

The Commonwealth of Massachusetts

JOURNAL OF THE SENATE.



THURSDAY, JUNE 18, 2026

[54]

JOURNAL OF THE SENATE

Thursday, June 18, 2026.

Met at nine minutes past eleven o'clock A.M. (Mr. Brownsberger in the Chair) (having been appointed, by the President, under authority conferred by Senate Rule 4, to perform the duties of the Chair).

The Chair (Mr. Brownsberger), members, guests and staff then recited the pledge of allegiance to the flag.

Pledge of
allegiance.

Distinguished Guests.

There being no objection, during consideration of the Orders of the Day, the following guests were introduced:

The Chair (Mr. Brownsberger) handed the gavel to Mr. Collins for the purpose of an introduction. Mr. Collins then introduced, in the rear of the Chamber, President of the Boston Firefighters Union, IAFF Local 718 Sam Dillon. President Dillon was visiting the State House in recognition of the passage of Senate, No. 1646, An Act relative to violation of regulation regarding hot work processes and also in the memory of Bob Kilduff, a Boston firefighter who was killed in the line of duty on May 23, 2026. The Senate welcomed him with applause and he withdrew from the Chamber.

President of the
Boston Firefighters,
IAFF Local 718
Sam Dillon.

The Chair (Ms. Creem) handed the gavel to Mr. Gomez for the purpose of an introduction. Mr. Gomez then introduced, in the rear of the Chamber, Keniqua Smith from Hyannis. Keniqua was visiting the State House to sing at the annual Juneteenth flag raising ceremony. She was also the guest of Senator Miranda, Senator Payano and Representative Diggs of Barnstable. Keniqua addressed the Senate in song from the Rostrum, was welcomed with applause and she withdrew from the Chamber.

Keniqua Smith.

The Chair (Mr. Brownsberger) introduced, in the rear of the Chamber, Suffolk County Register of Probate Stephanie Everett. Register Everett's career has been marked by a commitment to public service and a relentless pursuit of justice and equity. The Senate welcomed her with applause and she withdrew from the Chamber.

Suffolk County
Register of Probate
Stephanie Everett.

Reports.

The following reports were severally received and placed on file, to wit:

Report of the Executive Office of the Trial Court (pursuant to Section 15(c) of Chapter 239 of the General Laws) submitting its report summary statistics on eviction filings, actions, and dispositions from January 2025 through May 2026 (copies having been forwarded to the Chair of the Senate Committee on Ways and Means and the Senate Chairs of the Joint Committee on Housing and the Joint Committee on the Judiciary) (received June 15, 2026);

EOTC,-- rental
protections May
2026 report.
SD4000

Report of the Department of Economic Research (pursuant to Section 14F of Chapter 151A of the General Laws) submitting its Unemployment Insurance Trust Fund data for June 2026 (copies having been forwarded to the Chair of the Senate Committee on Ways and Means and the Senate Chair of the Joint Committee on Labor and Workforce Development) (received June 15, 2026);

DER,-- UTF June
FY26 report.
SD4001

Report of the Executive Office of Labor and Workforce Development (pursuant to Section 14L of Chapter 151A of the General Laws and Section 2RR of Chapter 29 of the

EOLWD,-- FY25
WTFP annual
report.

General Laws) submitting its 2025 Workforce Training Fund Program annual report (copies having been forwarded to the Chair of the Senate Committee on Ways and Means and the Senate Chair of the Joint Committee on Labor and Workforce Development) (received June 15, 2026);

SD4002

Report of the State Retiree Benefits Trust Fund Board of Trustees (pursuant to Section 24 of Chapter 32A of the General Laws) submitting its fiscal year 2027 Budget (received June 16, 2026);

SRBT,-- FY27
Budget.
SD4003

Report of the Office of Veteran Advocate (pursuant to Section 2 of Chapter 115B of the General Laws) submitting its fiscal year 2027 budget request (copies having been forwarded to the Chair of the Senate Committee on Ways and Means and the Senate Chair of the Joint Committee on Veterans and Federal Affairs) (received June 16, 2026);

OVA,-- FY27
budget request.
SD4004

Report of the Office of Veteran Advocate (pursuant to Section 2 of Chapter 115B of the General Laws) submitting its Gabriel House Fire Veteran Support summary report (copies having been forwarded to the Chair of the Senate Committee on Ways and Means and the Senate Chair of the Joint Committee on Veterans and Federal Affairs) (received June 16, 2026); and

OVA ,-- Veteran
support report.
SD4005

Report of the Department of Revenue (pursuant to Section 5 of Chapter 62F of the General Laws) submitting its May 2026 monthly report on year-to-date net state tax revenue for the current fiscal year (copies having been forwarded to the Chair of the Senate Committee on Ways and Means and the Senate Chair of the Joint Committee on Revenue) (received June 16, 2026).

DOR,-- Net Tax
Revenue May FY26
report.
SD4006

Petitions.

Petitions were severally presented and referred as follows:

By Ms. Comerford, a petition (accompanied by bill) (subject to Joint Rule 12) of Joanne M. Comerford for legislation to authorize the Montague Center Fire District and the Turners Falls Fire District to continue the membership of members John Annear, Lawrence William Peters Jr., David Rehorka, Richard Sawin and Sallie Sawin; and

Montague
Center/Turners Falls
Fire Districts,--
membership.
SD4007

By Mr. Fernandes, a petition (accompanied by bill) (subject to Joint Rule 12) of Dylan A. Fernandes for legislation to make Noah Kahan tickets affordable for the rest of us;

Ticket resales,--
affordability.
SD3994

Severally, under Senate Rule 20, to the committees on Rules of the two branches, acting concurrently.

Reports of Committees.

