



**COMMONWEALTH OF MASSACHUSETTS**  
**Office of Consumer Affairs and Business Regulation**  
**DIVISION OF INSURANCE**

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**FILING GUIDANCE NOTICE 2025-G**

**TO:** Commercial Health Insurers; Blue Cross Blue Shield of Massachusetts, Inc.; and Health Maintenance Organizations Offering or Renewing Insured Health Products in Massachusetts (“Carriers”) subject to M.G.L. c. 176O

**FROM:** Kevin P. Beagan, Deputy Commissioner, Health Care Access Bureau

**DATE:** March 4, 2025

**RE:** Coverage pursuant to Chapter 388 of the Acts of 2024

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The Division of Insurance (“Division”) distributes this Filing Guidance Notice 2025-G to inform insured health carriers (“Carriers”) regarding the filing requirements associated with Chapter 388 of the Acts of 2024 (“Chapter 388”), which modifies Massachusetts laws to add M.G.L. c. 175, §47AA1/2; M.G.L. c. 176A, §8DD1/2; M.G.L. c. 176B, §4DD1/2; and M.G.L. c. 176G, §4V1/2. As noted in Section 7 of Chapter 388, these provisions are effective for all insured health plan contracts entered into, renewed, or amended on or after January 1, 2026.

*Treatment for Down Syndrome*

Insured health plans that are “issued, delivered or renewed within the commonwealth shall provide coverage for the treatment of Down syndrome through speech therapy, occupational therapy, physical therapy and applied behavior analysis services.”

**Filing Requirements**

As required under 211 CMR 52.05(7), Carriers are to submit material change materials - including the Carrier’s Evidence of Coverage as described in 211 CMR 52.05(4)(i) - that are to be part of insured health coverage offered or renewed in Massachusetts. Please forward all form filings to update the Evidence of Coverage on file for your Carrier using SERFF (the System for Electronic Rate and Form Filing), with the SERFF Project Name: Chapter 388 of the Acts of 2024.

Carriers are expected to review and modify their utilization systems to be consistent with the provisions of Chapter 388, to ensure that requests for the required services are processed in accordance with the medically necessary requirements identified in M.G.L. c. 176O and 211 CMR 52.00, including required review of utilization requests within statutory timeframes, notification of all utilization review decisions, and notification to members regarding their rights to internal

and external appeals when there has been an adverse determination of a request for services. In order to comply with 211 CMR 52.05(7) for utilization management systems, please forward a signed certification that the Carrier will be in compliance with utilization management procedures for services required under Chapter 388.

If you have any questions about Filing Guidance Notice 2025-G, please contact Niels Puettthoff at [Niels.Puettthoff@mass.gov](mailto:Niels.Puettthoff@mass.gov).