

**JOINT COMMITTEE ON FINANCIAL SERVICES  
2025-2026 (194<sup>th</sup>) BILL SUMMARY**

**Bill No:** H1218

**Title:** AN ACT RELATIVE TO ACCESS TO HEALTH CARE

**Sponsor:** Rep. Patrick Joseph Kearney (*Boston*)

**Hearing Date:** October 14, 2025

**Reporting Deadline:** December 3, 2025

**Prior History:** None

**Similar Matters:** None

**CURRENT LAW:**

*M.G.L. c. 32A Contributory Group General or Blanket Insurance for Persons in the Service of the Commonwealth (Group Insurance Commission)*

*M.G.L. c. 118E Division of Medical Assistance (MassHealth)*

*M.G.L. c. 175 Insurance*

*M.G.L. c. 176A Non-Profit Hospital Service Corporations (Blue Cross of Massachusetts)*

*M.G.L. c. 176B Medical Service Corporations (Blue Shield of Massachusetts)*

*M.G.L. c. 176G Health Maintenance Organizations (HMOs)*

*M.G.L. c. 176I Preferred Provider Arrangements (PPOs)*

*The Patient Protection and Affordable Care Act (ACA) of 2010* stipulated that small group health insurance plans must cover Essential Health Benefits (EHBs). The ACA requires coverage of habilitative and rehabilitative services and devices as an EHBs. Habilitation and rehabilitation are distinct benefits. Any limits on habilitative services and devices cannot be less favorable than limits imposed on rehabilitative services and devices. Each state defines what must be covered under each essential health benefit category by designating a benchmark health plan.

Pursuant to *Section 1302 of the Affordable Care Act and federal rule 45 CFR 156.100*, the Commonwealth of Massachusetts has selected the base-benchmark plan for coverage year 2017 and years thereafter:

Massachusetts EHBs will include:

All services within the base-benchmark plan, as supplemented (except as noted below)

Habilitative services which meet the definition found in *45 CFR §156.115(a)(5)(i)*.

EHB-compliant plans will not impose: (1) combined limits on habilitative and rehabilitative services and devices; and (2) limits on coverage of habilitative services and devices that are less favorable than any such limits imposed on coverage of rehabilitative services and devices.

*Federal Health Insurance Portability and Accountability Act of 1996 (HIPAA), 42 U.S.C. sec. 1320d et seq.*

Sets national standards for protecting patient privacy and ensuring the portability and continuity of health insurance coverage. Establishes rules for managing, transmitting, and storing protected health information (PHI), and addresses administrative simplification, including standards for electronic health information transactions and data elements.

### **SUMMARY:**

This bill requires the Group Insurance Commission, MassHealth and commercial health insurers to provide coverage for certain habilitative and rehabilitative services. The bill adds definitions to the general laws including the following:

“Habilitative services”, health care services that help a person keep, learn or improve skills and functioning for daily living.

“Habilitative stuttering speech therapy treatment”, speech therapy that helps an individual to keep, learn or improve skills and functioning for daily living.

“Rehabilitative services”, health care services that help a person restore or improve skills and functioning for daily living that have been lost or impaired.

“Rehabilitative stuttering speech therapy treatment”, speech therapy that helps an individual restore or improve skills and functioning of daily life that have been lost or impaired.

“Stuttering speech therapy”, therapeutic care provided to an individual for the treatment of stuttering administered by a licensed speech language pathologist.

The Group Insurance Commission, MassHealth and commercial health insurers will provide coverage for habilitative services that will provide coverage for habilitative stuttering speech therapy treatment as a treatment for stuttering, regardless of whether the stuttering is classified as developmental, and rehabilitative services that will provide coverage for rehabilitative stuttering speech therapy treatment as a treatment for stuttering.

Habilitative services and rehabilitative services coverage will not be subject to any maximum annual benefit limit, including any limits on the number of visits an insured may make to a speech language pathologist; limited based on the type of disease, injury, disorder or other medical condition that resulted in the stuttering; or subject to utilization review or utilization management requirements, including prior authorization or a determination that the speech therapy services are medically necessary.

Habilitative services and rehabilitative services will include coverage for speech therapy provided in person and via telehealth. Telehealth coverage will be provided on a nondiscriminatory basis; and will include the use of any communication technology, application or platform to deliver telehealth services, except coverage may be restricted to technology, applications or platforms that are compliant with any applicable privacy provisions of the *Federal Health Insurance Portability and Accountability Act of 1996, 42 U.S.C. sec. 1320d et seq.*

Habilitative services and rehabilitative services required under this section will include treatment of speech, language, voice, communication, fluency or auditory processing disorder for individual service; and treatment of speech, language, voice, communication or auditory processing disorder for group service with 2 or more individuals.