
The Commonwealth of Massachusetts

JOURNAL OF THE HOUSE.



THURSDAY, JUNE 20, 2024.

[59]*

JOURNAL OF THE HOUSE.

Thursday, June 20, 2024.

Met according to adjournment at eleven o'clock A.M. with Mr. Garballey of Arlington in the Chair (having been appointed by the Speaker, under authority conferred by Rule 5, to perform the duties of the Chair).

At the request of the Chair (Mr. Garballey), the members, guests and employees joined with him in reciting the pledge of allegiance to the flag.

Pledge of
allegiance.

Guests of the House.

During the session, Representative Finn of West Springfield took the Chair and introduced, the West Springfield Ms. Colleen and Her Court. Ms. Colleen is Olivia Lyons, and Her Court are Makena Blanton, Sofia Boulia, Eibhlin White and Julia Cincotta. They were the guests of Representative Finn.

West Springfield
Ms. Colleen
and Her Court.

Orders.

The following orders were referred, under Joint Rule 30, to the committees on Rules of the two branches, acting concurrently:

Order (filed by Mr. Gordon of Bedford) relative to extending until Wednesday, July 31, 2024 the time within which the committee on Public Service is authorized to report on current Senate and House documents (House, No. 4775).

Extensions
of time for
committees
to make
reports.

Order (filed by Mr. Gordon of Bedford) relative to extending until Tuesday, December 31, 2024 the time within which the committee on Public Service is authorized to report on current Senate and House documents (House, No. 4777).

Order (filed by Mr. Roy of Franklin) relative to extending until Wednesday, July 31, 2024 the time within which the committee on Telecommunications, Utilities and Energy is authorized to report on current House documents (House, No. 4776).

Mr. Galvin of Canton, for the committees on Rules, reported that the orders ought to be adopted. Under suspension of the rules, on motion of Mr. Howitt of Seekonk, the orders were considered forthwith; and they were adopted. Severally sent to the Senate for concurrence.

Petitions.

Petitions severally were presented and referred as follows:

By Representative Murray of Milford, a petition (accompanied by bill, House, No. 4779) of Brian W. Murray (by vote of the town) relative to employment contracts with persons serving as deputy police chief in the town of Milford. To the committee on Municipalities and Regional Government.

Milford,—
deputy police
chief.

By Representative Berthiaume of Spencer and Senator Durant, a joint petition (accompanied by bill, House, No. 4780) of Donald R. Berthiaume, Jr., and Peter J. Durant (by vote of the town) that the town of West Brookfield be authorized to

West
Brookfield,—
Daniel Santos.

continue the employment of Daniel Santos as deputy chief in the fire department of said town until the age of 70;

By the same members, a joint petition (accompanied by bill, House, No. 4781) of Donald R. Berthiaume, Jr., and Peter J. Durant (by vote of the town) that the town of West Brookfield be authorized to continue the employment of George Kenneth Collette as a lieutenant in the fire department of said town until the age of 70;

West
Brookfield,—
George
Collette.

By Representative Murray of Milford, a petition (accompanied by bill, House, No. 4782) of Brian W. Murray (by vote of the town) relative to the minimum years of service required to be eligible for a civil service promotion to the position of fire lieutenant in the town of Milford; and

Milford,—
fire
lieutenant.

By the same member, a petition (accompanied by bill, House, No. 4783) of Brian W. Murray (by vote of the town) that the town of Milford be authorized to continue limited employment of certain police officers on superannuation retirement.

Milford,—
police
retirement.

Severally to the committee on Public Service.

By Representative Jones of North Reading and Senator Tarr, a joint petition (accompanied by bill, House, No. 4784) of Bradley H. Jones, Jr., and Bruce E. Tarr (by vote of the town) that the town of North Reading be authorized to establish a means tested senior citizen property tax exemption in said town. To the committee on Revenue.

North Reading,—
property tax
exemption.

Severally sent to the Senate for concurrence.

Reports of Committees.

