

---

---

**The Commonwealth of Massachusetts**

---

**JOURNAL OF THE HOUSE.**



**WEDNESDAY, MARCH 30, 2022.**

[34]\*

# JOURNAL OF THE HOUSE.

Wednesday, March 30, 2022.

Met according to adjournment at eleven o'clock A.M., pursuant to emergency rules, with Mr. Donato of Medford in the Chair (having been appointed by the Speaker, under authority conferred by Rule 5, to perform the duties of the Chair).

At the request of the Chair (Mr. Donato), the members, guests and employees joined with him in reciting the pledge of allegiance to the flag.

Pledge of  
allegiance.

### *Silent Tribute.*

During the session, the Chair (Ms. Hogan of Stow), declared a brief recess; and at the request of Ms. Higgins of Leominster, the members, guests and employees stood in a moment of silence in honor of Marine Captain Ross A. Reynolds, who lost his life on Friday, March 18th in a NATO training accident in Norway.

Captain Ross  
Reynolds.

Serving alongside Captain Ross A. Reynolds, 27, of Leominster, Massachusetts, we also lost Captain Matthew J. Tomkiewicz, 27, of Fort Wayne, Indiana; Gunnery Sergeant. James W. Speedy, 30, of Cambridge, Ohio; and Corporal Jacob M. Moore, 24, of Catlettsburg, Kentucky. The men were all assigned to Marine Medium Tiltrotor Squadron 261, Marine Aircraft Group 26, 2nd Marine Aircraft Wing stationed at Marine Corps Air Station New River, North Carolina.

Captain Reynolds leaves his wife, Lana, his parents and his sister. Captain Reynolds was caring, compassionate and committed, not only to his country, but also his family. Captain Reynolds' decorations include the National Defense Service Medal, the Global War on Terrorism Service Medal and the Sea Service Deployment Ribbon.

### *Message from the Governor.*

The following message was received from the office of His Excellency the Governor, to wit: —

OFFICE OF THE GOVERNOR  
COMMONWEALTH OF MASSACHUSETTS  
STATE HOUSE · BOSTON, MA 02133

March 21, 2022.

To the Honorable Senate and House of Representatives:

In compliance with Chapter 127, Section 152 of the Massachusetts General Laws, I submit a report of the exercise of the pardoning power by the Governor, with the advice and consent of the Council, from January 1, 2019, to December 31, 2019:

Governor,—  
list of  
pardons.

Pardons..... 0  
Commutations..... 0

Revocations of Pardons..... 0  
 Revocations of Commutation..... 0

In compliance with Chapter 127, Section 152 of the Massachusetts General Laws, I submit a report of the exercise of the pardoning power by the Governor, with the advice and consent of the Council, from January 1, 2020, to December 31, 2020:

Id.

Pardons..... 0  
 Commutations..... 0  
 Revocations of Pardons..... 0  
 Revocations of Commutation..... 0

In compliance with Chapter 127, Section 152 of the Massachusetts General Laws, I submit a report of the exercise of the pardoning power by the Governor, with the advice and consent of the Council, from January 1, 2021, to December 31, 2021:

Id.

Pardons..... 0  
 Commutations..... 0  
 Revocations of Pardons..... 0  
 Revocations of Commutation..... 0

Respectfully,  
 Charles D. Baker  
 Governor.

The message (House, No. 4633), was read; and it was sent to the Senate for its information.

*Special Reports.*

Reports

Of the Massachusetts District Attorneys Association (under line item 0340-2100 of Chapter 24 of the Acts of 2021) submitting the Disabled Persons Protection Commission data for fiscal year 2021;

Disabled  
 Persons  
 Commission.

Of the Special Commission on Correctional Funding (under Section 101 of Chapter 41 of the Acts of 2019 as most recently revived and continued by Section 17 of Chapter 76 of the Acts of 2021) including the final report and appendices;

Correctional  
 Funding  
 Commission.

Of the Executive Office of Labor and Workforce Development (under item 1790-3009 of Section 2 of Chapter 151 of the Acts of 2020) submitting the third quarterly report regarding the comprehensive modernization and transformation for the deployment of an online delivery system for unemployment insurance compensation benefits;

Unemployment  
 insurance.

Of the Massachusetts Housing and Shelter Alliance (under item 7004-0104 of Section 2 of Chapter 24 of the Acts of 2021) submitting a progress report entitled: Permanent Supportive Housing – A Solution-Driven Model, January 2022 Home and Healthy for Good; and

Permanent  
 supportive  
 housing.

