The Commonwealth of Massachusetts

JOURNAL OF THE HOUSE.

THURSDAY, JULY 30, 2026.

[76]*

JOURNAL OF THE HOUSE.

Thursday, July 30, 2026.

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

Pledge of allegiance.

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

Silent Prayer.

Charles J. Moitoza, Jr.

[HOGAN} At the request of Representatives Howitt of Seekonk and Chaisson of Foxborough, the members, guests and employees stood in a moment of silent tribute for Charles J. "Chuck" Moitoza, Jr. who passed away on July 22, 2026, at the age of 59.

Chuck served the town of Norton as a member of the select board for 8 years, bringing dedication, sound judgment, and a deep commitment to public service. He devoted countless hours to local youth, coaching Pop Warner and high school football, as well as soccer and baseball while his children were growing up. Through these roles, he strengthened Norton both as a civic leader and as a mentor.

He made Norton his home for 35 years and became a familiar and respected presence throughout the community.

Above all, Chuck treasured his family. He will be deeply missed by his wife, Donna, his children, grandchildren, father, brother, extended family, friends, and the many residents whose lives he touched through his service, generosity, and love of community over many dedicated years.

Remote Participation.

Remote participation.

Notice had been received from House Counsel that, under the provisions of House Rule 49, Representatives Boldyga of Southwick, Cruz of Salem, Ferguson of Holden, Reid of Lynn and Roy of Franklin had been approved to participate remotely for today's formal sitting.

Statement of Representative Rogers of Norwood.

A statement of Mr. Rogers of Norwood was spread upon the records of the House, as follows:

Statement of Representative Rogers of Norwood.

MR. SPEAKER: I would like to call to the attention of the House the fact that I was called away from the House Chamber during yesterday's sitting due to official business in another part of the State. If I had been present, I would have voted yea on roll call numbers 237 to 241, inclusive. My missing of roll calls was due entirely to the reason stated.

Remarks of Members.

PROTECT Act.

There being no objection, during the session, Representatives Cahill of Lynn, Vargus of Haverhill and Vaughn of Wrentham addressed the House relative to An Act promoting rule of law, oversight, trust and equal constitutional treatment (House, No. 5620).

Papers from the Senate.

Economic development.

The House Bill relative to economic development in the Commonwealth (House, No. 5576, amended), came from the Senate passed to be engrossed, in concurrence, with an amendment striking out all after the enacting clause and inserting in place thereof the text contained in Senate document numbered 3228.

Committee of conference.

Under suspension of the rules, on motion of Mr. Michlewitz of Boston, the amendment was considered forthwith. The House then non-concurred with the Senate in its amendment; and on further motion of the same member, asked for a committee of conference on the disagreeing votes of the two branches. Representatives Michlewitz, Fiola of Fall River and Soter of Belllingham were appointed the committee on the part of the House. Sent to the Senate to be joined.

Id.

Subsequently notice was received from the Senate that said branch had insisted on its amendment, concurred with the House in the appointment of a committee of conference; and that Senators Finegold, Rodrigues and Durant had been joined as the committee on the part of the Senate.

Bills

Buzzards Bay Water District.

Authorizing the Buzzards Bay Water District to convey non-exclusive easements over a certain parcel of land (Senate, No. 3188) (on a petition);

Andover,— land.

Authorizing the Massachusetts Department of Transportation to acquire interests in certain portions of land owned by the town of Andover which were acquired by the town for Article XCVII purposes (Senate, No. 3230) (on a petition);

Plymouth,— Pilgrim Memorial park.

Authorizing the division of capital asset management to enter into a lease with the town of Plymouth for purposes of maintaining Pilgrim Memorial park in the town of Plymouth (Senate, No. 3235) (on Senate bill No. 3187);

Fish and Game,— land.

Authorizing the Massachusetts Department of Fish and Game to convey easements over certain parcels of land (Senate, No. 3236) (on Senate bill No. 3189); and

Bourne,— easement.

Authorizing the town of Bourne to convey a right-of-way and easement (Senate, No. 3237) (on Senate bill No. 3144)

Severally passed to be engrossed by the Senate, were read; and they were referred, under Rule 33, to the committee on Ways and Means.

Reports of Committees.

Move over law.

By Mr. Michlewitz of Boston, for the committee on Ways and Means, that the Senate Bill updating the move over law (Senate, No. 2653), ought to pass with an amendment by striking out all after the enacting clause and inserting in place thereof the text contained in House document numbered 5622.

Motor vehicle

By the same member, for the same committee, that the Bill relative to educational requirements for class 2 motor vehicle licenses (House, No. 3641), ought

to pass with an amendment substituting therefor a bill with the same title (House, No. 5623). licenses.

By the same member, for the same committee, that the Bill establishing a Medal of Fidelity license plate (House, No. 3706), ought to pass with an amendment substituting therefor a bill with the same title (House, No. 5624). License plates,— Medal of Fidelity.

By the same member, for the same committee, that the Bill relative to the Massachusetts Credit Union Share Insurance Corporation (House, No. 3933), ought to pass with an amendment substituting therefor a bill with the same title (House, No. 5625). Credit union share insurance corporation.

By the same member, for the same committee, that the Bill to improve outcomes for persons with limb loss and limb difference (House, No. 4549), ought to pass with an amendment substituting therefor a bill with the same title (House, No. 5626). Limb loss and difference.

Severally referred, under Rule 7A, to the committee on Steering, Policy and Scheduling, with the amendments pending.

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

Relative to creating accessible CNA training (House, No. 2381) [Cost: Greater than $100,000.00]; Longterm care,— training.

Relative to safe patient handling and mobility in certain health facilities (House, No. 2396) [Cost: Greater than $100,000.00]; Patient handling and mobility.

Relative to staffing at home health and hospice agencies (House, No. 2408) [Cost: Greater than $100,000.00]; Home health and hospice.

Relative to patient assessment and notification prior to prescribing certain medications (House, No. 2414) [Cost: Greater than $100,000.00]; Medication prescriptions.

Relative to diabetes prevention (House, No. 2441) [Cost: Greater than $100,000.00]; Diabetes,— prevention.

To improve access to family physicians (House, No. 2451 [Cost: Greater than $100,000.00]; Family physicians.

Expanding access to mental health services (House, No. 4895) [Cost: Greater than $100,000.00]; Mental health,— access.

For supportive care for serious mental illness (House, No. 4896) [Cost: Greater than $100,000.00]; Mental illness,— care.

Relative to colon cancer screening (House, No. 4933) [Cost: Greater than $100,000.00]; and Colon cancer,— screenings.

To improve child and adolescent mental health services (House, No. 4936) [Cost: Greater than $100,000.00]. Mental health,— children.

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

By Mr. Lewis of Framingham, for the committee on Municipalities and Regional Government, on a petition, a Bill amending the charter of the town of Bellingham to allow the Director of Finance to serve as the Town Accountant (House, No. 5564) [Local Approval Received]. Bellingham,— town accountant.

By the same member, for the same committee, on a joint petition, a Bill amending the town meeting act for the town of Danvers (House, No. 5571) [Local Approval Received]. Danvers,— town meeting.

By the same member, for the same committee, on a petition, a Bill allowing print-free digital legal notices for the town of Topsfield (House, No. 5578) [Local Approval Received]. Topsfield,— digital legal notices.

By the same member, for the same committee, on House, No. 5544, a Bill extending the timeframe for filing citizen referendum petitions in the town of Bridgewater (House, No. 5599) [Local Approval Received]. Bridgewater,— citizen petitions.

By the same member, for the same committee, on House, No. 5545, a Bill establishing the term of office for the town manager of the town of Bridgewater (House, No. 5600) [Local Approval Received]. Bridgewater,— town manager.