The following reports were received the time within which the said committees were required to report having expired:

By Mr. Gómez, for the committee on Community Development and Small Businesses (under Joint Rule 10), on Senate No. 3022, an Order relative to authorizing the joint committee on Community Development and Small Businesses to make an investigation and study of a certain current Senate document relative to creating the engaging neighborhoods, organizations, unions, governments, and households fund (Senate, No. 3127);

Community
Development and
Small Businesses,--
study.

By Mr. Brady, for the committee on Public Service (under Joint Rule 10), on Senate Nos. 3044 and 3051, an Order relative to authorizing the joint committee on Public Service to make an investigation and study of certain current Senate documents relative to public service matters (Senate, No. 3128); and

Public Service,--
study.

By Ms. Friedman, for the committee on Health Care Financing (under Joint Rule 10), on Senate No. 1197, an Order relative to authorizing the joint committee on Health Care Financing to make an investigation and study of a certain current Senate document relative to strengthening laws combatting human trafficking and protecting survivors of modern-day slavery (Senate, No. 3129);

Health Care
Financing, -- study.

Severally referred, under Joint Rule 29, to the committees on Rules of the two branches, acting concurrently.

By Mr. Cronin, for the committee on Public Safety and Homeland Security, on Senate, No. 3099, an Order relative to authorizing the joint committee on Public Safety and Homeland Security to make an investigation and study of a certain current Senate document relative to wakesurfing (Senate, No. 3126);

Public Safety and
Homeland
Security,-- study.

By Mr. Eldridge, for the committee on Revenue, on Senate, Nos. 1925, 1929, 1941, 2011, 2013, 2016, 2047, and 2084, an Order relative to authorizing the joint committee on Revenue to make an investigation and study of certain current Senate documents relative to revenue matters (Senate, No. 3130); and

Revenue,-- study.

By Mr. Velis, for the committee on Veterans and Federal Affairs, on Senate, No. 2466, an Order relative to authorizing the joint committee on Veterans and Federal Affairs to make an investigation and study of a certain current Senate document relative to expanding the mission of the Office of the Veteran Advocate (Senate, No. 3136) [Senator Fattman and Senator Montigny dissenting];

Veterans and
Federal Affairs,--
study.

Severally referred, under Joint Rule 29, to the committees on Rules of the two branches, acting concurrently.

Committees Discharged.

Ms. Lovely, for the committees on Rules of the two branches, acting concurrently, reported, asking to be discharged from further consideration

Order relative to authorizing the joint committee on Health Care Financing to make an investigation and study of certain current Senate documents relative to establishing a celiac disease screening pilot program (Senate, No. 3124); and

Health Care
Financing,-- study.

Order relative to authorizing the joint committee on Public Service to make an investigation and study of certain current Senate documents relative to public service matters (Senate, No. 3128);

Public Service,--
study.

And recommending that the same be referred to the committee on Rules.

Under Senate Rule 36, the reports were severally considered forthwith and accepted.

PAPERS FROM THE HOUSE.

Petitions were severally referred, in concurrence, as follows, to wit:

Petition (accompanied by bill, House, No. 5512) of Hannah Kane (by vote of the town) that the town of Shrewsbury be authorized to use print-free digital legal notices in said town;

Shrewsbury,--
digital legal notices.

To the committee on Municipalities and Regional Government.

Petition (accompanied by bill, House, No. 5513) of Bradley H. Jones, Jr., Sally P. Kerans and Bruce E. Tarr (by vote of the town) that the town of Middleton be authorized to continue the employment of police officer Richard Kassiotis, notwithstanding the maximum age requirement; and

Middleton,--
Richard Kassiotis.

Petition (accompanied by bill, House, No. 5514) of Christopher J. Worrell (with the approval of the mayor and city council) that the city of Boston be authorized to waive the maximum age requirement for police officers for Jorge Enriquez;

Boston,-- Jorge
Enriquez.

Severally to the committee on Public Service.

Petition (accompanied by bill, House, No. 5515) of Hannah Kane (by vote of the town) that the town of Shrewsbury be authorized to increase the value of estates eligible for abatements in said town;

Shrewsbury,-- estate
abatements.

To the committee on Revenue.

A Bill amending the charter for the town of Groton (House, No. 4795, amended-- on petition) [Local approval received],-- **was read and, under Senate Rule 26, placed in the Orders of the Day for the next session.**

Groton,-- charter.

Committee of Conference Report.

A report of the committee of conference of the disagreeing votes of the two branches, with reference to the Senate amendments to the House Bill relative to teacher preparation and student literacy (House, No. 4683) (*amended by the Senate* by striking out all after the enacting clause and inserting in place thereof the text contained in Senate document numbered 2940) ,-- reported, a “Bill relative to teacher preparation and student literacy” (House, No. 5511),-- came from the House, and was read.

Student literacy.

The report was accepted, in concurrence.

Resolutions.

The following resolutions (having been filed with the Clerk) were considered forthwith and adopted, as follows:-

Resolutions (filed by Ms. Lovely) “congratulating Wesley Harville-Fry on his elevation to the rank of Eagle Scout.”

Wesley Harville-Fry.

Report of Committees.

By Ms. Lovely, for the committees on Rules of the two branches, acting concurrently, that Joint Rule 12 be suspended on the Senate petition of Ryan C. Fattman and Todd M. Smola for legislation to authorize the commissioner of capital asset management and maintenance to grant an easement over certain land in the town of Sturbridge.

Sturbridge,-- land.
SD3747

Senate Rule 36 was suspended, on motion of Mr. Durant, and the report was considered forthwith. Joint Rule 12 was suspended; and the petition (accompanied by bill) was referred to the committee on State Administration and Regulatory Oversight. Sent to the House for concurrence.

Matters Taken Out of the Notice section of the Calendar.

The House Bill authorizing the city of North Adams to appoint retired North Adams police officers as special police officers within said city for paid detail assignments (House, No. 4141, amended),-- **was read a third time and passed to be engrossed, in concurrence.**

North Adams,--
special police
officers.

