THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF CONSUMER AFFAIRS
DIVISION OF INSURANCE
470 ATLANTIC AVENUE
BOSTON, MA 02210-2223
(617) 521-7794
TTY/TDD (617) 521-7490

PRISCILLA H. DOUGLAS
SECRETARY
LINDA RUTHARDT
COMMISSIONER

Bulletin No. 95-1

To: **Blue Cross and Blue Shield of Massachusetts (BCBSMA), Commercial Health Insurers and Health Maintenance Organizations (HMOs)**

From: **Commissioner Linda Ruthardt**

RE: **New Mandated Health Benefits**

Date: **February 21, 1995**

Several laws have been enacted that mandate three new health benefits. The mandates require certain coverage for the following:

(1) blood-glucose monitoring strips (St. 1994, c. 60, sections 141, 145, 147 and 150);

(2) hospice services (St. 1994, c. 284); and

(3) services provided by nurse practitioners, along with services provided by certified registered nurse anesthetists (CRNAs) (St. 1994, c. 302).

This bulletin summarizes the new mandates. Please refer to the laws cited above for a complete description of the requirements. For each of the three benefits, the Division continues to require that coverage of the benefits be provided at either the same level or at a greater level as for any other service. All policies, certificates, evidences of coverage and contracts must be amended according to the above noted laws. Also, policyholders, subscribers and members must be notified of the new benefits and their effective dates.

Any questions regarding this bulletin should be directed to the Health Policy Unit at (617) 521-7349.

Blood-Glucose Monitoring Test Strips

This mandate requires coverage for blood-glucose monitoring strips for home use for which a physician has issued a written order and which are medically necessary for the treatment of insulin dependent diabetes. Due to a veto and an override of the veto by the Legislature, the passage of this law did not occur until late December 1994. However, this mandate is effective for all policies, certificates, evidences of coverage and contracts that are issued or renewed **on or after July 1, 1994** (the effective date contained in the legislation) as set forth in St. 1994, c. 60, sections 141, 145, 147 and 150.

In meeting the requirement that coverage for benefits be provided at either the same level or at a greater level as for any other service, the Division considers it reasonable to require a copayment for a 30-day supply of blood-glucose monitoring strips that is equal to the copayment required for office visits. This rule is similar to the rule set forth for the mandated benefit for nonprescription enteral formulas in Bulletin B-91-1.

Hospice Services

This mandate is effective for all policies, certificates, evidences of coverage and contracts that are issued or renewed **on or after April 4, 1995** as set forth in St. 1994, c. 284.

Commercial insurers and BCBSMA will be required to provide coverage for licensed hospice services to terminally ill patients with a life expectancy of six months or less as set forth and regulated by the Department of Public Health under M.G.L. c. 111, § 57D and as authorized by a duly licensed physician.

Group HMO contracts will be required to provide coverage for hospice services as defined in M.G.L. c. 111, § 57D, to terminally ill patients with a life expectancy of six months or less provided that such services are determined to be appropriate and authorized by a patient's primary care or treating physician and are equivalent to those services provided by a licensed hospice program regulated by the Department of Public Health.

Services Performed by Certified Registered Nurse Anesthetists (CRNAs) and Nurse Practitioners

This mandate is effective for all policies, certificates, evidences of coverage and contracts that are issued or renewed **on or after April 9, 1995** as set forth in St. 1994, c. 302.

The effect of St. 1994, c. 302 is to mandate coverage for services provided by nurse practitioners and CRNAs to the same extent as has been mandated for CRNAs under St. 1993, c. 332. Under St. 1994, c. 302, benefits must be provided for services performed by CRNAs and nurse practitioners if the service provided is within the scope of the CRNA's license or the nurse practitioner's authority to practice and the policy, certificate, evidence of coverage or contract currently provides benefits for identical services rendered by a health care provider licensed in Massachusetts. Additionally, for HMOs, the coverage for this benefit is subject to the terms of a negotiated agreement between the HMO and the "provider of health care services."