

HOUSE No.

The Commonwealth of Massachusetts

PRESENTED BY:

Michael P. Kushmerek and David M. Rogers

To the Honorable Senate and House of Representatives of the Commonwealth of Massachusetts in General Court assembled:

The undersigned legislators and/or citizens respectfully petition for the adoption of the accompanying bill:

An Act supporting family caregivers.

PETITION OF:

NAME:	DISTRICT/ADDRESS:	DATE ADDED:
<i>Michael P. Kushmerek</i>	<i>3rd Worcester</i>	<i>1/17/2025</i>
<i>David M. Rogers</i>	<i>24th Middlesex</i>	<i>1/17/2025</i>
<i>Adam J. Scanlon</i>	<i>14th Bristol</i>	<i>1/17/2025</i>

HOUSE No.

[Pin Slip]

The Commonwealth of Massachusetts

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

An Act supporting family caregivers.

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 6A of the General Laws, as appearing in the 2022 Official
2 Edition, is hereby amended by inserting after section 16FF the following section:-

3 Section 16GG. (a) There shall be an advisory council on family caregiving. The advisory
4 council shall consist of: the secretary of health and human services, or a designee; the secretary
5 of aging and independence, or a designee; the commissioner of public health, or a designee; the
6 secretary of veterans’ services, or a designee; the secretary of labor and workforce development,
7 or a designee; the house and senate chairs of the joint committee on elder affairs, or their
8 designees; and 10 persons to be appointed, in a manner that ensures, as much as possible,
9 geographic and demographic diversity, by the governor, including 2 family caregiver advocates,
10 2 family caregivers, 2 health care providers, 2 representatives of state-based academic
11 institutions, 1 of which is a gerontologist, and 2 representatives from state-based advocacy
12 organizations that provide services to family caregivers, including information, referral and
13 support services.

14 (b) The advisory council shall meet at least quarterly and shall advise the executive office
15 of health and human services and the general court on the development of family caregiving
16 policy for the commonwealth. The advisory council shall work with the secretary of health and
17 human services to identify resources available, and services needed for these individuals and
18 associated costs.

19 (c) Annually, not later than March 1, the advisory council shall provide a report to the
20 executive office of health and human services, the clerks of the senate and the house of
21 representatives, the joint committee on children, families, and persons with disabilities, the joint
22 committee on elder affairs, and the joint committee on public health which shall include: (i)
23 information and recommendations on family caregiving policy and (ii) an evaluation of all state-
24 funded efforts in caregiving research, clinical care, institutional and home-based and community-
25 based services and supports.

26 SECTION 2. Chapter 19A of the General Laws, as appearing in the 2022 Official
27 Edition, is hereby amended by inserting after section 4D the following section: -

28 Section 4E. (a) As used in this subsection, the following words shall have the following
29 meanings unless the context clearly requires otherwise:

30

31 "Activities of daily living", everyday functions and activities, which individuals usually
32 do without help including, but not limited to, bathing, continence, dressing, eating, toileting and
33 transferring.

34 "Eligible family member", an individual who (i) is at least 18 years of age during a
35 taxable year, (ii) requires assistance with at least 1 activity of daily living, and (iii) qualifies as a
36 dependent, spouse, parent or other relation by blood or marriage, including an in-law,
37 grandparent, grandchild, step-parent, aunt, uncle, niece or nephew of the family caregiver.

38 "Family caregiver", an individual who is a resident for the year and had eligible
39 caregiving actions, excluding those described in paragraph (d) of this subsection, with respect to
40 1 or more eligible family members during the year.

41 "Respite services", a program that provides short term relief to family caregivers from the
42 demands of caring for individuals with chronic or other health conditions, disabilities or
43 functional limitations.

44 (b) A family caregiver is eligible to receive a voucher for respite services up to 100
45 percent of the eligible expenditures incurred by the family caregiver, with a maximum allowable
46 voucher of \$1,500, provided that the family caregiver has an annual income of no more than
47 \$135,000 for an individual or no more than \$250,000 of combined household income . One year
48 following the enactment of this section, and annually thereafter, the Executive office of aging
49 and independence shall increase such income eligibility criteria over that of the previous fiscal
50 year to reflect the annual cost of living adjustment in Social Security income, if any.

51 (c) Expenditures eligible to be claimed for the voucher include the costs associated with
52 respite services.

