

SENATE No.

The Commonwealth of Massachusetts

PRESENTED BY:

Pavel Payano

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 improving access to post acute services.

PETITION OF:

NAME:

Pavel Payano

DISTRICT/ADDRESS:

First Essex

SENATE No.

[Pin Slip]

The Commonwealth of Massachusetts

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

An Act improving access to post acute services.

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. Notwithstanding any general or special law to the contrary, the Office of
2 Medicaid shall, in consultation with the Massachusetts Health and Hospital Association and its
3 non-acute care hospitals, take actions to support community discharge for MassHealth patients
4 currently awaiting discharge in post-acute care hospitals to provide improved access to patients
5 awaiting acute hospital care. Such actions shall include, but not be limited to, the following: (i)
6 revising language describing approval for administrative days in MassHealth beneficiary notices
7 regarding service determinations in non-acute care hospitals; (ii) adopting a transparent approach
8 regarding adverse determinations for MassHealth beneficiary receiving non-acute hospital
9 services, including standard timelines, coverage criteria, and appeals processes that are clear to
10 providers and consumers; and (iii) expanding and developing community resources to support
11 discharge to independent living in community settings for MassHealth beneficiaries with
12 chronic, medically complex conditions.

13 SECTION 2. Section 13A of Chapter 118E of the General Laws, shall be amended by
14 inserting at the end thereof the following:

15 To establish Medicaid rates for non-acute care hospitals, the division of medical
16 assistance shall use as base year costs for rate determination purposes the reported costs of the
17 calendar year not more than 2 years prior to the current rate year.

18 SECTION 3. Sections 38 and 41 of Chapter 197 of the Acts of 2024 are hereby repealed.

19 SECTION 4. Subsection (b) of section 24 of Chapter 197 of the Acts of 2024 shall be
20 amended by inserting after the words “acute care hospital”, the words “non-acute care hospital”.

21 SECTION 5. (a) For the purposes of this section, the following words shall have the
22 following meanings unless the context clearly requires otherwise:

23 “Payer” the group insurance commission under chapter 32A of the General Laws, the
24 division of medical assistance under chapter 118E of the General Laws, insurance companies
25 organized under chapter 175 of the General Laws, non-profit hospital service corporations
26 organized under chapter 176A of the General Laws, medical service corporations organized
27 under chapter 176B of the General Laws, health maintenance organizations organized under
28 chapter 176G of the General Laws and preferred provider organizations organized under chapter
29 176I of the General Laws, or a utilization review organization acting under contract with the
30 aforementioned entities.

31 (b) Notwithstanding any general or special law to the contrary, all payers shall not require
32 prior authorization for the transition of any inpatient of an acute care hospital or non-acute
33 hospital to home health agencies certified by the Centers for Medicare and Medicaid Services

34 SECTION 6. Section 16CC of the General Laws, as appearing in the 2022 official
35 edition, shall be amended by inserting at the end thereof the following:

36 (k) The secretary of health and human services shall establish within the statewide long
37 term care ombudsman office a complex care ombudsman program to assist acute & post-acute
38 care hospitals with discharges to lower level post-acute care settings; provided further, that such
39 program shall ensure that at least one complex care case manager shall be assigned to each of the
40 5 EMS regions of the state to assist the hospitals in each region with discharges to lower level
41 post-acute care settings”.

42 SECTION 7. Notwithstanding any general or special law to the contrary, the Secretary of
43 Health and Human Services or a designee, in conjunction with the Division of Medical
44 Assistance, shall establish a regional pilot program to increase the capacity of staffed long-term
45 care beds, beds for patients with dementia diagnoses, and beds for geriatric patients with
46 psychiatric diagnoses in the state’s nursing facilities; provided, that the pilot may review the
47 prior temporary program that added short-term rehabilitation capacity in all regions of
48 Massachusetts and shall support patient care transitions to reduce the number of patients who are
49 medically ready for discharge but are not able to be transferred due to capacity constraints for
50 post-acute care services; provided further, that the executive office shall consult with the
51 Massachusetts Health and Hospital Association, the Mass. Senior Care Association, LeadingAge
52 Massachusetts, the Massachusetts Association of Behavioral Health Systems and other
53 stakeholder groups to identify the capabilities necessary for nursing facilities to accept and care
54 for additional patients in the identified categories and the workforce training necessary to support
55 these capabilities, including programs to increase recruitment and retention of 1:1 nursing care

56 staff for residents and best practices to treat residents diagnosed with Alzheimer’s disease or
57 dementia.

58 SECTION 8. Section 1 of Chapter 215 of the General Laws, as appearing in the 2022
59 official edition, shall be amended by inserting at the end thereof the following.

60 There shall be an Office of Adult Guardianship and Conservatorship Oversight within the
61 Administrative Office of the Probate and Family Court to increase court oversight of guardians
62 and conservators and guardian and conservator arrangements to protect older adults and adults
63 with disabilities from abuse, financial exploitation, and neglect. Within said office there shall be
64 an ombudsman who shall work across the divisions of the court to assist with the scheduling or
65 expediting of cases before the courts or assist with other procedures.

66 SECTION 9. Chapter 215 of the general laws, as appearing in the 2022 official edition,
67 shall be amended by inserting at the end thereof the following:

68 Section XX. Probate courts may schedule weekly or bi-weekly block sessions of
69 healthcare cases for matters within their jurisdiction addressing the appointment or expansion of
70 guardians, conservators, health care proxies or other matters that may be placed within their
71 jurisdiction.

72 SECTION 10. Notwithstanding any general or special law to the contrary, the Secretary
73 of Health and Human Services or a designee shall establish a task force to consider the co-
74 location of medical services at skilled nursing facilities including behavioral health and
75 substance use disorder treatment services, building capacity for telehealth services, and the
76 provision of devices and broadband services to support telehealth services in skilled nursing
77 facilities.

78 SECTION 11. Notwithstanding any general or special law to the contrary, the Secretary
79 of Health and Human Services or a designee shall establish a pilot program for existing skilled
80 nursing facilities s to serve as a teaching skilled nursing facilities to utilize and disseminate best
81 practices in skilled nursing facility care in conjunction with nursing facility staff, students,
82 teaching hospitals, and academic institutions to improve care for nursing home residents and
83 foster careers in long-term care and geriatrics.

84 SECTION 12. Notwithstanding any general or special law to the contrary, the Secretary
85 of Health and Human Services or a designee, in conjunction with the Administrative Office of
86 the Trial Court, shall develop a public outreach campaign to recruit individuals including but not
87 limited to retired attorneys, doctors, nurses, and social workers to serve as guardians and
88 conservators for patients who have no identified persons to serve in these roles on their behalf. In
89 the development of said outreach campaign, the Secretary shall consult with the Massachusetts
90 Health & Hospital Association, Honoring Choices Massachusetts, the Massachusetts
91 Guardianship Policy Institute, Massachusetts Bar Association, and other organizations that serve
92 in roles to support guardians and conservators.