

**The Commonwealth of Massachusetts**

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**JOURNAL OF THE HOUSE.**



**WEDNESDAY, OCTOBER 15, 2025.**

[94]\*

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## JOURNAL OF THE HOUSE.

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Wednesday, October 15, 2025.

Met according to adjournment at eleven o'clock A.M. 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.

### *Statement of Representative Walsh of Peabody.*

A statement of Mr. Walsh of Peabody was spread upon the records of the House, as follows:

MR. SPEAKER: I would like to call to the attention of the House the fact that I am unable to be present in the House Chamber for today's sitting due to a previously scheduled medical appointment. Had I been present, I would have voted in the affirmative on Yea and Nay Nos. 89 to 92, inclusive. My missing of roll calls today is due entirely to the reason stated.

Statement of  
Representative  
Walsh of  
Peabody.

### *Remote Participation.*

Notice had been received from House Counsel that, under the provisions of House Rule 49, Representatives Barrett of North Adams, Ferrante of Gloucester, Smola of Warren, and Sullivan-Almeida of Abington had been approved to participate remotely for today's formal sitting.

Remote  
participation.

### *Resolutions.*

Resolutions (filed with the Clerk by Representatives Montañó of Boston and Michlewitz of Boston) honoring the Solomon Northup Committee for Commemorative Works upon the arrival of the sculpture of Solomon Northup to Boston, were referred, under Rule 85, to the committee on Rules.

Solomon  
Northup  
Committee.

Mr. Galvin of Canton, for said committee, reported that the resolutions ought to be adopted. Under suspension of the rules, on motion of Ms. Badger of Plymouth, the resolutions (reported by the committee on Bills in the Third Reading to be correctly drawn) were considered forthwith; and they were adopted.

### *Order.*

The Order (filed by Representatives Madaro of Boston and Linsky of Natick) relative to extending until Thursday, December 18, 2025 the time within which the committee on Revenue is authorized to report on current House documents, was referred, under Rule 24, to the committee on Rules.

Revenue,—  
extension  
of time for  
reporting.

Mr. Galvin of Canton, for the committee on Rules, reported that the order (House, No. 4606) ought to be adopted. Under suspension of the rules, on motion of Ms. Badger of Plymouth, the order was considered forthwith; and it was adopted.

*Communications.*

Communications

From the Essex District Attorney's Office (see Section 47(d) of Chapter 94C of the General Laws) submitting a report on its fiscal year 2025 law enforcement trust funds for drug rehabilitation, drug education and neighborhood crime watch programs;

Essex District  
Attorney,—  
drugs and crime.

From the Hampden District Attorney's Office (see Section 47(d) of Chapter 94C of the General Laws) submitting a report on its fiscal year 2025 law enforcement trust funds for drug rehabilitation, drug education and neighborhood crime watch programs;

Hampden  
District Attorney,—  
drugs and crime.

From the Middlesex (Northern) District Attorney's Office (see Section 47(d) of Chapter 94C of the General Laws) submitting a report on its fiscal year 2025 law enforcement trust funds for drug rehabilitation, drug education and neighborhood crime watch programs; and

Middlesex  
District Attorney,—  
drugs and crime.

From the Norfolk District Attorney's Office (see Section 47(d) of Chapter 94C of the General Laws) submitting a report on its fiscal year 2025 law enforcement trust funds for drug rehabilitation, drug education and neighborhood crime watch programs;

Norfolk District  
Attorney,—  
drugs and crime.

Severally were placed on file.

*Annual Report.*

The annual report of the Executive Office of Veterans Services (under Section 41 of Chapter 6 of the General Laws) submitting its Veterans Homes Council annual report for fiscal year 2025, was placed on file.

Veterans  
Homes  
Council.

*Petitions.*

Representatives Reyes of Lawrence and Moran of Lawrence presented a petition (accompanied by bill, House, No. 4614) of Estela A. Reyes and Frank A. Moran (with the approval of the mayor and city council) that the city of Lawrence be authorized to transfer a certain parcel of park land at the James J. O'Neil Park in said city; and the same was referred to the committee on Municipalities and Regional Government. Sent to the Senate for concurrence.

Lawrence,—  
land.

Petitions severally were presented and referred as follows:

By Representatives Arciero of Westford and Cataldo of Concord, a petition (subject to Joint Rule 12) of James Arciero that a certain bridge on Gorham Street in the town of Chelmsford be designated as the Ferreira brothers bridge.

Chelmsford,—  
Ferreira  
brothers bridge.

By Representative Markey of Dartmouth, a petition (subject to Joint Rule 12) of Christopher M. Markey and Steven George Xiarhos for legislation to establish penalties for reckless or negligent operation of a vehicle and hindering the movement of other vehicles.

Vehicles,—  
reckless  
operation.

By the same member, a petition (subject to Joint Rule 12) of Christopher M. Markey for legislation to establish a cost-of-living adjustment for disabled veteran annuities.

Veteran annuities.

By Representative Xiarhos of Barnstable, a petition (subject to Joint Rule 12) of Steven George Xiarhos and others relative to penalties for assault and battery on a police officer.

Police assault,—  
penalties.

By the same member, a petition (subject to Joint Rule 12) of Steven George Xiarhos and others for legislation to establish penalties for racing on public ways and unlawful motor vehicle competitions.

Vehicle racing,—  
penalties.

Severally, under Rule 24, to the committee on Rules.

*Papers from the Senate.*

A Bill authorizing the city of Taunton to continue the employment of Edward J. Walsh as chief of police in the city of Taunton (Senate, No. 2643) (on Senate bill No. 1825) [Local Approval Received], passed to be engrossed by the Senate, was read; and it was referred, under Rule 7A, to the committee on Steering, Policy and Scheduling.

Taunton,—  
Edward Walsh.

A petition (accompanied by bill, Senate, No. 2648) of Robyn K. Kennedy and Meghan K. Kilcoyne (by vote of the town) for legislation relative to the select board of the town of Boylston, was referred, in concurrence, to the committee on Municipalities and Regional Government.

Boylston,—  
select board.

A petition (accompanied by bill) of Pavel M. Payano for legislation to establish a sick leave bank for Jeffrey Yacinthe, an employee of the Department of Elementary and Secondary Education, came from the Senate referred, under suspension of Joint Rule 12, to the committee on Public Service.

Jeffrey Yacinthe,—  
sick leave.

The House then concurred with the Senate in the suspension of said rule; and the petition (accompanied by bill, Senate, No. 2651) was referred, in concurrence, to the committee on Public Service.

*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 petition of Rob Consalvo for legislation to establish a sick leave bank for Jeanne McCarron, an employee of the Registry of Motor Vehicles. Under suspension of the rules, on motion of Ms. Badger of Plymouth, the report was considered forthwith. Joint Rule 12 then was suspended; and the petition (accompanied by bill) was referred to the committee on Public Service. Sent to the Senate for concurrence.

