

SENATE No. 1271

The Commonwealth of Massachusetts

PRESENTED BY:

Donald F. Humason, Jr., (BY REQUEST)

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 educating patients on environmental health risks such as wireless exposures.

PETITION OF:

NAME:

Kirstin Beatty

DISTRICT/ADDRESS:

SENATE No. 1271

By Mr. Humason (by request), a petition (accompanied by bill, Senate, No. 1271) of Kirstin Beatty for legislation to educate patients on environmental health risks such as wireless exposures. Public Health.

The Commonwealth of Massachusetts

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

An Act educating patients on environmental health risks such as wireless exposures.

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 175 of the General Laws, as appearing the 2016 Official Edition, is
2 hereby amended by striking out

3 the text of Section 47CC and inserting in place thereof the following:-

4 (a) As used in this section, the following words shall have the following meanings:

5 “Relevant medical conditions,” are medical conditions that laboratory or epidemiological
6 studies indicate (as relevant) chemical pollutants, mold, habit, or non-ionizing radiation influence
7 a biological system which then impacts on the medical condition of the patient deleteriously,
8 regardless of whether the precise mechanism is understood. For example, relevant medical
9 conditions for non-ionizing radiation exposure include neurological, metabolic, and reproductive
10 systems as well as heart and cancer risk development.

“Education regarding non-ionizing radiation risks and protective measures,” is providing precautionary information on current science indicating potential harms, including risks to reproduction and to future children, and includes recommendations for identifying and reducing exposure to non-ionizing radiation.

“Screen time” shall mean the amount of time spent in front of a technological screen, including television, computer, virtual reality, video game, and other electronic device screens.

“Technology Addiction” or “TA” shall mean compulsive use of technology and inability to control use combined with withdrawal from real life interactions, interpersonal relations, and ordinary responsibilities or personal care. In less acute cases, developing addicts may continue to attend to responsibilities, but progressively increase technology use during free time, losing interest in other activities, and becoming more irritated or anxious from interruption of technology use. Technology Addiction includes more specialized subsets of addiction such as video game, mobile phone, or social media addiction. Certain subsets may be more vulnerable to digital addiction, such as adolescents due to lack of impulse control, and children may be indirectly impacted by the digital addiction of caretakers.

“Education regarding technology addiction and screen time” is providing precautionary information on current science indicating potential harms from technology addiction and excessive screen time as well as preventative measures.

(b) An individual policy of accident and sickness insurance issued under section 108 that provides hospital expense and surgical expense insurance and any group blanket or general policy of accident and sickness insurance issued under section 110 that provides hospital expense and surgical expense insurance, which is issued or renewed within or without the

Commonwealth, shall provide benefits on a nondiscriminatory basis to residents of the Commonwealth and to all policyholders having a principal place of employment in the Commonwealth shall provide as follows for:

(1) Queries on non-ionizing radiation exposure and screen time in yearly physicals;

(2) Education regarding non-ionizing radiation risks and protective measures during yearly physicals and also in prevention or treatment of relevant medical conditions;

(3) Education regarding technology addiction and screen time during yearly physicals and as relevant to social and learning struggles or disabilities;

(4) Queries regarding cleanliness and dampness of living spaces in yearly physicals;

(5) Education regarding risks of exposure from mold development within construction during yearly physicals and in reference to allergic or asthmatic conditions;

(6) Queries regarding use of and avoidance of chemicals in yearly physicals;

(6) Education to increase avoidance and awareness of exposure risks from chemical pollutants in cleaning chemicals, paints, polish, plastics, lawn chemicals, and unfiltered water in yearly physicals and also in prevention or treatment of relevant medical conditions.

(c) Other than the limits set in subsections (d), (e), and (f), such policy shall be in compliance if the policy does not contain annual or lifetime dollar or unit of service limitation on coverage for the services pursuant to subsection (b) which is less than an annual or lifetime dollar or unit of service limitation imposed on coverage for the treatment of physical conditions.

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

(e) Coverage under this section shall not be subject to a limit on the number of visits an individual may make to a provider.

(f) This section shall not affect an obligation to provide services to an individual under an individualized family service plan, an individualized education program or an individualized service plan. Services provided by school personnel under an individualized education program are not subject to reimbursement under this section.

SECTION 2. Chapter 12C, is hereby amended, in Section 14, as appearing in the 2016 Official Edition, by adding after the third paragraph the following paragraph:-

The standard quality control sets shall include measures for assessing, tracking, and reducing non-thermal non-ionizing radiation exposures which progressively strengthen non-ionizing radiation reduction education and protection for patients and staff. Until independent science shows lower levels to be necessary, emissions from 60 hertz field shall be equal to or less than 0.6 milligauss (mG) and 3 volts per meter (V/m), where possible, and definitely below 2 mG and 10 V/m, while radio waves and microwaves (between 300 MHz to 30 Ghz) should ideally be below 0.1 V/m peak and definitely below 1 V/m peak; similarly, transients and harmonics shall be minimized progressively.

SECTION 3. Chapter 6D of the General Laws, is hereby amended, in Section 14, as appearing in the Official 2016 Edition, by inserting in paragraph five after the clause “health risks and chronic conditions,”the following clause:-

and including attention to reducing non-ionizing radiation exposures. Until independent science shows lower levels to be necessary, emissions from 60 hertz field shall be equal to or less than 0.6 milligauss (mG) and 3 volts per meter (V/m), where possible, and definitely below 2 mG and 10 V/m, while radiowaves and microwaves (between 300 MHz to 30 Ghz) should ideally be below 0.1 V/m peak and definitely below 1 V/m peak; similarly, transients and harmonics shall be minimized progressively.

SECTION 4. Chapter 111 of the General Laws, is hereby amended, in Section 5N, as appearing in the 2016 Official Edition, by inserting after the first paragraph the following paragraph:-

The department shall keep a list of registered non-ionizing radiation consultants with professional equipment and relevant expertise, and publish a list of free-lance consultants that includes the frequencies measured and types of customers served. The department shall insure that less complex measurements may be provided at low cost by individuals who have completed a minimal course of study or have otherwise acquired the appropriate experience necessary to insure competent measurements for customers with an appropriate listing in the registry. The department shall set guidelines for registration approval and set a higher bar of expertise and accuracy for non-ionizing radiation consultants providing for complex measurements such as for installation of medical equipment. Although registration shall not serve as proof of qualifications, removal from the registration list shall occur when consultants have misrepresented qualifications or failed to provide the service advertised. The department may provide guidelines for taking measurements.