By the same member, for the same committee, on House, No. 5577, a Bill relative to the department of public works in the town of Barre (House, No. 5601) [Local Approval Received]. Barre,— department of public works.

Severally read; and referred, under Rule 7A, to the committee on Steering, Policy and Scheduling.

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

The Senate amendment of the House Bill regarding the disability pension for Misael Rodriguez administered by the Springfield retirement board (House, No. 5391, amended), 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, under suspension of the Rule 47, on motion of Mr. Owens of Watertown; and it was adopted, in concurrence. Springfield,— Misael Rodriguez

The Senate Bill relative to the dissolution of the Holmes Park Water District (Senate, No. 3160), 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 the Rule 47, on motion of Mr. Owens of Watertown; and it was passed to be engrossed, in concurrence. Holmes Park Water District.

The House Bill authorizing the city of Beverly to continue the employment of John G. LeLacheur as police chief (House, No. 5248), 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 the Rule 47, on motion of Mr. Ouellette of Westport; and it was passed to be engrossed. Sent to the Senate for concurrence. Beverly,— John LeLacheur.

Recess.

At eight minutes after eleven o'clock A.M., on motion of Mr. Vieira of Falmouth (Mr. Donato of Medford being in the Chair), the House recessed until one o'clock P.M.; and at twenty minutes after one o'clock,, the House was called to order with Mr. Donato in the Chair. Recess.

Reports of Committees.

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

The Senate Bill reclassifying fire alarm operators in the city of Beverly (Senate, No. 1876) [Local Approval Received]; Beverly,— retirement.

House bills

Exempting the positions of police chief and deputy police chief in the city of Medford from the civil service law (House, No. 5380) [Local Approval Received]; and

Medford,— civil service.

Amending Chapter 305 of the Acts of 2016 relative to the year-round market rate rental housing trust fund in the town of Provincetown (House, No. 5456) [Local Approval Received]; and

Provincetown,— trust fund.

Allowing print-free digital legal notices in the town of Shrewsbury (House, No. 5512) [Local Approval Received];

Shrewsbury,— legal notices.

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

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

The Senate Bill relative to insurance claims (Senate, No. 785), 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, under suspension of Rule 47, on motion of Mr. Silvia of Fall River; and it was passed to be engrossed, in concurrence.

Insurance claims.

The House Bill to update postural screenings in schools to update postural screenings in schools (House, No. 2517), 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. Silvia of Fall River; and it was passed to be engrossed. Sent to the Senate for concurrence.

Schools,— postural screenings.

Recess.

At twenty-six minutes after one o'clock P.M., on motion of Mr. Vieira of Falmouth (Mr. Donato of Medford being in the Chair), the House recessed subject to the call of the Chair; and at fourteen minutes before three o'clock P.M., the House was called to order with the Speaker in the Chair.

Recess.

Reports of Committees.

Prior to the noon recess (Mr. Donato of Medford being in the Chair),— By Mr. Michlewitz of Boston, for the committee on Ways and Means, that the Senate Bill relative to primary care for you (Senate, No. 3141), ought to pass with amendments by striking out all after the enacting clause and inserting in place thereof the text contained in House document numbered 5618; and by inserting the following new title: "An Act strengthening primary care and advancing health care affordability.". Referred, under Rule 7A, to the committee on Steering, Policy and Scheduling.

Primary 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. Michlewitz of Boston, the bill was read a second time forthwith.

The amendments recommended by the committee on Ways and Means then were adopted; and the bill (Senate, No. 3141, amended) was ordered to a third reading.

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

On the question on passing the bill, as amended, to be engrossed, in concurrence, Mr. Lawn of Watertown moved to amend it by adding the following 11 sections:

"SECTION 50. Section 4C of chapter 260 of the General Laws, as appearing in the 2022 Official Edition, is hereby amended by striking out the first paragraph and inserting in place thereof the following paragraph:

Civil actions alleging a defendant sexually abused a minor may be commenced at any time after the acts alleged to have caused an injury or condition occurred.

SECTION 51. Said chapter 260 is hereby amended by striking out section 4C 1/2 and inserting in place thereof the following section:

Section 4C½. Civil actions alleging that a defendant negligently supervised a person who sexually abused a minor or that a defendant's conduct caused or contributed to the sexual abuse of a minor by another person may be commenced at any time after the acts alleged to have caused an injury or condition occurred. For the purposes of this section, 'sexual abuse' shall have the same meaning as in section 4C.

SECTION 52. Said chapter 260 is hereby further amended by inserting after section 4C ½ the following section:

Section 4C ¾. Notwithstanding any provision of law which imposes a period of limitations to the contrary and the provisions of any other law pertaining to the filing of a notice of claim or a notice of intention to file a claim as a condition precedent to commencement of an action or special proceeding, every civil claim or cause of action brought against a party alleging sexual abuse of a minor, as that term is defined in section 4C, or negligent supervision contributing to the sexual abuse of a minor under section 4C ½, or a predecessor statute that prohibited such conduct at the time of the act, which is barred as of the effective date of this section because the applicable period of limitations has expired or the plaintiff previously failed to file a notice of claim or a notice of intention to file a claim, is hereby revived, and action thereon may be commenced no later than 2 years after the effective date of this section. In any such claim or action, dismissal of a previous action, ordered before the effective date of this section, on grounds that such previous claim was time barred or for failure of a party to file a notice of claim or a notice of intention to file a claim, shall not be grounds for dismissal of a revival action pursuant to this section.

Notwithstanding any provision of law which limits the liability or damages for any organization or employer or their officers, directors, trustees, employees or volunteers, every civil claim or cause of action brought against a party alleging sexual abuse of a minor, as that term is defined in section 4C, or negligent supervision contributing to the sexual abuse of a minor under section 4C ½, or a predecessor statute that prohibited such conduct at the time of the act, which was subject to limits on liability or damages at the time of the act, shall not be subject to any limitations for revived actions brought pursuant to this section.

SECTION 53. Section 5B of said chapter 260 is hereby amended by striking out, in lines 5 and 6, inclusive, the words "three years next after the cause of action accrues" and inserting in place thereof the following words: 3 years next after the cause of action accrues; provided, however, that an action commenced under 20 U.S.C. §§1681-1688 for sexual abuse of a minor, as that term is defined in section 4C, or negligent supervision contributing to the sexual abuse of a minor under section 4C ½, shall be governed by the provisions of sections 4C and 4C½.

SECTION 54. Section 85K of chapter 231 of the General Laws, as so appearing, is hereby amended by inserting, in line 12, after the word ‘costs’ the following words:- provided, however, that claims of sexual abuse of a minor, as that term is defined in section 4C of chapter 260, and claims of negligent supervision contributing to the sexual abuse of a minor under section 4C ½ of chapter 260, shall not be subject to a limitation on damages.

SECTION 55. Section 85V of said chapter 231 is hereby amended by inserting after clause (iii) the following clause:

(iv) claims of sexual abuse of a minor as the term is defined in section 4C of chapter 260 and claims of negligent supervision contributing to the sexual abuse of a minor under section 4C ½ of chapter 260.

SECTION 56. Section 85W of said chapter 231 is hereby amended by inserting, in line 11, after the word ‘person’ the following language:

; provided further, however, that the immunity conferred in this section shall not apply to claims related to child sexual abuse, as defined in section 4C of chapter 260, and claims of negligent supervision contributing to the sexual abuse of a minor under section 4C ½ of chapter 260.