Jeanne McCarron,—  
sick leave.

By Mr. Livingstone of Boston, for the committee on Children, Families and Persons with Disabilities, on a petition, a Bill relative to a maltreatment coding system (House, No. 273).

Foster care,—  
maltreatment.

By the same member, for the same committee, on House, Nos. 235, 236, 246, 249, 258, 259, 265 and 266, a Bill establishing a bill of rights for children in foster care (House, No. 4599).

Foster care,—  
rights.

By Mr. Hunt of Boston, for the committee on Election Laws, on a petition, a Bill strengthening the post-election audit process (House, No. 876).

Election audits.

Severally read; and referred, under Rule 33, to the committee on Ways and Means.

By Mr. Hunt of Boston, for the committee on Election Laws, on a petition, a Bill relative to the office of district councilor in the city of Boston (House, No. 4090) [Local Approval Received].

Boston,—  
councilor.

By the same member, for the same committee, on a petition, a Bill relative to the office of ward 7 councilor in the city of Marlborough (House, No. 4170) [Local Approval Received].

Marlborough,—  
councilor.

By the same member, for the same committee, on a petition, a Bill relative to any vacancy among town meeting members in Milford (House, No. 4171) [Local Approval Received].

Milford,—  
vacancies.

By the same member, for the same committee, on a petition, a Bill providing for the election of candidates in the city of Haverhill (House, No. 4203) [Local Approval Received].

Haverhill,—  
elections.

By the same member, for the same committee, on a petition, a Bill providing for the election of candidates in the city of Haverhill (House, No. 4204) [Local Approval Received].

Id.

By the same member, for the same committee, on a joint petition, a Bill validating the New Salem annual town election (House, No. 4224) [Local Approval Received].

New Salem,—  
election.

Severally read; and referred, under Rule 7A, to the committee on Steering, Policy and Scheduling.

*Emergency Measure.*

The engrossed Bill establishing a sick leave bank for Ana C. Contreras, an employee of the Trial Court of the Commonwealth (see House, No. 1596, amended), having been certified by the Clerk to be rightly and truly prepared for final passage, was considered, the question being on adopting the emergency preamble.

Ana Contreras,—  
sick leave.

A separate vote was taken, as required by the provisions of Article XLVIII (as amended by Article LXVII) of the Amendments to the Constitution; and the preamble was adopted, by a vote of 3 to 0. Sent to the Senate for concurrence.

*Engrossed Bill.*

The engrossed Bill re-authorizing the town of Swansea to issue additional licenses for the sale of all alcoholic beverages to be drunk on the premises (see House, No. 4276) (which originated in the House), having been certified by the Clerk to be rightly and truly prepared for final passage, was passed to be enacted; and it was signed by the acting Speaker and sent to the Senate.

Bill  
enacted.

*Recess.*

At five minutes after eleven o'clock A.M., on motion of Mr. Howitt of Seekonk (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 Mr. Donato in the Chair.

Recess.

*Reports of Committees.*

Prior to the noon recess (Mr. Donato of Medford being in the Chair), By Mr. Honan of Boston, for the committee on Steering, Policy and Scheduling, that the Bill providing for the terms of certain bonds to be issued by the Commonwealth (printed in House, No. 4413), be scheduled for consideration by the House.

Bonding  
terms.

Under suspension of Rule 7A, on motion of Ms. Badger of Plymouth, the bill was read a second time forthwith; and it was ordered to a third reading.

Subsequently, the noon recess having terminated, under suspension of the rules, on motion of Mr. Michlewitz of Boston, the bill (having been reported by the committee on Bills in the Third Reading to be correctly drawn) was read a third time; and it was passed to be engrossed. Sent to the Senate for concurrence.

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At six minutes after one o'clock P.M., on motion of Mr. Jones of North Reading (Mr. Donato of Medford being in the Chair), the House recessed subject to the call of the Chair; and at a half past two o'clock the House was called to order with Ms. Hogan of Stow in the Chair.

Recess.

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Prior to the noon recess (Mr. Donato of Medford being in the Chair), By Mr. Honan of Boston, for the committee on Steering, Policy and Scheduling, that the Bill making appropriations for the fiscal year 2025 to provide for supplementing certain existing appropriations and for certain other activities and projects (House, No. 4601) [Total Appropriation: \$2,256,596,732.00], be scheduled for consideration by the House.

Supplemental  
appropriations.

Under suspension of Rule 7A, on motion of Ms. Badger of Plymouth, the bill was read a second time forthwith; and it was ordered to a third reading.

Subsequently, the noon recess having terminated (Ms. Hogan of Stow being in the Chair), under suspension of the rules, on motion of Mr. Jones of North Reading, the bill (having been reported by the committee on Bills in the Third Reading to be correctly drawn) was read a third time.

After remarks on the question on passing the bill to be engrossed, Mr. Lawn of Watertown and other members of the House moved to amend it by inserting after section 14 the following 3 sections:

“SECTION 14A. Section 2AAAAA of chapter 29, as so appearing, is hereby further amended by striking out the second paragraph and inserting in place thereof the following paragraph:

There shall be credited to the fund: (i) any transfers from the Health Safety Net Trust Fund established in section 66 of chapter 118E; (ii) any revenue from appropriations or other money authorized by the general court and specifically designated to be credited to the fund; (iii) an amount equal to any federal financial participation revenues claimed and received by the commonwealth for eligible expenditures made from the fund; and (iv) interest earned on any money in the fund. Money from the fund shall be expended for payments to providers that qualify under an approved federal waiver and in accordance with said waiver. Amounts credited to the fund shall not be subject to further appropriation. At the end of each fiscal year,

the secretary of health and human services shall determine, in the secretary's sole discretion, the amount of any money in the fund that is in excess of the money needed to make payments from the fund in accordance with said waiver; provided, however, that the money needed to make such payments shall include any money needed to make any payments that are unearned as of the end of such year, but potentially earned in a subsequent year. Subject to the terms of said waiver, (A) for periods applicable to the waiver beginning on or after January 1, 2025, the secretary of health and human services shall transfer to the Health Safety Net Trust Fund established in said section 66 of said chapter 118E the state share of any such excess money, excluding any federal funds; and (B) for periods applicable to the waiver through December 31, 2024, the secretary of health and human services shall transfer to said Health Safety Net Trust Fund the state share of any such excess money, multiplied by a fraction, the numerator of which is \$62,500,000 and the denominator of which is the total amount transferred to or deposited in the fund for such fund year, excluding federal funds. Money remaining in the fund at the end of a fiscal year shall not revert to the General Fund and shall be available for expenditure in subsequent fiscal years. To accommodate timing discrepancies between the receipt of revenue and related expenditures, the comptroller may certify for payment amounts not to exceed the most recent revenue estimates as certified by the secretary of health and human services to be transferred, credited or deposited under this section.