By Mr. Michlewitz of Boston, for the committee on Ways and Means, that the Bill to modernize the Massachusetts insurer's insolvency fund (House, No. 962), ought to pass with an amendment substituting therefor a bill with the same title (House, No. 4772). Referred, under Rule 7A, to the committee on Steering, Policy and Scheduling.

Insurer's
insolvency
fund.

Mr. Honan of Boston, for said committee, then reported that the matter be scheduled for consideration by the House.

Under suspension of Rule 7A, on motion of Mr. Wong of Saugus, the bill was read a second time forthwith.

The amendment recommended by the committee on Ways and Means then was adopted; and the substituted bill was ordered to a third reading.

Under further suspension of the rules, on motion of the same member, the bill (having been reported by the committee on Bills in the Third Reading to be correctly drawn) was read a third time; and it was passed to be engrossed. Sent to the Senate for concurrence.

By Mr. Michlewitz of Boston, for the committee on Ways and Means, that the Bill providing for the terms of certain bonds to be issued by the Commonwealth (printed in House, No. 4636), ought to pass with an amendment substituting therefor a bill with the same title (House, No. 4774). Referred, under Rule 7A, to the committee on Steering, Policy and Scheduling.

Bonds,—
terms.

Mr. Honan of Boston, for said committee, then reported that the matter be scheduled for consideration by the House.

Under suspension of Rule 7A, on motion of Mr. Owens of Watertown, the bill was read a second time forthwith.

The amendment recommended by the committee on Ways and Means then was adopted; and the substituted bill was ordered to a third reading.

Under further suspension of the rules, on motion of Mr. Donato of Medford, the bill (having been reported by the committee on Bills in the Third Reading to be correctly drawn) was read a third time; and it was passed to be engrossed. Sent to the Senate for concurrence.

By Mr. Honan of Boston, for the committee on Steering, Policy and Scheduling, that the following House bills be scheduled for consideration by the House:

- Banning semi-automatic firearms (House, No. 2361);
- Requiring live fire practice for a firearms license (House, No. 2365);
- To clarify the prosecution of illegal guns (House, No. 2366);
- Relative to universal background checks for private gun sales (House, No. 2367);
- To raise the age for possession of a firearm (House, No. 2369);
- Relative to armed private security information (House, No. 2377);
- Regarding the phasedown of HFCs (House, No. 2383); and
- Enhancing child safety (House, No. 2384);

Firearms.
Licensing.
Illegal guns.
Gun sales.
Age limits.
Armed security.
Refrigerants.
Window guards.

Under suspension of Rule 7A, in each instance, on motion of Mr. Donato of Medford, the bills severally were read a second time forthwith; and they were ordered to a third reading.

By Mr. Cassidy of Brockton, for the committee on Veterans and Federal Affairs, on House, Nos. 3480, 3481, 3483, 3485, 3487, 3489, 3493, 3494, 3495, 3499, 3500, 3504, 3510, 3511, 3512, 3513, 3517, 3518, 3520, 3521, 3522, 3525, 3530, 3534, 3535, 3536, 3538, 3539, 3709, 3768, 3819, 3835 and 3926, an Order relative to authorizing the committee on Veterans and Federal Affairs to make an investigation and study of certain House documents concerning veterans' benefits, services, prisoners of war and other veterans issues (House, No. 4719). Referred, under Joint Rule 29, to the committees on Rules of the two branches, acting concurrently.

Veterans' benefits, services, prisoners of war, etc.,—study.

Subsequently, Mr. Galvin of Canton, for said committees, reported, asking to be discharged from further consideration of the order; and recommending that the same be referred to the House committee on Rules. Under Rule 42, the report was considered forthwith; and it was accepted.

By Mr. Lawn of Watertown, for the committee on Health Care Financing, on Senate, No. 689 and House, No. 1074, that the Bill relative to cancer patient access to biomarker testing to provide appropriate therapy (House, No. 1074), ought to pass [Cost: Greater than \$100,000.00]; and

Insurance,—biomarker testing.