53 (d) No family caregiver shall be entitled to claim a respite voucher under this subsection
54 for the same eligible expenditures claimed by another family caregiver.

55 (e) The secretary of the executive office of aging and independence shall promulgate
56 rules and regulations relative to the administration and enforcement of this subsection.

57 (f) The secretary shall annually, not later than September 1, file a report with the house
58 and senate committees on ways and means and the chairs of the joint committee on elder affairs
59 identifying, by municipality, the total amount of caregiver respite vouchers claimed for the
60 preceding fiscal year.

61 SECTION 3. Section 6 of chapter 62 of the General Laws, as appearing in the 2022
62 Official Edition, is hereby amended by inserting after subsection (dd) the following new
63 subsection:-

64

65 (ee) (1) As used in this subsection, the following words shall have the following
66 meanings unless the context clearly requires otherwise:

67

68 "Activities of daily living", everyday functions and activities, which individuals usually
69 do without help including, but not limited to, bathing, continence, dressing, eating, toileting and
70 transferring.

71 "Eligible family member", an individual who (i) is at least 18 years of age during a
72 taxable year, (ii) requires assistance with at least 1 activity of daily living, and (iii) qualifies as a
73 dependent, spouse, parent or other relation by blood or marriage, including an in-law,
74 grandparent, grandchild, stepparent, aunt, uncle, niece or nephew of the family caregiver.

75 “Evaluation year”, the year in which an evaluation of the tax credit is to be completed.
76 The evaluation year shall be every 5 years after the effective date of this subsection.

77 "Family Caregiver", an individual who is a resident taxpayer for the taxable year and had
78 eligible expenditures, as described in paragraph (3) of this subsection, with respect to 1 or more
79 eligible family members during the taxable year. In the case of a joint return, the term includes
80 the individual and the individual's spouse. The family caregiver claiming the credit must have a
81 Massachusetts adjusted gross income of less than \$75,000 for an individual and \$150,000 for a
82 couple and incur uncompensated expenses directly related to the care of an eligible care
83 recipient.

84 (2) A taxpayer who is a family caregiver is eligible to receive for a taxable year is equal
85 to a refundable credit against the taxes imposed by this chapter. The credit shall be equal to 100
86 per cent of the eligible expenditures incurred by the taxpayer during the taxable year, with a
87 maximum allowable credit of \$1,500.

88 (3) Expenditures eligible to be claimed for the tax credit include the costs associated
89 with:

90 (i) the home improvement or alteration to the family caregiver's primary residence to
91 permit the eligible family member to remain mobile, safe and independent;

92 (ii) the purchase or lease of equipment that is necessary to assist an eligible family
93 member in carrying out 1 or more activities of daily living; and

94 (iii) other goods, services or supports that assist the family caregiver in providing care to
95 an eligible family member, including expenditures related to hiring a home care aide or personal

96 care attendant, respite care, adult day health, transportation, legal and financial services and
97 assistive technology.

98 (4) No taxpayer shall be entitled to claim a tax credit under this subsection for the same
99 eligible expenditures claimed by another taxpayer. The total amount of tax credits claimed by
100 family caregivers shall not exceed \$1,500 for the same eligible family member. If 2 or more
101 family caregivers claim tax credits for the same eligible family member, the total of which
102 exceeds \$1,500, the total amount of the credit allowed shall be allocated in amounts
103 proportionate to each eligible taxpayer's share of the total amount of the eligible expenditures for
104 the eligible family member.

105 (5) A taxpayer may not claim a tax credit under this section for expenses incurred in
106 carrying out general household maintenance activities, including painting, plumbing, electrical
107 repairs or exterior maintenance, and must be directly related to assisting the family caregiver in
108 providing care to an eligible family member.

109 (6) The commissioner of the department of revenue shall promulgate rules and
110 regulations relative to the administration and enforcement of this subsection.

111 (7) The commissioner shall annually, not later than September 1, file a report with the
112 house and senate committees on ways and means, the chairs of the joint committee on revenue
113 and the chairs of the joint committee on elder affairs identifying, by municipality, the total
114 amount of tax credits claimed and the total number of tax filers who received the tax credit for
115 the preceding fiscal year.

116 (8) On or before May 31 of the year before the evaluation year, there shall be established
117 a committee entitled the Caregiver Tax Credit Evaluation Committee to conduct a review of the
118 tax credit.