SECTION 14B. Section 2TTTTT of said chapter 29, as amended by section 51 of chapter 140 of the acts of 2024, is hereby further amended by striking out subsection (c) and inserting in place thereof the following subsection:

(c)(1) The secretary shall expend money in the fund, including all amounts credited to the fund, for payments to qualifying acute hospital providers under contract with the executive office of health and human services or under subcontracts with care organizations that contract with the executive office in connection with the MassHealth program as provided in this subsection.

(2) The secretary shall annually expend amounts from the fund averaging, for the 2-year period from October 1, 2025 to September 30, 2027, inclusive, not less than \$2,264,500,000 per year; provided, however, that all such payments shall fall into 1 of the following categories: (i) health equity incentive payments; (ii) clinical quality incentive payments; (iii) other incentive payments; (iv) rate payments for services provided to MassHealth members; (v) targeted payments to: (A) freestanding pediatric acute hospitals; (B) nonprofit teaching acute hospitals that provide medical, surgical, emergency and obstetrical services and are affiliated with a state-owned medical school; (C) freestanding cancer hospitals; (D) the acute hospital that had the lowest statewide commercial relative price in fiscal year 2019, as reported by the center for health information and analysis; (E) the independent group 1 safety net hospital that had the largest percentile of operating loss in fiscal year 2022 as reported by the center for health information and analysis; (F) the acute hospital that had the highest statewide public payer mix in fiscal year 2023, as determined by the secretary; (G) the acute hospital affiliated with a health system with 2 or more critical access hospitals operating in the commonwealth in calendar year 2025, as determined by the secretary; or (H) to any non-state-owned public hospital in the commonwealth, as determined by the secretary. The secretary may determine funding allocations among and within each such category within a given year; provided, however, that such allocations shall be consistent with all approved federal waivers and state plan provisions; and provided further, that the secretary shall allocate an average of not less than \$1,280,000,000 per year, for the 2-year period from October 1, 2025 to September 30, 2027, for the rate payments described in clause (iv), with an average



of not less than \$92,000,000 allocated for group 1 safety net hospitals for such 2-year period, an average of not less than \$460,000,000 allocated for group 2 safety net hospitals for such 2-year period and an average of not less than \$728,000,000 allocated across all acute hospitals for such 2-year period.

(3) Of the targeted payments described in clause (v) of the first sentence of paragraph (2), the secretary shall expend annually from the fund: (i) \$70,000,000 to freestanding pediatric acute hospitals, of which at least 98 per cent shall be paid to the freestanding pediatric hospital that had the largest volume of inpatient discharges in fiscal year 2019; (ii) \$35,000,000 to nonprofit teaching acute hospitals that provide medical, surgical, emergency and obstetrical services and are affiliated with a state-owned medical school; (iii) \$14,000,000 to the acute hospital that had the lowest statewide commercial relative price in fiscal year 2019 as reported by the center for health information and analysis; (iv) \$6,000,000 to freestanding cancer hospitals; (v) \$10,000,000 to the independent group 1 safety net hospital that had the largest operating percentile loss in fiscal year 2022, as reported by the center for health information and analysis; (vi) \$6,000,000 to the acute hospital that had the highest statewide public payer mix in fiscal year 2023, as determined by the secretary; (vii) \$6,000,000 to the acute hospital affiliated with a health system with 2 or more critical access hospitals operating in the commonwealth in calendar year 2025, as determined by the secretary; and (viii) \$2,000,000 to any non-state-owned public hospital in the commonwealth, as determined by the secretary.

(4) Of the incentive payments described in clauses (i) and (ii) of paragraph (2), the secretary shall make interim payments to qualifying hospitals based on the secretary's estimate of each such hospital's final payment for the measurement period. As soon as practicable after the close of the measurement period, the secretary shall determine the final amount of each qualifying hospital's incentive payments and shall reconcile each hospital's interim payment with its final payment.

(5) If, in any fiscal year, the commonwealth fails to secure federal financial participation necessary to make expenditures described in this section, the total hospital assessment amount described in section 67 of chapter 118E is insufficient to support the distributions to the fund required to be made from the Health Safety Net Trust Fund established in section 66 of chapter 118E or such distributions are otherwise not made due to limitations on federal matching, applicable payment ceilings or other restrictions under state or federal law, then the expenditures otherwise required to be made from the fund shall be reduced proportionally based on the total amount available for expenditure.

SECTION 14C. Subsection (c) of section 2UUUUU of said chapter 29, as appearing in the 2024 Official Edition, is hereby further amended by adding the following paragraph:

(3) If, in any fiscal year, the commonwealth fails to secure federal financial participation necessary to make expenditures described in this section, the total hospital assessment amount described in section 67 of chapter 118E is insufficient to support the distributions to the fund required to be made from the Health Safety Net Trust Fund established in section 66 of chapter 118E, or such distributions are otherwise not made due to limitations on federal matching, applicable payment ceilings or other restrictions under state or federal law, then the expenditures otherwise required to be made from the fund shall be reduced proportionally based on the total amount available for expenditure.”;

By inserting after section 23 the following section:



“SECTION 23A. Section 64 of chapter 118E of the General Laws, as appearing in the 2024 Official Edition, is hereby amended by striking out the definition of ‘Assessed charges’ and inserting in place thereof the following definition:

‘Assessed charges’, gross patient service revenue attributable to all patients less gross patient service revenue attributable to Title XVIII, XIX and XXI programs, as such revenues are reported to the center for health information and analysis and as determined by the secretary.”;

In SECTION 24, in lines 458 and 459, by striking out the following: “Section 64 of chapter 118E of the General Laws, as appearing in the 2024 Official Edition, is hereby amended” and inserting in place thereof the following: “Said section 64 of said chapter 118E, as so appearing, is hereby further amended”;

By inserting after section 25 the following section:

“SECTION 25A. Said section 64 of said chapter 118E, as so appearing, is hereby amended by striking out the figure ‘\$1,484,050,000’ and inserting in place thereof the following figures:— \$1,534,050,000.”;

By inserting after section 27 the following 3 sections:

“SECTION 27A. Said section 66 of said chapter 118E, as so appearing, is hereby further amended by striking out subsection (b) and inserting in place thereof the following 2 subsections:

