SENATE DOCKET, NO. 2124 FILED ON: 1/17/2025

SENATE . . . . . No. 824

The Commonwealth of Massachusetts

PRESENTED BY:

Rebecca L. Rausch

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 relative to IUD pain management coverage.

PETITION OF:

NAME:	DISTRICT/ADDRESS:	
Rebecca L. Rausch	*Norfolk, Worcester and Middlesex*	
John F. Keenan	*Norfolk and Plymouth*	*3/6/2025*
Manny Cruz	*7th Essex*	*3/6/2025*
Michael J. Barrett	*Third Middlesex*	*7/24/2025*
Patricia D. Jehlen	*Second Middlesex*	*9/22/2025*
Adam Gómez	*Hampden*	*10/1/2025*
Lydia Edwards	*Third Suffolk*	*10/1/2025*

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SENATE . . . . . No. 824

By Ms. Rausch, a petition (accompanied by bill, Senate, No. 824) of Rebecca L. Rausch, John F. Keenan and Manny Cruz for legislation relative to coverage for pain medication for IUD procedures. Financial Services.

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:

SECTION 1. Chapter 32A of the General Laws, as appearing in the 2022 official edition, is hereby amended by inserting after Section 28(h) the following section:

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

(j) (1) Coverage provided under subjection (g) shall not be subject to any deductible, coinsurance, copayment or any other cost-sharing requirement, except as provided for in subclauses (A) and (B) of clause (i) of subsection (a) or as otherwise required under federal law. Coverage offered under this section shall not impose unreasonable restrictions or delays in the

coverage; provided, however, that reasonable medical management techniques may be applied to 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 covered spouse and covered dependents.

(3) Nothing in this section shall be construed to deny or restrict in any way the group insurance commission's authority to ensure plan compliance with this chapter.

SECTION 2. Chapter 118E of the General Laws, as appearing in the 2022 official edition, is hereby amended by inserting in section 10K the following subsections:

(g) The division and its contracted health insurers, health plans, health maintenance organizations, behavioral health management firms and third-party administrators under contract to a Medicaid managed care organization or primary care clinician plan shall provide coverage 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 prescribed by a provider, acting within their scope of practice.

(h) (1) Coverage provided under subjection (g) shall not be subject to any deductible, coinsurance, copayment or any other cost-sharing requirement, except as provided for in subclauses (A) and (B) of clause (i) of subsection (a) or as otherwise required under federal law. Coverage provided under this section shall not impose unreasonable restrictions or delays in the coverage; provided, however, that reasonable medical management techniques may be applied to 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 be the same for such enrollee's covered spouse and covered dependents.

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

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

(k) An individual policy of accident and sickness insurance issued pursuant to section 108 that provides hospital expense and surgical expense and any group blanket policy of accident and sickness insurance issued pursuant to section 110 that provides hospital expense and surgical expense insurance, delivered, issued or renewed by agreement between the insurer and the policyholder, within or without the Commonwealth, (hereinafter "policy") shall provide benefits for residents of the Commonwealth and all group members having a principal place of employment within the Commonwealth coverage 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 prescribed by a provider, acting within their scope of practice.

(l) (1) Coverage provided under subsection (k) shall not be subject to any deductible, coinsurance, copayment or any other cost-sharing requirement, except as provided for in subclauses (A) and (B) of clause (i) of subsection (d) or as otherwise required under federal law.

Coverage offered under said subsection (d) shall not impose unreasonable restrictions or delays in the coverage, in accordance with the requirements of chapter 176O; provided, however, that reasonable medical management techniques may be applied to coverage within a method category, as defined by the FDA, but not across types of methods.

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

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

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

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

SECTION 4. Chapter 176A of the General Laws, as appearing in the 2022 official edition, is hereby amended by inserting after section 8W(j) the following subsections:

(k) Any contract between a subscriber and the corporation under an individual or group hospital service plan that is delivered, issued or renewed within or without the Commonwealth and that provides benefits for outpatient services shall provide to all individual subscribers and members within the Commonwealth and to all group members having a principal place of employment within the Commonwealth coverage 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 prescribed by a provider, acting within their scope of practice.

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

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

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

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

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

SECTION 5. Chapter 176B of the General Laws, as appearing in the 2022 official edition, is hereby amended by inserting after section 4W(j) the following subsections:

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

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

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

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

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

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

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

SECTION 6. Chapter 176G of the General Laws, as appearing in the 2022 official edition, is hereby amended by inserting after section 4O(c) the following subsections:

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

(e) (1) Coverage provided under subsection (d) shall not be subject to any deductible, coinsurance, copayment or any other cost-sharing requirement except as provided for in subclauses (A) and (B) of clause (i) of subsection (d) or otherwise as required under federal law. Coverage offered under said subsection (d) shall not impose unreasonable restrictions or delays in the coverage, in accordance with the requirements of chapter 176O; provided, however, that reasonable medical management techniques may be applied to 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 be the same for such enrollee's covered spouse and covered dependents.

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

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

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

(h) For purposes of this section, the definitions in subjection (j) shall apply, unless the context clearly requires otherwise.

SECTION 7. Sections 1 through 6 of this act shall apply to all policies, contracts and certificates of health insurance subject to chapters 32A, chapter 118E, chapter 175, chapter 176A, chapter 176B, and chapter 176G which are delivered, issued or renewed on or after September 1, 2026.