119 The committee shall be comprised of 7 members: 2 of whom shall be appointed by the
120 secretary of the executive office of health and human services; 2 of whom shall be appointed by
121 the secretary of the executive office of aging and independence; 1 of whom shall be appointed by
122 the secretary of the executive office for administration and finance; 1 of whom shall be
123 appointed by the president of the senate; and 1 of whom shall be appointed by the speaker of the
124 house of representatives.

125 The committee shall: (i) examine the purpose for which the tax credit was established; (ii)
126 determine whether the original intent of the tax credit is still appropriate; (iii) examine whether
127 the tax credit is meeting its objectives; (iv) examine whether the purposes of the tax credit could
128 be more efficiently and effectively carried out through alternative methods; and (v) calculate the
129 costs of providing the tax credit, including the administrative cost and lost revenues to the
130 commonwealth.

131 (iii) The committee shall file a report of its findings with the senate and house clerks, the
132 house and senate committees on ways and means and with the governor. The report shall be
133 accompanied by any legislation that is needed to accomplish the recommendations of the report.
134 The report shall be filed no later than December 31 of the evaluation year.

135 SECTION 4. Section 1 of chapter 151A of the General Laws, as appearing in the 2022
136 Official Edition, is hereby amended by inserting after subsection (dd) the following 3
137 subsections:-

138 (ee) "Activities of daily living", everyday functions and activities, which individuals
139 usually do without help including, but not limited to, bathing, continence, dressing, eating,
140 toileting and transferring.

141 (ff) "Eligible family member", an individual who (i) is at least 18 years of age during a
142 taxable year, (ii) requires assistance with at least 1 activity of daily living, and (iii) qualifies as a
143 dependent, spouse, parent or other relation by blood or marriage, including an in-law,
144 grandparent, grandchild, step-parent, aunt, uncle, niece or nephew of the family caregiver.

145 (gg) "Family Caregiver", an individual resident of Massachusetts who is at least 18 years
146 of age and who provides assistance in the activities of daily living, with respect to 1 or more
147 eligible family members during the year.

148 SECTION 5. Subsection (c) of Section 24 of said chapter 151A of the General Laws, as
149 appearing in the 2022 Official Edition, is hereby amended by inserting after the second sentence
150 the following sentence:-

151 An individual who can provide certified medial documentation showing that they act as a
152 family caregiver, as defined in section 1 of this chapter, to an eligible family member requiring
153 assistance with activities of daily living shall be deemed to be available for work under clause (b)
154 of the first paragraph of this section.

155 SECTION 6. Section 1 of chapter 151B of the General Laws, as appearing in the 2022
156 Official Edition, is hereby amended by inserting after the definition of "genetic test" the
157 following 3 definitions:-

158 24. The term "activities of daily living", shall mean everyday functions and activities,
159 which individuals usually do without help including, but not limited to, bathing, continence,
160 dressing, eating, toileting and transferring.

161 25. The term "eligible family member", shall mean an individual who (i) is at least 18
162 years of age during a taxable year, (ii) requires assistance with at least 1 activity of daily living,
163 and (iii) qualifies as a dependent, spouse, parent or other relation by blood or marriage, including
164 an in-law, grandparent, grandchild, step-parent, aunt, uncle, niece or nephew of the family
165 caregiver.

166 26. The term "family caregiver", shall mean an individual resident of Massachusetts who
167 is at least 18 years of age and who provides assistance in the activities of daily living, with
168 respect to 1 or more eligible family members during the year.

169 SECTION 7. Section 4 of said chapter 151B of the General Laws, as so appearing, is
170 hereby amended by inserting after the word "veteran," in line 8, line 190 and line 213, in each
171 instance, the following words:- or status as a family caregiver

172 SECTION 8. Said section 4 of said chapter 151B of the General Laws, as so appearing, is
173 hereby further amended by inserting after the word "blind," in line 296 and line 302, in each
174 instance, the following words:- or because such person is as a family caregiver

175 SECTION 9. Said section 4 of said chapter 151B of the General Laws, as so appearing, is
176 hereby further amended by inserting after the word "handicap," in line 315, the following
177 words:- or because such person is as a family caregiver

178 SECTION 10. Said section 4 of said chapter 151B of the General Laws, as so appearing,
179 is hereby further amended by inserting the word “ancestry,” in line 361, line 369 and line 379, in
180 each instance, the following:- or status as a family caregiver

181 SECTION 11. Chapter 32A of the General Laws is hereby amended by inserting after
182 section 17S the following section:-

183 Section 17T. (1) The commission shall provide, to an active or retired employee of the
184 commonwealth who is insured under the group insurance commission, an additional 30-day
185 supply of any current prescription of the insured, at the same level of coverage as a normal refill
186 of such prescription drug upon the declaration of a state of emergency pursuant to Chapter 639 of
187 the Acts of 1950.

