

**SENATE . . . . . No.**

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**The Commonwealth of Massachusetts**

PRESENTED BY:

***John C. Velis, (BY REQUEST)***

*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 wiring medical facilities, nursing homes, and medical training to support safer electromagnetic radiation exposures and to support reduction of other environmental hazards.

PETITION OF:

NAME:

*Kirstin Beatty*

DISTRICT/ADDRESS:

*149 Central Park Drive, Holyoke, MA  
01040*

SENATE . . . . . No.

[Pin Slip]

The Commonwealth of Massachusetts

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

An Act wiring medical facilities, nursing homes, and medical training to support safer electromagnetic radiation exposures and to support reduction of other environmental hazards.

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 would benefit from continuing education on toxins that  
5 cause illness, but should be 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, medical providers and nursing homes should progressively limit non-ionizing  
9 radiation technology exposures as part of quality control measures, because numerous peer-  
10 reviewed studies demonstrate such exposures contribute to dementias, cancers, numerous chronic  
11 illness, and to feeling unwell.

12           Whereas, nutritional imbalances can be caused by toxic exposures and can contribute to  
13 pathological conditions, such that nutritional analysis and supplementation such as with  
14 antioxidants should be a part of treatment and insurance coverage.

15           Resolved, that the policy goals of this act are to:

16           (a) address electromagnetic radiation exposures from technology in medical facility and  
17 nursing home exposures with medical training, guidance, and progressive limits and monitoring  
18 that align with recommendations in the scientific literature and that of expert groups such as the  
19 Building Biology Institute and the International Commission on the Biological Effects of  
20 Electromagnetic Fields;

21           (b) update medical training to insure medical professionals in relevant fields are kept  
22 current regarding and acknowledge digital addiction, potential toxicities in consumer products,  
23 and mold hazards;

24           (c) update medical insurance to support medical evaluation, treatment and guidance  
25 regarding environmental hazards such as digital addiction, plastics, electromagnetic radiation,  
26 and ensuing pathological nutritional deficiencies; and

27           (d) to reorganize the disorganized section 2 of chapter 112 only for organizational  
28 purposes without modifying content.

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

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

33           “Building Biology electromagnetic radiation specialist” refers to an electromagnetic  
34 radiation specialist certified by the Building Biology Institute, a 501(c)(3) founded in Florida in  
35 1987 based on the German principles of Building Biology.

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

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

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

52           If a written plan of correction is not submitted within the allowable time, said violations  
53 shall be made public at the expiration of the allowable time. Inspections shall be unannounced  
54 and made at such intervals as the department shall specify in its rules and regulations, but at least

55 twice per annum. A visit made to a facility for the purpose of providing consultation shall not be  
56 considered to be an inspection.

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

59 (d) Master Plan provisions. Every master plan shall describe a plan that sets objectives  
60 and a reasonable timeline to reduce non-ionizing radiation in the facility. Each master plan shall  
61 be designed to provide, while attending to other needs of the facility, the financial resources and  
62 attention necessary to swiftly reduce non-ionizing radiation exposures that are (1) harmful; (2)  
63 potentially harmful; and (3) unintentional, prioritizing the former.

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

67 While additional objectives may be included by the institution, the following objectives  
68 shall be required.

69 (1) Hard-wire Internet connections;

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

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

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

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

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

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

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

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

88 (11) Meet the following objectives:

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

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

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

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

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

100 “Building Biology electromagnetic radiation specialist” refers to an electromagnetic  
101 radiation specialist certified by the Building Biology Institute, a 501(c)(3) founded in Florida in  
102 1987 based on the German principles of Building Biology.

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

192           SECTION 6. 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 adding before the first word the following  
194 subsection:-

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

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

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

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

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

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

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

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

230 (4) Training and education on patient health and the diagnosis, treatment, education, and  
231 care of patients with regard to mold, consumer products, and pollutants, including the  
232 contamination of water sources by lead, plastic derivatives, and other pollutants and with  
233 provision of resources for product recalls. This training shall include a review of mold-related  
234 pathologies and the chemical basis for Multiple Chemical Sensitivity.

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

238 (a) Applications and board of registration. Applications for registration as qualified  
239 physicians, signed and sworn to by the applicants, shall be made upon blanks furnished by the

240 board of registration in medicine, herein and in sections three to nine A, inclusive, called the  
241 board.

242 (b) Physician registration, examination, and fee. Each applicant who shall furnish the  
243 board with satisfactory proof that he is eighteen years of age or over and of good moral  
244 character, that he has completed two years of premedical studies in a college or university, that  
245 he has attended courses of instruction for four years of not less than thirty-two school weeks in  
246 each year, or courses which in the opinion of the board are equivalent thereto, in one or more  
247 legally chartered medical schools, and that he has received the degree of doctor of medicine, or  
248 its equivalent, from a legally chartered medical school in the United States or commonwealth of  
249 Puerto Rico or Canada having the power to confer degrees in medicine, shall upon payment of a  
250 fee to be determined annually by the commissioner of administration under the provision of  
251 section three B of chapter seven, be examined, and, if found qualified by the board, be registered  
252 as a qualified physician and entitled to a certificate in testimony thereof, signed by the chairman  
253 and secretary.