(b) The fund shall consist of: (i) all amounts paid by hospitals and managed care organizations under sections 67 and 68; (ii) all appropriations for the purpose of payments to acute hospitals or community health centers for health services provided to uninsured and underinsured residents; (iii) any transfers from the Commonwealth Care Trust Fund established in section 2000 of chapter 29; (iv) any transfers from the Safety Net Provider Trust Fund established in section 2AAAAA of chapter 29; (v) any transfers from the Hospital Investment and Performance Trust Fund established in section 2TTTTT of chapter 29; (vi) any transfers from the Managed Care Organization Services Reinvestment Fund established in section 2FFFFFFF of chapter 29; and (vii) all property and securities acquired by and through the use of money belonging to the fund and all interest thereon. There shall also be credited to the fund an amount equal to any federal financial participation claimed and received by the commonwealth for eligible expenditures made from the fund and financed by money transferred from the Hospital Investment and Performance Trust Fund established in section 2TTTTT of chapter 29, the Managed Care Organization Services Reinvestment Fund established in section 2FFFFFFF of chapter 29 or from the Safety Net Provider Trust Fund established in section 2AAAAA of chapter 29. To accommodate timing discrepancies between the receipt of such revenue and related expenditures, the comptroller may certify for payment amounts not to exceed the most recent revenue estimates as certified by the secretary of health and human services to be transferred, credited or deposited under this subsection. Annually, the office shall transfer from the non-federal money in the fund: (A) \$149,300,000 to the Safety Net Provider Trust Fund established in section 2AAAAA of chapter 29; (B) \$1,041,170,000 to the Hospital Investment and Performance Trust Fund established in section 2TTTTT of chapter 29; (C) \$115,500,000 to the Population Health Investment Trust Fund established in section 2UUUUU of chapter 29; (D) \$ 33,169,685 to the Non-Acute Care Hospital Reimbursement Trust Fund established in section 2WWWW of chapter 29; (E) an amount equal to the managed care organization reinvestment revenue amount to the Managed Care Organization Services Reinvestment Fund established in section 2FFFFFFF of chapter 29; (F) an amount equal to the Massachusetts Child Psychiatry Access Project revenue amount to the Massachusetts Child Psychiatry Access Project Fund established in section

2EEEEEE of chapter 29; (G) an amount equal to the health policy commission revenue amount to the Healthcare Payment Reform Fund established in section 7 of chapter 6D; (H) an amount equal to the immunization revenue amount to the Vaccine Purchase Fund established in section 24N of chapter 111; (I) \$33,700,000 to the Behavioral Health Access and Crisis Intervention Trust Fund established in section 2WWWWW of chapter 29; (J) an amount equal to the center for health information and analysis revenue amount to the Center for Health Information and Analysis Fund established in section 7A of chapter 12C; and (K) \$35,000,000 to the Essential Community Provider Trust Fund established in section 2PPP of chapter 29. The office shall expend amounts in the fund, except for amounts transferred to the Safety Net Provider Trust Fund, the Hospital Investment and Performance Trust Fund, the Population Health Investment Trust Fund, the Non-Acute Care Hospital Reimbursement Trust Fund, the Managed Care Organization Services Reinvestment Fund, the Massachusetts Child Psychiatry Access Project Fund, the Vaccine Purchase Fund, the Center for Health and Information Analysis Fund, the Healthcare Payment Reform Fund and the Behavioral Health Access and Crisis Intervention Trust Fund, for payments to hospitals and community health centers for reimbursable health services provided to uninsured and underinsured residents, consistent with the requirements of this section, section 69 and the regulations adopted by the office. The amount collected pursuant to clause (viii) of the definition of the total managed care organization services assessment amount in section 64 shall be dedicated to reducing the shortfall, as described in subsection (b) of section 69, for the year prior to the assessment year. The office shall also annually expend money from the fund for the expenses of the executive office, including the health safety net office under subsection (a), for the administration of the health safety net and related assessments. The office shall also expend not more than \$6,000,000 annually from the fund for demonstration projects that use case management and other methods to reduce the liability of the fund to acute hospitals. All interest earned on the amounts in the fund shall be deposited or retained in the fund. The director shall from time-to-time requisition from the fund amounts that the director considers necessary to meet the current obligations of the office for the purposes of the fund and estimated obligations for a reasonable future period.

(c) For each fiscal year, in the event that federal financial participation is not available for any of the Medicaid expenditures made or to be made from this fund or from amounts transferred from the fund pursuant to paragraphs (A), (B), (C), (D) or (K) of subsection (b), or hospital assessment funding serving as the non-federal share of such expenditures is not available due to the application of any federal law, regulation or policy, such as federal expenditure limits or federal health care-related tax rules, or for any other reason, the amount of each such forementioned transfer from the fund shall be reduced on a pro-rata basis by multiplying each such expenditure or transfer by a fraction, the numerator of which is the aggregate amount of the transfers from the fund pursuant to paragraphs (A), (B), (C), (D) or (K) of subsection (b) for which federal financial participation will be available and the denominator of which is the aggregate amount the expenditures and transfers from the fund pursuant to paragraphs (A), (B), (C), (D) or (K) of subsection (b) that would otherwise be made.

SECTION 27B. Section 66 of said chapter 118E, as amended by section 27A, is hereby further amended by striking out subsections (b) and (c) and inserting in place thereof the following 2 subsections:

(b) The fund shall consist of: (i) all amounts paid by hospitals and managed care organizations under sections 67 and 68; (ii) all appropriations for the purpose of

payments to acute hospitals or community health centers for health services provided to uninsured and underinsured residents; (iii) any transfers from the Commonwealth Care Trust Fund established in section 2000 of chapter 29; (iv) any transfers from the Safety Net Provider Trust Fund established in section 2AAAAA of chapter 29; (v) any transfers from the Hospital Investment and Performance Trust Fund established in section 2TTTTT of chapter 29; (vi) any transfers from the Managed Care Organization Services Reinvestment Fund established in section 2FFFFFFF of chapter 29; and (vii) all property and securities acquired by and through the use of money belonging to the fund and all interest thereon. There shall also be credited to the fund an amount equal to any federal financial participation claimed and received by the commonwealth for eligible expenditures made from the fund and financed by money transferred from the Hospital Investment and Performance Trust Fund established in section 2TTTTT of chapter 29, the Managed Care Organization Services Reinvestment Fund established in section 2FFFFFFF of chapter 29 or from the Safety Net Provider Trust Fund established in section 2AAAAA of chapter 29. To accommodate timing discrepancies between the receipt of such revenue and related expenditures, the comptroller may certify for payment amounts not to exceed the most recent revenue estimates as certified by the secretary of health and human services to be transferred, credited or deposited under this subsection. Annually, the office shall transfer from the non-federal money in the fund: (A) \$149,300,000 to the Safety Net Provider Trust Fund established in section 2AAAAA of chapter 29; (B) \$1,041,170,000 to the Hospital Investment and Performance Trust Fund established in section 2TTTTT of chapter 29; (C) \$115,500,000 to the Population Health Investment Trust Fund established in section 2UUUUU of chapter 29; (D) \$33,169,685 to the Non-Acute Care Hospital Reimbursement Trust Fund established in section 2WWWW of chapter 29; (E) an amount equal to the Medicaid managed care organization revenue amount to the Managed Care Organization Services Reinvestment Fund established in section 2FFFFFFF of chapter 29; (F) an amount equal to the Massachusetts Child Psychiatry Access Project revenue amount to the Massachusetts Child Psychiatry Access Project Fund established in section 2EEEEEE of chapter 29; (G) an amount equal to the health policy commission revenue amount to the Healthcare Payment Reform Fund established in section 7 of chapter 6D; (H) an amount equal to the immunization revenue amount to the Vaccine Purchase Fund established in section 24N of chapter 111; (I) \$33,700,000 to the Behavioral Health Access and Crisis Intervention Trust Fund established in section 2WWWWW of chapter 29; (J) an amount equal to the center for health information and analysis revenue amount to the Center for Health Information and Analysis Fund established in section 7A of chapter 12C; and (K) \$35,000,000 to the Essential Community Provider Trust Fund established in section 2PPP of chapter 29. The office shall expend amounts in the fund, except for amounts transferred to the Safety Net Provider Trust Fund, the Hospital Investment and Performance Trust Fund, the Population Health Investment Trust Fund, the Non-Acute Care Hospital Reimbursement Trust Fund, the Managed Care Organization Services Reinvestment Fund, the Massachusetts Child Psychiatry Access Project Fund, the Vaccine Purchase Fund, the Center for Health and Information Analysis Fund, the Healthcare Payment Reform Fund and the Behavioral Health Access and Crisis Intervention Trust Fund, for payments to hospitals and community health centers for reimbursable health services provided to uninsured and underinsured residents, consistent with the requirements of this section, section 69 and the regulations adopted by the office. The amount collected pursuant to clause (viii) of the definition of non-Medicaid managed care organization amount in section 64 shall be dedicated to reducing the shortfall, as