By the same member, for the same committee, on Senate, No. 1244 and House, No. 1985, that the Bill building resiliency in communities through mental health (House, No. 1985), ought to pass [Cost: Greater than \$100,000.00];

Mental health,—hate crimes.

Severally read; and referred, under Rule 33, to the committee on Ways and Means.

By Mr. Lawn of Watertown, for the committee on Health Care Financing, that the following House bills ought to pass:

Relative to the well-being of law enforcement officers after involvement in a critical incident (House, No. 2355) [Cost: Greater than \$100,000.00];

Police, etc.,—well being.

To promote rehabilitation including guaranteed health, treatment, and safety for incarcerated LGBTQI+ People (House, No. 2357) [Cost: Greater than \$100,000.00]; and

Incarcerated LGBTQI+ people.

Establishing a child and adolescent behavioral health implementation coordinating council (House, No. 4655) [Cost: Greater than \$100,000.00].

Children,—council.

Severally read; and referred, under Rule 33, to the committee on Ways and Means.

Engrossed Bills.

Engrossed bills

Establishing an attainable housing special revenue fund and a Chatham Elementary School special revenue fund for the town of Chatham (see House, No. 3971); and

Authorizing the town of Bernardston to continue the employment of fire chief Peter Shedd (see House, No. 4064, amended);

(Which severally originated in the House);

Severally having been certified by the Clerk to be rightly and truly prepared for final passage, were passed to be enacted; and they were signed by the acting Speaker and sent to the Senate.

Bills
enacted.

Motions to Discharge Certain Matters in the Orders of the Day.

The House Bill relative to city employment and candidacy in the offices of mayor, city councillor-at-large, ward councillor and school committee of the city of Revere (House, No. 4638) (its title having been changed by the committee on Bills in the Third Reading), reported by said committee to be correctly drawn, was discharged from its position in the Orders of the Day and read a third time forthwith, under suspension of Rule 47, on motion of Mr. Ryan of Boson; and it was passed to be engrossed. Sent to the Senate for concurrence.

Revere,—
candidate
employment.

The House Bill establishing a sick leave bank for Alicia Orlow, an employee of the Department of Correction (House, No. 4749) (its title having been changed by the committee on Bills in the Third Reading), reported by said committee to be correctly drawn, was discharged from its position in the Orders of the Day and read a third time forthwith, under suspension of Rule 47, on motion of Mr. Gordon of Bedford; and it was passed to be engrossed. Sent to the Senate for concurrence.

Alicia Orlow,—
sick leave.

The House Bill designating a portion of state highway Route 41 in the town of West Stockbridge as the Gene Dellea highway (House, No. 4618), reported by the committee on Bills in the Third Reading to be correctly drawn, was discharged from its position in the Orders of the Day and read a third time forthwith, under suspension of Rule 47, on motion of Mr. Straus of Mattapoisett.

West
Stockbridge,—
Dellea highway.

Pending the question on passing the bill to be engrossed, Mr. Walsh of Peabody moved to amend it in line 3 by inserting after the word “erect” the words “and maintain”.

The amendment was adopted; and the bill (House, No. 4618, amended) was passed to be engrossed. Sent to the Senate for concurrence.

Recess.

At eighteen minutes before twelve o'clock noon, on motion of Mr. Barrows of Mansfield (Mr. Garballey of Arlington being in the Chair), the House recessed until one o'clock P.M.; and at nineteen minutes before two o'clock the House was called to order with Ms. Hogan of Stow in the Chair.

Recess.

Resolutions.

The following resolutions (filed with the Clerk) were referred, under Rule 85, to the committee on Rules:

Resolutions (filed by Representative Michael Moran of Boston) congratulating Chris MacKenzie on the celebration of his retirement and his many accomplishments in the Greater Boston community;

Chris
MacKenzie.

Resolutions (filed by Representative Hogan of Stow) congratulating James Carven on achieving the rank of Eagle Scout of the Boy Scouts of America;

James
Carven.

