

SENATE No.

The Commonwealth of Massachusetts

PRESENTED BY:

Sal N. DiDomenico

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 preventing medical debt by restoring health safety net eligibility levels.

PETITION OF:

NAME:

Sal N. DiDomenico

DISTRICT/ADDRESS:

Middlesex and Suffolk

SENATE No.

[Pin Slip]

The Commonwealth of Massachusetts

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

An Act preventing medical debt by restoring health safety net eligibility levels.

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. Section 65 of chapter 118E of the General Laws, as appearing in the 2022
2 Official Edition, is hereby amended by inserting the following words in subsection (b)(iii) after
3 the words “determine the eligibility of uninsured and underinsured patients for reimbursable
4 health services”:-

5 , pursuant to subsection (c) of this section,

6 SECTION 2. Section 65 of chapter 118E, as so appearing in the General Laws, is hereby
7 amended by inserting after subsection (b) the following subsection:-

8 (c) The office shall develop eligibility criteria for uninsured or underinsured patients in
9 accordance with, but not limited to, the following guidelines:

10 (i) Uninsured or underinsured patients, who meet all other eligibility criteria as
11 determined by the office, up to 400 percent of the federal poverty level, as calculated pursuant to
12 the regulations of the executive office, shall be eligible;

13 (ii) eligible patients whose income exceeds 200 percent of the federal poverty level, but
14 does not exceed 400 percent of the federal poverty level, may be subject to a deductible; and

15 (iii) eligibility shall be retroactive to at least 180 days prior to receipt of an application for
16 an eligible individual.

17 Nothing in this subsection shall be construed to limit the office's ability to establish
18 patient eligibility at income levels higher than those specified herein and/or to provide greater
19 retroactive coverage than required by this paragraph.

20 SECTION 3. The health safety net office, established under section 65 of chapter 118E,
21 in consultation with the office of Medicaid, shall convene a task force composed of experts that
22 shall include, but is not limited to, a consumer advocate representative, a hospital representative,
23 a community health center representative, and a health insurance plan representative to
24 investigate and study the adequacy of the financing of the Health Safety Net Trust Fund
25 established under section 66 of chapter 118E, including but not limited to the fund's shortfall, the
26 amounts paid to the fund by hospitals, ambulatory surgical centers, and surcharge payors
27 established under sections 67 and 68 of chapter 118E, reimbursements made from the fund to
28 hospitals and community health centers established under section 69 of chapter 118E, and
29 transfers to and from the fund.

30 All appointments shall be made not later than 30 days after the effective date of this
31 legislation. The task force shall meet not later than 60 days after the effective date of this
32 legislation.

33 Not later than 1 year after the effective date of this legislation, the task force shall report
34 to the general court the result of its investigation and study and its recommendations.