described in subsection (b) of section 69, for the year prior to the assessment year. The office shall also annually expend money from the fund for the expenses of the executive office, including the health safety net office under subsection (a), for the administration of the health safety net and related assessments. The office shall also expend not more than \$6,000,000 annually from the fund for demonstration projects that use case management and other methods to reduce the liability of the fund to acute hospitals. All interest earned on the amounts in the fund shall be deposited or retained in the fund. The director shall from time-to-time requisition from the fund amounts that the director considers necessary to meet the current obligations of the office for the purposes of the fund and estimated obligations for a reasonable future period.

(c) For each fiscal year, in the event that federal financial participation is not available for any of the Medicaid expenditures made or to be made from this fund or from amounts transferred from the fund pursuant to paragraphs (A), (B), (C), (D) or (K) of subsection (b), or hospital assessment funding serving as the non-federal share of such expenditures is not available due to the application of any federal law, regulation or policy, such as federal expenditure limits or federal health care-related tax rules, or for any other reason, the amount of each such forementioned transfer from the fund shall be reduced on a pro-rata basis by multiplying each such expenditure or transfer by a fraction, the numerator of which is the aggregate amount of the transfers from the fund pursuant to paragraphs (A), (B), (C), (D) or (K) of subsection (b) for which federal financial participation will be available and the denominator of which is the aggregate amount the expenditures and transfers from the fund pursuant to paragraphs (A), (B), (C), (D) or (K) of subsection (b) that would otherwise be made.

SECTION 27C. Said chapter 118E is hereby further amended by striking out section 67, as so appearing, and inserting in place thereof the following section:

Section 67. (a) Subject to all required federal approvals, including any required waivers under 42 CFR 433.68, a hospital's annual liability to the fund shall be calculated in accordance with this section. The annual aggregate liability of all hospitals to the fund shall equal the total hospital assessment amount.

(b) [reserved].

(c) The office shall promulgate regulations establishing an appropriate mechanism for enforcing each hospital's liability to the fund if a hospital does not make a scheduled payment to the fund.

(d) For the purposes of the assessment in this section, all hospitals in the commonwealth shall be divided into the following groups, as determined by the secretary: (i) large group 1 safety net hospitals which, for the purposes of this section, shall mean, any group 1 safety net hospital that had not less than 355 staffed beds in fiscal year 2022, as reported by the center for health information and analysis; (ii) small group 1 safety net hospitals which, for the purposes of this section, shall mean any group 1 safety net hospital that had less than 355 staffed beds in fiscal year 2022 as reported by the center for health information and analysis; (iii) large group 2 safety net hospitals which, for the purposes of this section, shall mean any group 2 safety net hospital that had not less than 355 staffed beds in fiscal year 2022 as reported by the center for health information and analysis; (iv) small group 2 safety net hospitals which, for the purposes of this section, shall mean any group 2 safety net hospital that had less than 355 staffed beds in fiscal year 2022 as reported by the center for health information and analysis; (v) freestanding pediatric acute hospitals; (vi) academic, teaching and specialty hospitals which, for the purposes of this section, shall mean an academic medical center, teaching hospital or specialty hospital as determined by the

center for health information and analysis as of September 30, 2019, but excluding any high public payer hospital; (vii) private acute hospitals which, for the purposes of this section, shall mean a private hospital licensed under section 51 of chapter 111 that contains a majority of medical-surgical, pediatric, obstetric and maternity beds as defined by the department of public health and operating as of September 30, 2019, but excluding any safety net hospital or academic, teaching and specialty hospital; (viii) non-state public hospitals which, for the purposes of this section, shall mean any non-state-owned public hospital in the commonwealth as determined by the secretary; and (ix) non-acute hospitals which, for the purposes of this section shall mean any nonpublic hospital licensed by the department of public health under said section 51 of said chapter 111; provided, however, that non-acute hospital shall not include an acute care hospital under section 25B of said chapter 111 or a nonpublic hospital licensed as an inpatient facility by the department of mental health under section 19 of chapter 19 and regulations promulgated thereunder but not categorized as a class VII licensee under the regulations.

(e) Each of the groups described in subsection (d) shall be subject to the following assessment rates: (i) large group 1 safety net hospitals shall be subject to a rate of 16.510 per cent for inpatient services and 8.000 per cent for outpatient services; (ii) small group 1 safety net hospitals shall be subject to a rate of 14.500 per cent for inpatient services and 5.500 per cent for outpatient services; (iii) large group 2 safety net hospitals shall be subject to a rate of 8.100 per cent for inpatient services and 16.200 per cent for outpatient services; (iv) small group 2 safety net hospitals shall be subject to a rate of 16.450 per cent for inpatient services and 9.100 per cent for outpatient services; (v) freestanding pediatric acute hospitals shall be subject to a rate of 3.300 per cent for inpatient services and 2.600 per cent for outpatient services; (vi) academic, teaching and specialty hospitals shall be subject to a rate of 4.675 per cent for inpatient services and 1.290 per cent for outpatient services; (vii) private acute hospitals shall be subject to a rate of 8.299 per cent for inpatient services and 0.720 per cent for outpatient services; (viii) non-state public hospitals shall be subject to a rate of 1.250 per cent for inpatient services and 1.250 per cent for outpatient services; and (ix) non-acute hospitals shall be subject to a rate of 3.300 per cent for inpatient services and 3.300 per cent for outpatient services; provided, however, that the office shall increase each such rate by the amount necessary to generate 50 per cent of the estimated cost as determined by the secretary of administration and finance, of administering the health safety net and related assessments in accordance with sections 65 to 69, inclusive. If hospital closures or hospital changes in status to a different type of provider would result in a reduction of total hospital assessment amount, the secretary may, by regulation, adjust the assessment rates to ensure the total hospital assessment amount is not reduced by more than \$10,000,000 on an annual basis; provided, however, that any such adjustments to the rates shall ensure the rates remain in the same proportion to each other as established herein. If the total hospital assessment amount collected for the hospital assessment year exceeds the amount necessary to support the non-federal share of amounts transferred pursuant to paragraphs (A), (B), (C), (D) or (K) of subsection (b) of section 66, the secretary of the executive office of health and human services shall, by regulation, adjust the assessment rates for the subsequent hospital assessment year to ensure the total hospital assessment amount does not exceed the amount necessary to support such expenditures; provided, however, that any such adjustments shall ensure the rates remain in the same proportion to each other as established herein and provided that any such adjustment does not jeopardize federal financial participation. In order to adjust the assessment rates by regulation as described in this subsection, the secretary



of the executive office of health and human services shall seek all required federal approvals the secretary deems necessary.

