HOUSE . . . . . No. 4947

The Commonwealth of Massachusetts

HOUSE OF REPRESENTATIVES, January 23, 2026.

The committee on Financial Services, to whom was referred the petition (accompanied by bill, House, No. 1235) of John J. Lawn, Jr., and Dennis C. Gallagher relative to the mandated benefit review process, reports recommending that the accompanying bill (House, No. 4947) ought to pass.

For the committee,

JAMES M. MURPHY.

FILED ON: 12/23/2025

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The Commonwealth of Massachusetts

In the One Hundred and Ninety-Fourth General Court
(2025-2026)

An Act updating the mandated benefit review process.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

SECTION 1. Chapter 3 of the General Laws, as appearing in the 2022 Official Edition, is hereby amended by striking out section 38C, as so appearing, and inserting in place thereof the following section:-

Section 38C. (a) As used in this section, the following words shall, unless the context clearly requires otherwise, have the following meanings:-

"Center", the center for health information and analysis established under chapter 12C.

"Mandated health benefit bill", a bill that mandates health insurance coverage for (i) treatments or services from a particular type of health care provider or health care professional; (ii) screening, diagnosis, or treatment of a particular disease or condition; or (iii) a particular type of treatment or service, or of medical equipment, medical supplies, or drugs used in connection with a treatment or service, provided, that such coverage is offered as part of a policy or policies of group life and accidental death and dismemberment insurance covering persons in the service of the commonwealth, and group general or blanket insurance providing hospital, surgical,

medical, dental, and other health insurance benefits covering persons in the service of the commonwealth, and their dependents organized under chapter 32A, individual or group health insurance policies offered by an insurer licensed or otherwise authorized to transact accident or health insurance organized under chapter 175, a nonprofit hospital service corporation organized under chapter 176A, a nonprofit medical service corporation organized under chapter 176B, a health maintenance organization organized under chapter 176G, or an organization entering into a preferred provider arrangement under chapter 176I, any health plan issued, renewed, or delivered within or without the commonwealth to a natural person who is a resident of the commonwealth, including a certificate issued to an eligible natural person which evidences coverage under a policy or contract issued to a trust or association for said natural person and his dependent, including said person's spouse organized under chapter 176M.

(b) The house and senate committees on ways and means when reporting favorably mandated health benefit bill referred to them, shall include a review and evaluation conducted by the center pursuant to this section.

(c) Upon the request of the house committee on ways and means or the senate committee on ways and means, the center shall conduct a review and evaluation of the mandated health benefit bill, in consultation with other relevant state agencies, and shall report to the committee within 180 days of the request, or pursuant to a timeline agreed to by the committee and the center. If the center fails to report to the appropriate committee within the allotted time, said committee may report favorably on the mandated health benefit bill without including a review and evaluation from the center. The center shall post each analysis on a searchable website as defined in section 14C of chapter 7 and make every analysis available to the public upon request.

(d) When reviewing a mandated health benefit bill the center shall prepare a written analysis with relevant data on the following:

(1) Public health impacts, including, but not limited to, the following:

(A) The impact on the health of the community, including the reduction of communicable disease and the benefits of prevention such as those provided by childhood immunizations and prenatal care.

(B) The impact on the health of the community, including diseases and conditions where disparities in outcomes associated with the social determinants of health as well as gender, race, sexual orientation, or gender identity are established in peer-reviewed scientific and medical literature.

(C) The extent to which the benefit or service reduces premature death and the economic loss associated with disease.

(2) Medical impacts, including, but not limited to, the following:

(A) The extent to which the benefit or service is generally recognized by the medical community as being effective in the screening, diagnosis, or treatment of a condition or disease, as demonstrated by a review of scientific and peer-reviewed medical literature.

(B) The extent to which the benefit or service is generally available and utilized by treating physicians.

(C) The contribution of the benefit or service to the health status of the population, including the results of any research demonstrating the efficacy of the benefit or service compared to alternatives, including not providing the benefit or service.

(D) The extent to which mandating the benefits or services would not diminish or eliminate access to currently available health care benefits or services.

(3) Financial impacts, including, but not limited to, the following:

(A) The extent to which the coverage will increase or decrease the benefit or cost of the benefit or service over the next 5 years.

(B) The extent to which the coverage will increase the utilization of the benefit or service, or will be a substitute for, or affect the cost of, alternative benefits or services over the next 5 years.

(C) The extent to which the coverage will increase or decrease the administrative expenses of health care service plans and health insurers and the premium and expenses of subscribers, enrollees, and policyholders.

(D) The impact of this coverage on anticipated costs or savings estimated upon implementation for one subsequent calendar year, or, if applicable, two subsequent calendar years through a long-range estimate.

(E) The potential cost or savings to the private sector, including the impact on large and small employers, employees and nongroup purchasers, other retirement systems funded by the state or by a local government, individuals purchasing individual health insurance and publicly funded state health insurance programs, including MassHealth and the Massachusetts Health Connector.

(F) The extent to which costs resulting from lack of coverage or are or would be shifted to other payers, including both public and private entities.

(G) The extent to the costs to health care consumers of not mandating the benefit in terms of out-of-pocket costs for treatment or delayed treatment.

(H) The extent to which mandating the proposed benefit or service would not diminish or eliminate access to currently available health care benefits or services over the next 5 years.

(I) The extent to which the benefit or service is generally utilized by a significant portion of the population.

(J) The extent to which health care coverage for the benefit or service is already generally available.

(K) The level of public demand for health care coverage for the benefit or service, including the level of interest of collective bargaining agents in negotiating privately for inclusion of this coverage in group contracts, and the extent to which the mandated benefit or service is covered by self-funded employer groups.

(L) The impact of this coverage on the total cost of health care.

(M) In assessing and preparing a written analysis of the financial impact of legislation proposing to mandate a benefit or service pursuant to this paragraph, the center shall use a certified actuary or other person with relevant knowledge and expertise to determine the financial impact.

(4) The impact on essential health benefits, as defined in 956 CMR 5.00 and 42 U.S.C. § 18022(b), and the impact on the Massachusetts Health Connector.

(5) Legislative impacts on health insurance benefit design, cost sharing, premiums, and other health insurance topics.

(6) The medical efficacy of mandating the benefit, including the impact of the benefit to the quality of patient care and the health status of the population and the results of any research demonstrating the medical efficacy of the treatment or service compared to alternative treatments or services or not providing the treatment or service.

(7) If the legislation seeks to mandate coverage of an additional class of practitioners, the results of any professionally acceptable research demonstrating the medical results achieved by the additional class of practitioners relative to those already covered and the methods of the appropriate professional organization that assures clinical proficiency.

(e) The center shall issue a comprehensive report at least once every 5 years on the cost and public health impact of all existing mandated benefits. In conjunction with this review, the center shall consult with the department of public health and the University of Massachusetts Medical School in a clinical review of all mandated benefits to ensure that all mandated benefits continue to conform to existing standards of care in terms of clinical appropriateness or evidence-based medicine. The center may file legislation that would amend or repeal existing mandated benefits that no longer meet these standards.