SECTION 57. Section 2 of chapter 258 of the General Laws, as so appearing, is hereby amended by inserting, in line 12, after the word ‘damages’ the following words:- provided further, however, that claims of sexual abuse of a minor, as that term is defined in section 4C of chapter 260, and claims of negligent supervision contributing to the sexual abuse of a minor under section 4C ½ of chapter 260, shall not be subject to a limitation on damages.

SECTION 58. Subsection (j) of section 10 of said chapter 258 is hereby amended by inserting after paragraph (4) the following paragraph: (5) any claim by or on behalf of a person who alleges they were sexually abused as a minor, as that term is defined in section 4C of chapter 260 and claims of negligent supervision contributing to the sexual abuse of a minor under section 4C ½ of chapter 260.

SECTION 59. Section 63 of chapter 277 of the General Laws, as so appearing, is hereby amended by inserting, in line 13, as amended by sections 9 and 10 of chapter 277 of the acts of 2024, after the word ‘sections’ the following number: 13H,.

SECTION 60. Said section 63 of said chapter 277 is hereby further amended by inserting, in line 27, as amended by sections 9 and 10 of chapter 277 of the Acts of 2024, after the number ‘23,’ the following number: 24,.”.

The amendments were adopted.

Mr. Worrell of Boston then moved to amend the bill by inserting after section 11 the following section:

“SECTION 11A. Said chapter 6D is hereby further amended by inserting after section 22 the following section:

Section 22A. (a) For the purposes of this section, ‘pharmacy desert’ shall have the same meaning as defined in section 38A of chapter 112.

(b) The office of health resource planning, established under section 22, shall conduct a focused assessment not less than every 5 years on supply, distribution and capacity of pharmacy and pharmacological services pursuant to subsection (b) of said section 22. The office, when conducting its focused assessment, shall also identify the number of existing and potential pharmacy deserts in the commonwealth and conduct an analysis of their impact or potential impact on access to pharmacy and pharmacological services for residents of existing and potential pharmacy deserts.

(c) The focused assessment shall include: (i) an assessment on impacted neighborhoods and patient populations; (ii) an assessment on the impact of pharmacy deserts on access to medications and health care outcomes; (iii) an assessment of the

geographical and financial barriers to obtaining medications faced by individuals living in pharmacy deserts; (iv) an assessment of the average distance and travel time to a pharmacy from an impacted neighborhood, and the transportation options available; (v) an assessment on the impact of pharmacy deserts on overall health care costs, including the costs of emergency department visits and hospitalizations; (vi) an assessment on the factors contributing to the closures of pharmacies across the commonwealth, including population changes, local market dynamics and pharmacy density, changes in consumer purchasing behavior, reimbursement pressure, and supply-side constraints; and (vii) policy recommendations to address current pharmacy deserts and limit the creation of new ones.

(d) The office shall, upon completion of the focused assessment required under subsection (b), present to the board of the commission its findings, and shall file a report with the commission, the center, the department of public health, and the clerks of the senate and house of representatives, the house and senate committees on ways and means, the joint committee on health care financing.";

By inserting after section 26 the following section:

"SECTION 26A. Chapter 112 of the General Laws is hereby amended by inserting after section 38 the following section:

Section 38A. (a) For the purposes of this section, a 'pharmacy desert' shall mean an area where there is no or limited access to pharmacies due to factors including, but not limited to: (i) geographic location, specifically areas where the nearest pharmacy is more than 2 miles away in urban areas, more than 5 miles away in suburban areas, and more than 15 miles away in rural areas; (ii) distance and travel time, defined as travel time exceeding 15 minutes by car or 30 minutes by public transportation; (iii) limited access to transportation, both public and private, including areas with infrequent public transit services or where at least 20 per cent of the population lacks access to private vehicles.

(b) Any entity that intends to close a pharmacy or pharmacy department registered by the board for the transaction of a drug business, as defined in section 37, shall notify the board in writing not less than 60 days before the proposed closure date. The entity shall send a copy of the notice to the members of the general court who represent the municipality in which the pharmacy or pharmacy department is located, and the clerk of the municipality in which the pharmacy or pharmacy department is located, who shall distribute the notice to the appropriate local officials. Within 15 days of receipt of the notice of the intended closing, the board shall conduct a review to determine whether the intended closing is likely to result in the creation of a pharmacy desert based on the most recent focused assessment performed by the office of health resource planning pursuant to section 22A of chapter 6D. If the board finds that the intended closing is likely to result in the creation of a pharmacy desert, the board shall conduct a public hearing not less than 30 calendar days prior to the proposed closure date set out in the entity's notice. At the public hearing, the board shall present information on alternative sources of pharmacy services available to impacted consumers and allow interested parties the opportunity to share comments and concerns about the proposed closure. Such interested parties may include, but not be limited to, impacted residents, municipal government officials, the members of the general court who represent the municipality in which the pharmacy or pharmacy department is located, local health care providers, and neighborhood associations or other community associations."; and

By inserting after section 40 the following 2 sections:

"SECTION 40A. The office for health resource planning shall conduct a focused assessment of pharmacy deserts required under section 22A of chapter 6D, inserted

by section 22A, and submit its first report to the health policy commission by not later than September 1, 2027.

SECTION 40B. Section 26A shall go into effect on October 1, 2027.”.

The amendments were adopted.

Recess.

Recess.

At eight minutes before three o’clock P.M., on motion of Ms. Peisch of Wellesley (Mr. Donato of Medford being in the Chair), the House subject to the call of the Chair; and at twenty-six minutes before five o’clock P.M., the House was called to order with Ms. Hogan of Stown being in the Chair.

Engrossed Bills — Land Taking.

Westminster,— land.

The engrossed Bill relative to the dissolution of the Holmes Park Water District (see Senate, No. 3160) (which originated in the Senate), having been certified by the Clerk to be rightly and truly prepared for final passage, was put upon its final passage.

Bill enacted (land taking),— yea and nay No. 242.

On the question on passing the bill to be enacted, the sense of the House was taken by yeas and nays (this being a bill providing for the taking of land or other easements used for conservation purposes, etc., as defined by Article XCVII of the Amendments to the Constitution); and on the roll call 158 members voted in the affirmative and 0 in the negative.

[See Yea and Nay No. 242 in Supplement.]

Therefore the bill was passed to be enacted; and it was signed by the acting Speaker and sent to the Senate.

Report of a Committee.

Immigration.

By Mr. Honan of Boston, for the committee on Steering, Policy and Scheduling, that the report of the committee of conference on the disagreeing votes of the two branches, with reference to the Senate amendment (striking out all after the enacting clause and inserting in place thereof the text contained in Senate document numbered 3086) of the House Bill promoting rule of law, oversight, trust and equal constitutional treatment (House, No. 5316),— recommending passage of a bill with the same title (House, No. 5620),— be scheduled for consideration by the House.

Under suspension of Rule 7A, on motion of Mr. Cahill of Lynn, the bill was considered forthwith.

Conference committee report accepted,— yea and nay No. 243.

On acceptance of the report, the sense of the House was taken by yeas and nays, at the request of the same member; and on the roll call 137 members voted in the affirmative and 21 in the negative.

[See Yea and Nay No. 243 in Supplement.]

Therefore the report of the committee of conference was accepted. Sent to the Senate for concurrence.

Home care.

Mr. Stanley of Waltham, for the committee of conference on the disagreeing votes of the two branches with reference to the Senate amendment (striking out all after the enacting clause and inserting in place thereof the text contained in Senate document numbered 3183) of the House Bill to improve Massachusetts home care (House, No. 4706, amended), reported a bill with the same title (House, No. 5627).

Child welfare protections.

Mr. Livingstone of Boston, for the committee of conference on the disagreeing votes of the two branches, with reference to the Senate amendment (striking out all after the enacting clause and inserting in place thereof the text contained in Senate document numbered 3121) of the House Bill enhancing child welfare protections (House, No. 4646), reported a bill with the same title (House, No. 5629).