The House Bill establishing a charter for the town of Orange (House, No. 5053),-- was read a third time.

Orange,-- charter.

Pending the question on passing the bill to be engrossed, Ms. Comerford presented an amendment striking out all after the enacting clause and inserting in place thereof the text of Senate document numbered 3135.

The amendment was adopted.

The bill, as amended, was then passed to be engrossed, in concurrence with the amendment.

Sent to the House for concurrence in the amendment.

PAPERS FROM THE HOUSE.

The Senate Bill relative to violation of regulation regarding hot work processes (Senate, No. 1646),-- came from the House passed to be engrossed, in concurrence *with an amendment*, by striking out all after the enacting clause and inserting in place thereof the text contained in House document numbered 5488.

Hot works.

The rules were suspended, on motion of Mrs. Dooner, and the House amendment was considered forthwith and adopted, in concurrence.

Petitions were severally referred, in concurrence, as follows, to wit:

Petition (accompanied by bill, House, No. 5516) of Charles Strassman relative to condominium associations and management companies;

Condo associations and management companies.

Under suspension of Joint Rule 12, to the committee on Consumer Protection and Professional Licensure.

Petition (accompanied by bill, House, No. 5517) of Patricia A. Duffy relative to the retirement benefits for Julia Flannery, the surviving spouse of the Honorable Francis Flannery;

Francis Flannery,-- retirement.

Under suspension of Joint Rule 12, to the committee on Public Service.

Orders of the Day.

The Orders of the Day were considered as follows:

Bills

Directing the city of Boston police department to waive the maximum age requirement for police officers for Elijah George Osborne (Senate, No. 3017);

Second reading bills.

Providing for violent act injury retirement benefits for retirement police officer Leo MacAskill (House, No. 3915);

Relative to the maximum age requirement for original appointment as a police officer for the city of Worcester (House, No. 3929);

Relative to raising the age requirement for entrance to the Boston Police Academy (House, No. 4093);

Relative to the Affordable Housing Trust Fund of the town of Edgartown (House, No. 4186);

Validating the New Salem annual town election (House, No. 4224);

Authorizing the town of Harwich affordable housing trust to provide for the creation of attainable housing (House, No. 4318);

Relative to affordable housing trust fund of the town of West Tisbury (House, No. 4378);

Directing the city of Boston police department to waive the maximum age requirement for police officers for Luisa Fernandes (House, No. 4604, amended);

Relative to expanded small property tax abatements in the Town of Auburn (House, No. 4754);

Amending the means tested senior citizen property tax exemption in the town of Sudbury (House, No. 4755);

Authorizing the town of Monterey to continue the employment of police officer Jennifer O. Brown (House, No. 4862);

Relative to the maintenance of pre-employment physical examination records for public safety personnel in the city of Quincy (House, No. 4890);

Relative to the maintenance of pre-employment physical examination records for public safety personnel in the city of Peabody (House, No. 5054, amended);

Authorizing the town of Raynham to grant an additional license for the sale of all alcoholic beverages not to be drunk on the premises (House, No. 5099);

Relative to the acquisition and disposition of certain land in the town of Falmouth (House, No. 5108);

Further regulating the filling of vacancies on the city council relative to the office of ward councilor in the City of Marlborough (House, No. 5227);

Authorizing the City of Westfield to establish an age limit for original appointment to the position of firefighter (House, No. 5288, amended);

Authorizing the appointment of retired police officers as special police officers in the town of Norwood (House, No. 5289);

Authorizing the town of Bridgewater to issue an additional license for the sale of all alcohol beverages not to be drunk on the premises (House, No. 5342);

Removing the seating capacity requirements of licenses for the sale of alcoholic beverages to be drunk on the premises in the town of Belmont (House, No. 5344); and

Authorizing the town of Lynnfield to appropriate funds from the Golf Enterprise Fund to the Recreation Capital Trust Stabilization Fund (House, No. 5416);

Were severally read a second time and ordered to a third reading.

There being no objection, during consideration of the Orders of the Day, the following matter was considered:

PAPER FROM THE HOUSE

Engrossed Bill.

An engrossed Bill relative to the violation of regulation regarding hot work processes (see Senate, No. 1646, amended) (which originated in the Senate), **having been certified by the Senate Clerk to be rightly and truly prepared for final passage, was passed to be enacted and signed by the Acting President (Mr. Brownsberger) and laid before the Governor for her approbation.**

Bill laid before the Governor.

Orders of the Day.

The Orders of the Day were further considered as follows:

The Senate Bill relative to primary care for you (Senate, No. 867),-- was read a second time.

Primary care.

Ms. Creem in the Chair, there being no objection, during consideration of the Orders of the Day, the following matters were considered as follows:

Moments of Silence.

At the request of the Chair (Ms. Creem), the members, guests and staff stood in a moment of silence and reflection in memory of former State Representative Ben Swan.

Moment of silence.

At the request of the Chair (Ms. Creem), the members, guests and staff stood in a moment of silence and reflection in memory of Henry Thomas, III.

Id.

Communication.

The Clerk read the following communication:

THE COMMONWEALTH OF MASSACHUSETTS
MASSACHUSETTS SENATE

Senator Michael F. Rush,-- military leave.

The Honorable Michael D. Hurley
Clerk of the Senate
State House Room 335

June 15, 2026

Clerk Hurley,

Please accept this correspondence which I respectfully request to have read in Senate Session on Thursday June 18th. I also request that it be printed in the Senate journal.

"I am on orders with the United States Navy this week for required training and will not be present or able to vote during formal session."

Thank you for your consideration of this request.

Regards,
Michael F. Rush
State Senator
Norfolk and Suffolk Districts

On motion of Ms. Rausch, the above communication was ordered printed in the Journal of the Senate.

