

HOUSE No. 5015

The Commonwealth of Massachusetts

HOUSE OF REPRESENTATIVES, February 5, 2026.

The committee on Financial Services, to whom was referred the petition (accompanied by bill, House, No. 1096) of Natalie M. Blais and others relative to rates for community health centers, reports recommending that the accompanying bill (House, No. 5015) ought to pass.

For the committee,

JAMES M. MURPHY.

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The Commonwealth of Massachusetts

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

An Act relative to rate equity for community health centers.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

1 SECTION 1. Chapter 32A of the General Laws is hereby amended by inserting after
2 section 34 the following new section:-

3 Section 35. (a) For the purposes of this section, the following terms shall have the
4 following meanings unless the context clearly requires otherwise:

5 “Federally Qualified Health Center”, any entity receiving a grant under 42 U.S.C. 254B.

6 “Federally Qualified Health Center Services”, as such term is defined in 42 U.S.C.
7 1396d(a)(2)(C), and as further defined in 101 CMR 304.00.

8 (b) Notwithstanding any general or special law to the contrary, the Commission shall
9 ensure that the rate of payment for any Federally Qualified Health Center services provided to a
10 patient by a community health center, shall be reimbursed in an amount at least equivalent to the
11 annual aggregate revenue that the health center would have received if reimbursed by

MassHealth pursuant to methodology that conforms with 42 U.S.C. § 1396a(bb) and 1396b(m)(2)(A)(ix) as they appear in Title 42 of the United States Code as of January 1, 2025.

SECTION 2. Chapter 118E of the General Laws is hereby amended by inserting after section 13d ½ the following new section:-

Section 13d ¾. (a) For purposes of this section, the term “community health center” shall mean any entity reimbursed as a community health center under this chapter.

(b) Notwithstanding any general or special law to the contrary, reimbursement for community health centers under this chapter, shall be through a methodology that conforms with 42 USC § 1396a(bb) and 1396b(m)(2)(A)(ix) as appearing in Title 42 of the United States Code as of January 1, 2025.

SECTION 3. Chapter 175 of the General Laws is hereby amended by inserting before section 47CCC the following new section:-

Section 47AAA. (a) For the purposes of this section, the following terms shall have the following meanings unless the context clearly requires otherwise:

“Federally Qualified Health Center”, any entity receiving a grant under 42 U.S.C. 254B.

“Federally Qualified Health Center Services”, as such term is defined in 42 U.S.C. 1396d(a)(2)(C), and as further defined in 101 CMR 304.00.

(b) Notwithstanding any general or special law to the contrary, insurers organized under this chapter shall ensure that the rate of payment for any Federally Qualified Health Center services provided to a patient by a community health center, shall be reimbursed in an amount at least equivalent to the annual aggregate revenue that the health center would have received if

reimbursed by MassHealth pursuant to methodology that conforms with 42 U.S.C. § 1396a(bb) and 1396b(m)(2)(A)(ix) as they appear in Title 42 of the United States Code as of January 1, 2025.

(c) The division of insurance shall issue regulations governing issuance of payments to community health centers to conform with this section. The division of insurance shall consult with MassHealth to receive technical assistance regarding the per visit payment rate for each individual Federally Qualified Health Center for a given year. MassHealth shall provide the Division of Insurance with a proxy rate for any Federally Qualified Health Center who has not received an individual prospective payment system rate and the division of insurance shall make available to health plans upon request the necessary prospective payment system rate information regarding their contracted Federally Qualified Health Centers such that the health plan can ensure compliance with this requirement. The division of insurance shall promulgate regulations no later than January 1, 2027 in order to implement the provisions of this Chapter.

(d) Any entity licensed by the division of insurance and providing reimbursement to federally qualified health centers for services provided to patients, including, but not limited to, non-profit hospital service corporations, medical service corporations, dental service corporations, health maintenance organizations, and preferred provider organizations, or any other entity not specifically enumerated hereunder licensed by the division of insurance and providing reimbursement to federally qualified health centers for services provided to patients, shall submit an annual report to the division of insurance as a condition of their licensure evidencing that the total reimbursement to Federally Qualified Health Centers for services provided to patients in the prior year was equivalent to the annual aggregate revenue the health center would have received if reimbursed by MassHealth.

SECTION 4. Chapter 176A of the General Laws is hereby amended by inserting after Section 38 the following new section:-

Section 39. (a) For the purposes of this section, the following terms shall have the following meanings unless the context clearly requires otherwise:

“Federally Qualified Health Center”, any entity receiving a grant under 42 U.S.C. 254B.

“Federally Qualified Health Center Services”, as such term is defined in 42 U.S.C. 1396d(a)(2)(C), and as further defined in 101 CMR 304.00.

(b) Notwithstanding any general or special law to the contrary, any corporation organized under this chapter shall ensure that the rate of payment for any Federally Qualified Health Center services provided to a patient by a community health center, shall be reimbursed in an amount at least equivalent to the annual aggregate revenue that the health center would have received if reimbursed by MassHealth pursuant to methodology that conforms with 42 U.S.C. § 1396a(bb) and 1396b(m)(2)(A)(ix) as they appear in Title 42 of the United States Code as of January 1, 2025.