Severally referred, under Rule 7A, to the committee on Steering, Policy and Scheduling.

Engrossed Bills — Land Takings.

Deerfield,— land.

The engrossed Bill authorizing the release or exclusion of certain land from conservation restrictions in the town of Deerfield (see House, No. 5614) (which originated in the House), having been certified by the Clerk to be rightly and truly prepared for final passage, was put upon its final passage.

Bill enacted (land taking),— yea and nay No. 244.

On the question on passing the bill to be enacted, the sense of the House was taken by yeas and nays (this being a bill providing for the taking of land or other easements used for conservation purposes, etc., as defined by Article XCVII of the Amendments to the Constitution); and on the roll call 158 members voted in the affirmative and 0 in the negative.

[See Yea and Nay No. 244 in Supplement.]

Therefore the bill was passed to be enacted; and it was signed by the acting Speaker and sent to the Senate.

Weston,— land.

The engrossed Bill authorizing the transfer of certain parcels of land in the town of Weston from the Weston conservation commission to the Weston select board (see House, No. 5467) (which originated in the House), having been certified by the Clerk to be rightly and truly prepared for final passage, was put upon its final passage.

Bill enacted (land taking),— yea and nay No. 245.

On the question on passing the bill to be enacted, the sense of the House was taken by yeas and nays (this being a bill providing for the taking of land or other easements used for conservation purposes, etc., as defined by Article XCVII of the Amendments to the Constitution); and on the roll call 158 members voted in the affirmative and 0 in the negative.

[See Yea and Nay No. 245 in Supplement.]

Therefore the bill was passed to be enacted; and it was signed by the acting Speaker and sent to the Senate.

Middleton,— land.

The engrossed Bill releasing or excluding certain portions of land from a conservation restriction in the town of Middleton (see House, No. 5463) (which originated in the House), having been certified by the Clerk to be rightly and truly prepared for final passage, was put upon its final passage.

Bill enacted (land taking),— yea and nay No. 246.

On the question on passing the bill to be enacted, the sense of the House was taken by yeas and nays (this being a bill providing for the taking of land or other easements used for conservation purposes, etc., as defined by Article XCVII of the Amendments to the Constitution); and on the roll call 158 members voted in the affirmative and 0 in the negative.

[See Yea and Nay No. 246 in Supplement.]

Therefore the bill was passed to be enacted; and it was signed by the acting Speaker and sent to the Senate.

Billerica,—land.

The engrossed Bill authorizing the town of Billerica to transfer control of certain land in the town of Billerica for the Yankee Doodle Bike Path (see House, No. 5492) (which originated in the House), having been certified by the Clerk to be rightly and truly prepared for final passage, was put upon its final passage.

Bill enacted (land taking),—yea and nay No. 247.

On the question on passing the bill to be enacted, the sense of the House was taken by yeas and nays (this being a bill providing for the taking of land or other easements used for conservation purposes, etc., as defined by Article XCVII of the Amendments to the Constitution); and on the roll call 158 members voted in the affirmative and 0 in the negative.

[See Yea and Nay No. 247 in Supplement.]

Therefore the bill was passed to be enacted; and it was signed by the acting Speaker and sent to the Senate.

Bourne,—land.

The engrossed Bill providing for the conveyance of certain parcels of land in the town of Bourne (see House, No. 4992) (which originated in the House), having been certified by the Clerk to be rightly and truly prepared for final passage, was put upon its final passage.

Bill enacted (land taking),—yea and nay No. 248.

On the question on passing the bill to be enacted, the sense of the House was taken by yeas and nays (this being a bill providing for the taking of land or other easements used for conservation purposes, etc., as defined by Article XCVII of the Amendments to the Constitution); and on the roll call 158 members voted in the affirmative and 0 in the negative.

[See Yea and Nay No. 248 in Supplement.]

Therefore the bill was passed to be enacted; and it was signed by the acting Speaker and sent to the Senate.

Emergency Measures.

Immigration.

The engrossed Bill promoting rule of law, oversight, trust and equal constitutional treatment (see House, No. 5620), 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.

Pending the question on adoption of the emergency preamble, Ms. Peisch of Wellesley asked for a count of the House to ascertain if a quorum was present. The Chair (Ms. Hogan of Stown), having determined that a quorum was not in attendance, then directed the Sergeant-at-Arms to secure the presence of a quorum.

Quorum,—yea and nay No. 249.

Subsequently a roll call was taken for the purpose of ascertaining the presence of a quorum; and on the roll call 149 members were recorded as being in attendance.

[See Yea and Nay No. 249 in Supplement.]

Therefore a quorum was present.

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 73 to 20. Sent to the Senate for concurrence.

Woburn and Burlington,—land.

The engrossed Bill authorizing the Massachusetts Department of Transportation to take easements over certain land located in the city of Woburn and the town of Burlington held in trust by the city of Boston for the Mary P. C. Cummings Testamentary Trust for highway purposes (see House, No. 5616, amended), 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.

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 52 to 0. Sent to the Senate for concurrence.

Subsequently, the Senate having concurred in adoption of the emergency preamble, the bill (which originated in the House) was put upon its final passage.

Bill enacted (land-taking),— yea and nay No. 250.

On the question on passing the bill to be enacted, the sense of the House was taken by yeas and nays (this also being a bill providing for the taking of land or other easements used for conservation purposes, etc., as defined by Article XCVII of the Amendments to the Constitution); and on the roll call 158 members voted in the affirmative and 0 in the negative.

[See Yea and Nay No. 250 in Supplement.]

Therefore the bill was passed to be enacted; and it was signed by the Speaker and sent to the Senate.

Engrossed Bill.

The engrossed Bill promoting rule of law, oversight, trust and equal constitutional treatment (see House, No. 5620) (which originated in the House), in respect to which the Senate had concurred in adoption of the emergency preamble, was put upon its final passage.

Bill enacted,— yea and nay No. 251.

On the question on passing the bill to be enacted, the sense of the House was taken by yeas and nays at the request of Mr. Cahill of Lynn; and on the roll call 137 members voted in the affirmative and 21 in the negative.

[See Yea and Nay No. 251 in Supplement.]

Therefore the bill was passed to be enacted; and it was signed by the acting Speaker and sent to the Senate.

Unfinished Business.

Primary care.

The House then returned to consideration of the Senate Bill relative to primary care for you (Senate, No. 3141, amended).

After debate on the question on passing the bill, as amended, to be engrossed, in concurrence, Mr. Michlewitz of Boston and other members of the House moved to amend it in section 20, in line 248, by striking out the figures: “50” and inserting in place thereof the figures: “80”;

In section 22, in line 530, by striking out the figure: “2” and inserting in place thereof the figure: “3”, and by adding the following:—

Section 17DD. (a) As used in this section, the following words shall, unless the context clearly requires otherwise, have the following meanings:

“Biomarker”, a molecular, genetic, or biochemical characteristic, including gene mutations, characteristics of genes or protein expression, that is objectively measured and evaluated as an indicator of normal biological processes, pathogenic processes, or pharmacologic responses to a specific therapeutic intervention, including known gene-drug interactions for medications being considered for use or already being administered.

“Biomarker testing”, the analysis of a patient’s tissue, blood, or other biospecimen for the presence of a biomarker, including, but not limited to, single-analyte tests, multi-plex panel tests, protein expression, and whole exome, whole genome, and whole transcriptome sequencing performed at a laboratory facility that is either CLIA-certified or CLIA-waived by the federal food and drug administration;

provided, however, that biomarker testing does not include testing for the purpose of screening in asymptomatic individuals

"CLIA certified", holding a certificate issued by the federal Centers for Medicare and Medicaid Services under the Clinical Laboratory Improvement Amendments of 1988 authorizing a laboratory to perform testing on human specimens.