Ordered printed.

Moment of Silence.

At the request of the Chair (Ms. Creem), the members, guests and staff stood in a moment of silence and reflection in memory of Denis Fraine.

Moment of silence.

Recess.

At twenty-four minutes before two o'clock P.M., at the request of Mr. Tarr, for the purpose of a minority caucus, the Chair (Ms. Creem) declared a recess; and, at fourteen minutes before three o'clock P.M., the Senate reassembled, Mr. Brownsberger in the Chair.

Recess.

Orders of the Day.

The Orders of the Day were further considered as follows:

The Senate Bill relative to primary care for you (Senate, No. 867),-- was again considered.

Primary care.

After remarks, pending the question on adoption of the amendment previously recommended by the committee on Ways and Means substituting a new draft with the same title (Senate, No. 3116), and pending the main question on ordering the bill to a third reading, Messrs. Cyr, Velis, Mark, Gómez, Oliveira, Keenan and Payano and Ms. Edwards moved that the proposed new draft be amended by adding the following sections:-

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"SECTION XX. Section 7 of chapter 94C of the General Laws, as appearing in the 2022 Official Edition, is hereby amended by striking out, in lines 152 - 154, the words 'pursuant to guidelines mutually developed and agreed upon by the supervising physician and the physician assistant'.

SECTION XX. Said section 7 of chapter 94C, as so appearing, is hereby amended by striking out, in line 156, the words ', the board of registration in medicine'.

SECTION XX. Section 51J of Chapter 111, as so appearing, is hereby amended by inserting after the word 'practitioner', in line 4, the following words: - 'or physician assistant'.

SECTION XX. Section 9E of chapter 112 of the General Laws, as so appearing, is hereby amended by striking out the first and second paragraphs and inserting in place thereof the following paragraphs:-

'Notwithstanding any other provisions of law, a physician assistant may perform medical services when such services are within the education, training and experience of the physician assistant and which the physician assistant is competent to perform.

Physician assistants, depending upon their level of professional training and experience, may perform medical services of a general nature and may order tests and therapeutics.’

SECTION XX. Said section 9E of said chapter 112, as so appearing, is hereby further amended striking out the fourth and fifth paragraphs and inserting in place thereof the following paragraphs:-

‘The legal responsibility of the physician assistant shall remain that of the individual physician assistant, employing physician, group of physicians, or healthcare facility as part of the health care team responsible for the care and treatment of the patient.

Notwithstanding any provision of law or regulation to the contrary, services provided by a physician assistant consistent with their scope of practice shall be covered by insurers and other payers if the same service is covered if provided by a physician. When appropriate, a physician assistant shall be identified as the provider in the bill and claims process when services have been provided directly by the physician assistant. A physician assistant may bill an insurer or other payer directly and receive direct payment for the delivery of medically necessary services. An insurer or other payer shall not impose a practice, education, or collaboration requirement that is inconsistent with or more restrictive than required by statute or regulation.’

SECTION XX. Section 9F of said chapter 112 of the General Laws, as so appearing, is hereby amended by inserting after the first paragraph the following paragraph:-

‘The board shall require as a condition of granting or renewing a physician assistant’s certificate of registration that a physician assistant shall practice for at least 2,000 hours, within the context of a collaborative agreement, within a hospital or integrated clinical setting where physician assistants and physicians work together to provide patient care. The physician assistant shall submit written evidence of such practice to the board with the application, or upon completion of the required collaborative practice experience. A collaborative agreement is a mutually agreed upon plan for the overall working relationship between the physician assistant and one or more physicians that designates the scope of collaboration necessary to manage the care of patients. The physician assistant and collaborating physician or physicians must have experience in providing care to patients with the same or similar medical problems.’

SECTION XX. Section 9F of said chapter 112, as so appearing, is hereby amended by striking out, in line 20 - 23, the words ‘, in consultation with the board of registration in medicine, and consistent with the authority of the board of registration in medicine over the supervising physician and the practice of medicine,’.

SECTION XX. The third sentence of the third paragraph section 9I of chapter 112, as so appearing, is hereby amended by striking out, in lines 29 - 30, the words ‘and the name and address of any supervising physician’.

SECTION XX. Said section 9I of said chapter 112, as so appearing, is hereby amended by striking out, in lines 35 – 36, the words ‘, change of supervising physician’.

SECTION XX. Section 12B of said chapter 112, as so appearing, is hereby amended by striking out, in line 4, the words ‘or supervising’.

SECTION XX. The board of registration of physician assistants shall amend its regulations at 263 CMR 5.05 to be consistent with this act.”

The amendment was *rejected*.

Messrs. Fattman and O’Connor moved that the proposed new draft be amended by inserting in after section X the following:-

“SECTION X. Clause (2) of subsection (b) of section 3 of chapter 175H of the General Laws, as appearing in the 2022 Official Edition, is hereby amended by inserting, in line 40, after ‘94C.’ the following words:- ‘This clause shall not apply to any individual that cannot be medically prescribed the AB rated generic equivalent and can provide proof from their primary care practitioner.’”

The amendment was *rejected*.

Mr. Fattman moved that the proposed new draft be amended by inserting after section X the following section:-

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“SECTION X. Notwithstanding any general or special law to the contrary, any emergency medical technician, as defined by section 1 of chapter 111C of the General Laws, who has been (i) awarded a paramedic certification from the National Registry of Emergency Medical Technicians, (ii) awarded an EMT-Paramedic certificate as administered by the department of public health, (iii) completed no less than 9,000 hours of paramedic field work for any licensed ambulance service in the commonwealth after receiving said certificates, and has (iv) completed a National Council Licensure Exam (NCLEX) approved preparation course, shall not be required to graduate from a Board of Registration in Nursing approved nursing program in the commonwealth to participate in the NCLEX-RN.

