

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

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**The Commonwealth of Massachusetts**

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PRESENTED BY:

***Cynthia Stone Creem***

\_\_\_\_\_

*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 special education health care costs.**

\_\_\_\_\_

PETITION OF:

NAME:

*Cynthia Stone Creem*

DISTRICT/ADDRESS:

*Norfolk and Middlesex*

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

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[Pin Slip]

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[SIMILAR MATTER FILED IN PREVIOUS SESSION  
SEE SENATE, NO. 597 OF 2023-2024.]

**The Commonwealth of Massachusetts**

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

An Act relative to special education health care costs.

*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 is hereby amended by adding the  
2 following section:-

3 Section 34. The commission shall provide to an active or retired employee of the  
4 commonwealth who is insured under the group insurance commission benefits on a  
5 nondiscriminatory basis for the medically necessary treatment for disease, illness, injury, or  
6 bodily dysfunction which are required by a student’s individual education program,  
7 individualized family service plan, individualized service plan or the federal Individuals with  
8 Disabilities Education Improvement Act.

9 In order to obtain coverage, school districts shall request, but not require, the child’s  
10 family to provide information about the child’s coverage when a child with a disability begins to

11 receive services from the district of a type that are reimbursable and shall request, but may not  
12 require, updated information as needed.

13 (a) In order to access benefits, a school district must:

14 (i) obtain annual written informed consent from the parent or legal guardian.

15 (1) When obtaining informed consent, the school district must notify the legal guardian

16 (a) that the cost of the person's private health insurance premium may increase due to providing  
17 the covered service in the school setting, (b) that the school district may pay certain enrollee  
18 health plan costs, including but not limited to, co-payments, coinsurance, deductibles, premium  
19 increases or other enrollee cost-sharing amounts for health and related services required by an  
20 individual service plan, or individualized family service plan, and (c) that the school's billing for  
21 each type of covered service may affect service limits and prior authorization thresholds. The  
22 informed consent may be revoked in writing at any time by the person authorizing the billing of  
23 the health plan;

24 (ii) inform the parent or legal representative that a refusal to permit the district to access  
25 their private health care coverage does not relieve the district of its responsibility to provide all  
26 services necessary to provide free and appropriate public education at no cost to the parent or  
27 legal representative.

28 (b) To the extent required by federal law, a school district may not require parents of  
29 children with disabilities, if they would incur a financial cost, to use private health coverage to  
30 pay for the services that must be provided under an individualized education program or  
31 individualized family service plan.

32 (c) To the extent required by federal law, no school district may deny, withhold, or delay  
33 any service that must be provided under an individualized education program or individualized  
34 family service plan because a family has refused to provide informed consent to bill a health plan  
35 for services or a health plan company has refused to pay any, all, or a portion of the cost of  
36 services billed.

37 (d) A school district may disclose information contained in a student's individualized  
38 education program, including records of the student's diagnosis and treatment, to a health plan  
39 company only with the signed and dated consent of the student's parent, or other legally  
40 authorized individual. The school district shall disclose only that information necessary for the  
41 health plan company to decide matters of coverage and payment. A health plan company may  
42 use the information only for making decisions regarding coverage and payment, and for any  
43 other use permitted by law.

44 SECTION 2. Chapter 175 of the General Laws is hereby amended by inserting after  
45 section 47UU the following section:-

46 Section 47VV. An individual policy of accident and sickness insurance issued under  
47 section 108 that provides hospital expense and surgical expense insurance and any group blanket  
48 or general policy of accident and sickness insurance issued under section 110 that provides  
49 hospital expense and surgical expense insurance, which is issued or renewed within or without  
50 the commonwealth, shall provide benefits on a nondiscriminatory basis for the medically  
51 necessary treatment for disease, illness, injury, or bodily dysfunction which are required by a  
52 student's individual education program, individualized family service plan, individualized  
53 service plan or the federal Individuals with Disabilities Education Improvement Act.

54 In order to obtain coverage, school districts shall request, but not require, the child's  
55 family to provide information about the child's coverage when a child with a disability begins to  
56 receive services from the district of a type that are reimbursable and shall request, but may not  
57 require, updated information as needed.

58 (a) In order to access benefits, a school district must:

59 (i) obtain annual written informed consent from the parent or legal guardian.

60 (1) When obtaining informed consent, the school district must notify the legal guardian  
61 (a) that the cost of the person's private health insurance premium may increase due to providing  
62 the covered service in the school setting, (b) that the school district may pay certain enrollee  
63 health plan costs, including but not limited to, co-payments, coinsurance, deductibles, premium  
64 increases or other enrollee cost-sharing amounts for health and related services required by an  
65 individual service plan, or individualized family service plan, and (c) that the school's billing for  
66 each type of covered service may affect service limits and prior authorization thresholds. The  
67 informed consent may be revoked in writing at any time by the person authorizing the billing of  
68 the health plan;

69 (ii) inform the parent or legal representative that a refusal to permit the district to access  
70 their private health care coverage does not relieve the district of its responsibility to provide all  
71 services necessary to provide free and appropriate public education at no cost to the parent or  
72 legal representative.