"CLIA waived", holding a certificate of waiver issued under the Clinical Laboratory Improvement Amendments of 1988 authorizing a laboratory to perform only those tests categorized as waived by the federal Food and Drug Administration under 42 C.F.R. section 493.15.

"Clinical utility", the test result provides information that is used in the formulation of a treatment or monitoring strategy that informs a patient's outcome and impacts the clinical decision. Clinical utility shall be established by any of the following:

(i) the labeled indications for a test approved or cleared by the federal Food and Drug Administration;

(ii) a test indicated in the FDA-approved labeling of a drug, including as a companion diagnostic;

(iii) warnings and precautions in the FDA-approved labeling of a drug;

(iv) a national coverage determination of the federal Centers for Medicare and Medicaid Services, or a local coverage determination issued by the Medicare Administrative Contractor; or

(v) a nationally recognized clinical practice guideline.

"Nationally recognized clinical practice guidelines", evidence-based clinical practice guidelines developed by independent organizations or medical professional societies utilizing a transparent methodology and reporting structure and with a conflict of interest policy, including, but not limited to those of the National Comprehensive Cancer Network or the American Society of Clinical Oncology.

(b) The commission shall provide to any active or retired employee of the commonwealth who is insured under the group insurance commission coverage for biomarker testing, pursuant to criteria established under subsection (c); provided, that coverage shall be applied in a manner that limits disruptions in care including the need for multiple biopsies or biospecimen samples.

(c) Biomarker testing shall be covered when the test: (i) is conducted at either a CLIA-certified or CLIA-waived laboratory and (ii) provides clinical utility to the enrollee, as demonstrated by medical and scientific evidence establishing that the result will be used to select, initiate, exclude, or discontinue a specific therapy, or to determine appropriate dosing of a specific therapy.

(d) In the case of coverage that requires prior authorization, a carrier or a utilization review organization subject to this section shall approve or deny a prior authorization request and notify the enrollee, the enrollee's health care provider and any entity requesting authorization of the service within 5 business days. If additional delay would result in significant risk to the insured's health or well-being, a carrier or a utilization review organization shall approve or deny the request within 48 hours. If a response by a carrier or utilization review organization is not received within the time required under this subsection, said request or appeal shall be deemed granted.

(e) The patient and prescribing practitioner shall have access to clear, readily accessible, and convenient processes to request an exception to a coverage policy or an adverse utilization review determination. The process shall be made readily accessible on the carrier's website.

By inserting after section 23 the following section:

"SECTION 23A. Section 24N of chapter 111 of the General Laws, as most recently amended by section 28 of chapter 73 of the acts of 2025, is hereby further amended by striking out subsections (c) and (d) and inserting in place thereof the following subsections:-

(c) There shall be a vaccine program advisory council consisting of the commissioner of public health or a designee, who shall serve as chair; the medical director of the universal immunization program of the department of public health established under section 24I; the executive director for the center for health information and analysis or a designee; the executive director of the commonwealth health insurance connector authority or a designee; 1 person to be appointed by the director of Medicaid, who shall be a representative of managed care organizations contracting with MassHealth; 3 persons to be appointed by the commissioner of insurance, each of whom shall be a representative of 1 of the 3 health insurance companies having the most insured lives in the commonwealth; and 7 persons to be appointed by the commissioner of public health, 1 of whom shall be a representative of an employer that self-insures for health coverage who shall be appointed from lists of nominees submitted by statewide associations of employers, 1 of whom shall be a member of the Massachusetts Medical Society, 1 of whom shall be a member of the Massachusetts chapter of the American Academy of Pediatrics, 1 of whom shall be a member of the Massachusetts Academy of Family Physicians, and 3 of whom shall be physicians licensed to practice in the commonwealth and who shall have expertise in the area of childhood vaccines. The council shall recommend the amount of funding needed each fiscal year by calculating the total non-federal program cost.

(d) Under regulations adopted by the commissioner of public health, each surcharge payor in the commonwealth shall pay to the commissioner of public health, for deposit in the Vaccine Purchase Trust Fund, a routine childhood immunizations surcharge assessed by the commissioner. By January 1 of each year, the commissioner of public health shall determine the total amount of the surcharge for the current fiscal year by determining the final amount required to be included in the Vaccine Purchase Trust Fund for the current fiscal year to cover the estimated costs to purchase, store and distribute immunizations for routine childhood immunizations and to administer the fund and the immunization registry, established pursuant to section 24M. The amount shall take into consideration the limitations on expenditures described in subsection (b) any anticipated surplus or deficit in the trust fund, and shall exclude any costs anticipated to be covered by federal contribution. Any increase in the surcharge amount for the prior fiscal year shall not be more than the percentage set as the health care cost growth benchmark, established under section 9 of chapter 6D, unless the commissioner of public health submits a detailed report to the clerks of the house of representatives and senate who shall forward the report to the house and senate committees on ways and means, the house and senate chairs of the joint committee on public health and the house and senate chairs of the joint committee on health care financing explaining the need for the increase.";

In section 25, in lines 598, 599 and 600 by striking out the words "an acute care hospital classified as a community-high public payer hospital by the center for health information and analysis in its most recently published Massachusetts Acute Hospital Profiles, or successor publication" and inserting in place thereof the following: "(i) an acute care hospital established under chapter 147 of the acts of 1995 and its corporate affiliates; (ii) a non-state, government public hospital system established pursuant to chapter 147 of the acts of 1996; or (iii) an acute care hospital classified as a community-high public payer hospital by the center for health information and

analysis in its most recently published Massachusetts Acute Hospital Profiles, or successor publication";

By inserting after section 25 the following section:

"SECTION 25A. Said chapter 111 is hereby further amended adding the following section:-

Section 251. (a) The department shall implement a provider immunization brand choice requirement as part of the commonwealth's universal immunization program pursuant to sections 24I and 24N and in any other existing or future immunization program for children or adults administered through the state using local, state or federal funds.

(b)(1) Pursuant to the provider immunization brand choice requirement, for all categories of immunizations included in the programs described in subsection (a), all healthcare providers participating in these programs shall be able to select any brand or type of any immunization, including any combination immunization and dosage form, as long as the immunization is licensed or authorized for emergency use by the federal Food and Drug Administration, recommended by the national Centers for Disease Control and Prevention Advisory Committee on Immunization Practices or is recommended by national professional medical societies.

(2) The universal immunization program shall reflect adequate patient and provider immunization brand choice to preserve clinical judgement for healthcare providers, enhance vaccine confidence, stabilize the vaccine supply and encourage access to future vaccines. The department may exclude certain brand vaccines based on concerns for the health and safety of patients or excessive purchase cost in comparison to comparable agents. This section shall not apply in the event of a shortage or delay in vaccine availability, disaster or public health emergency, terrorist attack, hostile military or paramilitary action or extraordinary law enforcement emergency.";

In section 27, in line 653, by striking out the word "section" and inserting in place thereof the following: "2 sections";

In said section 27 by adding the following:—

Section 10CC. (a) As used in this section, the following words shall, unless the context clearly requires otherwise, have the following meanings:

"Biomarker", a molecular, genetic or biochemical characteristic, including gene mutations, characteristics of genes or protein expression, that is objectively measured and evaluated as an indicator of normal biological processes, pathogenic processes or pharmacologic responses to a specific therapeutic intervention, including known gene-drug interactions for medications being considered for use or already being administered.

