

HOUSE No. 108

The Commonwealth of Massachusetts

PRESENTED BY:

Patricia A. Duffy

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 supporting patients and residents suffering from environmental pollutants and modern technologies, e.g. wireless.

PETITION OF:

NAME:	DISTRICT/ADDRESS:	DATE ADDED:
<i>Patricia A. Duffy</i>	<i>5th Hampden</i>	<i>2/19/2021</i>
<i>Kirstin Beatty</i>	<i>149 Central Park Drive, Holyoke, MA 01040</i>	<i>2/19/2021</i>

HOUSE No. 108

By Ms. Duffy of Holyoke, a petition (accompanied by bill, House, No. 108) of Patricia A. Duffy and Kirstin Beatty relative to supporting patients and residents suffering from environmental pollutants and non-ionizing radiation. Advanced Information Technology, the Internet and Cybersecurity.

The Commonwealth of Massachusetts

**In the One Hundred and Ninety-Second General Court
(2021-2022)**

An Act supporting patients and residents suffering from environmental pollutants and modern technologies, e.g. wireless.

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. Whereas, physicians and nurses should help prevent harm from non-
2 ionizing radiation (e.g. wireless), mold, excessive screen time, local pollutants, and recalled or
3 toxic products.

4 Whereas, medical professionals benefit from continuing education, but should be
5 exempted where inapplicable to specialty or where expert.

6 Whereas, non-ionizing radiation is significantly linked to leukemia and lymphoma, so
7 reducing such exposures should be a part of treatment and insurance coverage.

8 Whereas, nutritional imbalances contribute to pathological conditions, so nutritional
9 analysis and supplementation should be a part of treatment and insurance coverage.

10 Whereas, medical providers and nursing homes should progressively reduce non-ionizing
11 radiation exposures as part of quality control measures.

12 Whereas, proposed objectives to reduce non-ionizing radiation align with
13 recommendations in the scientific literature and specific measurements were confirmed as
14 feasible by electrical and electronic engineer Alisdair Phillips, scientific director of Powerwatch
15 UK.

16 Whereas, section 2 of chapter 112 of the General Laws would benefit from subsections
17 for organization, as suggested in section 7 of this Act, without modification to content, as it is
18 troublesome to read otherwise.

19 SECTION 2. Chapter 111 of the General Laws is hereby amended by inserting after
20 section 72BB the following new section:-

21 Section 72CC. (a) Definitions. As used in this section, the following word shall have the
22 following meaning:

23 “Building Biology electromagnetic radiation specialist” refers to an electromagnetic
24 radiation specialist certified by the Building Biology Institute, a 501(c)(3) founded in Florida in
25 1987 based on the German principles of Building Biology.

26 (b) Each convalescent and nursing home, infirmary maintained in towns, rest home,
27 charitable home for the aged, and intermediate care facility for the mentally retarded shall create
28 a master plan to reduce non-ionizing radiation in the facility and shall keep records of its
29 progress. The master plan, including progress towards completion, shall be a public record and
30 shall be freely available for viewing.

31 (c) Inspection and enforcement. The department or its agents and the board of health or
32 its agents of the city or town where any portion of a convalescent home or nursing home,
33 infirmary maintained in a town, rest home, charitable home for the aged, or intermediate care
34 facility for persons with an intellectual disability is located may visit and inspect the master plan
35 and such institution at any time.

36 Any person making an inspection under authority of this section shall record in writing
37 every violation which he finds of the applicable provisions, including lack of progress, good
38 faith, or compliance. Every record of inspection so made shall be treated as a public record
39 except to such extent as the record or a portion thereof is expressly exempt from such treatment
40 under section seven of chapter four, and said violations shall be made public at the same time
41 that a written plan of correction is submitted.

42 If a written plan of correction is not submitted within the allowable time, said violations
43 shall be made public at the expiration of the allowable time. Inspections shall be unannounced
44 and made at such intervals as the department shall specify in its rules and regulations, but at least
45 twice per annum. A visit made to a facility for the purpose of providing consultation shall not be
46 considered to be an inspection.