Resolutions (filed by Representative Hogan of Stow) congratulating William Fallon on achieving the rank of Eagle Scout of the Boy Scouts of America;

William
Fallon.

Resolutions (filed by Representative Peisch of Wellesley) congratulating Chief Jack Pilecki on his retirement from the Wellesley Police Department; and

Jack
Pilecki.

Resolutions (filed by Representative Capano of Lynn) commending the town of Nahant on its recognition of the one hundred and fiftieth anniversary of the first game of lawn tennis in the United States;

Lawn
tennis.

Mr. Galvin of Canton, for the committee on Rules, reported, in each instance, that the resolutions ought to be adopted. Under suspension of the rules, in each instance, on motion of Ms. Howard of Lowell, the resolutions (reported by the committee on Bills in the Third Reading to be correctly drawn) were considered forthwith; and they were adopted.

Reports of Committees.

Prior to the noon recess, By Mr. Michlewitz of Boston, for the committee on Ways and Means, that the Bill promoting access to midwifery care and out-of-hospital birth options (House, No. 4566), ought to pass with an amendment substituting therefor a bill with the same title (House, No. 4773). Referred, under Rule 7A, to the committee on Steering, Policy and Scheduling.

Midwifery
care.

Mr. Honan of Boston, for said committee, then reported that the matter be scheduled for consideration by the House.

Under suspension of Rule 7A, on motion of Mr. Donato of Medford, the bill was read a second time forthwith.

The amendment recommended by the committee on Ways and Means then was adopted; and the substituted bill was ordered to a third reading.

Subsequently, the noon recess having terminated (Ms. Hogan of Stow being in the Chair), under suspension of the rules, on motion of Ms. Decker of Cambridge, the bill (having been reported by the committee on Bills in the Third Reading to be correctly drawn) was read a third time.

After debate on the question on passing the bill to be engrossed, Ms. Kilcoyne of Clinton moved to amend it by inserting after section 15 the following section:

“SECTION 15A. Section 110A of said chapter 111, as appearing in the 2022 Official Edition, is hereby amended by striking out the first paragraph and inserting in place thereof the following paragraph:—

The physician attending a newborn child shall cause said child to be subjected to tests for phenylketonuria, cretinism, Duchenne muscular dystrophy, and such other specifically treatable genetic or biochemical disorders or treatable infectious diseases which may be determined by testing as specified by the commissioner. The commissioner shall convene an advisory committee on newborn screening to assist

the commissioner in determining which tests are necessary; provided, that said advisory committee shall convene not less than twice per year.”; and

By inserting after section 46 the following section:

“SECTION 46A. The department of public health shall implement newborn screening protocols for Duchenne muscular dystrophy pursuant to section 110A of chapter 111 of the General Laws, as amended by section 15A, not later than 18 months after the effective date of this act.”.

The amendments were adopted.

Ms. Fluker Oakley of Boston and other members of the House then moved to amend the bill by striking out section 36 and inserting in place thereof the following section:

“SECTION 36. Said section 10A of said chapter 118E, as so appearing, is hereby further amended by inserting after the first paragraph the following 2 paragraphs:—

The division shall provide coverage for services rendered by a certified nurse-midwife designated to engage in the practice of nurse-midwifery by the board of registration in nursing pursuant to section 80C of chapter 112, and the payment rate for a service provided by a certified nurse-midwife that is within the scope of the certified nurse midwife’s authorization to practice shall be equal to the payment rate for the same service if performed by a physician.

The division shall provide coverage for midwifery services, including prenatal care, childbirth and postpartum care, provided by a licensed midwife regardless of the site of services.”.

The amendment was adopted.

The same member and other members of the House then moved to amend the bill in section 34, in lines 316 to 320, inclusive, by striking out the paragraph contained in those lines and inserting in place thereof the following paragraph:

“‘Low-risk pregnancy’, a pregnancy with no maternal or fetal factors that place the pregnancy at significantly increased risk for complications, as determined through regulation by the board in consultation with the department of public health, including, but not limited to, factors related to maternal or fetal health conditions likely to affect the pregnancy and the gestational age and presentation of the fetus at the time of labor and delivery.”.