73 (b) To the extent required by federal law, a school district may not require parents of  
74 children with disabilities, if they would incur a financial cost, to use private health coverage to

75 pay for the services that must be provided under an individualized education program or  
76 individualized family service plan.

77 (c) To the extent required by federal law, no school district may deny, withhold, or delay  
78 any service that must be provided under an individualized education program or individualized  
79 family service plan because a family has refused to provide informed consent to bill a health plan  
80 for services or a health plan company has refused to pay any, all, or a portion of the cost of  
81 services billed.

82 (d) A school district may disclose information contained in a student's individualized  
83 education program, including records of the student's diagnosis and treatment, to a health plan  
84 company only with the signed and dated consent of the student's parent, or other legally  
85 authorized individual. The school district shall disclose only that information necessary for the  
86 health plan company to decide matters of coverage and payment. A health plan company may  
87 use the information only for making decisions regarding coverage and payment, and for any  
88 other use permitted by law.

89 SECTION 3. Chapter 176A of the General Laws is hereby amended by inserting after  
90 section 8VV the following section:-

91 Section 8WW. A contract between a subscriber and the corporation under an individual  
92 or group hospital service plan which is issued or renewed within or without the commonwealth  
93 shall provide benefits on a nondiscriminatory basis for the medically necessary treatment for  
94 disease, illness, injury, or bodily dysfunction which are required by a student's individual  
95 education program, individualized family service plan, individualized service plan or the federal  
96 Individuals with Disabilities Education Improvement Act.

97           In order to obtain coverage, school districts shall request, but not require, the child's  
98 family to provide information about the child's coverage when a child with a disability begins to  
99 receive services from the district of a type that are reimbursable and shall request, but may not  
100 require, updated information as needed.

101           (a) In order to access benefits, a school district must:

102           (i) obtain annual written informed consent from the parent or legal guardian.

103           (1) When obtaining informed consent, the school district must notify the legal guardian

104 (a) that the cost of the person's private health insurance premium may increase due to providing  
105 the covered service in the school setting, (b) that the school district may pay certain enrollee  
106 health plan costs, including but not limited to, co-payments, coinsurance, deductibles, premium  
107 increases or other enrollee cost-sharing amounts for health and related services required by an  
108 individual service plan, or individualized family service plan, and (c) that the school's billing for  
109 each type of covered service may affect service limits and prior authorization thresholds. The  
110 informed consent may be revoked in writing at any time by the person authorizing the billing of  
111 the health plan;

112           (ii) inform the parent or legal representative that a refusal to permit the district to access  
113 their private health care coverage does not relieve the district of its responsibility to provide all  
114 services necessary to provide free and appropriate public education at no cost to the parent or  
115 legal representative.

116           (b) To the extent required by federal law, a school district may not require parents of  
117 children with disabilities, if they would incur a financial cost, to use private health coverage to

118 pay for the services that must be provided under an individualized education program or  
119 individualized family service plan.

120 (c) To the extent required by federal law, no school district may deny, withhold, or delay  
121 any service that must be provided under an individualized education program or individualized  
122 family service plan because a family has refused to provide informed consent to bill a health plan  
123 for services or a health plan company has refused to pay any, all, or a portion of the cost of  
124 services billed.

125 (d) A school district may disclose information contained in a student's individualized  
126 education program, including records of the student's diagnosis and treatment, to a health plan  
127 company only with the signed and dated consent of the student's parent, or other legally  
128 authorized individual. The school district shall disclose only that information necessary for the  
129 health plan company to decide matters of coverage and payment. A health plan company may  
130 use the information only for making decisions regarding coverage and payment, and for any  
131 other use permitted by law.

132 SECTION 4. Chapter 176B of the General Laws is hereby amended by inserting after  
133 section 4VV the following section:-

134 Section 4WW. A subscription certificate under an individual or group medical service  
135 agreement which is issued or renewed within or without the commonwealth shall provide  
136 benefits on a nondiscriminatory basis for the medically necessary treatment for disease, illness,  
137 injury, or bodily dysfunction which are required by a student's individual education program,  
138 individualized family service plan, individualized service plan or the federal Individuals with  
139 Disabilities Education Improvement Act.



140 In order to obtain coverage, school districts shall request, but not require, the child's  
141 family to provide information about the child's coverage when a child with a disability begins to  
142 receive services from the district of a type that are reimbursable and shall request, but may not  
143 require, updated information as needed.

144 (a) In order to access benefits, a school district must:

145 (i) obtain annual written informed consent from the parent or legal guardian.

