

**COMMONWEALTH OF MASSACHUSETTS**  
**Office of Consumer Affairs and Business Regulation**  
**DIVISION OF INSURANCE**

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**BULLETIN 2016-14**

To: Commercial Health Insurers, Blue Cross and Blue Shield of Massachusetts, Inc.,  
and Health Maintenance Organizations

From: Daniel R. Judson, Commissioner of Insurance 

Date: November 8, 2016

Re: HIV Associated Lipodystrophy Syndrome Medical Benefit Requirements

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The Division of Insurance (“Division”) issues this Bulletin to provide information to Commercial Health Insurers, Blue Cross and Blue Shield of Massachusetts, Inc., and Health Maintenance Organizations (hereinafter referred to as “Carriers”) offering insured health coverage in the Commonwealth of Massachusetts. On August 10, 2016, Chapter 233 of the Acts of 2016, “*An Act Relative to HIV Associated Lipodystrophy Treatment*” (“Chapter 233”) was signed into law. Chapter 233 is effective as of Tuesday, November 8, 2016.

Pursuant to Chapter 233, all fully-insured health plans must include “coverage for medical or drug treatments to correct or repair disturbances of body composition caused by HIV associated lipodystrophy syndrome including, but not limited to, reconstructive surgery, such as suction assisted lipectomy, other restorative procedures and dermal injections or fillers for reversal of facial lipoatrophy syndrome.” Coverage shall be “subject to a statement from a treating provider that the treatment is necessary for correcting, repairing or ameliorating the effects of HIV associated lipodystrophy syndrome.” Additionally, Carriers may not make lipodystrophy coverage “subject to any greater deductible, coinsurance, copayments or out-of-pocket limits than any other benefit” provided by the Carrier.

The Division expects that Carriers will take all necessary steps to ensure that the benefits required under Chapter 233 are available to all covered persons as of the effective date of Chapter 233. The Division also expects Carriers to make all necessary amendments to their insured coverage documents to indicate coverage as required under Chapter 233. Carriers should submit revised contracts, policies, certificates and evidences of coverage, or relevant riders, endorsements, or

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amendments that would be attached to existing documents regarding benefit changes as soon as possible. Form filings should be filed with the Division via SERFF, with the appropriate form filing fees. *See* Division Bulletins 2008-08 and 2008-19 for form filing and fee information.

If you have any questions about this Bulletin, please contact Kevin Beagan, Deputy Commissioner, Health Care Access Bureau, at 617-521-7323 or [kevin.beagan@state.ma.us](mailto:kevin.beagan@state.ma.us).