this section, shall provide coverage for the cost of a newborn hearing screening test to be performed before the newborn infant is discharged from the hospital or birthing center to the care of the parent or guardian or as provided by regulations of the department of public health. Nothing contained in this paragraph shall be construed to abrogate any obligation to provide coverage for a hearing screening test or any other hearing screening test or audiological diagnostic procedure pursuant to any law or regulation of the commonwealth or of the United States or under the terms or provisions of any contract or certificate.

CHAPTER 176B. MEDICAL SERVICE CORPORATIONS

Chapter 176B: Section 4C. Dependent coverage for newborn infants or adoptive children; inclusion of medical expenses as benefits

Section 4C. Any subscription certificate, which provides for dependent coverage, under an individual or group medical service agreement which shall be delivered or issued for delivery or subsequently renewed in the commonwealth shall include as insured members, newborn infants and newborn infants of a dependent of a subscription certificate holder immediately from the moment of birth and thereafter and shall also include as insured members adoptive children of a subscription certificate holder immediately from the date of the filing of a petition to adopt under chapter two hundred and ten and thereafter if the child has been residing in the home of the subscription certificate holder as a foster child for whom the holder has been receiving foster care payments, or, in all other cases, immediately from the date of placement by a licensed placement agency of a child for purposes of adoption in the home of the subscription certificate holder and thereafter. Such insurance shall provide benefits for expense arising from illness, injury, congenital malformation, or premature birth. Such coverage shall include also those special medical formulas which are approved by the commissioner of the department of public health, prescribed by a physician, and are medically necessary for treatment of phenylketonuria, tyrosinemia, homocystinuria, maple syrup urine disease, propionic acidemia, or methylmalonic acidemia in infants and children or medically necessary to protect the unborn fetuses of pregnant women with phenylketonuria. Such coverage shall also include screening for lead poisoning as required by the regulations promulgated pursuant to section one hundred and ninety-three of chapter one hundred and eleven. If payment of a subscription fee is required to provide coverage for a child, the policy or contract may require that notification of birth of a newly born child or of filing of a petition to adopt a foster child or of placement of a child for purposes of adoption and payment of the required fees must be furnished to the non-profit service corporation. For the purposes of this section, "notification" may mean submission of a claim.

Any subscriptions certificate, as described in this section, shall provide as benefits to all subscribers and members in addition to those benefits described in the preceding paragraph the provisions of preventive and primary care services for children. For the purposes of this paragraph preventive and primary care services shall mean services rendered to a dependent child or a subscriber or member from the date of birth through the attainment of six years of age and shall include physical examination, history, measurements, sensory screening, neuropsychiatric evaluation and development screening, and assessment at the following intervals: six times during the child's first year after birth, three times during the year annually until age six. Such services shall also include hereditary and metabolic screening at birth, appropriate immunizations, and tuberculin tests, hematocrit, hemoglobin or other appropriate blood tests and urinalysis as recommended by the physician.

The dependent coverage of any such policy shall also provide coverage for medically necessary early intervention services delivered by certified early intervention specialists, as defined in the early intervention operational standards by the department of public health and in accordance with applicable certification requirements. Such medically necessary services shall be provided by early intervention specialists who are working in early intervention programs certified by the department of public health, as provided in sections 1 and 2 of chapter 111G, for children from birth until their third birthday. Reimbursement of costs for such services shall be part of a basic benefits package offered by the insurer or a third party and shall not require co-payments or deductibles; provided, however, that co-payments, coinsurance or deductibles shall be required if the applicable plan is governed by the Federal Internal Revenue Code and would lose its tax-exempt status as a result of the prohibition on co-payments, coinsurance or deductibles for these services.

In addition to such benefits, any subscription certificate, as described in this section, shall provide coverage for the cost of a newborn hearing screening test to be performed before the newborn infant is discharged from the hospital or birthing center to the care of the parent or guardian or as provided by regulations of the department of public health. Nothing contained in this paragraph shall be construed to abrogate any other obligation to provide coverage for a hearing screening test or any other hearing screening test or audiological diagnostic procedure pursuant to any law of the commonwealth or of the United States or under the terms or provisions of any contract or certificate.

CHAPTER 176G. HEALTH MAINTENANCE ORGANIZATIONS

Chapter 176G: Section 4. Required coverage for certain conditions and groups

[First paragraph effective until July 1, 2009. For text effective July 1, 2009, see below.]

Section 4. Any health maintenance contract shall provide coverage for those health services relating to the treatment of alcoholism as required by subdivision (H) of section 110 of chapter 175. Such health maintenance contract shall also provide coverage for pregnant women, infants and children as set forth in section forty-seven C of chapter one hundred and seventy-five. Such health maintenance contract shall also provide coverage for cardiac rehabilitation as set forth in section forty-seven D of chapter one hundred and seventy-five. Such health maintenance contract shall also provide coverage for prenatal care, childbirth and postpartum care as set forth in section forty-seven F of chapter one hundred and seventy-five. Such health maintenance contract shall also provide coverage for cytologic screening and mammographic examination as set forth in section forty-seven G of chapter one hundred and seventy-five. Such health maintenance contract shall also provide coverage for diagnosis and treatment of infertility as set forth in section forty-seven H of chapter one hundred and seventy-five. Such health maintenance contract shall also provide coverage for services rendered by a certified registered nurse anesthetist or nurse practitioner, as set forth in section forty-seven Q of chapter one hundred and seventy-five, subject to the terms of a negotiated agreement between the health maintenance organization and the provider of health care services. Coverage for services as set forth in clause (4) of paragraph (c) of section forty-seven B of chapter one hundred and seventy-five rendered by a mental health counselor licensed under the provisions of chapter one hundred and twelve shall be subject to the terms of a negotiated agreement between a health maintenance organization and a mental health counselor.

[First paragraph as amended by 2008, 256, Sec. 13 effective July 1, 2009. See 2008, 256, Sec. 17. For text effective until July 1, 2009, see above.]

A health maintenance contract shall provide coverage for:

- (a) pregnant women, infants and children as set forth in section 47C of chapter 175;
- (b) cardiac rehabilitation as set forth in section 47D of chapter 175;
- (c) prenatal care, childbirth and postpartum care as set forth in section 47F of chapter 175;
- (d) cytologic screening and mammographic examination as set forth in section 47G of chapter 175;
- (e) diagnosis and treatment of infertility as set forth in section 47H of chapter 175; and

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

The dependent coverage of any such policy shall also provide coverage for medically necessary early intervention services delivered by certified early intervention specialists, as defined in the early intervention operational standards by the department of public health and in accordance with applicable certification requirements. Such medically necessary services shall be provided by early intervention specialists who are working in early intervention programs certified by the department of public health, as provided in sections 1 and 2 of chapter 111G, for children from birth until their third birthday.

Reimbursement of costs for such services shall be part of a basic benefits package offered by the insurer or a third party and shall not require co-payments or deductibles; provided, however, that co-payments, coinsurance or deductibles shall be required if the applicable plan is governed by the Federal Internal Revenue Code and would lose its tax-exempt status as a result of the prohibition on co-payments, coinsurance or deductibles for these services.