Of the Executive Office of the Trial Court (under Section 2(c) of Chapter 257 of the Acts of 2020) submitting the monthly report of the number of actions for summary process entered and filed with each court having jurisdiction over an action for summary process for the month of February, 2022;

Trial Court,—  
 summary  
 process  
 actions.

Severally were placed on file.

*Reports of Committees.*

By Mr. Galvin of Canton, for the committee on Rules and the committees on Rules of the two branches, acting concurrently, that Joint Rule 12 be suspended on the following petitions:

Petition (accompanied by bill) of Paul McAuliffe for legislation to create promise scholarship accounts composed of state funds deposited on behalf of participating students to be used for qualified education expenses; and

Petition (accompanied by bill) of Paul McAuliffe relative to school committee oversight of courses of study including courses concerning sexually transmitted infections;

Severally to the committee on Education.

Under suspension of the rules, on motion of Mr. Philips of Sharon, the reports were considered forthwith. Joint Rule 12 then was suspended, in each instance. Severally sent to the Senate for concurrence.

By Mr. Murphy of Weymouth, for the committee on Financial Services, on a petition, a Bill relative to preserving fertility (House, No. 1116).

By the same member, for the same committee, on a petition, a Bill relative to epinephrine injectors (House, No. 1125).

By the same member, for the same committee, on a petition, a Bill relative to emergency insulin access (House, No. 1132).

By the same member, for the same committee, on a petition, a Bill providing health insurance coverage for scalp and facial hair prosthesis (House, No. 1135).

By the same member, for the same committee, on a petition, a Bill to further define medical necessity determinations (House, No. 1136).

By the same member, for the same committee, on a petition, a Bill relative to cancer patient access to biomarker testing to provide appropriate therapy (House, No. 1137).

By the same member, for the same committee, on a petition, a Bill relative to applied behavioral analysis therapy (House, No. 1145).

By the same member, for the same committee, on a petition, a Bill relative to dual diagnosis treatment coverage (House, No. 1147).

By the same member, for the same committee, on a petition, a Bill to prevent inappropriate denials by insurers for medically necessary services (House, No. 1148).

By the same member, for the same committee, on a petition, a Bill relative to ensuring treatment for genetic craniofacial conditions (House, No. 1153).

By the same member, for the same committee, on a petition, a Bill expanding coverage of dental procedures (House, No. 1154).

By the same member, for the same committee, on a petition, a Bill to ensure access to generic medications (House, No. 1155).

By the same member, for the same committee, on a petition, a Bill relative to the treatment of infantile cataracts (House, No. 1177).

By the same member, for the same committee, on a joint petition, a Bill relative to the practice of acupuncture (House, No. 1179).

By the same member, for the same committee, on a petition, a Bill to help patients and reduce health care costs by ensuring patient adherence to medications (House, No. 1191).

Scholarship accounts.

School committees,—oversight.

Fertility,—coverage.

Epinephrine injectors.

Emergency insulin.

Hair prosthesis.

Mental health crisis services.

Cancer,—biomarker testing.

ABA therapy.

Mental illness and drug use.

Insurance denials.

Craniofacial conditions.

Dental coverage.

Generic medications.

Infantile cataracts.

Acupuncture.

Prescription drug coverage.