SECTION X. Any emergency medical technician, as defined in section 1 of chapter 111C of the General Laws, who has been (i) awarded an associate of science, bachelor of science, or master of science in emergency medical services at an accredited college or university, (ii) awarded a paramedic certification from the National Registry of Emergency Medical Technicians, (iii) awarded an EMT-Paramedic certificate as administered by the department of public health, (iv) completed no less than 5,000 hours of paramedic field work for any licensed ambulance service in the commonwealth after receiving said certificates, and has (v) completed a National Council Licensure Exam (NCLEX) approved preparation course, shall not be required to graduate from a Board of Registration in Nursing approved nursing program in the commonwealth to participate in the NCLEX-RN.

SECTION X. Any emergency medical technician paramedic shall be required to provide specific documentation for Good Moral Character (GMC) evaluation as defined in sections 74, 74A, and 76 of chapter 112 of the General Laws to be licensed as a registered nurse in the commonwealth.

SECTION X. The department of public health shall develop regulations and guidelines within 180 days of the passage of this act.”

The amendment was *rejected*.

Mr. Rush moved that the proposed new draft be amended by inserting the text of Senate document numbered 3140 relative to transparency in nonprofit hospital drug pricing formulas and review of excessive nonprofit hospital drug pricing.

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The amendment was *rejected*.

Messrs. Keenan and O'Connor moved that the proposed new draft be amended in section 5, in line 157, by inserting, after the word “experience”, the following words:- “; provided further, that at least 1 such measure shall be an assessment of the percentage of eligible patients who receive recommended cancer screening services, including, but not limited to, breast, cervical, colorectal and lung cancer screening, consistent with evidence-based clinical practice guidelines, and cancer screening counseling about how alcohol use causes breast, colon, esophagus, larynx, liver, mouth and throat cancers”.

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The amendment was *rejected*.

Messrs. Keenan and O'Connor moved that the proposed new draft be amended in line 300, by inserting, after the word “cost-sharing”, the following words:- “or if there are reductions in access to non-primary healthcare services or negative changes in quality measures for non-primary healthcare services”; in line 309, by inserting, after the word “cost-sharing”, the following words:- “or if there are reductions in access to non-primary healthcare services or negative changes in quality measures for non-primary healthcare services”; in line 334, by striking out, the words “and (v)”, and inserting in place thereof the following words:- “(v) if there is demonstrated improvement in access to non-primary healthcare services or in quality measures for non-primary healthcare services; and (vi)”; in line 352, by inserting, after the word “expenditures”, the following words:- “and address

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reductions in access to non-primary healthcare services or negative changes in quality measures for non-primary healthcare services”; in line 358, by inserting, after the word “expenditures”, the following words:- “; or (iii) if it addresses reductions in access to non-primary healthcare services or negative changes in quality measures for non-primary healthcare services”; in line 374, by inserting, after the word “cost-sharing”, the following words:- “or if there are reductions in access to non-primary healthcare services or negative changes in quality measures for non-primary healthcare services”; and, in line 502, by inserting, after the word “cost-sharing”, the following words:- “or if there are reductions in access to non-primary healthcare services or negative changes in quality measures for non-primary healthcare services”.

The amendment was *rejected*.

Messrs. Keenan and Montigny moved that the proposed new draft be amended in section 19, in line 580, by inserting, after the word “professionals”, the following words:- “; and provided further, that the distribution of such payments shall take into account the need for post-graduate residents in the various geographical regions of the commonwealth”.

The amendment was *rejected*.

Mr. Tarr moved that the proposed new draft be amended in section 8 by striking paragraphs (b)(1) through (b)(4), and replacing them with the following new language:-

“(b)(1) For the calendar year 2028, the aggregate primary care expenditure target shall be equal to 9 per cent of total health care expenditures in the commonwealth, less spending on all pharmaceuticals, including medically-administered drugs and the primary care expenditure target shall be equal to 9 per cent of the total health care expenditures attributable to each health care entity. less spending on all pharmaceuticals, including medically-administered drugs.

(2) For the calendar year 2029, the aggregate primary care expenditure target shall be equal to 12 per cent of total health care expenditures in the commonwealth, less spending on all pharmaceuticals, including medically-administered drugs, and the primary care expenditure target shall be equal to 12 per cent of the total health care expenditures attributable to each health care entity, less spending on all pharmaceuticals, including medically-administered drugs.

(3) For the calendar year 2030, the aggregate primary care expenditure target shall be equal to 15 per cent of total health care expenditures in the commonwealth, less spending on all pharmaceuticals, including medically-administered drugs, and the primary care expenditure target shall be equal to 15 per cent of the total health care expenditures attributable to each health care entity, less spending on all pharmaceuticals, including medically-administered drugs.

(4) For calendar years 2031 and thereafter, if the commission determines that an adjustment in the aggregate primary care expenditure target and the primary care expenditure target is reasonably warranted, the commission may recommend modification to such targets; provided, however, that such targets shall not be lower than 15 per cent of total health care expenditures in the commonwealth, less spending on all pharmaceuticals, including medically-administered drugs.”

The amendment was *rejected*.

Ms. Howard moved that the proposed new draft be amended in section 8 by inserting after the figure “10A.” in line 271 the following language:- “By July 1 of each year, the commission shall require provider organizations to submit an annual attestation demonstrating compliance with the primary care expenditure target and requirements to ensure that such increase does not result in an increase in the growth of the organization’s health care expenditures. The attestation shall describe the actions taken by the provider organization to increase investments in primary care and shall demonstrate that any increase in primary care expenditures was achieved through the reallocation of existing resources or

expenditures and did not result in an increase in the provider organization's total health care spending. The attestation shall further demonstrate that increased primary care funding was directed to and used for the benefit of primary care practices in a manner consistent with the requirements of this section. The commission shall prescribe the form, manner and supporting documentation required for such attestation."

