

SENATE No. 2928

The Commonwealth of Massachusetts

PRESENTED BY:

Joan B. Lovely

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 to establish a celiac disease screening pilot program.

PETITION OF:

NAME:	DISTRICT/ADDRESS:	
<i>Joan B. Lovely</i>	<i>Second Essex</i>	
<i>Michelle L. Badger</i>	<i>1st Plymouth</i>	<i>1/8/2026</i>

SENATE No. 2928

By Ms. Lovely, a petition (accompanied by bill, Senate, No. 2928) (subject to Joint Rule 12) of Joan B. Lovely and Michelle L. Badger for legislation to establish a celiac disease screening pilot program. Public Health.

The Commonwealth of Massachusetts

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

An Act to establish a celiac disease screening pilot program.

Whereas, The deferred operation of this act would tend to defeat its purpose, which is to establish a pilot program for celiac disease screening in the commonwealth, therefore it is hereby declared to be an emergency law, necessary for the immediate preservation of the public convenience.

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

1 (a) For the purpose of this act, the following terms shall, unless the context clearly
2 requires otherwise, have the following meanings:

3 “Celiac disease”, an autoimmune condition where the immune system reacts to gluten.

4 'Commissioner', the commissioner of public health.

5 “Department”, the department of public health.

6 “Health care provider”, any: (i) doctor of medicine, registered nurse or registered
7 pharmacist, licensed pursuant to chapter 112 of the General Laws; (ii) intern, resident, fellow or
8 medical officer licensed pursuant to section 9 of said chapter 112; (iii) hospital, clinic or nursing

home licensed pursuant to chapter 111 of the General Laws and its agents and employees; (iv) public hospital and its agents and employees; or (v) integrated health care delivery network comprising 1 or more hospitals licensed under section 51 of said chapter 111 and affiliated providers operating under common ownership or control.

(b) The department shall establish a 3-year pilot program to evaluate the potential of including the screening of celiac disease by health care providers when conducting screenings of cholesterol and lipids for 12 year olds in the commonwealth.

(c) The program shall: (i) improve early detection of celiac disease in children; (ii) help reduce long-term health consequences; and (iii) support families navigating a diagnosis of celiac disease.

(d) Health care providers within the commonwealth shall be allowed to participate in the program at no additional cost. Health care providers in the program shall collect data relative to celiac disease screenings as determined by the department for the annual report pursuant to subsection (i).

(e) The program shall assess the feasibility, accuracy and outcomes of celiac disease screenings for 12 year olds.

(f) The department shall provide educational materials and resources to support families of children diagnosed with celiac disease.

(g) The department shall engage with health care providers, health insurers and patient advocacy groups to ensure the program addresses the needs of children diagnosed with celiac disease in the commonwealth.

(h) Subject to appropriation, the department shall allocate funding necessary to support the implementation and evaluation of the program.

(i) The commissioner shall prepare an annual report that shall include: (i) an evaluation of the program's effectiveness in screening for celiac disease in 12 years olds; (ii) analysis of cost savings and the financial sustainability of screening for celiac disease in children; (iii) collected data by health care providers pursuant to subsection (d); and (iv) any recommendations for expansion of screening for celiac disease in the commonwealth. The annual report shall be submitted, not later than December 31 of each year of the program, to the chairs of the joint committee on public health, the chairs of the joint committee on health care financing and the clerks of the house of representatives and senate.