"Biomarker testing", the analysis of a patient's tissue, blood or other biospecimen for the presence of a biomarker, including, but not limited to, single-analyte tests, multi-plex panel tests, protein expression and whole exome, whole genome and whole transcriptome sequencing performed at a laboratory facility that is either CLIA-certified or CLIA-waived by the federal Food and Drug Administration; provided, however, that biomarker testing shall not include testing for the purpose of screening in asymptomatic individuals

"CLIA certified", holding a certificate issued by the federal Centers for Medicare and Medicaid Services under the Clinical Laboratory Improvement Amendments of 1988 authorizing a laboratory to perform testing on human specimens.

"CLIA waived", holding a certificate of waiver issued under the Clinical Laboratory Improvement Amendments of 1988 authorizing a laboratory to perform

only those tests categorized as waived by the federal Food and Drug Administration under 42 C.F.R. section 493.15.

"Clinical utility", the test result provides information that is used in the formulation of a treatment or monitoring strategy that informs a patient's outcome and impacts the clinical decision. Clinical utility shall be established by any of the following:

(i) the labeled indications for a test approved or cleared by the federal Food and Drug Administration;

(ii) a test indicated in the FDA-approved labeling of a drug, including as a companion diagnostic;

(iii) warnings and precautions in the FDA-approved labeling of a drug;

(iv) a national coverage determination of the federal Centers for Medicare and Medicaid Services, or a local coverage determination issued by the Medicare Administrative Contractor; or

(v) a nationally recognized clinical practice guideline.

"Nationally recognized clinical practice guidelines", evidence-based clinical practice guidelines developed by independent organizations or medical professional societies utilizing a transparent methodology and reporting structure and with a conflict of interest policy, including, but not limited to those of the National Comprehensive Cancer Network or the American Society of Clinical Oncology.

(b) 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, accountable care organization or primary care clinician plan shall provide to any active or retired employee of the commonwealth who is insured under the group insurance commission coverage for biomarker testing, pursuant to criteria established under subsection (c); provided, that coverage shall be applied in a manner that limits disruptions in care including the need for multiple biopsies or biospecimen samples.

(c) Biomarker testing shall be covered when the test: (i) is conducted at either a CLIA-certified or CLIA-waived laboratory; and (ii) provides clinical utility to the enrollee, as demonstrated by medical and scientific evidence establishing that the result will be used to select, initiate, exclude or discontinue a specific therapy, or to determine appropriate dosing of a specific therapy.

(d) In the case of coverage that requires prior authorization, a carrier or a utilization review organization subject to this section shall approve or deny a prior authorization request and notify the enrollee, the enrollee's health care provider and any entity requesting authorization of the service within 5 business days. If additional delay would result in significant risk to the insured's health or well-being, a carrier or a utilization review organization shall approve or deny the request within 48 hours. If a response by the division or utilization review organization is not received within the time required under this subsection, said request or appeal shall be deemed granted.

(e) The patient and prescribing practitioner shall have access to a clear, readily accessible and convenient processes to request an exception to a coverage policy or an adverse utilization review determination. The process shall be made readily accessible on the carrier's website.";

In section 29, in line 681, by striking out the figure: "2" and inserting in place thereof the figure: "3";

In said section 29 by adding the following:—

Section 47GGG. (a) As used in this section, the following words shall, unless the context clearly requires otherwise, have the following meanings:

"Biomarker", a molecular, genetic or biochemical characteristic, including gene mutations, characteristics of genes or protein expression, that is objectively measured and evaluated as an indicator of normal biological processes, pathogenic processes or pharmacologic responses to a specific therapeutic intervention, including known gene-drug interactions for medications being considered for use or already being administered.

"Biomarker testing", the analysis of a patient's tissue, blood or other biospecimen for the presence of a biomarker, including, but not limited to, single-analyte tests, multi-plex panel tests, protein expression and whole exome, whole genome and whole transcriptome sequencing performed at a laboratory facility that is either CLIA-certified or CLIA-waived by the federal food and drug administration; provided, however, that biomarker testing does not include testing for the purpose of screening in asymptomatic individuals

"CLIA certified", holding a certificate issued by the federal Centers for Medicare and Medicaid Services under the Clinical Laboratory Improvement Amendments of 1988, 42 U.S.C. section 263 authorizing a laboratory to perform testing on human specimens.

"CLIA waived", holding a certificate of waiver issued under the Clinical Laboratory Improvement Amendments of 1988 authorizing a laboratory to perform only those tests categorized as waived by the federal Food and Drug Administration under 42 C.F.R. section 493.15.

"Clinical utility", the test result that provides information that is used in the formulation of a treatment or monitoring strategy that informs a patient's outcome and impacts the clinical decision. Clinical utility shall be established by any of the following:

(i) the labeled indications for a test approved or cleared by the federal Food and Drug Administration;

(ii) a test indicated in the FDA-approved labeling of a drug, including as a companion diagnostic;

(iii) warnings and precautions in the FDA-approved labeling of a drug;

(iv) a national coverage determination of the federal Centers for Medicare and Medicaid Services, or a local coverage determination issued by the Medicare Administrative Contractor; or

(v) a nationally recognized clinical practice guideline.

"Nationally recognized clinical practice guidelines", evidence-based clinical practice guidelines developed by independent organizations or medical professional societies utilizing a transparent methodology and reporting structure and with a conflict of interest policy, including, but not limited to those of the National Comprehensive Cancer Network or the American Society of Clinical Oncology.

(b) Any carrier offering a policy, contract, agreement, plan or certificate of insurance issued, delivered or renewed within the commonwealth shall provide to any active or retired employee of the commonwealth who is insured under the group insurance commission coverage for biomarker testing, pursuant to criteria established under subsection (c); provided, that coverage shall be applied in a manner that limits disruptions in care including the need for multiple biopsies or biospecimen samples.

(c) Biomarker testing shall be covered when the test: (i) is conducted at either a CLIA-certified or CLIA-waived laboratory and (ii) provides clinical utility to the enrollee, as demonstrated by medical and scientific evidence establishing that the result will be used to select, initiate, exclude or discontinue a specific therapy, or to determine appropriate dosing of a specific therapy.

(d) In the case of coverage that requires prior authorization, a carrier or a utilization review organization subject to this section shall approve or deny a prior authorization request and notify the enrollee, the enrollee's health care provider and any entity requesting authorization of the service within 5 business days. If additional delay would result in significant risk to the insured's health or well-being, a carrier or a utilization review organization shall approve or deny the request within 48 hours. If a response by a carrier or utilization review organization is not received within the time required under this subsection, said request or appeal shall be deemed granted.

(e) The patient and prescribing practitioner shall have access to a clear, readily accessible and convenient processes to request an exception to a coverage policy or an adverse utilization review determination. The process shall be made readily accessible on the carrier's website.

By inserting after section 29 the following section:

"SECTION 29A. Section 11 of chapter 175M of the General Laws, as appearing in the 2024 Official Edition, is hereby amended by adding the following subsection:-

(f) An employer with not more than 25 employees shall be permitted to submit a private plan subject to the requirements of paragraph (1) of subsection (a) to the department directly; provided, that such employer shall be exempt from the requirements set forth in clause (i) and (iii) of paragraph (2) of subsection (a).";

In section 30, in line 721, by striking out the figure: "2" and inserting in place thereof the figure: "3"; and by adding the following:—

Section 8HHH. (a) As used in this section, the following words shall, unless the context clearly requires otherwise, have the following meanings:

"Biomarker", a molecular, genetic or biochemical characteristic, including gene mutations, characteristics of genes or protein expression, that is objectively measured and evaluated as an indicator of normal biological processes, pathogenic processes or pharmacologic responses to a specific therapeutic intervention, including known gene-drug interactions for medications being considered for use or already being administered.