The amendment was *rejected*.

Messrs. Mark, O'Connor, Payano, Eldridge and Cyr moved that the proposed new draft be amended by inserting at the end thereof the following sections:-

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"SECTION XX. Section 1 of Chapter 12C of the General Laws as appearing in the 2022 Official Edition is hereby amended by inserting after the definition of 'Self-insured group' the following definitions:-

'Single payer benchmark', the estimated total costs of providing health care to all residents of Massachusetts under a single payer health care system in the previous year, as established in section 23.

'Single payer health care', a system providing publicly financed, universal access to health care for the population through a unified public health care plan, simplifying administration and allowing the budgeting of health care spending.

SECTION XX. Chapter 12C of the General Laws is hereby amended by inserting after section 24 the following:-

Section 25. (a) The center shall monitor, review, and evaluate reports related to single payer health care; provided, that the center shall also monitor the performance of single payer health care systems in other states and countries. (b) The center shall establish a single payer benchmark that shall be an estimate of the total cost of providing health care to all residents of Massachusetts under a single payer health care system during the previous year, provided that the single payer health care system offers continuous, comprehensive, affordable coverage for all Massachusetts residents regardless of income, assets, health status, or availability of other health coverage. (c) The center shall include in its annual report, as mandated by section 16 (a), a comparison of the single payer benchmark with the actual health care spending in the state for the previous year, indicating whether the state would have saved money while expanding access to care under a single payer health care system.

SECTION XX. Chapter 6D of the General Laws is hereby amended by inserting after section 21 the following:-

Section 22. If at the outset of fiscal year 2028, the board determines that the single payer benchmark, as calculated by the Center for Health Information and Analysis under Section 25 of Chapter 12C, has outperformed the actual total health care spending and spending growth in the state, the commission shall, no later than June 30, 2029, submit a "Single Payer Health Care Implementation Plan" to the Legislature for consideration. The Implementation Plan will be developed after holding public hearings and meetings across the state, and will consist of legislation to implement a single payer health care system for Massachusetts, as defined in Section 1 of Chapter 12C, and that offers continuous, comprehensive, affordable coverage for all Massachusetts residents regardless of income, assets, health status, or availability of other health coverage."

The amendment was *rejected*.

Messrs. Mark, O'Connor, Payano and Eldridge moved that the proposed new draft be amended by inserting at the end thereof the following section:-

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"SECTION XX. Notwithstanding any general or special law to the contrary, the health policy commission shall, in consultation with the center for health information and analysis, the commonwealth health insurance connector authority, and the division of insurance, conduct a review and issue a report related to establishing a public health insurance option in the commonwealth. The report shall include, but not be limited to: (i) an analysis of public health options in other states and jurisdictions; (ii) an analysis of public health insurance

option models; (iii) an estimated cost of establishing a public health option under the researched models; and (iv) a comparison of private health insurance payment rates to Medicare Parts A and B payment rates. The report shall include recommendations regarding: (i) a public health insurance option model; (ii) identification of the appropriate state agency to administer a public health option in the commonwealth; (iii) the estimated annual administrative costs to operate a public health option and proposed funding mechanisms under the recommended model; (iv) proposed eligibility requirements for a public health option under the recommended model; (v) the estimated premium rates for a public health option at a level sufficient to fully finance the costs of such a public health option under the recommended model; (vi) proposed payment rates for a public health option for services and providers under the recommended model; (vii) health care provider participation guidelines and processes for a public health option under the recommended model; and (viii) any other available information that the commission considers necessary to fulfill its duties under this section; provided, if the report indicates that a public health option under the recommended model will outperform the average cost of a private health insurance plan in terms of cost-savings and spending growth in the commonwealth, the report shall include draft legislation necessary to implement said recommendations for the legislature's consideration. The report shall be filed with the clerks of the house of representative and the senate, the house and senate committees on ways and means, and the joint committee on health care financing 12 months after the effective date of this act."

The amendment was *rejected*.

Messrs. Cyr and O'Connor moved that the proposed new draft be amended by adding the following section:-

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"SECTION XX. Chapter 111 of the General Laws is hereby amended by inserting after section 244 the following section:-

'Section 255. (a) A provider of health care services licensed by the department shall not refuse to negotiate in good faith to provide contracted services to a public or private payor and seek payment for a non-contracted service in excess of 200 percent of the payor's average contracted reimbursement rate for that service.

(b) A violation of this section shall be an unfair or deceptive act or practice under chapter 93A.'"

The amendment was *rejected*.

Ms. Miranda and Messrs. Payano, Eldridge and Cyr moved that the proposed new draft be amended in section 8, in proposed subsection (c) of Section 9A of Chapter 6D, by inserting after clause (v) the following clause:-

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"(vi) whether the aggregate primary care expenditure target is achieving equitable distribution of primary care investment across health care entities in the commonwealth, including whether expenditure increases are reaching: (A) federally qualified health centers and community health centers enrolled in MassHealth; (B) primary care practices located in federally designated Health Professional Shortage Areas or Medically Underserved Areas; (C) primary care practices in which more than 40 per cent of patients are covered by MassHealth or are uninsured; and (D) communities of color, immigrant communities, low-income communities, and other priority populations as defined in Section 1 of Chapter 6D. The center shall, in consultation with the office of primary care policy and payment, include data disaggregated by the categories in clauses (iv)(A) through (iv)(D) in its annual primary care expenditure report under Section 16 of Chapter 12C."

The amendment was *rejected*.

