

HOUSE No. 4957

The Commonwealth of Massachusetts

HOUSE OF REPRESENTATIVES, January 28, 2026.

The committee on Financial Services, to whom was referred the petition (accompanied by bill, House, No. 1315) of Lindsay N. Sabadosa and others relative to IUD pain management coverage, reports recommending that the accompanying bill (House, No. 4957) ought to pass.

For the committee,

JAMES M. MURPHY.

The Commonwealth of Massachusetts

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

An Act relative to IUD pain management coverage.

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 32A of the General Laws, as appearing in the 2022 Official

2 Edition, is hereby amended by inserting after Section 28(f) the following section:

3 Section 28. (g) Any coverage offered by the commission to any active or retired
4 employee of the commonwealth insured under the group insurance commission shall provide
5 coverage for pain control methods during intrauterine device insertion, including but not limited
6 to intravenous sedation, oral sedation, nitrous oxide, local anesthesia, or topical anesthesia as
7 prescribed by a provider, acting within their scope of practice.

8 (h) (1) Coverage provided under subsection (g) shall not be subject to any deductible,
9 coinsurance, copayment or any other cost-sharing requirement, except as provided for in
10 subclauses (A) and (B) of clause (i) of subsection (a) or as otherwise required under federal law.
11 Coverage offered under this section shall not impose unreasonable restrictions or delays in the
12 coverage; provided, however, that reasonable medical management techniques may be applied to
13 coverage within a method category, as defined by the FDA, but not across types of methods.

(2) Benefits for an enrollee under this section shall also be provided for such enrollee's

15 covered spouse and covered dependents.

(3) Nothing in this section shall be construed to deny or restrict in any way the group

17 insurance commission's authority to ensure plan compliance with this chapter.

18 SECTION 2. Chapter 118E of the General Laws, as so appearing, is hereby amended by

19 inserting in section 10K the following subsections:

(g) The division and its contracted health insurers, health plans, health maintenance

21 organizations, behavioral health management firms and third-party administrators under contract

22 to a Medicaid managed care organization or primary care clinician plan shall provide coverage

23 for pain control methods during interuterine device insertion, including but not limited to

intravenous sedation, oral sedation, nitrous oxide, local anesthesia, or topical anesthesia as

25 prescribed by a provider, acting within their scope of practice.

(h) (1) Coverage provided under subsection (g) shall not be subject to any deductible,

27 coinsurance, copayment or any other cost-sharing requirement, except as provided for in

28 subclauses (A) and (B) of clause (i) of subsection (a) or as otherwise required under federal law.

29 Coverage provided under this section shall not impose unreasonable restrictions or delays in the

30 coverage; provided, however, that reasonable medical management techniques may be applied to

31 coverage within a method category, as defined by the FDA, but not across types of methods.

32 (2) Benefits for an enrollee under this section shall be the same for such enrollee's

33 covered spouse and covered dependents.

34 (3) Nothing in this section shall be construed to deny or restrict in any way the division of
35 medical assistance's authority to ensure its contracted health insurers, health plans, health
36 maintenance organizations, behavioral health management firms and third-party administrators
37 under contract to a Medicaid managed care organization or primary care clinician plan are in
38 compliance with this chapter.

39 SECTION 3. Chapter 175 of the General Laws, as appearing in the 2022 Official Edition,
40 is hereby amended by inserting after section 47W(j) the following subsections:

41 (k) An individual policy of accident and sickness insurance issued pursuant to section
42 108 that provides hospital expense and surgical expense and any group blanket policy of accident
43 and sickness insurance issued pursuant to section 110 that provides hospital expense and surgical
44 expense insurance, delivered, issued or renewed by agreement between the insurer and the
45 policyholder, within or without the Commonwealth, (hereinafter "policy") shall provide benefits
46 for residents of the Commonwealth and all group members having a principal place of
47 employment within the Commonwealth coverage for pain control methods during interuterine
48 device insertion, including but not limited to intravenous sedation, oral sedation, nitrous oxide,
49 local anesthesia, or topical anesthesia as prescribed by a provider, acting within their scope of
50 practice.

51 (l) (1) Coverage provided under subsection (k) shall not be subject to any deductible,
52 coinsurance, copayment or any other cost-sharing requirement, except as provided for in
53 subclauses (A) and (B) of clause (i) of subsection (d) or as otherwise required under federal law.
54 Coverage offered under said subsection (d) shall not impose unreasonable restrictions or delays
55 in the coverage, in accordance with the requirements of chapter 176O; provided, however, that

56 reasonable medical management techniques may be applied to coverage within a method
57 category, as defined by the FDA, but not across types of methods.

58 (2) Benefits for an enrollee shall be the same for such enrollee's covered spouse and
59 covered dependents.

60 (m) A policy of accident and sickness insurance that is purchased by an employer that is a
61 church or qualified church-controlled organization shall be exempt from subsection (k) at the
62 request of the employer.

63 (n) The commissioner of insurance shall ensure that plans issued under subsection (k)
64 comply with this chapter.

65 (o) For purposes of this section, the definitions in subsection (j) apply.

66 SECTION 4. Chapter 176A of the General Laws, as so appearing, is hereby amended by
67 inserting after section 8W(j) the following subsections:

68 (k) Any contract between a subscriber and the corporation under an individual or group
69 hospital service plan that is delivered, issued or renewed within or without the Commonwealth
70 and that provides benefits for outpatient services shall provide to all individual subscribers and
71 members within the Commonwealth and to all group members having a principal place of
72 employment within the Commonwealth coverage for pain control methods during interuterine
73 device insertion, including but not limited to intravenous sedation, oral sedation, nitrous oxide,
74 local anesthesia, or topical anesthesia as prescribed by a provider, acting within their scope of
75 practice.