(f) The assessment rates described in subsection (e) shall be applied to each hospital's fiscal year 2023 assessed charges for inpatient and outpatient services as determined by the secretary of health and human services; provided, however, that the term 'assessed charges' shall have the meaning ascribed to it in section 64. The total of the resulting products shall equal a hospital's annual assessment liability.

(g) Subject to receipt of all required federal approvals, the executive office shall implement the assessment structure described in this section and shall promulgate regulations, after prior consultation with the Massachusetts Health and Hospital Association, Inc., necessary to support implementation of said assessment structure. In promulgating such regulations, and in consultation with the Massachusetts Health and Hospital Association, Inc. the executive office shall, at a minimum: (i) specify an appropriate mechanism for determination and payment of an acute hospital's liability to the fund; (ii) identify the hospitals that belong to each group identified in subsection (d); (iii) specify an appropriate mechanism for the determination of a hospital's liability in cases of merger or transfer of ownership; and (iv) specify an appropriate mechanism by which any amounts paid by a hospital in excess of a hospital's total annual assessment liability may be refunded or otherwise credited to the hospital. The executive office shall publish or otherwise make available to the Massachusetts Health and Hospital Association, Inc., the data and methodology used in setting the assessment rates and group classification prior to the promulgation of any such regulations.

(h) The secretary of health and human services may enforce the payment of required assessments under this section: (i) for hospitals licensed by the department of health, by notifying the department of the unpaid assessments and such information shall be considered by the department in determining suitability in accordance with section 51 of chapter 111 for the hospital or its affiliate provider entities; (ii) by offsetting payments from the office of Medicaid against the claims for payment by the delinquent hospital, against other hospitals or MassHealth-contracted entities under common ownership as the delinquent hospital or against any successor in interest to the hospital or such provider entities under common ownership, in the amount of the delinquent fees owed, including any interest, penalties and reasonable attorneys' fees, and by transferring such funds into the fund; or (iii) creating, after demand for payment, a lien in favor of the commonwealth in an amount not to exceed the delinquent fees owed, including any interest, penalties and reasonable attorneys' fees, encumbering the building in which the delinquent hospital is located, encumbering the real property upon which the delinquent hospital is located, including fixtures, equipment or goods used in the operation of the delinquent hospital, or encumbering any real property in which the delinquent hospital holds an interest.”;

By inserting after section 79 the following 2 sections:

“SECTION 79A. Notwithstanding any general or special law to the contrary, the secretary of health and human services shall seek all required federal approvals the secretary deems necessary to implement sections 14A, 14B, 14C, 23A, 25A, 27A and 27C, including any required waivers under 42 CFR § 433.68 necessary to implement the hospital assessment described in section 67 of chapter 118E of the General Laws. If, after having received any required federal approval necessary to implement said sections 14A, 14B, 14C, 23A, 25A, 27A and 27C, such approval is withdrawn or is otherwise not in effect or if the secretary determines that a change in federal law or regulations or the administration of any such federal law or regulation requires a

modification to the hospital assessment described in said section 67 of said chapter 118E or to the implementation of the Health Safety Net Trust Fund established in section 66 of said chapter 118E, the Non-Acute Care Hospital Reimbursement Trust Fund established in section 2WWW of chapter 29 of the General Laws, the Safety Net Provider Trust Fund established in section 2AAAAA of said chapter 29, the Hospital Investment and Performance Trust Fund established in section 2TTTTT of said chapter 29 or the Population Health Investment Trust Fund established in section 2UUUUU of said chapter 29, the secretary shall provide written notification to the joint committee on health care financing and the house and senate committees on ways and means and shall collaborate with the Massachusetts Health and Hospital Association, Inc. to develop alternatives prior to implementation.

Not later than February 15, 2026, and annually thereafter, the secretary shall report to the joint committee on health care financing and the house and senate committees on ways and means: (i) the amount of the assessment made and collected from each hospital pursuant to said section 67 of said chapter 118E; and (ii) the amounts transferred to, deposited in, expended from and transferred from the Hospital Investment and Performance Trust Fund established in said section 2TTTTT of said chapter 29 and the Population Health Investment Trust Fund established in said section 2UUUUU of said chapter 29.

SECTION 79B. Notwithstanding any general or special law to the contrary, the comptroller, at the direction of the secretary of administration and finance, shall transfer in both fiscal year 2026 and 2027 not less than \$50,000,000 each such fiscal year from the Commonwealth Care Trust Fund established in section 2000 of chapter 29 of the General Laws to the Health Safety Net Trust Fund established in section 66 of chapter 118E of the General Laws; provided, that such transfers shall be in addition to any other transfers from said Commonwealth Care Trust Fund to said Health Safety Net Trust Fund required in fiscal years 2026 or 2027; provided further, that such funds shall be used first to reduce the shortfall, as described in subsection (b) of section 69 of said chapter 118E, for health safety net fiscal years 2026 and 2027, and that any remaining funds may be used to reduce the shortfall in any other open health safety net fiscal year; and provided further, that the amount equal to any federal financial participation revenues claimed and received by the commonwealth for eligible expenditures made from said Health Safety Net Trust Fund through funds transferred pursuant to this section from said Commonwealth Care Trust Fund shall be credited to said Health Safety Net Trust Fund.”; and

By inserting after section 82 the following 3 sections:

“SECTION 82A. Sections 14A, 14B, 14C, 23A, 25A, 27A, 27C and 79A shall take effect upon the date on which the secretary receives all federal approvals deemed necessary to implement said sections. The executive office of health and human services shall provide notice not later than 10 days after the effective date pursuant to this section.

SECTION 82B. Section 27B shall take effect on December 31, 2025.

SECTION 82C. Section 79B shall take effect on October 1, 2025.”.

After remarks on the question on adoption of the amendments, the sense of the House was taken by the yeas and nays, at the request of the same member; and on the roll call 147 members voted in the affirmative and 8 in the negative.

