

Joint Committee on Health Care Financing 2025-2026 Bill Summary

<u>Bill Number:</u>	House, No. 1371
<u>Title:</u>	AN ACT TO SUPPORT EQUAL ACCESS TO COMMUNITY CARE FOR ELDERLY AND PERSONS WITH DISABILITIES
<u>Sponsor:</u>	Representative Natalie M. Higgins (Leominster)
<u>Hearing Date:</u>	July 1, 2025
<u>Reporting Deadline:</u>	August 30, 2025
<u>Prior History:</u>	2023-24 (H1200/S727): S727 reported favorably and referred to Senate Ways and Means, accompanied by H1200. No further action taken.
<u>Similar Matters:</u>	S841 (Comerford – Identical, Health Care Financing)

Current Law:

Chapter 118E of the General Laws pertains to the state Medicaid program (MassHealth).

M.G.L. Chapter 118E § 9A authorizes the division to implement MassHealth in accordance with the terms and conditions of a demonstration project approved by the Secretary pursuant to section 1115(a) of the Social Security Act, 42 USC Section 1315(a) or any other federal waiver or demonstration authority.

M.G.L. Chapter 118E § 25 sets the income and resource exemptions for MassHealth eligibility.

130 CMR 519.007(C) governs eligibility for the Program of All-Inclusive Care for the Elderly.

42 CFR §435.217 sets eligibility requirements for disabled individuals receiving home and community-based services.

42 CFR §435.726 governs the post-eligibility financial requirements for the categorically needy, clarifying treatment of income of individuals receiving home and community-based services furnished under a waiver, including the application of patient income to the cost of care.

42 CFR §460.184 deals with the post-eligibility treatment of income for participants in the Program of All-Inclusive Care for the Elderly (PACE).

Summary:

The proposed legislation adds a new paragraph to Section 25 of Chapter 118E, allowing individuals in the Program for All-Inclusive Care for the Elderly (PACE) whose income exceeds the program's limit to remain enrolled by paying a reasonable premium. Specifically, PACE participants or applicants/recipients of the Home and Community Based Waiver whose monthly income exceeds 300% of the federal Supplemental Security Income (SSI) level—but remains below the average monthly cost of a nursing home, as determined by the Division of Medical Assistance—must pay a premium equal to the difference between their gross income and 300% of SSI. This provision does not apply to individuals eligible under the "special income eligibility group" defined in 42 CFR 435.217, 435.726, and 460.184.