Messrs. Cyr, O'Connor and Eldridge moved that the proposed new draft be amended in section 5, by striking out, in lines 99 -100, the words "3 of whom shall be primary care physicians" and inserting in place thereof:- "3 of whom shall be licensed primary care clinicians with expertise in delivering primary care services, of which 1 shall be a nurse

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practitioner recognized as a primary care provider pursuant to section 3 of chapter 176R”; and by striking out, in lines 100 - 101, the words:- “at least 1 of whom shall be a primary care physician with” and inserting in place thereof the following words:- “1 shall have”; and by striking out, in line 103, the words “of whom”.

The amendment was *rejected*.

Mr. Payano, Ms. Miranda and Messrs. O’Connor, Eldridge and Cyr moved that the proposed new draft be amended in section 5, in proposed paragraph (2) of subsection (e) of section 3B of chapter 6D, by striking out, in line 147, the word “and (vii)” and inserting in place thereof the following:-

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“(vii) employing community health workers to conduct outreach, patient navigation, care coordination and chronic disease management support for patients with complex health and social needs; (viii) providing qualified medical interpreter services, including in-person, telephonic, and synchronous video interpretation, for patients with limited English proficiency; and (ix)”.

The amendment was *rejected*.

Mr. Crighton moved that the proposed new draft be amended in section 9, by inserting after the words “primary care services” in line 331 the following words:- “, including but not limited to community benefits, community health investments, grants, and other non-claims based investments”;

52

In said section 9, by striking out, in line 334, the words “, and (v) other factors” and inserting in place thereof the following words:- “(v) the needs of the health care entity’s patient population; (vi) if the health care entity does not provide primary care services; and (vii) other factors”;

In said section 9, by inserting after the words “health care entity” in line 393 the following words:- “that provides primary care services”; and

In said section 9, by striking out, in lines 398 to 402, the words “, including suspending new member attribution to the health care entity, and may assess a civil penalty to the health care entity of not more than \$500,000 for a first violation, not more than \$750,000 for a second violation and not more than the amount by which the health care entity failed to meet the primary care expenditure target for a third or subsequent violation”.

The amendment was *rejected*.

Ms. Howard and Mr. Eldridge moved that the proposed new draft be amended by striking paragraph (e)(8) of section 5 and inserting in place thereof the following new paragraph:-

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“(8) No carrier or the group insurance commission shall require prior authorization for services included within and reimbursed through the per-member per-month payment established under the advanced primary care payment model. Services reimbursed outside of the per-member per-month payment shall remain subject to applicable coverage and utilization management requirements.”

The amendment was *rejected*.

Ms. Comerford and Messrs. Eldridge and Cyr moved that the proposed new draft be amended in section 14, by inserting after the word “member,” in line 483, the following words:- “municipality, rural cluster as defined by the department of public health,”.

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The amendment was adopted.

Messrs. Oliveira, Montigny, Eldridge and Cyr moved that the proposed new draft be amended in section 5, in proposed subsection (b)(1) of section 3B of chapter 6D, by inserting after the words “risk adjustment, including social risk adjustment methodology” in clause (v) the following words:- “; provided further, that the office shall consider regional disparities in access to primary care services, provider workforce availability, health outcomes and historical investment in primary care across the commonwealth and may establish regional equity adjustments or enhanced payments for primary care practices

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located in medically underserved areas, health professional shortage areas, gateway municipalities and rural communities”.

The amendment was *rejected*.

Messrs. Cyr and Driscoll, Ms. Edwards and Messrs. Payano and Eldridge moved that the proposed new draft be amended in section 5, by inserting after the word “health”, in line 110, the first time it appears, the following words:- “, which may include the use of the psychiatric collaborative care model”; and

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In said section 5, by inserting after the word “care”, in line 144, the following words:- “including use of the psychiatric collaborative care model”.

The amendment was adopted.

There being no objection during consideration of the Orders of the Day, the following matter was considered.

Matter Taken Out of the Notice Section of the Calendar.

There being no objection, the following matter was taken out of the Orders of the Day and considered as follows:

The House Bill regulating the maximum age requirement for original appointment as a police officer for the city of Worcester (House, No. 3929) (its title having been changed by the committee on Bills in the Third Reading),-- **was read a third time and passed to be engrossed, in concurrence.**

Worcester,-- police officers.

Orders of the Day.

Ms. Creem in the Chair, the Orders of the Day were further considered as follows:

The Senate Bill relative to primary care for you (Senate, No. 867),-- was again considered, the main question being on ordering the bill to third reading.

Primary care.

Messrs. Feeney and Cyr moved that the proposed new draft be amended in section 3, by inserting after the word “entity”, in lines 25 and 29, each time it appears, the following words:- “that provides primary care services”; and

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In section 12, by inserting after the word “entity”, in lines 443 and 447, each time it appears, the following words:- “that provides primary care services”.

After remarks, the amendment was adopted.

Mr. Tarr moved that the proposed new draft be amended by inserting after section 9 the following section:-

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“SECTION 9A. Chapter 6D of General Laws as appearing in the 2024 official edition is hereby amended by inserting after section 10 the following new section:-10B. (a). For any primary care service designated by the commission as clinically comparable across settings, a carrier shall reimburse the service within a rate band established by the commission, in consultation with the center for health information and analysis and the division of insurance.

(b) Not later than 90 days after the effective date of this act, the commission in consultation with the center for health information analysis shall establish by regulation a rate band methodology that:

- identifies the lowest contracted rate for each designated service;
- sets an allowable upper bound rate for hospital owned physician practices and hospital outpatient departments;
- narrows unwarranted payment variation while accounting for legitimate cost differences.

(c) A carrier shall not impose a facility fee or other differential charge for a service subject to this section.

(d) The commission may establish a transition period and supplemental payments for safety net hospitals.

(e) The commission shall monitor the impact of this section on primary care access, independent practice viability, consolidation trends, commercial premiums, and hospital financial stability.”

After debate, the question on adoption of the amendment was determined by a call of the yeas and nays at two minutes before four o’clock P.M., on motion of Mr. Tarr, as follows, to wit (yeas 5 – nays 33) [**Yeas and Nays No. 193**]:

YEAS.