The amendment was adopted.

Ms. Sabadosa of Northampton and other member of the House then moved to amend the bill by inserting after section 37 the following two sections:

“SECTION 37A. Subsection (c) of section 148C of chapter 149 of the General Laws, as appearing in the 2022 Official Edition, is hereby amended by striking out, in line 61, the word ‘section.’, and inserting in place thereof the following words:— section; or.

SECTION 37B. Said subsection (c) of said section 148C of said chapter 149, as so appearing, is hereby further amended by adding the following clause:—

(5) address the employee’s own physical and mental health needs, and those of their spouse, if the employee or the employee’s spouse experiences pregnancy loss or a failed assisted reproduction, adoption or surrogacy.”.

The amendment was adopted.

Mr. Cruz of Salem and other members of the House then moved to amend the bill in section 15, in line 124, by inserting after the word “nurse-midwife” the words “; licensed midwife”; and the amendment was adopted.

Mr. González of Springfield and other members of the House then moved to amend the bill in section 18, in line 153, by inserting after the word “care.” the following sentence: “The commissioner shall ensure that information disseminated

pursuant to this section is available in multiple languages, including Spanish, Portuguese, Mandarin, Cantonese, Haitian Creole, and other commonly spoken languages in the commonwealth.”. The amendment was adopted.

After debate on the question on passing the bill, as amended, to be engrossed (the Speaker being in the Chair), Mr. Worrell of Boston and other members of the House moved to amend it by inserting after section 13 the following section:

“SECTION 13A. Section 24O of chapter 111 of the General Laws, inserted by section 43 of chapter 28 of the acts of 2023, is hereby amended by striking out subsection (d), the second time the subsection appears, and subsection (e), and inserting in place thereof the following 3 subsections:—

(e)(1) The committee shall consist of the following members: the commissioner, or their designee, who shall serve as chair; the assistant secretary for MassHealth, or their designee, a representative of the department of public health; the executive director of the health policy commission, or their designee; a representative of the Perinatal-Neonatal Quality Improvement Network of Massachusetts; the chief medical examiner, or their designee; the chair of the Massachusetts chapter of the American College of Obstetrics and Gynecology, or their designee; the chair of the Massachusetts chapter of the American College of Nurse Midwives, or their designee; the chair of the Massachusetts chapter of the Association of Women's Health, Obstetric and Neonatal Nurses, or their designee; and the commissioner shall appoint the following members: a medical professional with obstetric and neonatal nursing training; a medical professional with training in cardiology; a medical professional with training in pathology; a medical professional with expertise in substance use prevention and treatment; a psychology, social work or other mental health professional; a representative from academia in a relevant field; a medical professional with formal anesthesiology training; a medical professional with maternal fetal medicine or perinatology training; a medical professional with psychiatric training; a medical professional with family medicine training; the director of a federally-funded Healthy Start program, or their designee; 2 individuals who practice as doulas; 2 community or family members who have been directly affected by a maternal death; a member of a community-based organization; a representative from the department of children and families; and a law enforcement officer.

(2) Each member, other than the commissioner, shall serve for a term of 3 years and until their successor is appointed. Nothing in this section shall prohibit the commissioner from appointing a committee member to serve additional terms. The committee shall convene as deemed necessary by the department. The commissioner shall, to the extent feasible, appoint members representing the racial, ethnic and geographic diversity of the commonwealth and shall prioritize appointing members from communities and groups most impacted by maternal mortality and maternal morbidity.

(f) Not later than December 31 of each even-numbered year, the committee shall submit to the clerks of the house of representatives and the senate, the house and senate committees on ways and means and the joint committee on public health a report, including, but not limited to:

(i) a description of the incidents of maternal mortality and severe maternal morbidity reviewed during the immediately preceding 24 months, provided in a manner that shall not allow for the identification of any person;

(ii) a summary of the disparities identified and reviewed;

(iii) recommendations to reduce maternal mortality and severe maternal morbidity in the commonwealth; and

(iv) recommendations for any legislation or other changes to policy to reduce maternal mortality and severe maternal morbidity or otherwise improve the delivery of health care in the commonwealth.