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

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

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

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

279 (4) Certification of any foreign degree. An applicant who has received from a medical  
280 school, legally chartered in a sovereign state other than the United States, the commonwealth of  
281 Puerto Rico or Canada, a degree of doctor of medicine or its equivalent shall be required to  
282 furnish to the board such documentary evidence as the board may require that his education is  
283 substantially the equivalent of that of graduates of medical schools in the United States and such

284 other evidence as the board may require as to his qualifications to practice medicine, and shall,  
285 unless granted an exemption by the board, be required to present a Standard Certificate granted  
286 after examination by the Educational Council for Foreign Medical Graduates; provided,  
287 however, that an applicant who shall furnish the board with satisfactory proof that he is eighteen  
288 years of age or over and of good moral character, that he has completed two years of premedical  
289 studies in a college or university of the United States or Canada shall not be required to possess a  
290 certificate by the Educational Council for Foreign Medical Graduates and shall be admitted to  
291 the examination for licensure if he has studied medicine in a medical school outside the United  
292 States which is recognized by the World Health Organization, has completed all the formal  
293 requirements for the degree corresponding to doctor of medicine except internship and social  
294 service or internship or social service, has satisfactorily completed one academic year of  
295 supervised clinical training sponsored by an approved medical school in the United States or  
296 Canada, and has completed one year of graduate medical education in a program approved by the  
297 Liaison Committee on Graduate Medical Education of the American Medical Association. If the  
298 board shall be satisfied as to his education and his qualifications, the board shall, upon payment  
299 of a fee determined under the aforementioned provision by the applicant, admit him to the  
300 examination for licensure.

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



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

308 (1) Other states and AMA or AOA diplomates. The board may without examination grant  
309 certificates of registration as qualified physicians to such graduates of medical schools: (A) who  
310 shall furnish with their applications satisfactory proof that they have the qualifications required  
311 in the commonwealth to entitle them to be examined and have been licensed or registered upon a  
312 written examination in another state whose standards, in the opinion of the board, are equivalent  
313 to those in the commonwealth, or (B) who are diplomates of specialty boards recognized by the  
314 American Medical Association or the American Osteopathic Association; provided that any  
315 person who has previously attempted unsuccessfully to secure registration in the commonwealth  
316 shall be registered under the provisions of this paragraph without examination only at the  
317 discretion of the board. The fee for such registration without examination shall be determined  
318 under the aforementioned provision.

319 (2) Canadian and Puerto Rican licensure. Notwithstanding any other provisions of this  
320 chapter the board may without examination grant a certificate of registration as a qualified  
321 physician to such person as shall furnish with his application satisfactory evidence that he is: (A)  
322 a graduate of a Canadian medical school, or a medical school legally chartered in a sovereign  
323 state other than the United States or the commonwealth of Puerto Rico, and is licensed by the  
324 Medical Council of Canada and by a provincial licensing authority; or (B) is licensed in the  
325 commonwealth of Puerto Rico or in the province of Saskatchewan in Canada upon obtaining a  
326 grade of seventy-five per cent or better in the federation licensing examination of the federation  
327 of state medical boards of the United States. Any person granted a certificate of registration

328 under the provisions of this paragraph shall pay a fee determined under the aforementioned  
329 chapter seven provision.

330 (3) Academic appointments. Notwithstanding any other provision of this chapter, the  
331 board may without examination grant a certificate of registration as a qualified physician to a  
332 person who is a graduate of a medical school which is legally chartered in a sovereign state other  
333 than the United States, the commonwealth of Puerto Rico or Canada, if such person furnishes  
334 proof satisfactory to the board that: (A) he has a full time academic appointment at a legally  
335 chartered medical school in the commonwealth; (B) he is qualified and competent in the field of  
336 medicine or surgery; and (C) he has been licensed or registered to practice medicine in such  
337 other state or country and has held a faculty appointment at a medical school legally chartered in  
338 such other state or country. Application for registration as a qualified physician, signed and  
339 sworn to by the applicant under the provisions of this section shall be made upon blanks  
340 furnished by the board. If satisfied as to the applicant's qualifications, and upon payment of a fee  
341 by such applicant, the board may issue to such applicant a certificate of registration as a qualified  
342 physician. Such certificate shall be restricted to the specialty in which he holds his academic  
343 appointment and shall be valid only so long as he holds a full time academic appointment. In  
344 addition to the requirements for renewal of certificates of registration under the provisions of  
345 section two, physicians registered under this section shall furnish with their renewal applications  
346 evidence satisfactory to the board that they continue to hold the faculty appointment required by  
347 this section. The board may adopt, amend and rescind such rules and regulations as it deems  
348 necessary to carry out the provisions of this section.

