

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

<u>Bill Number:</u>	House, No. 1360
<u>Title:</u>	AN ACT RELATIVE TO PREVENTING DISCRIMINATION AGAINST PERSONS WITH DISABILITIES IN THE PROVISION OF HEALTH CARE
<u>Sponsor:</u>	Representative Mindy Domb (Amherst)
<u>Hearing Date:</u>	June 18, 2025
<u>Reporting Deadline:</u>	August 17, 2025
<u>Prior History:</u>	2023-24 (H1180/S753): S753 reported favorably, accompanied by H1180 and referred to Senate Ways and Means on April 8, 2024. No further action taken.
<u>Similar Matters:</u>	S869 (Gomez – Identical, Health Care Financing)

Current Law:

M.G.L. Ch. 6 § 56 establishes the Massachusetts Commission Against Discrimination.

Chapter 111 of the General Laws directs the Department of Public Health to establish, maintain, and enforce certain offices, programs, and authorities pertaining to the general health and welfare of the Commonwealth.

M.G.L. Ch. 111 § 3 authorizes the public health council to make and promulgate rules and regulations and discharge other duties required by law.

Chapter 151B of the General Laws pertains to the unlawful discrimination because of race, color, religious creed, national origin, ancestry or sex and directs the Massachusetts Commission Against Discrimination to formulate policies to effectuate the purposes of this chapter and may make recommendations to agencies and officers of the commonwealth or its political subdivisions in aid of such policies and purposes.

Inflation Reduction Act of 2023 (P.L. 117-169) – SEC. 1194 bans the US Secretary of Health and Human Services from using evidence from comparative clinical effectiveness research in a manner that treats extending the life of an elderly, disabled, or terminally ill individual as of lower value than extending the life of an individual who is younger, non-disabled or not terminally ill.

Summary:

SECTION 1 of the proposed legislation updates the language in Section 1 of Chapter 151B by replacing the term “handicap” with the term “disability.” The revised definition of “disability” now reads as follows: a physical or mental impairment that substantially limits one or more major life activities of a person; a record of having such an impairment; or being regarded as having such an impairment. However, this definition specifically excludes individuals currently engaged in the illegal use of controlled substances, as defined in Section 1 of Chapter 94C.

SECTION 2 introduces a new subsection 20 to Section 4 of Chapter 151B. It defines “short term survival” as an individual’s assessed probability of surviving an acute illness from which they are currently suffering and being successfully discharged from a hospital or other inpatient facility. The section prohibits any public or private agency of the Commonwealth from approving or implementing plans for allocating scarce healthcare resources during a public health crisis that would deny or deprioritize individuals for lifesaving treatment based on assumptions about disability or chronic health conditions. Specifically, such determinations may not be based on: (A) a presumption that a person’s quality of life is reduced due to a disability or chronic condition; (B) a presumption that the person’s life is less worth saving due to such conditions; or (C) any measure or analysis that assigns a lower value to the life of an individual with a specific disability or medical diagnosis compared to

someone without a disability. The section also bars withholding medical treatment for the same reasons and prohibits the use of metrics that assign lower value to life-extending treatments based on pre-existing conditions.

Further provisions apply to hospitals and healthcare agencies, prohibiting them from conditioning treatment on whether a patient has a Do Not Resuscitate (DNR) order, advance directive, or other instructions concerning life-sustaining procedures or artificially administered nutrition and hydration. Hospitals and providers are also barred from communicating, suggesting, or implying—either before or after admission—that treatment depends on the existence of such documents. Discrimination based on whether a patient has these documents is also explicitly prohibited. However, hospitals may still provide written materials and information about advance directives and allow licensed health care professionals to discuss them with patients, provided that no disproportionate pressure is applied based on a person’s race, ethnicity, gender, sexuality, or disability status. Finally, nothing in this subsection limits the ability of healthcare providers to recommend or administer medically appropriate treatment to improve survival, reduce symptoms, or alleviate suffering.

SECTION 3 requires the Executive Office of Health & Human Services to issue regulations for implementing the provisions of this act no later than 60 days after its effective date.