By the same member, for the same committee, on a petition, a Bill relative to qualified health plans (House, No. 1192).	Qualified health plans.
By the same member, for the same committee, on a petition, a Bill promoting consumer choice in health care (House, No. 1194).	Athletic trainers.
By the same member, for the same committee, on a petition, a Bill relative to out-of-network billing (House, No. 1197).	Out-of-network billing.
By the same member, for the same committee, on a petition, a Bill relative to specialty medications and patient safety (House, No. 1199).	Medications and safety.
By the same member, for the same committee, on a petition, a Bill ensuring access to medications (House, No. 1201).	Medication access.
By the same member, for the same committee, on a petition, a Bill to ensure access to generic medication (House, No. 1202).	Id.
By the same member, for the same committee, on a petition, a Bill relative to ensuring treatment for genetic craniofacial conditions (House, No. 1208).	Craniofacial conditions.
By the same member, for the same committee, on a petition, a Bill relative to ensuring treatment for genetic craniofacial conditions (House, No. 1214).	Id.
By the same member, for the same committee, on a petition, a Bill relative to hospital grade breast pumps (House, No. 1215).	Hospital grade breast pumps.
By the same member, for the same committee, on a petition, a Bill requiring reimbursement for the costs of providing competent interpreter services (House, No. 1217).	Interpreter services.
By the same member, for the same committee, on a petition, a Bill relative to epinephrine injectors (House, No. 1228).	Epinephrine injectors.
By the same member, for the same committee, on a petition, a Bill relative to the safety of autistic and alzheimer individuals (House, No. 1235).	Autism and Alzheimer's.
By the same member, for the same committee, on a petition, a Bill relative to non-medical switching (House, No. 1237).	Health plan changes.
By the same member, for the same committee, on a petition, a Bill relative to step therapy and in vitro fertilization (House, No. 3880).	In vitro fertilization.
By the same member, for the same committee, on a petition, a Bill to increase access to nurse-midwifery services (House, No. 3881).	Nurse-midwives.
By the same member, for the same committee, on a petition, a Bill relative to colon cancer screening (House, No. 4145).	Colon cancer screening.
By the same member, for the same committee, on a petition, a Bill relative to fair and equitable compensation for medical services (House, No. 4268).	Medical services,— compensation.
Severally referred, under Joint Rule 1E, to the committee on Health Care Financing.	

*Recess.*

At five minutes after eleven o'clock A.M., on motion of Mrs. Kane of Shrewsbury (Mr. Donato of Medford being in the Chair), the House recessed until one o'clock P.M.; and at six minutes after one o'clock, the House was called to order with Ms. Hogan of Stow in the Chair.	Recess.
---	---------

*Quorum.*

As required under the provision of Emergency Rule 2(4), a roll call was taken for the purpose of ascertaining the presence of a quorum; and on the roll call 156 members were recorded as being in attendance.	Quorum,— yea and nay No. 160.
--	-------------------------------

[See [Yea and Nay No. 160](#) in Supplement.]

Therefore a quorum was present.

*Message from the Governor — Disapprovals and Amendments  
of Supplemental Appropriations Bill.*

A message from His Excellency the Governor returning with his disapproval of a wording in certain items and with his disapproval of certain sections and also with recommendation of amendments to certain sections of the engrossed Bill making appropriations for the fiscal year 2022 to provide for supplementing certain existing appropriations and for certain other activities and projects [see House, No. 4345, amended] (for message, see House, No. 4458), was filed in the office of the Clerk on Saturday, February 12.

Supplemental appropriations bill,— disapprovals and amendments.

The message was read; and, so much of the message as relates to the disapprovals and reductions was referred, under Rule 30, to the committee on Ways and Means.

So much of the message as relates to the sections returned with recommendations of amendments were referred, as follows:

Section 14 — Printed as House, No. 4456; and

Section 30 — Printed as House, No. 4457.

Severally, on motion of Ms. Garlick of Needham, to the committee on Bills in the Third Reading.

Subsequently, the engrossed Bill relative to certain retired employees during the outbreak of the 2019 novel coronavirus (see House, No. 4456), being a printed copy of Section 14 contained in the engrossed Bill making appropriations for the fiscal year 2022 to provide for supplementing certain existing appropriations and for certain other activities and projects [see House, No. 4345, amended], which had been returned by His Excellency the Governor with recommendation of amendment (for message, see Attachment A of House, No. 4345, amended) was considered.

The committee on Bills in the Third Reading reported that the amendment recommended by the Governor be considered in the following form:

In subsection (a) by striking out the words “outbreak of the 2019 novel coronavirus, also known as COVID-19, and subsequent variants” and inserting in place thereof the following words: “May 28, 2021 declaration of a state of emergency pursuant to section 2A of chapter 17 of the General Laws and up to 90 days after the rescission of said emergency or December 31, 2022, whichever occurs first.”; and the report was accepted.

The amendment was adopted; and the bill (see House, No. 4456, amended) then was sent to the Senate for its action.

*Reports of Committees.*

Prior to the noon recess,— Mr. Michlewitz of Boston, for the committee on Ways and Means, reported that the Bill financing improvements to municipal roads and bridges (printed in House, No. 4358), ought to pass with an amendment substituting therefore a bill with the same title (House, No. 4638) [Bond Issue: General Obligation Bonds: \$350,000,000.00]. Referred, under Rule 7A, to the committee on Steering, Policy and Scheduling.

Municipal roads and bridges,— bonds.