146 (1) When obtaining informed consent, the school district must notify the legal guardian  
147 (a) that the cost of the person's private health insurance premium may increase due to providing  
148 the covered service in the school setting, (b) that the school district may pay certain enrollee  
149 health plan costs, including but not limited to, co-payments, coinsurance, deductibles, premium  
150 increases or other enrollee cost-sharing amounts for health and related services required by an  
151 individual service plan, or individualized family service plan, and (c) that the school's billing for  
152 each type of covered service may affect service limits and prior authorization thresholds. The  
153 informed consent may be revoked in writing at any time by the person authorizing the billing of  
154 the health plan;

155 (ii) inform the parent or legal representative that a refusal to permit the district to access  
156 their private health care coverage does not relieve the district of its responsibility to provide all  
157 services necessary to provide free and appropriate public education at no cost to the parent or  
158 legal representative.

159 (b) To the extent required by federal law, a school district may not require parents of  
160 children with disabilities, if they would incur a financial cost, to use private health coverage to

161 pay for the services that must be provided under an individualized education program or  
162 individualized family service plan.

163 (c) To the extent required by federal law, no school district may deny, withhold, or delay  
164 any service that must be provided under an individualized education program or individualized  
165 family service plan because a family has refused to provide informed consent to bill a health plan  
166 for services or a health plan company has refused to pay any, all, or a portion of the cost of  
167 services billed.

168 (d) A school district may disclose information contained in a student's individualized  
169 education program, including records of the student's diagnosis and treatment, to a health plan  
170 company only with the signed and dated consent of the student's parent, or other legally  
171 authorized individual. The school district shall disclose only that information necessary for the  
172 health plan company to decide matters of coverage and payment. A health plan company may  
173 use the information only for making decisions regarding coverage and payment, and for any  
174 other use permitted by law.

175 SECTION 5. Chapter 176G of the General Laws is hereby amended by inserting after  
176 section 4NN the following section:-

177 Section 4OO. A health maintenance contract issued or renewed within or without the  
178 commonwealth shall provide benefits on a nondiscriminatory basis for the medically necessary  
179 treatment for disease, illness, injury, or bodily dysfunction which are required by a student's  
180 individual education program, individualized family service plan, individualized service plan or  
181 the federal Individuals with Disabilities Education Improvement Act.

182 In order to obtain coverage, school districts shall request, but not require, the child's  
183 family to provide information about the child's coverage when a child with a disability begins to  
184 receive services from the district of a type that are reimbursable and shall request, but may not  
185 require, updated information as needed.

186 (a) In order to access benefits, a school district must:

187 (i) obtain annual written informed consent from the parent or legal guardian.

188 (1) When obtaining informed consent, the school district must notify the legal guardian  
189 (a) that the cost of the person's private health insurance premium may increase due to providing  
190 the covered service in the school setting, (b) that the school district may pay certain enrollee  
191 health plan costs, including but not limited to, co-payments, coinsurance, deductibles, premium  
192 increases or other enrollee cost-sharing amounts for health and related services required by an  
193 individual service plan, or individualized family service plan, and (c) that the school's billing for  
194 each type of covered service may affect service limits and prior authorization thresholds. The  
195 informed consent may be revoked in writing at any time by the person authorizing the billing of  
196 the health plan;

197 (ii) inform the parent or legal representative that a refusal to permit the district to access  
198 their private health care coverage does not relieve the district of its responsibility to provide all  
199 services necessary to provide free and appropriate public education at no cost to the parent or  
200 legal representative.

201 (b) To the extent required by federal law, a school district may not require parents of  
202 children with disabilities, if they would incur a financial cost, to use private health coverage to

203 pay for the services that must be provided under an individualized education program or  
204 individualized family service plan.

205 (c) To the extent required by federal law, no school district may deny, withhold, or delay  
206 any service that must be provided under an individualized education program or individualized  
207 family service plan because a family has refused to provide informed consent to bill a health plan  
208 for services or a health plan company has refused to pay any, all, or a portion of the cost of  
209 services billed.

210 (d) A school district may disclose information contained in a student's individualized  
211 education program, including records of the student's diagnosis and treatment, to a health plan  
212 company only with the signed and dated consent of the student's parent, or other legally  
213 authorized individual. The school district shall disclose only that information necessary for the  
214 health plan company to decide matters of coverage and payment. A health plan company may  
215 use the information only for making decisions regarding coverage and payment, and for any  
216 other use permitted by law.

217 SECTION 6. All policies, contracts and certificates of health insurance subject to section  
218 34 of chapter 32A, section 47VV of chapter 175, section 8WW of chapter 176A, section 4WW  
219 of chapter 176B, and section 4OO of chapter 176G of the General Laws which are delivered,  
220 issued or renewed on or after December 31, 2026 shall conform with the provisions of this act.  
221 Form filings implementing this act shall be subject to the approval of the commissioner of  
222 insurance.

223 SECTION 7. This act shall take effect on December 31, 2026.