

Joint Committee on Health Care Financing 2025-2026 (194th) Bill Summary

<u>Bill Number:</u>	House, No. 1391
<u>Title:</u>	AN ACT RELATIVE TO PERSONAL CARE MANAGEMENT HOURS
<u>Sponsor:</u>	Representative Paul McMurtry (Dedham)
<u>Hearing Date:</u>	July 1, 2025
<u>Reporting Deadline:</u>	August 30, 2025
<u>Prior History:</u>	New File
<u>Similar Matters:</u>	N/A

Current Law:

M.G.L. Chapter 6A, §§ 2, 3 establish the executive offices of Health and Human Services, Labor and Workforce Development, and Administration and Finance, and establish the positions of secretary of health and human services and commissioner of public health.

M.G.L. Chapter 26, §§ 1, 6 establish the Division of Insurance and the position of commissioner of insurance within the division.

M.G.L. Chapter 111E § 9C governs eligibility, expenditures and the submission of plans for medical insurance reimbursement programs.

M.G.L. Ch. 118E § 64 defines a Medicaid “managed care organization” (MCO) as a managed care organization, as defined in 42 CFR 438.2, and any eligible health insurance plan that contracts with MassHealth or the commonwealth health insurance connector authority; provided, however, that a MCO shall not include a senior care organization or an integrated care organization.

M.G.L. Ch. 6D §1 defines “Accountable care organization” or “ACO” as a provider organization certified under section 15 of Chapter 6D. “ACO participant” is defined as a health care provider that either integrates or contracts with an ACO to provide services to ACO patients. An “ACO patient” is an individual who chooses or is attributed to an ACO for medical and behavioral health care, for whom such services are paid by the payer to the ACO.

Summary:

SECTION 1 defines terms used throughout this legislation: “Personal care management (PCM)” refers to services that help MassHealth members manage their healthcare and daily activities; “Hearing” is any formal review process where clients or their representatives can challenge decisions related to PCM services; “PCM hours” are the number of authorized hours of PCM services a client receives under MassHealth.

SECTION 2 requires the Executive Office of Health and Human Services (EOHHS) to direct MassHealth to amend its regulations so that PCM hours can be adjusted when clients’ needs change due to the hearing process. The regulations must include a procedure allowing clients or their representatives to request adjustments to PCM hours when a hearing is scheduled. MassHealth must permit interim PCM hour changes based on current documented needs while a hearing is pending and must notify clients in writing of any such changes both before and after the hearing. Once the hearing concludes, the final decision on PCM hours must be implemented immediately and reviewed to ensure ongoing continuity of care.

SECTION 3 sets timelines for implementing the new regulations. MassHealth must file the regulatory amendments within 120 days of the Act’s passage, and those changes must take effect within 180 days. Additionally, a public comment period must be offered to allow input from clients, advocates, healthcare providers, and other stakeholders.

SECTION 5 directs EOHHS to establish a system to monitor how the revised PCM adjustment process is working, including collecting and reviewing client complaints. Within one year of the regulations going into effect, a report must be submitted to the joint committee on health care financing, evaluating the impact on care quality, client satisfaction, and administrative efficiency.

SECTION 6 requires EOHHS to ensure that MassHealth staff receive proper training on the revised processes and regulations. The costs of implementing this legislation must be covered by existing funds already allocated for MassHealth program administration.