Mr. Honan of Boston, for said committee, then reported that the matter be scheduled for consideration by the House.

Under suspension of Rule 7A, on motion of Mr. Philips of Sharon, the bill was read a second time forthwith. The amendment recommended by the committee on Ways and Means then was adopted; and the substituted bill was ordered to a third reading.

Subsequently, the noon recess having terminated, under suspension of the rules, on motion of Mr. Straus of Mattapoisett, the bill (having been reported by the committee on Bills in the Third Reading to be correctly drawn) was read a third time.

After debate on the question on passing the bill to be engrossed, Mr. Pease of Westfield moved to amend it in section 2, in item 6122-2126, by striking out the figures: "200,000,000" and inserting in place thereof the figures: "225,000,000".

After debate on the question on adoption of the amendment, the sense of the House was taken by yeas and nays at the request of the same member; and on the roll call 28 members voted in the affirmative and 128 in the negative.

**[See [Yea and Nay No. 161](#) in Supplement.]**

Therefore the amendment was rejected.

On the question on passing the bill to be engrossed, the sense of the House was taken by yeas and nays, at the request of Mr. Straus of Mattapoisett and on the roll call 156 members voted in the affirmative and 0 in the negative.

**[See [Yea and Nay No. 162](#) in Supplement.]**

Therefore the bill (House, No. 4638) was passed to be engrossed. Sent to the Senate for concurrence.

Amendment  
rejected,—  
yea and nay  
No. 161.

Bill passed to  
be engrossed,—  
yea and nay  
No. 162.

*Motion to Discharge a Certain Matter from Orders of the Day.*

The engrossed Bill establishing the behavioral health trust fund and the behavioral health advisory commission (see House, No. 4288), being a printed copy of Section 72 contained in the engrossed Bill relative to immediate COVID-19 recovery needs (see House, No. 4269), which had been returned by His Excellency the Governor with recommendation of amendment (for message see Attachment C of House, No. 4289), was discharged from its position in the Orders of the Day and considered forthwith, under suspension of Rule 47, on motion of Mr. Michlewitz of Boston.

The committee on Bills in the Third Reading reported recommending that the amendment recommended by the Governor be considered in the following form:

By striking all after the enacting clause and inserting in place thereof the following:

"SECTION 1. (a) There shall be a Behavioral Health Trust Fund that shall be administered by the secretary of health and human services, who shall expend the funds for the purpose of addressing barriers to the delivery of an equitable, culturally competent, affordable and clinically-appropriate continuum of behavioral health care and services. There shall be credited to the fund all amounts that are transferred, or authorized to be transferred thereto, or directed to be deposited therein, and all amounts received as gifts, grants or contributions for the purposes of the fund. Any money remaining in the fund at the close of a fiscal year shall not revert to the General Fund.

(b)(1) There shall be a behavioral health advisory commission to make recommendations to the general court and the secretary of health and human services on the disbursement of the money in the fund. The commission shall consist of: the chairs of the joint committee on mental health, substance use and recovery, who shall serve as co-chairs; the chairs of the joint committee on racial equity, civil rights, and

Behavioral  
health.

inclusion; 3 members appointed by the senate president who work in the behavioral health field, 1 of whom shall be a professional in the field of children's mental health and 1 of whom shall be a professional in the field of behavioral health services in correctional settings; 3 members appointed by the speaker of the house of representatives who work in the behavioral health field, 1 of whom shall be a professional in the field of children's mental health and 1 of whom shall be a professional in the field of behavioral health services in correctional settings; 1 member appointed by the minority leader of the senate; 1 member appointed by the minority leader of the house of representatives; the commissioner of public health; the commissioner of mental health; the president of the Massachusetts Association for Mental Health, Inc. or a designee; the president of the Association for Behavioral Healthcare, Inc. or a designee; the executive director of the National Alliance on Mental Illness of Massachusetts, Inc. or a designee; the executive director of Massachusetts Association of Behavioral Health Systems, Inc. or a designee; the executive director of Massachusetts Organization for Addiction Recovery, Inc. or a designee; the executive director of Massachusetts chapter of the National Association of Social Workers, Inc. or a designee; the president of the Massachusetts Health and Hospital Association, Inc. or a designee; and 2 members appointed by the governor, 1 of whom shall have expertise in developing behavioral health workforce training education and 1 of whom shall have expertise in addressing disparities in access to mental and behavioral health care for populations disproportionately experiencing barriers to care.