188 (2) The commissioner of insurance shall promulgate a list of prescription drugs which
189 shall not be subject to the provisions of this section. Such list shall include, but not be limited to,
190 all schedule II and schedule III controlled substances with the exception of those prescribed
191 through a hospice agency physician for purposes of treating end-of-life symptoms including
192 pain, nausea, anxiety or delirium.

193 SECTION 12. Chapter 118E of the General Laws is hereby amended by inserting after
194 section 10Q the following section:-

195 Section 10R. (1) The division and its contracted health insurers, health plans, health
196 maintenance organizations, behavioral health management firms and third party administrators
197 under contract to a Medicaid managed care organization or primary care clinician plan shall
198 provide an additional 30-day supply of any current prescription of the insured, at the same level

199 of coverage as a normal refill of such prescription drug upon the declaration of a state of
200 emergency pursuant to Chapter 639 of the Acts of 1950.

201 (2) The commissioner of insurance shall promulgate a list of prescription drugs which
202 shall not be subject to the provisions of this section. Such list shall include, but not be limited to,
203 all schedule II and schedule III controlled substances with the exception of those prescribed
204 through a hospice agency physician for purposes of treating end-of-life symptoms including
205 pain, nausea, anxiety or delirium.

206 SECTION 13. Chapter 176A of the General Laws is hereby amended by inserting after
207 section 8VV the following section:-

208 Section 8WW. (1) A contract between a subscriber and the corporation under an
209 individual or group hospital service plan that is delivered, issued or renewed within or without
210 the commonwealth shall provide an additional 30-day supply of any current prescription of the
211 insured, at the same level of coverage as a normal refill of such prescription drug upon the
212 declaration of a state of emergency pursuant to Chapter 639 of the Acts of 1950.

213 (2) The commissioner of insurance shall promulgate a list of prescription drugs which
214 shall not be subject to the provisions of this section. Such list shall include, but not be limited to,
215 all schedule II and schedule III controlled substances with the exception of those prescribed
216 through a hospice agency physician for purposes of treating end-of-life symptoms including
217 pain, nausea, anxiety or delirium.

218 SECTION 14. Chapter 176B of the General Laws is hereby amended by inserting after
219 section 4VV the following section:-

220 Section 4WW. (1) A subscription certificate under an individual or group medical service
221 agreement delivered, issued or renewed within the commonwealth shall provide an additional
222 30-day supply of any current prescription of the insured, at the same level of coverage as a
223 normal refill of such prescription drug upon the declaration of a state of emergency pursuant to
224 Chapter 639 of the Acts of 1950.

225 (2) The commissioner of insurance shall promulgate a list of prescription drugs which
226 shall not be subject to the provisions of this section. Such list shall include, but not be limited to,
227 all schedule II and schedule III controlled substances with the exception of those prescribed
228 through a hospice agency physician for purposes of treating end-of-life symptoms including
229 pain, nausea, anxiety or delirium.

230 SECTION 15. Chapter 176G of the General Laws is hereby amended by inserting after
231 section 4NN the following section:-

232 Section 4OO. (1) Any health maintenance organization subject to this chapter that is
233 issued or renewed within the commonwealth shall provide an additional 30-day supply of any
234 current prescription of the insured, at the same level of coverage as a normal refill of such
235 prescription drug upon the declaration of a state of emergency pursuant to Chapter 639 of the
236 Acts of 1950.

237 (2) The commissioner of insurance shall promulgate a list of prescription drugs which
238 shall not be subject to the provisions of this section. Such list shall include, but not be limited to,
239 all schedule II and schedule III controlled substances with the exception of those prescribed
240 through a hospice agency physician for purposes of treating end-of-life symptoms including
241 pain, nausea, anxiety or delirium.