(g) Notwithstanding any general or special law to the contrary, upon the determination of a majority of the committee, that the review of any information or record is necessary to carry out the purpose of this section, the committee shall request and the relevant offices and agencies shall provide requested records or information from any agency, department or office of the commonwealth including, but not limited to: (i) the executive office of health and human services and its constituent agencies; (ii) the executive office of public safety and security; (iii) the center for health information and analysis; (iv) the office of patient protection; (v) any health care facility, state comprehensive health planning agency or acute-care hospital as defined in section 25B; and (vi) any health care provider or professional licensed pursuant to chapter 112. The committee may receive and solicit voluntary information, including oral or written statements relating to any case that may come before the committee from any public or private entity and any person including, but not limited to, a patient in a case of maternal morbidity.”; and

In section 14, in line 91, by striking out the following: “Chapter 111 of the General Laws is hereby” and inserting in place thereof the following: “Said chapter 111 is hereby further”.

The amendments were adopted.

Emergency Measure.

There being no objection,— The engrossed Bill providing for the terms of certain bonds to be issued by the Commonwealth (see House, No. 4774), having been certified by the Clerk to be rightly and truly prepared for final passage, was considered, the question being on adopting the emergency preamble.

Bonds,—
terms.

A separate vote was taken, as required by the provisions of Article XLVIII (as amended by Article LXVII) of the Amendments to the Constitution; and the preamble was adopted, by a vote of 67 to 0. Sent to the Senate for concurrence.

Subsequently, (Mr. Donato of Medford being in the Chair) the Senate having concurred in adoption of the emergency preamble, the bill (which originated in the House) was passed to be enacted; and it was signed by the acting Speaker and sent to the Senate.

Bill
enacted.

Reports of Committees.

Ms. Hogan of Stow being in the Chair,—

The House then returned to consideration of the House Bill promoting access to midwifery care and out-of-hospital birth options (House, No. 4773, amended).

Midwifery
care.

Pending the question on passing the bill, as amended, to be engrossed, Representatives Gregoire of Marlborough and Sena of Acton moved to amend it by striking out section 5 and inserting in place thereof the following section:

“SECTION 5. Chapter 32A of the General Laws is hereby amended by inserting after section 17S the following 2 sections:

Section 17T. The commission shall provide to any active or retired employee of the commonwealth who is insured under the group insurance commission coverage for postpartum depression screenings conducted pursuant to section 247 of chapter 111.

Section 17U. (a) The commission shall provide to any active or retired employee of the commonwealth who is insured under the group insurance commission coverage for the provision of medically necessary pasteurized donor human milk and donor human milk-derived products, provided that:

(i) the milk is obtained from a human milk bank that meets quality guidelines established by the department of public health;

(ii) a licensed medical practitioner has issued a written order for the provision of such human breast milk or donor human milk-derived products for the covered infant; and

(iii) the covered infant meets the following conditions:—

(1) is under the age of 6 months;

(2) is undergoing treatment in an inpatient setting for a congenital or acquired condition that places the infant at a high risk for development of necrotizing enterocolitis, or a congenital or acquired condition that may benefit from the use of such human breast milk as determined by the department of public health; and

(3) is medically or physically unable to receive maternal breast milk or participate in breastfeeding or whose mother is medically or physically unable, despite receiving lactation support, to produce maternal breast milk in sufficient quantities or caloric density.