"Biomarker testing", the analysis of a patient's tissue, blood or other biospecimen for the presence of a biomarker, including, but not limited to, single-analyte tests, multi-plex panel tests, protein expression and whole exome, whole genome and whole transcriptome sequencing performed at a laboratory facility that is either CLIA-certified or CLIA-waived by the federal food and drug administration; provided, however, that biomarker testing does not include testing for the purpose of screening in asymptomatic individuals

"CLIA certified", holding a certificate issued by the federal Centers for Medicare and Medicaid Services under the Clinical Laboratory Improvement Amendments of 1988 authorizing a laboratory to perform testing on human specimens.

"CLIA waived", holding a certificate of waiver issued under the Clinical Laboratory Improvement Amendments of 1988 authorizing a laboratory to perform only those tests categorized as waived by the federal Food and Drug Administration under 42 C.F.R. section 493.15.

"Clinical utility", the test result provides information that is used in the formulation of a treatment or monitoring strategy that informs a patient's outcome and impacts the clinical decision. Clinical utility shall be established by any of the following:

(i) the labeled indications for a test approved or cleared by the federal Food and Drug Administration;

(ii) a test indicated in the FDA-approved labeling of a drug, including as a companion diagnostic;

(iii) warnings and precautions in the FDA-approved labeling of a drug;

(iv) a national coverage determination of the federal Centers for Medicare and Medicaid Services, or a local coverage determination issued by the Medicare Administrative Contractor; or

(v) a nationally recognized clinical practice guideline.

"Nationally recognized clinical practice guidelines", evidence-based clinical practice guidelines developed by independent organizations or medical professional societies utilizing a transparent methodology and reporting structure and with a conflict of interest policy, including, but not limited to those of the National Comprehensive Cancer Network or the American Society of Clinical Oncology.

(b) 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 to any active or retired employee of the commonwealth who is insured under the group insurance commission coverage for biomarker testing, pursuant to criteria established under subsection (c); provided, that coverage shall be applied in a manner that limits disruptions in care including the need for multiple biopsies or biospecimen samples.

(c) Biomarker testing shall be covered when the test: (i) is conducted at either a CLIA-certified or CLIA-waived laboratory and (ii) provides clinical utility to the enrollee, as demonstrated by medical and scientific evidence establishing that the result will be used to select, initiate, exclude, or discontinue a specific therapy, or to determine appropriate dosing of a specific therapy.

(d) In the case of coverage which requires prior authorization, a carrier or a utilization review organization subject to this section shall approve or deny a prior authorization request and notify the enrollee, the enrollee's health care provider and any entity requesting authorization of the service within 5 business days. If additional delay would result in significant risk to the insured's health or well-being, a carrier or a utilization review organization shall approve or deny the request within 48 hours. If a response by a carrier or utilization review organization is not received within the time required under this subsection, said request or appeal shall be deemed granted.

(e) The patient and prescribing practitioner shall have access to a clear, readily accessible, and convenient processes to request an exception to a coverage policy or an adverse utilization review determination. The process shall be made readily accessible on the carrier's website.";

In section 31, in line 760, by striking out the figure: "2" and inserting in place thereof the figure: "3"; and by adding the following:—

Section 4HHH. (a) As used in this section, the following words shall, unless the context clearly requires otherwise, have the following meanings:

"Biomarker", a molecular, genetic or biochemical characteristic, including gene mutations, characteristics of genes or protein expression, that is objectively measured and evaluated as an indicator of normal biological processes, pathogenic processes or pharmacologic responses to a specific therapeutic intervention, including known gene-drug interactions for medications being considered for use or already being administered.

"Biomarker testing", the analysis of a patient's tissue, blood or other biospecimen for the presence of a biomarker, including, but not limited to, single-analyte tests, multi-plex panel tests, protein expression and whole exome, whole genome and whole transcriptome sequencing performed at a laboratory facility that is either CLIA-certified or CLIA-waived by the federal food and drug administration; provided, however, that biomarker testing does not include testing for the purpose of screening in asymptomatic individuals

"CLIA certified", holding a certificate issued by the federal Centers for Medicare and Medicaid Services under the Clinical Laboratory Improvement Amendments of 1988 authorizing a laboratory to perform testing on human specimens.

"CLIA waived", holding a certificate of waiver issued under the Clinical Laboratory Improvement Amendments of 1988 authorizing a laboratory to perform only those tests categorized as waived by the federal Food and Drug Administration under 42 C.F.R. section 493.15.

"Clinical utility", the test result provides information that is used in the formulation of a treatment or monitoring strategy that informs a patient's outcome and impacts the clinical decision. Clinical utility shall be established by any of the following:

(i) the labeled indications for a test approved or cleared by the federal Food and Drug Administration;

(ii) a test indicated in the FDA-approved labeling of a drug, including as a companion diagnostic;

(iii) warnings and precautions in the FDA-approved labeling of a drug;

(iv) a national coverage determination of the federal Centers for Medicare and Medicaid Services, or a local coverage determination issued by the Medicare Administrative Contractor; or

(v) a nationally recognized clinical practice guideline.

"Nationally recognized clinical practice guidelines", evidence-based clinical practice guidelines developed by independent organizations or medical professional societies utilizing a transparent methodology and reporting structure and with a conflict of interest policy, including, but not limited to those of the National Comprehensive Cancer Network or the American Society of Clinical Oncology.

(b) A subscription certificate under an individual or group medical service agreement delivered, issued or renewed within the commonwealth shall provide to any active or retired employee of the commonwealth who is insured under the group insurance commission coverage for biomarker testing, pursuant to criteria established under subsection (c); provided, that coverage shall be applied in a manner that limits disruptions in care including the need for multiple biopsies or biospecimen samples.

(c) Biomarker testing shall be covered when the test: (i) is conducted at either a CLIA-certified or CLIA-waived laboratory and (ii) provides clinical utility to the enrollee, as demonstrated by medical and scientific evidence establishing that the result will be used to select, initiate, exclude, or discontinue a specific therapy, or to determine appropriate dosing of a specific therapy.

(d) In the case of coverage which requires prior authorization, a carrier or a utilization review organization subject to this section shall approve or deny a prior authorization request and notify the enrollee, the enrollee's health care provider and any entity requesting authorization of the service within 5 business days. If additional delay would result in significant risk to the insured's health or well-being, a carrier or a utilization review organization shall approve or deny the request within 48 hours. If a response by a carrier or utilization review organization is not received within the time required under this subsection, said request or appeal shall be deemed granted.

(e) The patient and prescribing practitioner shall have access to a clear, readily accessible, and convenient processes to request an exception to a coverage policy or an adverse utilization review determination. The process shall be made readily accessible on the carrier's website.

In section 33, in line 820, by striking out the figure: "2" and inserting in place thereof the figure: "3"; and by adding the following:—

Section 4ZZ. (a) As used in this section, the following words shall, unless the context clearly requires otherwise, have the following meanings:

"Biomarker", a molecular, genetic or biochemical characteristic, including gene mutations, characteristics of genes or protein expression, that is objectively measured and evaluated as an indicator of normal biological processes, pathogenic processes, or pharmacologic responses to a specific therapeutic intervention, including known gene-drug interactions for medications being considered for use or already being administered.

"Biomarker testing", the analysis of a patient's tissue, blood or other biospecimen for the presence of a biomarker, including, but not limited to, single-analyte tests, multi-plex panel tests, protein expression, and whole exome, whole genome, and whole transcriptome sequencing performed at a laboratory facility that is either CLIA-certified or CLIA-waived by the federal food and drug administration; provided, however, that biomarker testing does not include testing for the purpose of screening in asymptomatic individuals

"CLIA certified", holding a certificate issued by the federal Centers for Medicare and Medicaid Services under the Clinical Laboratory Improvement Amendments of 1988 authorizing a laboratory to perform testing on human specimens.