47 The superior court shall have jurisdiction in equity to enforce the rules and regulations
48 promulgated under this section.

49 (d) Master Plan provisions. Every master plan shall describe a plan that sets objectives
50 and a reasonable timeline to reduce non-ionizing radiation in the facility. Each master plan shall
51 be designed to provide, while attending to other needs of the facility, the financial resources and

52 attention necessary to swiftly reduce non-ionizing radiation exposures that are (1) harmful; (2)
53 potentially harmful; and (3) unintentional, prioritizing the former.

54 A checklist and documentation shall be kept of the successful completion of each
55 objective as part of the Master Plan. For each objective remaining, an explanation shall be
56 provided as to why the objective has not been completed.

57

58 While additional objectives may be included by the institution, the following objectives
59 shall be required.

60 (1) Hard-wire Internet connections;

61 (2) Provide useful, current education to staff on best practices to reduce non-ionizing
62 radiation and implement the best practices;

63 (3) Reduce and restrict the use of electricity, electrical circuits, and digital equipment
64 where unnecessary and to create areas for rest and rehabilitation.

65 (4) Minimize and regulate the use of artificial light, in particular that light which by
66 timing or composition more greatly harms ocular health and disrupts circadian rhythms.

67 (5) Provide alternatives and minimize or ideally eliminate use of and dependence upon
68 personal wireless devices;

69 (6) Except where necessary for emergency services, remove any antennas transmitting
70 non-ionizing radiation, replacing with hard-wired equipment;

71 (7) Insure any remaining antennas are only in remote locations, configured for minimum
72 radiation, and distant as ordered first from (i) sleeping quarters and rest areas, and secondly from
73 (ii) daily work and play areas;

74 (9) To better limit and control emissions from digital equipment, provide a segregated,
75 monitored area for use, and encourage alternatives for record-keeping, communications, and
76 entertainment;

77 (10) Where disabled antenna exist, provide for services or equipment to routinely check
78 that antenna are in fact and remain disabled.

79 (11) Meet the following objectives:

80 (i) As long as any wireless antennas remain and transmit, insure that such antennas are set
81 to emit the minimum of power density possible for the minimum time necessary;

82 (ii) Set an initial goal to insure non-ionizing radiation exposures in rest and social areas
83 fall within or below the Building Biology evaluation guidelines of slight concern;

84 (iii) From the initial goal set in clause (ii), set a second goal to insure non-ionizing
85 radiation exposures in rest and social areas are progressively reduced to meet the Building
86 Biology evaluation guidelines of no concern.

87 SECTION 3. Chapter 12C, as appearing in the General Laws of the 2021 Official
88 Edition, is hereby amended by adding after section 14 the following section:-

89 Section 14A. (a) Definitions. As used in this section, the following word shall have the
90 following meaning:

91 “Building Biology electromagnetic radiation specialist” refers to an electromagnetic
92 radiation specialist certified by the Building Biology Institute, a 501(c)(3) founded in Florida in
93 1987 based on the German principles of Building Biology.

94 (b) Irrespective of all other recommendations for a standard quality measure set listed in
95 section 14, the following shall be required state-wide and included as part of the standard quality
96 measure set with regard to every health care provider facility, medical group, and provider
97 group.

98 Standard quality control sets shall include measures for assessing, tracking, and
99 progressively reducing non-ionizing radiation exposures for protection of staff and patients,
100 including for useful education of staff. Facilities shall keep public records to show annual
101 remediation efforts, progress, and scores, and shall keep a public posting of scores, including
102 passing score gradations. Unless more stringent standards are adopted by state or federal
103 authorities, which then shall hold sway, the following shall apply as well as the following
104 ratings:

105 (c) An annual passing score for each paragraph specified in subsection (b) shall be listed
106 as “pass” along with the following terms for gradations and requirements:

107 (1) “Initial action” is provided with evidence of setting in place the work necessary to
108 meet aims, such as arranging contracts;

109 (2) “Initial measurable progress” is clear and measurable evidence of improvements from
110 ongoing efforts to meet the aims;

111 (3) “Initial completion” is meeting the aims where further improvements are possible;

112 (4) “Advanced completion” is, where relevant, exceeding the aims; and

113 (5) “Excellence” is meeting the aims where further improvements are not possible.