(b) If an inpatient stay is reimbursed through a diagnosis related group or other bundled payment arrangement, the commission shall include the cost of reimbursement provided under subsection (a) of this section for donor human milk and donor human milk-derived products in the development of the reimbursement rate for such diagnosis related group or bundled payment.”;

In section 37, in line 487, by striking out the figure: “2” and inserting in place thereof the figure: “3”; and by adding the following eight paragraphs:

“Section 10T. (a) 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 the provision of medically necessary pasteurized donor human milk and donor human milk-derived products, provided that:

(i) the milk is obtained from a human milk bank that meets quality guidelines established by the department of public health;

(ii) a licensed medical practitioner has issued a written order for the provision of such human breast milk or donor human milk-derived products for the covered infant; and

(iii) the covered infant meets the following conditions:—

(1) is under the age of 6 months;

(2) is undergoing treatment in an inpatient setting for a congenital or acquired condition that places the infant at a high risk for development of necrotizing enterocolitis, or a congenital or acquired condition that may benefit from the use of such human breast milk as determined by the department of public health; and

(3) is medically or physically unable to receive maternal breast milk or participate in breastfeeding or whose mother is medically or physically unable, despite receiving lactation support, to produce maternal breast milk in sufficient quantities or caloric density.

(b) If an inpatient stay is reimbursed through a diagnosis related group or other bundled payment arrangement, the commission shall include the cost of reimbursement provided under subsection (a) of this section for donor human milk

and donor human milk-derived products in the development of the reimbursement rate for such diagnosis related group or bundled payment.”;

In section 38, in line 505, by striking out the word “section”, the second time it appears, and inserting in place thereof the following: “2 sections”; and by adding the following eight paragraphs:

“Section 47WW. (a) Any policy, contract, agreement, plan or certificate of insurance issued, delivered or renewed within the commonwealth, which is considered creditable coverage under section 1 of chapter 111M, shall provide coverage for the provision of medically necessary pasteurized donor human milk and donor human milk-derived products, provided that:

(i) the milk is obtained from a human milk bank that meets quality guidelines established by the department of public health;

(ii) a licensed medical practitioner has issued a written order for the provision of such human breast milk or donor human milk-derived products for the covered infant; and

(iii) the covered infant meets the following conditions:—

(1) is under the age of 6 months;

(2) is undergoing treatment in an inpatient setting for a congenital or acquired condition that places the infant at a high risk for development of necrotizing enterocolitis, or a congenital or acquired condition that may benefit from the use of such human breast milk as determined by the department of public health; and

(3) is medically or physically unable to receive maternal breast milk or participate in breastfeeding or whose mother is medically or physically unable, despite receiving lactation support, to produce maternal breast milk in sufficient quantities or caloric density.

(b) If an inpatient stay is reimbursed through a diagnosis related group or other bundled payment arrangement, the commission shall include the cost of reimbursement provided under subsection (a) of this section for donor human milk and donor human milk-derived products in the development of the reimbursement rate for such diagnosis related group or bundled payment.”;

In section 39, in line 511, by striking out the word “section”, the second time it appears, and inserting in place thereof the following: “2 sections”; and by adding the following eight paragraphs:

“Section 8XX. (a) Any contract between a subscriber and the corporation under an individual or group hospital service plan that is delivered, issued or renewed within the commonwealth shall provide coverage for the provision of medically necessary pasteurized donor human milk and donor human milk-derived products, provided that:

(i) the milk is obtained from a human milk bank that meets quality guidelines established by the department of public health;

(ii) a licensed medical practitioner has issued a written order for the provision of such human breast milk or donor human milk-derived products for the covered infant; and

(iii) the covered infant meets the following conditions:—

(1) is under the age of 6 months;

(2) is undergoing treatment in an inpatient setting for a congenital or acquired condition that places the infant at a high risk for development of necrotizing enterocolitis, or a congenital or acquired condition that may benefit from the use of such human breast milk as determined by the department of public health; and

(3) is medically or physically unable to receive maternal breast milk or participate in breastfeeding or whose mother is medically or physically unable,

despite receiving lactation support, to produce maternal breast milk in sufficient quantities or caloric density.