"CLIA waived", holding a certificate of waiver issued under the Clinical Laboratory Improvement Amendments of 1988 authorizing a laboratory to perform only those tests categorized as waived by the federal Food and Drug Administration under 42 C.F.R. section 493.15.

"Clinical utility", the test result provides information that is used in the formulation of a treatment or monitoring strategy that informs a patient's outcome and impacts the clinical decision. Clinical utility shall be established by any of the following: (i) the labeled indications for a test approved or cleared by the federal Food and Drug Administration; (ii) a test indicated in the FDA-approved labeling of a drug, including as a companion diagnostic; (iii) warnings and precautions in the FDA-approved labeling of a drug; (iv) a national coverage determination of the federal Centers for Medicare and Medicaid Services, or a local coverage determination issued by the Medicare Administrative Contractor; or (v) a nationally recognized clinical practice guideline.

"Nationally recognized clinical practice guidelines", evidence-based clinical practice guidelines developed by independent organizations or medical professional societies utilizing a transparent methodology and reporting structure and with a conflict of interest policy, including, but not limited to those of the National Comprehensive Cancer Network or the American Society of Clinical Oncology.

(b) A health maintenance organization organized pursuant to this chapter shall provide to any active or retired employee of the commonwealth who is insured under the group insurance commission coverage for biomarker testing, pursuant to criteria established under subsection (c); provided, that coverage shall be applied in a manner that limits disruptions in care including the need for multiple biopsies or biospecimen samples.

(c) Biomarker testing shall be covered when the test: (i) is conducted at either a CLIA-certified or CLIA-waived laboratory; and (ii) provides clinical utility to the enrollee, as demonstrated by medical and scientific evidence establishing that the result will be used to select, initiate, exclude or discontinue a specific therapy, or to determine appropriate dosing of a specific therapy.

(d) In the case of coverage that requires prior authorization, a carrier or a utilization review organization subject to this section shall approve or deny a prior authorization request and notify the enrollee, the enrollee's health care provider and

any entity requesting authorization of the service within 5 business days. If additional delay would result in significant risk to the insured's health or well-being, a carrier or a utilization review organization shall approve or deny the request within 48 hours. If a response by a carrier or utilization review organization is not received within the time required under this subsection, said request or appeal shall be deemed granted.

(e) The patient and prescribing practitioner shall have access to a clear, readily accessible and convenient processes to request an exception to a coverage policy or an adverse utilization review determination. The process shall be made readily accessible on the carrier's website.

By inserting after section 33 the following 6 sections:—

"SECTION 33A. Section 1 of chapter 176J of the General Laws, as appearing in the 2024 Official Edition, is hereby amended by inserting after the definition of "Health benefit plan" the following definition:-

"Health screening benefits", a fixed dollar amount payable to an insured, without regard to the amount of any expenses incurred and without regard to benefits payable under any other coverage, upon proof that a test or diagnostic procedure, including a laboratory or radiological service, was performed in connection with a routine physical examination or preventive care visit.

SECTION 33B. Said section 1 of said chapter 176J, as so appearing, is hereby further amended by inserting after the word "plans", in line 206, the second time it appears, the following words:- ; provided, however, that accident only, hospital indemnity insurance policies, disability income insurance and specified disease insurance may also offer health screening benefits.

SECTION 33C. Section 1 of chapter 176M of the General Laws, as so appearing, is hereby amended by inserting after the definition of "Health plan" the following definition:-

"Health screening benefits", a fixed dollar amount payable to an insured, without regard to the amount of any expenses incurred and without regard to benefits payable under any other coverage, upon proof that a test or diagnostic procedure, including a laboratory or radiological service, was performed in connection with a routine physical examination or preventive care visit.

SECTION 33D. Said section 1 of said chapter 176M, as so appearing, is hereby further amended by inserting after the figure "176K", in line 218, the following words:- ; provided, however, that accident only, hospital indemnity insurance policies, disability income insurance and specified disease may also offer health screening benefits.

SECTION 33E. Section 1 of chapter 176N of the General Laws, as so appearing, is hereby amended by inserting after the definition of "Health plan" the following definition:-

"Health screening benefits", a fixed dollar amount payable to an insured, without regard to the amount of any expenses incurred and without regard to benefits payable under any other coverage, upon proof that a test or diagnostic procedure, including a laboratory or radiological service, was performed in connection with a routine physical examination or preventive care visit.

SECTION 33F. Said section 1 of said chapter 176N, as so appearing, is hereby further amended by inserting after the figure "176K", in line 42, the following words:- ; provided, however, that accident only, hospital indemnity insurance policies, disability income insurance and specified disease insurance may also offer health screening benefits.";

In section 35, in line 940, by inserting after the words "consumer organizations" the words ", health equity organizations";

By inserting after section 39 the following section:

"SECTION 39A. Section 75 of chapter 260 of the acts of 2020 is hereby amended by striking out the figure '2027', inserted by section 31 of chapter 248 of the acts of 2024, and inserting in place thereof the following figure:- 2029."; and

In section 48, in line 1164, by striking out the year: "2028" and inserting in place thereof the year: "2029".

Consolidated amendments adopted,— yea and nay No. 252.

On the question on adoption of the consolidated amendments, the sense of the House was taken by yeas and nays, as required under the provisions of House Rule 33F; and on the roll call 158 members voted in the affirmative and 0 in the negative.

[See Yea and Nay No. 252 in Supplement.]

Therefore the consolidated amendments were adopted.

Bill passed to be engrossed,— yea and nay No. 253.

On the question on passing the bill, as amended, to be engrossed, in concurrence, the sense of the House was taken by yeas and nays, at the request of Mr. Michlewitz of Boston; and on the roll call 158 members voted in the affirmative and 0 in the negative.

[See Yea and Nay No. 253 in Supplement.]

Therefore the bill (Senate, No. 3141, amended) was passed to be engrossed. Sent to the Senate for concurrence in the amendment adopted by the House [for text of the House amendments published as amended, see House document numbered 5630].

Recess.

Recess.

At twelve minutes before seven o'clock P.M., on motion of Mr. Cataldo of Concord (Ms. Hogan of Stow being in the Chair), the House recessed subject to the call of the Chair; and at nine o'clock P.M., the House was called to order with Mr. Donato of Medford in the Chair.

Motion to Discharge a Certain Matter from the Orders of the Day.

Norwood,— land.

The Senate amendment of the House Bill authorizing the division of capital asset management and maintenance to take by eminent domain certain land in the town of Norwood (House, No. 5553), reported by the committee on Bills in the Third Reading to be correctly drawn, was taken from its position in the Orders of the Day, under suspension of Rule 47, on motion of Mr. Owens of Watertown; and it was adopted, in concurrence.

Engrossed Bills.

Bills enacted.

Engrossed bills

Relative to insurance claims (see Senate, No. 785) (which originated in the Senate); and

Regarding the disability pension for Misael Rodriguez administered by the Springfield retirement board (see House, No. 5391, amended) (which 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.

Order.

On motion of Mr. Mariano of Quincy,—

Ordered, , That when the House adjourns today, it adjourn to meet tomorrow at eleven o'clock A.M.; and that, notwithstanding the provisions of House Rule 12, the Clerk be authorized to dispense with the printing of a Calendar for the next sitting. Next sitting.

Mr. Vieira of Falmouth 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 four minutes before ten o'clock P.M. (Mr. Donato of Medford being in the Chair), the House adjourned, to meet the following day at eleven o'clock A.M.