114 (d) Non-ionizing radiation objectives include the following:

115 (1) Wireless reduction. As long as any wireless antennas remain and transmit, insure that
116 such antennas are set to emit the minimum of power density possible for the minimum time
117 necessary and set in remote locations;

118 (2) Hard wire. Remove WiFi and other antennas transmitting non-ionizing radiation and
119 replacing, where necessary, with hard-wired broadband access points;

120 (3) Replace. Replacement of wireless medical equipment with non-transmitting devices,
121 with any exceptions noted and allowed only insofar as necessary to address patient needs, on a
122 temporary or permanent basis;

123 (iv) Initial goal. Set an initial goal of insuring non-ionizing radiation exposures fall within
124 or below the Building Biology evaluation guidelines of slight concern, with any exceptions due
125 to medical equipment noted and signage placed and procedures set as appropriate to prevent
126 exposures above the initial Building Biology goal;

127 (v) Second goal. From the initial goal set in paragraph (iv), set a second goal to insure
128 non-ionizing radiation exposures are progressively reduced to meet the Building Biology
129 evaluation guidelines of no concern, with any exceptions due to medical equipment noted and
130 appropriate signage placed and signage set to prevent exposures of serious concern based on the
131 Building Biology guidelines;

132 (vi) Education. Set policies for and staff adoption of best practices for reduced and
133 healthier non-ionizing radiation exposures;

134 (vii) Light. Minimize and regulate the use of artificial light, in particular that which by
135 timing or composition disrupts circadian rhythms and ocular health; and

136 (viii) White zones. Develop white zones for sensitive patients and staff respite which
137 ideally meet a score of Excellence or Advanced Completion in all categories of paragraph (d), or
138 where any non-ionizing radiation exposure exists the exposure is therapeutic.

139 SECTION 4. Section 74 of chapter 112 of the General Laws, as appearing in Title XVI of
140 Part I the 2021 Official Edition, is hereby amended by striking the last sentence and replacing as
141 follows:-

142 The board shall support a student rating system of continuing education programs and of
143 educators, where choices exist.

144 Except where a nurse can prove expert knowledge or the topic is irrelevant to the nurse's
145 medical practice, the board, in addition to any other continuing education the board deems
146 necessary, shall specifically require continuing education as follows.

147 (1) Completion of a 1-time course of training and education on the diagnosis, treatment
148 and care of patients with and prevention of cognitive impairments, including, but not limited to,
149 Alzheimer's disease and dementia; provided, however, that this course requirement shall only
150 apply to nurses who serve adult populations.

151 (2) Training and education on the diagnosis, treatment, education, and care of patients
152 with and prevention of non-ionizing radiation pathologies, including of the chemical basis for
153 sensitivities and biological effects.

154 (3) Training and education on the diagnosis, treatment, education, and care of patients
155 with digital addiction or excessive screen time.

156 (4) Training and education on health and the diagnosis, treatment, education, and care of
157 patients with regard to toxic and hazardous ingredients in consumer products, building
158 components and other materials used in homes and other pollutants or contaminants in
159 residential environments. This training shall include a review of mold-related pathologies and the
160 chemical basis for Multiple Chemical Sensitivity.

161 SECTION 5. Section 74A of chapter 112 of the General Laws, as appearing in Title XVI
162 of Part I the 2021 Official Edition, is hereby amended by striking the last sentence and replacing
163 as follows:-

164 The board shall support a student rating system of continuing education programs and
165 educators, where choices exist.

166 Except where a practical nurse can prove expert knowledge or the topic is irrelevant to
167 the practical nurse's medical practice, the board, in addition to any other continuing education
168 the board deems necessary, shall specifically require continuing education as follows.