(b) If an inpatient stay is reimbursed through a diagnosis related group or other bundled payment arrangement, the commission shall include the cost of reimbursement provided under subsection (a) of this section for donor human milk and donor human milk-derived products in the development of the reimbursement rate for such diagnosis related group or bundled payment.”;

In section 40, in line 517, by striking out the word “section”, the second time it appears, and inserting in place thereof the following: “2 sections”; and by adding the following eight paragraphs:

“Section 4XX. (a) Any subscription certificate under an individual or group medical service agreement delivered, issued or renewed within the commonwealth, which is considered credible coverage under section 1 of chapter 111M, shall provide coverage for the provision of medically necessary pasteurized donor human milk and donor human milk-derived products, provided that:

(i) the milk is obtained from a human milk bank that meets quality guidelines established by the department of public health;

(ii) a licensed medical practitioner has issued a written order for the provision of such human breast milk or donor human milk-derived products for the covered infant; and

(iii) the covered infant meets the following conditions:—

(1) is under the age of 6 months;

(2) is undergoing treatment in an inpatient setting for a congenital or acquired condition that places the infant at a high risk for development of necrotizing enterocolitis, or a congenital or acquired condition that may benefit from the use of such human breast milk as determined by the department of public health; and

(3) is medically or physically unable to receive maternal breast milk or participate in breastfeeding or whose mother is medically or physically unable, despite receiving lactation support, to produce maternal breast milk in sufficient quantities or caloric density.

(b) If an inpatient stay is reimbursed through a diagnosis related group or other bundled payment arrangement, the commission shall include the cost of reimbursement provided under subsection (a) of this section for donor human milk and donor human milk-derived products in the development of the reimbursement rate for such diagnosis related group or bundled payment.”; and

In section 41, in line 523, by striking out the word “section”, the second time it appears, and inserting in place thereof the following: “2 sections”; and by adding the following eight paragraphs:

“Section 4PP. (a) An individual or group health maintenance contract that is issued or renewed within or without the commonwealth shall provide coverage for the provision of medically necessary pasteurized donor human milk and donor human milk-derived products, provided that:

(i) the milk is obtained from a human milk bank that meets quality guidelines established by the department of public health;

(ii) a licensed medical practitioner has issued a written order for the provision of such human breast milk or donor human milk-derived products for the covered infant; and

(iii) the covered infant meets the following conditions:—

(1) is under the age of 6 months;

(2) is undergoing treatment in an inpatient setting for a congenital or acquired condition that places the infant at a high risk for development of necrotizing

enterocolitis, or a congenital or acquired condition that may benefit from the use of such human breast milk as determined by the department of public health; and

(3) is medically or physically unable to receive maternal breast milk or participate in breastfeeding or whose mother is medically or physically unable, despite receiving lactation support, to produce maternal breast milk in sufficient quantities or caloric density.

(b) If an inpatient stay is reimbursed through a diagnosis related group or other bundled payment arrangement, the commission shall include the cost of reimbursement provided under subsection (a) of this section for donor human milk and donor human milk-derived products in the development of the reimbursement rate for such diagnosis related group or bundled payment.”.

The amendments were adopted.

On the question on passing the bill, as amended, to be engrossed, the sense of the House was taken by yeas and nays, at the request of Ms. Decker of Cambridge; and on the roll call (Mr. Donato of Medford being in the Chair) 153 members voted in the affirmative and 0 in the negative.

Bill passed to
be engrossed,—
yea and nay
No. 124.

[See [Yea and Nay No. 124](#) in Supplement.]

Therefore the bill (House, No. 4785, published as amended) was passed to be engrossed. Sent to the Senate for concurrence.

Order.

On motion of Mr. Mariano of Quincy,—

Ordered, That when the House adjourns today, it adjourn to meet on Monday next at eleven o'clock A.M.

Next
sitting.

Ms. Ferguson of Holden then moved that the House adjourn; and the motion prevailed. Accordingly, without proceeding to consideration of the matters in the Orders of the Day, at twenty-one minutes before five o'clock P.M. (Mr. Donato of Medford being the Chair), the House adjourned, to meet the following Monday at eleven o'clock A.M., in an Informal Session.