SECTION 5. Section 1 of Chapter 176B of the General Laws, as appearing in the 2022 Official Edition, is hereby amended by inserting after the definition of “Dependent” the following new definitions:-

“Federally Qualified Health Center”, any entity receiving a grant under 42 U.S.C. 254B.

“Federally Qualified Health Center Services”, as such term is defined in 42 U.S.C. 1396d(a)(2)(C), and as further defined in 101 CMR 304.00.

SECTION 6. Chapter 176B of the General Laws is hereby further amended by inserting after Section 25 the following new section:-

Section 26: (a) Notwithstanding any general or special law to the contrary, any medical service plan organized under this chapter shall ensure that the rate of payment for any Federally Qualified Health Center services provided to a patient by a community health center, shall be reimbursed in an amount at least equivalent to the annual aggregate revenue that the health center would have received if reimbursed by MassHealth pursuant to methodology that conforms with 42 U.S.C. § 1396a(bb) and 1396b(m)(2)(A)(ix) as they appear in Title 42 of the United States Code as of January 1, 2025.

SECTION 7. Section 1 of Chapter 176E of the General Laws, as appearing in the 2022 Official Edition, is hereby amended by inserting after the definition of “Dental Service Corporation” the following new definitions:-

“Federally Qualified Health Center”, any entity receiving a grant under 42 U.S.C. 254B.

“Federally Qualified Health Center Services”, as such term is defined in 42 U.S.C. 1396d(a)(2)(C), and as further defined in 101 CMR 304.00.

SECTION 8. Said Chapter 176E is hereby further amended by inserting after section 15A the following new section:-

Section 15B. (a) Notwithstanding any general or special law to the contrary, any Dental Service Corporation organized under this chapter shall ensure that the rate of payment for any Federally Qualified Health Center services provided to a patient by a community health center, shall be reimbursed in an amount at least equivalent to the annual aggregate revenue that the

health center would have received if reimbursed by MassHealth pursuant to methodology that conforms with 42 U.S.C. § 1396a(bb) and 1396b(m)(2)(A)(ix) as they appear in Title 42 of the United States Code as of January 1, 2025.

SECTION 9. Section 1 of Chapter 176G of the General Laws, as appearing in the 2022 Official Edition, is hereby amended by inserting after the definition of “Evidence of Coverage” the following new definitions:-

“Federally Qualified Health Center”, any entity receiving a grant under 42 U.S.C. 254B.

“Federally Qualified Health Center Services”, as such term is defined in 42 U.S.C. 1396d(a)(2)(C), and as further defined in 101 CMR 304.00.

SECTION 10. Said Chapter 176G is hereby further amended by inserting after section 33 the following new section:-

Section 34. (a) Notwithstanding any general or special law to the contrary, any Health Maintenance Organization organized under the laws of the Commonwealth shall ensure that the rate of payment for any Federally Qualified Health Center services provided to a patient by a community health center, shall be reimbursed in an amount at least equivalent to the annual aggregate revenue that the health center would have received if reimbursed by MassHealth pursuant to methodology that conforms with 42 U.S.C. § 1396a(bb) and 1396b(m)(2)(A)(ix) as they appear in Title 42 of the United States Code as of January 1, 2025.

SECTION 11. Section 1 of Chapter 176I of the General Laws, as appearing in the 2022 Official Edition, is hereby amended by inserting after the definition of “Emergency Care” the following new definitions:-

“Federally Qualified Health Center”, any entity receiving a grant under 42 U.S.C. 254B.

“Federally Qualified Health Center Services”, as such term is defined in 42 U.S.C.

1396d(a)(2)(C), and as further defined in 101 CMR 304.00.

SECTION 12. Said chapter 176I of the General Laws is hereby further amended by inserting after section 13 the following new section:-

Section 14. (a) Notwithstanding any general or special law to the contrary, any preferred provider contract shall ensure that the rate of payment for any Federally Qualified Health Center services provided to a patient by a community health center, shall be reimbursed in an amount at least equivalent to the annual aggregate revenue that the health center would have received if reimbursed by MassHealth pursuant to methodology that conforms with 42 U.S.C. § 1396a(bb) and 1396b(m)(2)(A)(ix) as they appear in Title 42 of the United States Code as of January 1, 2025.

SECTION 13. Chapter 15A of the General Laws is hereby amended by inserting after section 18 the following new section:-

Section 18A. (a) For the purposes of this section, the following terms shall have the following meanings unless the context clearly requires otherwise:

“Federally Qualified Health Center”, any entity receiving a grant under 42 U.S.C. 254B.

“Federally Qualified Health Center Services”, as such term is defined in 42 U.S.C. 1396(a)(2)(C), and as further defined in 101 CMR 304.00.

(b) Notwithstanding any general or special law to the contrary, any student health insurance program or plan authorized under section 18 of chapter 15A shall ensure that the rate

139 of payment for any Federally Qualified Health Center services provided to a patient by a
140 community health center, shall be reimbursed in an amount at least equivalent to the annual
141 aggregate revenue that the health center would have received if reimbursed by MassHealth
142 pursuant to methodology that conforms with 42 U.S.C. § 1396a(bb) and 1396b(m)(2)(A)(ix) as
143 they appear in Title 42 of the United States Code as of January 1, 2025.