169 (1) Completion of a 1-time course of training and education on the diagnosis, treatment
170 and care of patients with and prevention of cognitive impairments, including, but not limited to,

171 Alzheimer's disease and dementia; provided, however, that this course requirement shall only
172 apply to nurses who serve adult populations.

173 (2) Training and education on the diagnosis, treatment, education, and care of patients
174 with and prevention of non-ionizing radiation pathologies, including of the chemical basis for
175 sensitivities and biological effects.

176 (3) Training and education on the diagnosis, treatment, education, and care of patients
177 with digital addiction or excessive screen time.

178 (4) Training and education on health and the diagnosis, treatment, education, and care of
179 patients with regard to toxic and hazardous ingredients in consumer products, building
180 components and other materials used in homes and other pollutants or contaminants in
181 residential environments. This training shall include a review of mold-related pathologies and the
182 chemical basis for Multiple Chemical Sensitivity.

183 SECTION 6. Section 2 of chapter 112 of the General Laws, as appearing in Title XVI of
184 Part I the 2021 Official Edition, is hereby amended by adding before the first word the following
185 subsection:-

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

187 “Digital addiction” or “tech addiction” or “technology addiction” is the compulsive use
188 of digital technology, inability to control use, withdrawal from real life interactions,
189 interpersonal relations, and may include withdrawal from responsibilities, learning, or personal
190 care. Specialized subsets of tech addiction include video game, mobile phone, or social media
191 addiction.

192 SECTION 3. Section 2 of chapter 112 of the General Laws, as appearing in Title XVI of
193 Part I the 2021 Official Edition, is hereby amended by striking the last sentence and adding the
194 following subsection:-

195 (g) Continuing education. The board shall require that any continuing education
196 requirements necessary for renewal of a physician's certificate of registration evolve based on
197 the sum of current knowledge, including current science, and reasonable interpretations of
198 scientific knowledge and clinical experience in order to advance safer treatments, health, and
199 limit risks. Such training shall in all cases acknowledge the actual and potential risks of time-
200 tested and new treatments, shall correct medical myths, and shall introduce more effective and
201 affordable medical treatments for prescription, recommendation, or referral as appropriate, such
202 as, but not limited to, nutritional therapies or acupuncture.

203 The board shall insure continuing education requirements are designed in such a way as
204 to limit the burden upon physicians, such as by allowing exemptions where evidence of current,
205 relevant expertise exists, where coursework is inapplicable to physician practice, and by limiting
206 expense or excessive demands on time. The board shall support a rating system of continuing
207 education and educator options, where options exist. Except where exemptions apply, the board
208 shall specifically require continuing education as follows.

209 (1) Training and education on the diagnosis, treatment and care of patients with and
210 prevention of cognitive impairments, including, but not limited to, Alzheimer's disease and
211 dementia; provided, however, that this course requirement shall only apply to physicians who
212 serve adult populations.

213 (2) Training and education on the diagnosis, treatment, education, and care of patients
214 with and prevention of non-ionizing radiation pathologies, including of the chemical basis for
215 sensitivities and biological effects, provided, however, that this requirement shall only apply to
216 and shall be tailored to relevant physician specialties, such as, but not limited to, general
217 practitioners and cancer specialists.

218 (3) Training and education on the diagnosis, treatment, education, and care of patients
219 with digital addiction or excessive screen time, provided, however, that this requirement shall
220 only apply to relevant physician specialties, such as, but not limited to, general practitioners.

221 (4) Training and education on patient health and the diagnosis, treatment, education, and
222 care of patients with regard to mold, consumer products, and pollutants, including the
223 contamination of water sources by lead, plastic derivatives, and other pollutants. This training
224 shall include a review of mold-related pathologies and the chemical basis for Multiple Chemical
225 Sensitivity.

226 SECTION 7. Section 2 of chapter 112 of the General Laws, as appearing in Title XVI of
227 Part I the 2021 Official Edition, is hereby amended by striking the first 6 paragraphs and
228 replacing with the following subsections:-

229 (a) Applications and board of registration. Applications for registration as qualified
230 physicians, signed and sworn to by the applicants, shall be made upon blanks furnished by the
231 board of registration in medicine, herein and in sections three to nine A, inclusive, called the
232 board.