349 (f) Certificate renewal. The board shall require that all physicians registered in the  
350 commonwealth renew their certificates of registration with the board at two-year intervals.

351 Effective nineteen hundred and eighty-seven, every physician registered in the commonwealth  
352 shall renew his or her certificate of registration with the board on or before his or her birthday in  
353 nineteen hundred and eighty-seven and in every second year thereafter; provided that if a  
354 birthday of any physician who shall be registered hereunder shall occur within three months after  
355 original registration, such person need not renew his or her registration until the birthday in the  
356 second year following the birthday aforesaid. For the purposes of this section, the birthday of a  
357 person born on February twenty-nine shall be deemed to be February twenty-eight. The renewal  
358 application shall be accompanied by a fee determined under the aforementioned provision and  
359 shall include the physician's name, license number, home address, office address, his or her  
360 specialties, the principal setting of his practice, and whether he or she is an active or inactive  
361 practitioner.

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

369 SECTION 8. Chapter 175 of the General Laws, as appearing in Title XXII in Part I of the  
370 2021 Official Edition, is hereby amended by adding the following section 47CC:-

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

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

375 “Building Biology” refers to the building science of investigating and creating healthy  
376 building, including with respect to electromagnetic radiation, and in the United States also refers  
377 to training, standards, and certifications, such as for electromagnetic radiation specialists  
378 (EMRS), such as provided by the Building Biology Institute, a 501(c)(3) founded in 1987 in  
379 Florida.

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

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

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

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

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

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

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

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

405           (b) An individual policy of accident and sickness insurance issued under section 108 that  
406 provides hospital expense and surgical expense insurance and any group blanket or general  
407 policy of accident and sickness insurance issued under section 110 that provides hospital expense  
408 and surgical expense insurance, which is issued or renewed within or without the  
409 Commonwealth, shall provide benefits on a nondiscriminatory basis to residents of the  
410 Commonwealth and to all policyholders having a principal place of employment in the  
411 Commonwealth for:

412 (1) expanded nutritional analysis and oxidant testing with nutritional supplementation in  
413 pathological conditions, including to redress genetic deficiencies, toxic oxidative processes, and  
414 as suspected based on clinical evaluation and scientific literature;

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

416 (3) assessment and diagnosis of digital addiction;

417 (4) counseling to address digital addiction;

418 (5) non-ionizing radiation reduction guidance;

419 (6) diagnosis of electromagnetic sensitivity;

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

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

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

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

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

426 (c) Non-ionizing radiation reduction services for leukemia and lymphoma, as noted in  
427 subsection (b) paragraph (7) shall result in a report dated with initial and final measurements of  
428 frequencies as well as specific remediation actions placed in the patient's medical record.

429 Remediation may include moving the patient to another location, unplugging devices, turning off  
430 unnecessary electrical circuits, fixing wiring errors, hard-wiring wireless equipment, use of

431 power quality conditioners, and removing digital equipment. In the event an exposure is external  
432 to the patient's residence or any room assigned for rest and recovery, the report shall identify the  
433 external source(s). The report shall clearly state whether remediation has been successful, and if  
434 not which additional steps are required for success.

435 (d) Other than the limits set in subsections (e), (f), and (g), such policy shall be in  
436 compliance with subsection (b) if the policy (1) does not contain annual or lifetime dollar or unit  
437 of service limitation on coverage for either diagnosis and counseling for digital addiction  
438 treatment, non-ionizing radiation reduction services, diagnosis of electromagnetic sensitivity, and  
439 nutritional analysis and supplementation in pathological conditions which is less than an annual  
440 or lifetime dollar or unit of service limitation imposed on coverage for the diagnosis and  
441 treatment of physical conditions and (2) provides an annual check-up supporting relevant  
442 guidance from physicians as described in subsection (b).

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

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

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

451 (h) An insurer, corporation or health maintenance organization may set an additional  
452 reasonable limit on non-ionizing radiation reduction services for a period of 3 years from the

453 requirement to provide coverage under this section and not covered by the insurer, corporation or  
454 health maintenance organization as of December 31, 2016, if:

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

457 (i) based on an analysis to be completed not more than once annually by each insurer,  
458 corporation or health maintenance organization for the most recent experience period of at least 1  
459 year's duration, the annual costs associated with coverage of non-ionizing radiation reduction  
460 services and nutritional analysis and supplementation required under this section and not covered  
461 as of December 31, 2018, exceeded 1 per cent of the premiums charged over the experience  
462 period by the insurer, corporation or health maintenance organization;

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

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

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



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