**[See [Yea and Nay No. 89](#) in Supplement.]**

Therefore the amendments were adopted.

Mr. Sweezy of Duxbury and other members of the House then moved to amend the bill by adding the following section:

Amendments  
adopted,—  
yea and nay  
No. 89.



“SECTION 84. Notwithstanding any general or special law to the contrary, the Executive Office of Housing and Livable Communities, shall verify the United States citizenship of each applicant prior to the award or disbursement of any HomeBASE benefit and shall not approve or disburse HomeBASE funds to any applicant who fails to provide satisfactory evidence of United States citizenship.”.

After remarks amendment was rejected.

Mr. Michlewitz of Boston and other members of the House then moved to amend the bill by inserting after section 15 the following section:

“SECTION 15A. Said chapter 29 is hereby further amended by inserting after section 2LLLLLL, inserted by section 18 of chapter 14 of the acts of 2025, the following section:

Section 2MMMMMM. (a) There shall be established and set up on the books of the commonwealth a separate, non-budgeted special revenue fund known as the Western Massachusetts Hospital Fund, which shall be administered by the commissioner of public health.

(b) There shall be credited to the fund: (i) appropriations or other money authorized or transferred by the general court and specifically designated to be credited to the fund; (ii) funds from public and private sources, including, but not limited to, gifts, grants and donations; and (iii) any interest earned on money in the fund.

(c) Amounts credited to the fund may be expended without further appropriation by the commissioner of public health for any purpose related to the operation of the Western Massachusetts hospital. No expenditure made from the fund shall cause the fund to be in deficit at any point.”;

By inserting after section 16 the following section:

“SECTION 16A. Section 1 of chapter 32 of the General Laws, as appearing in the 2024 Official Edition, is hereby amended by striking out the definition of ‘Violent act injury’ and inserting in place thereof the following definition:

‘Violent act injury’, a catastrophic or life-threatening permanent bodily injury sustained as a direct and proximate result of a violent attack upon a person by means of a dangerous weapon, which is used in a manner intended to cause serious injury or death, including, but not limited to, a firearm, knife, automobile or explosive device.”;

In section 17, in lines 363 and 364, by striking out the following: “chapter 32 of the General Laws, as appearing in the 2024 Official Edition” and inserting in place thereof the following: “said chapter 32, as so appearing”;

By inserting after section 22 the following section:

“SECTION 22A. Chapter 112 of the General Laws is hereby amended by striking out section 12C, as so appearing, and inserting in place thereof the following section:

Section 12C. No physician, nurse or other health care professional licensed under this chapter or otherwise authorized within their scope of practice, by statewide standing order or by department of public health designation to prescribe, dispense or administer vaccines shall be liable for any injury caused by an act or omission in prescribing, dispensing, ordering, furnishing or administering a vaccine or other immunizing agent, including the residual effects of the vaccine or immunizing agent; provided, that the immunization is required by state law, administered in accordance with guidance from the department of public health or authorized under public health programs and the act or omission does not constitute willful misconduct or gross negligence.”;

Consolidated  
amendments.

In section 23, in line 404, by striking out the following: “Chapter 112 of the General Laws is hereby amended” and inserting in place thereof the following: “Said chapter 112 is hereby further amended”;

By inserting after section 63 the following 2 sections:

“SECTION 63A. Subsection (g) of section 205 of said chapter 140 is hereby amended by striking out the figure ‘2025’ and inserting in place thereof the following figure: 2026.

SECTION 63B. Subsection (c) of section 206 of said chapter 140 is hereby amended by striking out the words ‘October 1, 2025’ and inserting in place thereof the following words:— June 1, 2026.”; and

By inserting after section 71 the following 3 sections:

“SECTION 71A. Section 88 of chapter 14 of the acts of 2025 is hereby amended by striking out the words ‘October 15’, both times they appear, and inserting in place thereof, in each instance, the following words: December 31.

SECTION 71B. Section 97 of said chapter 14 is hereby amended by striking out the word ‘January’ and inserting in place thereof the following word: September.

SECTION 71C. Notwithstanding section 23 of chapter 59 of the General Laws, section 31 of chapter 44 of the General Laws or any other general or special law to the contrary, a city, town or district that was a member unit of the Hampshire County Group Insurance Trust in fiscal years 2026 or 2027 or before may amortize over fiscal years 2027 to 2032, inclusive, in equal installments or more rapidly, the amount of its unanticipated fiscal year 2026 or 2027 Hampshire County Group Insurance Trust health insurance-related deficit; provided, that the member unit shall certify in writing to the division of local services of the department of revenue prior to June 30, 2027 that the member unit has withdrawn from the Trust. The commissioner of revenue shall issue guidelines or instructions: (i) as to the amount that constitutes unanticipated fiscal year 2026 or 2027 health insurance-related deficit under this section; and (ii) for reporting the amortization of deficits authorized by this section. The local appropriating authority, as defined in section 21C of said chapter 59, shall adopt a deficit amortization schedule in accordance with the department of revenue’s guidelines or instructions before setting the municipality’s fiscal year 2027 tax rate.”.

After debate on the question on adoption of the consolidated amendments, the sense of the House was taken by the yeas and nays, as required under the provisions of House Rule 33F; and on the roll call 144 members voted in the affirmative and 11 in the negative.

Consolidated  
amendments  
adopted,—  
yea and nay  
No. 90.

**[See [Yea and Nay No. 90](#) in Supplement.]**

Therefore the consolidated amendments were adopted.

Mr. Michlewitz of Boston and other members of the House then moved to amend the bill by inserting after section 54 the following section:

Consolidated  
amendments.

“SECTION 54A. Item 2000-0100 of section 2 of chapter 28 of the acts of 2023 is hereby amended by striking out the words ‘June 30, 2025’, as appearing in section 61 of chapter 248 of the acts of 2024, and inserting in place thereof the following: June 30, 2026.”;

In section 55, in line 1908, by striking out the words “section 2 of chapter 28 of the acts of 2023” and inserting in place thereof the following: “said section 2 of said chapter 28”, and in lines 1909 and 1910, by striking out the following: “chapter 248 of the acts of 2024” and inserting in place thereof the following: “said chapter 248”;

By inserting after section 55 the following 2 sections:

“SECTION 55A. Item 1599-0514 of section 2A of chapter 77 of the acts of 2023 is hereby amended by inserting after the words ‘fiscal year 2025’ the following words: and in all subsequent fiscal years thereafter; provided, that the executive office for

administration and finance, in consultation with the executive office of housing and livable communities, shall provide a report to the house and senate detailing all fiscal year 2026 spending on the emergency housing assistance program since July 1, 2025 which has not been previously disclosed in the offices' bi-weekly emergency assistance reports.