233 (b) Physician registration, examination, and fee. Each applicant who shall furnish the
234 board with satisfactory proof that he is eighteen years of age or over and of good moral

235 character, that he has completed two years of premedical studies in a college or university, that
236 he has attended courses of instruction for four years of not less than thirty-two school weeks in
237 each year, or courses which in the opinion of the board are equivalent thereto, in one or more
238 legally chartered medical schools, and that he has received the degree of doctor of medicine, or
239 its equivalent, from a legally chartered medical school in the United States or commonwealth of
240 Puerto Rico or Canada having the power to confer degrees in medicine, shall upon payment of a
241 fee to be determined annually by the commissioner of administration under the provision of
242 section three B of chapter seven, be examined, and, if found qualified by the board, be registered
243 as a qualified physician and entitled to a certificate in testimony thereof, signed by the chairman
244 and secretary.

245 (c) Additional licensure conditions. The board shall require, as a standard of eligibility
246 for licensure, the following conditions:

247 (1) Computerized proficiency. That applicants demonstrate proficiency in the use of
248 computerized physician order entry, e-prescribing, electronic health records and other forms of
249 health information technology, as determined by the board. As used in this section, proficiency,
250 at a minimum shall mean that applicants demonstrate the skills to comply with the "meaningful
251 use" requirements, as set forth in 45 C.F.R. Part 170.

252 (2) Malpractice compliance. The board is authorized to promulgate regulations requiring
253 physicians to obtain professional malpractice liability insurance or a suitable bond or other
254 indemnity against liability for professional malpractice in such amounts as may be determined by
255 the board. The board shall participate in any national data reporting system which provides
256 information on individual physicians.

257 (3) Social Security Act compliance. The board shall require as a condition of granting or
258 renewing a physician's certificate of registration, that the physician, who if he agrees to treat a
259 beneficiary of health insurance under Title XVIII of the Social Security Act, shall also agree not
260 to charge to or collect from such beneficiary any amount in excess of the reasonable charge for
261 that service as determined by the United States Secretary of Health and Human Services. The
262 board shall also require, as a condition of granting or renewing a physician's certificate of
263 registration, that the physician apply to participate in the medical assistance program
264 administered by the secretary of health and human services in accordance with chapter 118E and
265 Title XIX of the Social Security Act and any federal demonstration or waiver relating to such
266 medical assistance program for the limited purposes of ordering and referring services covered
267 under such program, provided that regulations governing such limited participation are
268 promulgated under said chapter 118E. A physician who chooses to participate in such medical
269 assistance program as a provider of services shall be deemed to have fulfilled this requirement.

270 (4) Certification of any foreign degree. An applicant who has received from a medical
271 school, legally chartered in a sovereign state other than the United States, the commonwealth of
272 Puerto Rico or Canada, a degree of doctor of medicine or its equivalent shall be required to
273 furnish to the board such documentary evidence as the board may require that his education is
274 substantially the equivalent of that of graduates of medical schools in the United States and such
275 other evidence as the board may require as to his qualifications to practice medicine, and shall,
276 unless granted an exemption by the board, be required to present a Standard Certificate granted
277 after examination by the Educational Council for Foreign Medical Graduates; provided,
278 however, that an applicant who shall furnish the board with satisfactory proof that he is eighteen
279 years of age or over and of good moral character, that he has completed two years of premedical

280 studies in a college or university of the United States or Canada shall not be required to possess a
281 certificate by the Educational Council for Foreign Medical Graduates and shall be admitted to
282 the examination for licensure if he has studied medicine in a medical school outside the United
283 States which is recognized by the World Health Organization, has completed all the formal
284 requirements for the degree corresponding to doctor of medicine except internship and social
285 service or internship or social service, has satisfactorily completed one academic year of
286 supervised clinical training sponsored by an approved medical school in the United States or
287 Canada, and has completed one year of graduate medical education in a program approved by the
288 Liaison Committee on Graduate Medical Education of the American Medical Association. If the
289 board shall be satisfied as to his education and his qualifications, the board shall, upon payment
290 of a fee determined under the aforementioned provision by the applicant, admit him to the
291 examination for licensure.