242 SECTION 16. Chapter 176I of the General Laws is hereby amended by inserting after
243 section 3A the following section:-

244 Section 3B. (1) A preferred provider contract between a covered person and an
245 organization that participates in the market shall provide an additional 30-day supply of any
246 current prescription of the insured, at the same level of coverage as a normal refill of such
247 prescription drug upon the declaration of a state of emergency pursuant to Chapter 639 of the
248 Acts of 1950.

249 (2) The commissioner of insurance shall promulgate a list of prescription drugs which
250 shall not be subject to the provisions of this section. Such list shall include, but not be limited to,
251 all schedule II and schedule III controlled substances with the exception of those prescribed
252 through a hospice agency physician for purposes of treating end-of-life symptoms including
253 pain, nausea, anxiety or delirium.

254 SECTION 17. Chapter 176J of the General Laws is hereby amended by inserting after
255 section 14 the following section:-

256 Section 14A. (1) Any carrier subject to this chapter that participates in the market shall
257 provide an additional 30-day supply of any current prescription of the insured, at the same level
258 of coverage as a normal refill of such prescription drug upon the declaration of a state of
259 emergency pursuant to Chapter 639 of the Acts of 1950.

260 (2) The commissioner of insurance shall promulgate a list of prescription drugs which
261 shall not be subject to the provisions of this section. Such list shall include, but not be limited to,
262 all schedule II and schedule III controlled substances with the exception of those prescribed

263 through a hospice agency physician for purposes of treating end-of-life symptoms including
264 pain, nausea, anxiety or delirium.

265 SECTION 18. Chapter 176K of the General Laws is hereby amended by inserting after
266 section 4 the following section:-

267 Section 4A. (1) Any carrier subject to this chapter that participates in the market shall
268 provide an additional 30-day supply of any current prescription of the insured, at the same level
269 of coverage as a normal refill of such prescription drug upon the declaration of a state of
270 emergency pursuant to Chapter 639 of the Acts of 1950.

271 (2) The commissioner of insurance shall promulgate a list of prescription drugs which
272 shall not be subject to the provisions of this section. Such list shall include, but not be limited to,
273 all schedule II and schedule III controlled substances with the exception of those prescribed
274 through a hospice agency physician for purposes of treating end-of-life symptoms including
275 pain, nausea, anxiety or delirium.

276 SECTION 19. Section 2 of chapter 176M of the General Laws is hereby amended by
277 inserting after paragraph (1) of subsection (c) the following paragraph:-

278 (1 1/2) Any nongroup health plan subject to this chapter that participates in the market
279 shall provide an additional 30-day supply of any current prescription of the insured, at the same
280 level of coverage as a normal refill of such prescription drug upon the declaration of a state of
281 emergency pursuant to Chapter 639 of the Acts of 1950. The commissioner of insurance shall
282 promulgate a list of prescription drugs which shall not be subject to the provisions of this
283 paragraph. Such list shall include, but not be limited to, all schedule II and schedule III

284 controlled substances with the exception of those prescribed through a hospice agency physician
285 for purposes of treating end-of-life symptoms including pain, nausea, anxiety or delirium.

286 SECTION 20. Chapter 176Q of the General Laws is hereby amended by inserting after
287 section 5 the following section:-

288 Section 5A. (1) Any plan that participates in the market shall provide an additional 30-
289 day supply of any current prescription of the insured, at the same level of coverage as a normal
290 refill of such prescription drug upon the declaration of a state of emergency pursuant to Chapter
291 639 of the Acts of 1950.

292 (2) The commissioner of insurance shall promulgate a list of prescription drugs which
293 shall not be subject to the provisions of this section. Such list shall include, but not be limited to,
294 all schedule II and schedule III-controlled substances with the exception of those prescribed
295 through a hospice agency physician for purposes of treating end-of-life symptoms including
296 pain, nausea, anxiety or delirium.

297 SECTION 21. Notwithstanding any general or special law to the contrary, the secretary
298 of health and human services, in conjunction with the secretary of aging and independence, shall
299 take action, including requesting federal approval, if required, to permit spouses to serve as paid
300 caregivers in the MassHealth program. Any federal approvals that may be required to implement
301 this section shall be filed no later than 6 months after the effective date of this act.

302 SECTION 22: Section 3 of this act shall take effect upon its passage and apply to taxable
303 years beginning on or after January 1 next following the date of enactment.