(2) The commission shall identify and assess: (i) current behavioral health workforce challenges including, but not limited to: (A) existing workforce pipeline issues; (B) emerging workforce needs; (C) the feasibility of grant, scholarship and other pipeline development programs that mitigate the financial burden of entering and progressing up the behavioral health workforce pipeline to support workers pursuing tertiary degrees and for those who do not require advanced degrees including, but not limited to, mental health workers, sitters, nurses, social workers, psychologists, other masters' level licensed behavioral health providers and psychiatrists; (D) programs to ensure retention of current behavioral health workforce; and (E) the availability of trauma-informed supports and services for behavioral health practitioners and related staff; (ii) factors that create or perpetuate disparities in mental and behavioral health care including but not limited to race, ethnicity, language, gender, sexual orientation, gender identity and barriers to access for lesbian, gay, bisexual, transgender, and queer individuals; (iii) economic barriers to treatment; (iv) access to early intervention services; (v) diversion for people with mental illness and substance use disorder from the criminal legal system; (vi) access to community-based services; (vii) the feasibility of increasing behavioral health competency of staff in both behavioral health settings and settings where there are frequent interactions with patients with behavioral health diagnoses through training to increase competency for sitters, mental health workers, emergency department personnel, medical-surgical staff that frequently interact with psychiatric boarders and other caregivers in de-escalation tactics, crisis management, rapid response, psychiatric diagnoses and other related topics; (viii) diversion from the juvenile justice system; (ix) treatment for people with mental illness or substance use disorder who are incarcerated or under supervision by the criminal justice system; (x) the feasibility of training programs to increase the behavioral health competency for workforce in nonhospital settings including, but not limited to, group homes and skilled nursing facilities, to allow patients to receive baseline behavioral health services where they are living; and (xi) any other factors the commission deems



relevant for addressing barriers to the delivery of an equitable, culturally-competent, affordable and clinically-appropriate continuum of behavioral health care and services. Based on the commission's findings, the commission shall make recommendations for the disbursement of money in the fund. The commission's recommendations shall prioritize the needs of communities disproportionately impacted by the 2019 novel coronavirus pandemic and comply with rules and guidance pertaining to eligible uses of coronavirus state and local fiscal recovery funds under the federal American Rescue Plan Act of 2021, 42 U.S.C. 802(c).

(3) The commission shall submit its findings and recommendations to the secretary of health and human services, the clerks of the senate and house of representatives, the joint committee on mental health, substance use and recovery and the senate and house committees on ways and means not later than March 1, 2022. The secretary shall consider such findings and recommendations in making expenditures from the fund.

(c) Annually, not later than October 1, the secretary of health and human services shall file a report with the clerks of the senate and house of representatives, the joint committee on mental health, substance use and recovery and the house and senate committees on ways and means on the fund's activities, which shall include, but not be limited to: (i) the source and amount of funds received; and (ii) the expenditures made from the fund and the purposes of such expenditures.

SECTION 2. This act shall take effect as of December 13, 2021.”; and the report was accepted.

The amendment recommended by the Governor then was rejected.

Mr. Michlewitz of Boston then moved to amend the bill by striking out all after the enacting clause and inserting in place thereof the following:

“SECTION 1. (a) There shall be a Behavioral Health Trust Fund that shall be administered by the secretary of health and human services, who shall expend the funds, subject to appropriation, for the purpose of addressing barriers to the delivery of an equitable, culturally-competent, affordable and clinically-appropriate continuum of behavioral health care and services. There shall be credited to the fund all amounts that are transferred, or authorized to be transferred thereto, or directed to be deposited therein, and all amounts received as gifts, grants or contributions for the purposes of the fund. Any money remaining in the fund at the close of a fiscal year shall not revert to the General Fund.

(b)(1) There shall be a behavioral health advisory commission to make recommendations to the general court on the disbursement of the money in the fund. The commission shall consist of: the chairs of the joint committee on mental health, substance use and recovery, who shall serve as co-chairs; the chairs of the joint committee on racial equity, civil rights, and inclusion; 3 members appointed by the senate president who work in the behavioral health field, 1 of whom shall be a professional in the field of children's mental health and 1 of whom shall be a professional in the field of behavioral health services in correctional settings; 3 members appointed by the speaker of the house of representatives who work in the behavioral health field, 1 of whom shall be a professional in the field of children's mental health and 1 of whom shall be a professional in the field of behavioral health services in correctional settings; 1 member appointed by the minority leader of the senate; 1 member appointed by the minority leader of the house of representatives; the secretary of health and human services; the president of the Massachusetts Association for Mental Health, Inc. or a designee; the president of the Association for Behavioral Healthcare, Inc. or a designee; the executive director of the National Alliance on Mental Illness of Massachusetts, Inc. or a designee; the executive director