292 (d) Reexamination procedures. An applicant failing to pass an examination satisfactory to
293 the board shall be entitled to two reexaminations within two years at a meeting of the board
294 called for the examination of applicants upon payment of a further fee determined under the
295 aforementioned provision for each reexamination; but two such reexaminations shall exhaust his
296 privilege under his original application.

297 (e) Examination exemptions. The board may without examination grant certificates of
298 registration as qualified physicians in the following circumstances.

299 (1) Other states and AMA or AOA diplomates. The board may without examination grant
300 certificates of registration as qualified physicians to such graduates of medical schools: (A) who
301 shall furnish with their applications satisfactory proof that they have the qualifications required

302 in the commonwealth to entitle them to be examined and have been licensed or registered upon a
303 written examination in another state whose standards, in the opinion of the board, are equivalent
304 to those in the commonwealth, or (B) who are diplomates of specialty boards recognized by the
305 American Medical Association or the American Osteopathic Association; provided that any
306 person who has previously attempted unsuccessfully to secure registration in the commonwealth
307 shall be registered under the provisions of this paragraph without examination only at the
308 discretion of the board. The fee for such registration without examination shall be determined
309 under the aforementioned provision.

310 (2) Canadian and Puerto Rican licensure. Notwithstanding any other provisions of this
311 chapter the board may without examination grant a certificate of registration as a qualified
312 physician to such person as shall furnish with his application satisfactory evidence that he is: (A)
313 a graduate of a Canadian medical school, or a medical school legally chartered in a sovereign
314 state other than the United States or the commonwealth of Puerto Rico, and is licensed by the
315 Medical Council of Canada and by a provincial licensing authority; or (B) is licensed in the
316 commonwealth of Puerto Rico or in the province of Saskatchewan in Canada upon obtaining a
317 grade of seventy-five per cent or better in the federation licensing examination of the federation
318 of state medical boards of the United States. Any person granted a certificate of registration
319 under the provisions of this paragraph shall pay a fee determined under the aforementioned
320 chapter seven provision.

321 (3) Academic appointments. Notwithstanding any other provision of this chapter, the
322 board may without examination grant a certificate of registration as a qualified physician to a
323 person who is a graduate of a medical school which is legally chartered in a sovereign state other
324 than the United States, the commonwealth of Puerto Rico or Canada, if such person furnishes

325 proof satisfactory to the board that: (A) he has a full time academic appointment at a legally
326 chartered medical school in the commonwealth; (B) he is qualified and competent in the field of
327 medicine or surgery; and (C) he has been licensed or registered to practice medicine in such
328 other state or country and has held a faculty appointment at a medical school legally chartered in
329 such other state or country. Application for registration as a qualified physician, signed and
330 sworn to by the applicant under the provisions of this section shall be made upon blanks
331 furnished by the board. If satisfied as to the applicant's qualifications, and upon payment of a fee
332 by such applicant, the board may issue to such applicant a certificate of registration as a qualified
333 physician. Such certificate shall be restricted to the specialty in which he holds his academic
334 appointment and shall be valid only so long as he holds a full time academic appointment. In
335 addition to the requirements for renewal of certificates of registration under the provisions of
336 section two, physicians registered under this section shall furnish with their renewal applications
337 evidence satisfactory to the board that they continue to hold the faculty appointment required by
338 this section. The board may adopt, amend and rescind such rules and regulations as it deems
339 necessary to carry out the provisions of this section.