SECTION 55B. Item 0640-0300 of section 2 of chapter 140 of the acts of 2024 is hereby amended by inserting after the word 'donations' the following words: and such funds shall be made available until June 30, 2026.”;

In section 56, in line 1911, by striking out the following: “section 2 of chapter 140 of the acts of 2024” and inserting in place thereof the following: “said section 2 of said chapter 140”;

By inserting after section 56 the following 3 sections:

“SECTION 56A. Said item 1599-0026 of said section 2 of said chapter 140, as so amended, is hereby further amended by inserting after the words 'development costs' the following words: and such funds shall be made available until June 30, 2026.

SECTION 56B. Said item 1599-0026 of said section 2 of said chapter 140, as so amended, is hereby further amended by inserting after the word 'Middleton' the following: and such funds shall be made available until June 30, 2026.

SECTION 56C. Said item 1599-0026 of said section 2 of said chapter 140, as so amended, is hereby further amended by inserting after the word 'Act' the following: and such funds shall be made available until June 30, 2026.”;

By inserting after section 57 the following 3 sections:

“SECTION 57A. Item 4512-0205 of said section 2 of said chapter 140 is hereby amended by inserting after the words 'Healthy Lynnfield' the following: and such funds shall be made available until June 30, 2026.

SECTION 57B. Item 7002-0010 of said section 2 of said chapter 140 is hereby amended by inserting after the words 'inclusive community' the following: and such funds shall be made available until June 30, 2026.

SECTION 57C. Item 7004-0107 of said section 2 of said chapter 140 is hereby amended by inserting after the word 'individuals', the fourth time it appears, the following: and such funds shall be made available until June 30, 2026.”;

By inserting after section 59 the following 14 sections:

“SECTION 59A. Said item 7008-0900 of said section 2 of said chapter 140, as so amended, is hereby further amended by inserting after the word 'programming', the second time it appears, the following: and such funds shall be made available until June 30, 2026.

SECTION 59B. Said item 7008-0900 of said section 2 of said chapter 140, as so amended, is hereby further amended by inserting after the word 'Springfield', the first time it appears, the following: and such funds shall be made available until June 30, 2026.

SECTION 59C. Item 7008-1116 of said section 2 of said chapter 140, as amended by section 65 of chapter 14 of the acts of 2025, is hereby amended by inserting after the word 'center', the first time it appears, the following: and such funds shall be made available until June 30, 2026.

SECTION 59D. Said item 7008-1116 of said section 2 of said chapter 140, as so amended, is hereby further amended by inserting after the word 'veterans', the second time it appears, the following: and such funds shall be made available until June 30, 2026.

SECTION 59E. Said item 7008-1116 of said section 2 of said chapter 140, as so amended, is hereby further amended by inserting after the words ‘other equipment’ the following: and such funds shall be made available until June 30, 2026.

SECTION 59F. Said item 7008-1116 of said section 2 of said chapter 140, as so amended, is hereby further amended by inserting after the word ‘Middleton’ the following: and such funds shall be made available until June 30, 2026.

SECTION 59G. Said item 7008-1116 of said section 2 of said chapter 140, as so amended, is hereby further amended by inserting after the word ‘gazebo’, the first time it appears, the following: and such funds shall be made available until June 30, 2026.

SECTION 59H. Said item 7008-1116 of said section 2 of said chapter 140, as so amended, is hereby further amended by inserting after the word ‘Southbridge’, the second time it appears, the following: , and such funds shall be made available until June 30, 2026.

SECTION 59I. Said item 7008-1116 of said section 2 of said chapter 140, as so amended, is hereby further amended by inserting after the word ‘Framingham’, the first time it appears, the following: and such funds shall be made available until June 30, 2026.

SECTION 59J. Said item 7008-1116 of said section 2 of said chapter 140, as so amended, is hereby further amended by inserting after the word ‘Beverly’, the second time it appears, the following words: and such funds shall be made available until June 30, 2026.

SECTION 59K. Said item 7008-1116 of said section 2 of said chapter 140, as so amended, is hereby further amended by inserting after the words ‘city of Boston’, the second time they appear, the following words: , and such funds shall be made available until June 30, 2026.

SECTION 59L. Said item 7008-1116 of said section 2 of said chapter 140, as so amended, is hereby further amended by inserting after the word ‘Act’, the first time it appears, the following: and such funds shall be made available until June 30, 2026.

SECTION 59M. Item 7010-1192 of said section 2 of said chapter 140, as most recently amended by section 101 of chapter 9 of the acts of 2025, is hereby further amended by inserting after the words ‘New Bedford’, the first time they appear, the following words: and such funds shall be made available until June 30, 2026.

SECTION 59N. Said item 7010-1192 of said section 2 of said chapter 140, as so amended, is hereby further amended by inserting after the word ‘programs’, the second time it appears, the following words: and such funds shall be made available until June 30, 2026.”;

By inserting after section 60 the following 2 sections:

“SECTION 60A. Item 9110-9002 of said section 2 of said chapter 140 is hereby amended by striking out the words ‘for an electronic sign at the Council on Aging’ and inserting in place thereof the following words: for the Council on Aging.

SECTION 60B. Item 1596-2406 of section 2F of said chapter 140 is hereby amended by inserting after the word ‘Program’ the following words: and such funds shall be made available until June 30, 2026.”;

By inserting after section 70 the following 2 sections:

“SECTION 70A. Item 7008-1116 of said section 2 of said chapter 9 is hereby amended by inserting after the word ‘analysis’ the following words:— ; provided further, that not less than \$23,500 shall be expended to The Coast Guard Heritage Museum in the town of Barnstable to fund the final payment of the Massachusetts State House Coast Guard Memorial Mural on the 2nd floor of the State House.

SECTION 70B. Said item 7008-1116 of said section 2 of said chapter 9 is hereby further amended by striking the figure ‘\$25,826,000’ and inserting in place thereof the following figure: \$25,849,500”.

On the question on adoption of the consolidated amendments, the sense of the House was taken by the yeas and nays, as required under the provisions of House Rule 33F; and on the roll call 151 members voted in the affirmative and 4 in the negative.

[See [Yea and Nay No. 91](#) in Supplement.]

Therefore the consolidated amendments were adopted.

On the question on passing the bill, as amended, to be engrossed, the sense of the House was taken by yeas and nays, at the request of Mr. Michlewitz of Boston; and on the roll call 141 members voted in the affirmative and 14 in the negative.

[See [Yea and Nay No. 92](#) in Supplement.]

Therefore the bill (House, No. 4615, published as amended) was passed to be engrossed. Sent to the Senate for concurrence.

Consolidated  
amendments  
adopted,—  
yea and nay  
No. 91.

Bill passed to  
be engrossed,—  
yea and nay  
No. 92.

*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.

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Representative Flanagan of Dennis moved that when the House adjourns today, it do so in respect to the memory of Thomas N. George, a member of the House from Yarmouth from 1997 to 2004, inclusive; and the motion prevailed.

Accordingly, without proceeding to consideration of the matters in the Orders of the Day, at seventeen minutes before six o’clock P.M., on motion of Mr. Jones of North Reading (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.