of Massachusetts Association of Behavioral Health Systems, Inc. or a designee; the executive director of Massachusetts Organization for Addiction Recovery, Inc. or a designee; the executive director of Massachusetts chapter of the National Association of Social Workers, Inc. or a designee; the president of the Massachusetts Health and Hospital Association, Inc. or a designee; and 2 members appointed by the governor, 1 of whom shall have expertise in developing behavioral health workforce training education and 1 of whom shall have expertise in addressing disparities in access to mental and behavioral health care for populations disproportionately experiencing barriers to care.

(2) The commission shall identify and assess: (i) current behavioral health workforce challenges including, but not limited to: (A) existing workforce pipeline issues; (B) emerging workforce needs; (C) the feasibility of grant, scholarship and other pipeline development programs that mitigate the financial burden of entering and progressing up the behavioral health workforce pipeline to support workers pursuing tertiary degrees and for those who do not require advanced degrees including, but not limited to, mental health workers, sitters, nurses, social workers, psychologists, other masters' level licensed behavioral health providers and psychiatrists; (D) programs to ensure retention of current behavioral health workforce; and (E) the availability of trauma-informed supports and services for behavioral health practitioners and related staff; (ii) factors that create or perpetuate disparities in mental and behavioral health care including but not limited to race, ethnicity, language, gender, sexual orientation, gender identity and barriers to access for lesbian, gay, bisexual, transgender, and queer individuals; (iii) economic barriers to treatment; (iv) access to early intervention services; (v) diversion for people with mental illness and substance use disorder from the criminal legal system; (vi) access to community-based services; (vii) the feasibility of increasing behavioral health competency of staff in both behavioral health settings and settings where there are frequent interactions with patients with behavioral health diagnoses through training to increase competency for sitters, mental health workers, emergency department personnel, medical-surgical staff that frequently interact with psychiatric boarders and other caregivers in de-escalation tactics, crisis management, rapid response, psychiatric diagnoses and other related topics; (viii) diversion from the juvenile justice system; (ix) treatment for people with mental illness or substance use disorder who are incarcerated or under supervision by the criminal justice system; (x) the feasibility of training programs to increase the behavioral health competency for workforce in nonhospital settings including, but not limited to, group homes and skilled nursing facilities, to allow patients to receive baseline behavioral health services where they are living; and (xi) any other factors the commission deems relevant for addressing barriers to the delivery of an equitable, culturally-competent, affordable and clinically-appropriate continuum of behavioral health care and services. Based on the commission's findings, the commission shall make recommendations for the disbursement of money in the fund. The commission's recommendations shall prioritize the needs of communities disproportionately impacted by the 2019 novel coronavirus pandemic and comply with rules and guidance pertaining to eligible uses of coronavirus state and local fiscal recovery funds under the federal American Rescue Plan Act of 2021, 42 U.S.C. 802(c).

(3) The commission shall submit its findings and recommendations to the clerks of the senate and house of representatives, the joint committee on mental health, substance use and recovery and the senate and house committees on ways and means not later than June 1, 2022.

(c) Annually, not later than October 1, the secretary shall file a report with the clerks of the senate and house of representatives, the joint committee on mental health, substance use and recovery and the house and senate committees on ways and means on the fund's activities, which shall include, but not be limited to: (i) the source and amount of funds received; and (ii) the expenditures made from the fund and the purposes of such expenditures.

SECTION 2. This act shall take effect as of December 13, 2021.”.

The amendment was adopted; and the bill (see House, No. 4288, amended) then was sent to the Senate for its action..

*Order.*

On motion of Mr. Mariano of Quincy,—

*Ordered,* That when the House adjourns today, it adjourn to meet tomorrow at eleven o'clock A.M.

Next  
sitting.

---

Mr. Jones of North Reading then moved that the House adjourn; and the motion prevailed. Accordingly, without proceeding to consideration of the matters in the Orders of the Day, at three minutes before three o'clock P.M. (Ms. Hogan of Stow being in the Chair), the House adjourned, to meet the following day at eleven o'clock A.M., in an Informal Session.