340 (f) Certificate renewal. The board shall require that all physicians registered in the
341 commonwealth renew their certificates of registration with the board at two-year intervals.
342 Effective nineteen hundred and eighty-seven, every physician registered in the commonwealth
343 shall renew his or her certificate of registration with the board on or before his or her birthday in
344 nineteen hundred and eighty-seven and in every second year thereafter; provided that if a
345 birthday of any physician who shall be registered hereunder shall occur within three months after
346 original registration, such person need not renew his or her registration until the birthday in the
347 second year following the birthday aforesaid. For the purposes of this section, the birthday of a

348 person born on February twenty-nine shall be deemed to be February twenty-eight. The renewal
349 application shall be accompanied by a fee determined under the aforementioned provision and
350 shall include the physician's name, license number, home address, office address, his or her
351 specialties, the principal setting of his practice, and whether he or she is an active or inactive
352 practitioner.

353 The board shall mail a renewal application to each registered physician sixty days prior to
354 the renewal date. The certification of registration of any physician who does not file a completed
355 renewal application together with the fee shall be automatically revoked, but shall be revived
356 upon completion of the renewal process. The expenses and compensation of the board of
357 registration and discipline in medicine shall be paid by the commonwealth, but said expenses and
358 compensations shall not be in excess of the amounts received by the commonwealth for
359 certificates of renewal or any registration fees under this section.

360 SECTION 8. Chapter 175 of the General Laws, as appearing in Title XXII in Part I of the
361 2021 Official Edition, is hereby amended by adding the following section 47CC:-

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

363 “Actuary” means a person who is a member of American Academy of Actuaries and
364 meets the academy's professional qualification standards for rendering an actuarial opinion
365 related to health insurance rate making.

366 “Building Biology” refers to the building science of investigating and creating healthy
367 building, including with respect to electromagnetic radiation, and in the United States also refers
368 to training, standards, and certifications, such as for electromagnetic radiation specialists

369 (EMRS), such as provided by the Building Biology Institute, a 501(c)(3) founded in 1987 in
370 Florida.

371 “Electromagnetic sensitivity” or “ES” means sensitization to wireless or electrical
372 equipment that results in discomfort, painful sensations, or symptoms of disability at lower
373 thresholds of non-ionizing radiation exposure than compared to non-ES individuals. Diagnosis
374 includes clinical evaluation and may involve nutritional assessment, and blood chemistry and
375 genetic testing.

376 “Non-ionizing radiation reduction guidance” means basic instruction on limiting man-
377 made non-ionizing radiation exposures including fields from electricity, poor power quality, and
378 wireless communications, as well as instruction on where to find further, more detailed
379 information and assistance to reduce non-ionizing radiation exposures.

380 “Non-ionizing radiation reduction services” means an assessment and remediation of
381 man-made non-ionizing radiation exposures in a patient’s primary residence in the bedroom,
382 primary seating area, and in any room assigned for the patient’s rest and recovery to reduce non-
383 ionizing radiation to Building Biology standards of slight or no concern.

384 “Pharmacy care” means medications prescribed by a licensed physician and health-
385 related services deemed medically necessary, to the same extent that pharmacy care is provided
386 by the policy for other medical conditions.

387 “Nutritional analysis and nutritional supplementation” means clinical diagnoses and tests
388 that identify mineral, fat, and other nutritional imbalances.

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

391 “Tech addiction” or “digital addiction” means the compulsive use of digital technology,
392 inability to control use, withdrawal from real life interactions, interpersonal relations, and may
393 include withdrawal from responsibilities, learning, or personal care.

394 “Therapeutic care” means services provided by licensed or certified speech therapists,
395 occupational therapists, physical therapists and other body work such as chiropractic care.

396 (b) An individual policy of accident and sickness insurance issued under section 108 that
397 provides hospital expense and surgical expense insurance and any group blanket or general
398 policy of accident and sickness insurance issued under section 110 that provides hospital expense
399 and surgical expense insurance, which is issued or renewed within or without the
400 Commonwealth, shall provide benefits on a nondiscriminatory basis to residents of the
401 Commonwealth and to all policyholders having a principal place of employment in the
402 Commonwealth for:

403 (1) expanded nutritional analysis testing and nutritional supplementation in pathological
404 conditions, including to redress genetic deficiencies and as suspected based on clinical
405 evaluation;