76 (l) Coverage provided under subsection (k) shall not be subject to any deductible,
77 coinsurance, copayment or any cost-sharing requirement except as provided for in subclauses
78 (A) and (B) of clause (i) of subsection (d) or as otherwise required under federal law. Coverage
79 offered under subsection (k) shall not impose any unreasonable restriction or delay in the
80 coverage, in accordance with the requirements of chapter 176O; provided, however, that
81 reasonable medical management techniques may be applied to coverage within a method
82 category, as defined by the FDA, but not across types of methods.

83 (m) (1) The requirements of subsection (k) shall not apply to a contract between a
84 subscriber and a corporation under an individual or group hospital service plan that is delivered,
85 issued, or renewed within or without the Commonwealth that is purchased by an employer that is
86 a church or qualified church-controlled organization.

87 (2) A church or qualified church-controlled organization that invokes the exemption
88 provided under subsection (m)(1) shall provide written notice to prospective enrollees prior to
89 enrollment with the plan, listing the contraceptive health care methods and services such
90 employer refuses to cover for religious reasons.

91 (n) Nothing in this subsection shall be construed to deny or restrict in any way the
92 division of insurance's authority to ensure contract compliance with this chapter.

93 (o) For purposes of this section, the definitions set forth in section (j) of this chapter shall
94 apply, unless the context clearly requires otherwise.

95 SECTION 5. Chapter 176B of the General Laws, as appearing in the 2022 Official
96 Edition, is hereby amended by inserting after section 4W(i) the following subsections:

97 (k) Any subscription certificate under an individual or group medical service agreement
98 that is delivered, issued or renewed within or without the Commonwealth and that provides
99 benefits for outpatient services shall provide to all individual subscribers and members within the
100 Commonwealth and to all group members having a principal place of employment within the
101 Commonwealth coverage for all of the following services and contraceptive methods for pain
102 control methods during intrauterine device insertion, including but not limited to intravenous
103 sedation, oral sedation, nitrous oxide, local anesthesia, or topical anesthesia as prescribed by a
104 provider, acting within their scope of practice.

105 (l) (1) A medical service agreement subject to subsection (k) shall not impose a
106 deductible, coinsurance, copayment or any other cost-sharing requirement on the coverage
107 provided.

108 (2) Benefits for an enrollee under this subsection shall be the same for such enrollee's
109 covered spouse and covered dependents.

110 (m) (1) The requirements of this subsection shall not apply to a medical service
111 agreement that is delivered, issued, or renewed within or without the Commonwealth that is
112 purchased by an employer that is a church or qualified church-controlled organization.

113 (2) A church or qualified church-controlled organization that invokes the exemption
114 provided under subsection (m)(1) shall provide written notice to prospective enrollees prior to
115 enrollment with the plan, listing the contraceptive health care methods and services the employer
116 refuses to cover for religious reasons.

117 (n) Nothing in this subsection shall be construed to deny or restrict in any way the
118 division of insurance's authority to ensure medical service agreement compliance with this
119 chapter.

120 (o) For purposes of this section, the definitions set forth in subsection (j) shall apply,
121 unless the context clearly requires otherwise.

122 SECTION 6. Chapter 176G of the General Laws, as so appearing, is hereby amended by
123 inserting after section 4O(j) the following subsections:

124 (k) Any individual or group health maintenance contract that is issued, renewed or
125 delivered within or without the Commonwealth and that provides benefits for outpatient
126 prescription drugs or devices shall provide to residents of the Commonwealth and to persons
127 having a principal place of employment within the Commonwealth coverage for pain control
128 methods during intrauterine device insertion, including but not limited to intravenous sedation,
129 oral sedation, nitrous oxide, local anesthesia, or topical anesthesia as prescribed by a provider,
130 acting within their scope of practice.

131 (l) (1) Coverage provided under subsection (k) shall not be subject to any deductible,
132 coinsurance, copayment or any other cost-sharing requirement except as provided for in
133 subclauses (A) and (B) of clause (i) of subsection (d) or otherwise as required under federal law.
134 Coverage offered under said subsection (d) shall not impose unreasonable restrictions or delays
135 in the coverage, in accordance with the requirements of chapter 176O; provided, however, that
136 reasonable medical management techniques may be applied to coverage within a method
137 category, as defined by the FDA, but not across types of methods.

138 (2) Benefits for an enrollee under this section shall be the same for such enrollee's
139 covered spouse and covered dependents.

140 (m) (1) The requirements of this subsection shall not apply to a health maintenance
141 contract if that policy is purchased by an employer that is a church or qualified church-controlled
142 organization.

143 (2) A church or qualified church-controlled organization that invokes the exemption
144 provided under subsection (m)(1) shall provide written notice to prospective enrollees prior to
145 enrollment with the plan, listing the contraceptive health care services the employer refuses to
146 cover for religious reasons.

147 (n) Nothing in this subsection shall be construed to deny or restrict in any way the
148 division of insurance's authority to ensure health maintenance contract compliance with this
149 chapter.

150 (o) For purposes of this section, the definitions in subsection (j) shall apply, unless the
151 context clearly requires otherwise.