406 (2) general guidance to prevent excessive screen time and digital addiction;

407 (3) assessment and diagnosis of digital addiction;

408 (4) counseling to address digital addiction;

409 (5) non-ionizing radiation reduction guidance;

410 (6) diagnosis of electromagnetic sensitivity;

411 (7) non-ionizing radiation reduction services for leukemia and lymphoma;

412 (8) guidance to reduce harm from consumer products with safety recalls, safety warnings,
413 or lax toxin regulation, in particular with regard to pediatrics;

414 (9) guidance to reduce harm from known or suspected local environmental pollutants;

415 (10) relevant consideration of local environmental toxins in pathological conditions;

416 (11) general guidance to prevent ignorance of mold pathology and development;

417 (c) Non-ionizing radiation reduction services for leukemia and lymphoma, as noted in
418 subsection (b) paragraph (7) shall result in a report dated with initial and final measurements of
419 frequencies as well as specific remediation actions placed in the patient's medical record.
420 Remediation may include moving the patient to another location, unplugging devices, turning off
421 unnecessary electrical circuits, fixing wiring errors, hard-wiring wireless equipment, use of
422 power quality conditioners, and removing digital equipment. In the event an exposure is external
423 to the patient's residence or any room assigned for rest and recovery, the report shall identify the
424 external source(s). The report shall clearly state whether remediation has been successful, and if
425 not which additional steps are required for success.

426 (d) Other than the limits set in subsections (e), (f), and (g), such policy shall be in
427 compliance with subsection (b) if the policy (1) does not contain annual or lifetime dollar or unit
428 of service limitation on coverage for either diagnosis and counseling for digital addiction
429 treatment, non-ionizing radiation reduction services, diagnosis of electromagnetic sensitivity, and
430 nutritional analysis and supplementation in pathological conditions which is less than an annual

431 or lifetime dollar or unit of service limitation imposed on coverage for the diagnosis and
432 treatment of physical conditions and (2) provides an annual check-up supporting relevant
433 guidance from physicians as described in subsection (b).

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

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

438 (g) This section shall not affect an obligation to provide services to an individual under
439 an individualized family service plan, an individualized education program or an individualized
440 service plan. Related services provided by school personnel under an individualized education
441 program are not subject to reimbursement under this section.

442 (h) An insurer, corporation or health maintenance organization may set an additional
443 reasonable limit on non-ionizing radiation reduction services for a period of 3 years from the
444 requirement to provide coverage under this section and not covered by the insurer, corporation or
445 health maintenance organization as of December 31, 2016, if:

446 (1) an actuary, affiliated with the insurer, corporation or health maintenance organization
447 certifies in writing to the commissioner of insurance that:

448 (i) based on an analysis to be completed not more than once annually by each insurer,
449 corporation or health maintenance organization for the most recent experience period of at least 1
450 year's duration, the annual costs associated with coverage of non-ionizing radiation reduction
451 services and nutritional analysis and supplementation required under this section and not covered

452 as of December 31, 2018, exceeded 1 per cent of the premiums charged over the experience
453 period by the insurer, corporation or health maintenance organization;

454 (ii) those costs solely would lead to an increase in average premiums charged of more
455 than 1 per cent for all insurance policies, subscription contracts or health care plans commencing
456 on inception or the next renewal date, based on the premium rating methodology and practices
457 the insurer, corporation or health maintenance organization employs; and

458 (iii) the commissioner of insurance approves the certification of the actuary.

459 (2) An exemption allowed under paragraph (1) shall apply for a 3 year coverage period
460 following inception or next renewal date of all insurance policies, subscription contracts or
461 health care plans issued or renewed during the 1 year period following the date of the exemption,
462 after which the insurer, corporation or health maintenance organization shall again provide
463 coverage for non-ionizing reduction services required under this section.

464 (3) Notwithstanding the exemption allowed under paragraph (1), an insurer, corporation
465 or health maintenance organization may elect to continue to provide coverage for non-ionizing
466 radiation reduction services required under this section.