Dooner, Kelly A.
Durant, Peter J.
Fattman, Ryan C.

O'Connor, Patrick M.
Tarr, Bruce E. – **5**.

NAYS.

Barrett, Michael J.
Brady, Michael D.
Brownsberger, William N.
Collins, Nick
Comerford, Joanne M.
Creem, Cynthia Stone
Crighton, Brendan P.
Cronin, John J.
Cyr, Julian
DiDomenico, Sal N.
Driscoll, Jr., William J.
Edwards, Lydia
Eldridge, James B.
Feeney, Paul R.
Fernandes, Dylan A.
Finegold, Barry R.
Friedman, Cindy F.

Gómez, Adam
Howard, Vanna
Jehlen, Patricia D.
Keenan, John F.
Kennedy, Robyn K.
Lewis, Jason M.
Lovely, Joan B.
Mark, Paul W.
Miranda, Liz
Montigny, Mark C.
Moore, Michael O.
Oliveira, Jacob R.
Payano, Pavel
Rausch, Rebecca L.
Rodrigues, Michael J.
Velis, John C. – **33**.

ABSENT OR NOT VOTING.

Rush, Michael F. – **1**.

The yeas and nays having been completed at seven minutes past four o’clock P.M., the amendment was *rejected*.

Mr. Tarr moved that the proposed new draft be amended by inserting after section _ the following sections:-

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“SECTION_. Chapter 176O of the general laws as appearing in the 2024 official edition is hereby amended by inserting at the end of thereof the following new section:-(31). (a) For the purposes of this section, a ‘direct primary care arrangement’ shall mean a contract between a patient and a primary care provider or primary care practice under which:

1. the patient pays a periodic fee for the provision of primary care services;
2. the provider agrees to provide routine and preventive primary care services without billing a carrier; and
3. the arrangement does not constitute health insurance if it meets the requirements of this section.

(b) A direct primary care arrangement shall not be considered insurance under chapters 175, 176A, 176B, 176G, or 176J, provided that:

- 1.the arrangement does not cover hospital services, specialty services, or other services outside the scope of primary care;
2. the arrangement does not indemnify against the cost of services provided by third parties; and

3. the arrangement clearly discloses that it is not a health insurance product.

(c) A direct primary care arrangement shall include a written contract that:

1. describes the primary care services covered by the periodic fee;

2. states the periodic fee and any conditions for changing the fee;

3. states that the arrangement is not insurance and that the patient may need to obtain insurance coverage for services not provided under the arrangement;

4. provides a clear process for termination by either party; and

5. prohibits discrimination based on health status or preexisting conditions.

(d) A primary care provider or primary care practice offering a direct primary care arrangement shall file an annual attestation with the division of insurance confirming compliance with this section.

(e) Nothing in this section shall prohibit a patient enrolled in a direct primary care arrangement from purchasing a health plan or high-deductible health plan, or from using a health savings account to the extent permitted by federal law.

(f) The division of insurance may promulgate regulations necessary to implement this section.

SECTION __. Notwithstanding any general or special law to the contrary, an enrollee covered under chapters 176O, 176J, or any individual or small group health plan regulated by the division of insurance who elects to receive medically necessary covered items or services at a discounted cash price that is below the de identified minimum negotiated charge for such item or service shall receive credit toward the enrollee's deductible and out of pocket maximum as if the item or service had been provided by a network provider.

(a) Each health plan shall disclose to enrollees the de identified minimum negotiated charge for covered items and services. If a health care entity does not disclose such charge, the enrollee may reference a benchmark selected by the commissioner of insurance, which may include a third-party source.

(b) A health plan shall not discriminate in the form of payment for any network health care item or service covered under an enrollee's health plan based solely on the fact that the referral was made by a provider who is not a member of the carrier's provider network, including a primary care provider participating in a direct primary care arrangement.

(c) If an enrollee elects to utilize a pharmacy discount program, drug manufacturer rebate, or other discount or rebate program from a United States based seller, including purchasing from a licensed prescribing provider such as a direct primary care provider, that results in a lower cost than would have been paid under the enrollee's health insurance policy, the health plan shall apply the amount paid by the enrollee toward the enrollee's deductible and out of pocket maximum as if the prescription medication had been purchased from a network pharmacy. The insurer may recognize the value of a discount or coupon toward the deductible. Nothing in this subsection shall be construed to restrict a health plan from requiring standard prior authorization or precertification requirements.

(d) Each health plan shall provide a downloadable or interactive online form for the submission of proof of payment and shall inform enrollees annually of their rights under this section.

(e) At enrollment and renewal, each carrier shall provide notice in plan benefit materials and on its website of the availability of the program established under this section and instructions for how enrollees may utilize it.

(f) If an enrollee utilizes a discounted cash price option that is above the de identified minimum negotiated charge, the health plan shall provide credit toward the enrollee's deductible and out of pocket maximum equal to the discounted cash price or the de identified minimum negotiated charge, whichever is lower.

(g) If a carrier denies a claim submitted under this section, the carrier shall notify the commissioner of insurance and provide supporting evidence for the denial to both the

enrollee and the commissioner. An enrollee may appeal such denial to the commissioner within sixty days, and the commissioner shall adjudicate the appeal within thirty days. If the commissioner determines that the carrier improperly denied the claim, the carrier shall pay the enrollee's costs and attorney's fees associated with the appeal, accept the claim, and provide cash compensation equal to the amount of the claim to the enrollee.

(h) If a carrier denies more than twenty claims in any quarter under this section, the commissioner shall notify the attorney general, who may investigate whether such denials constitute an unfair trade practice under chapter 93A."

After debate, the question on adoption of the amendment was determined by a call of the yeas and nays at thirteen minutes past four o'clock P.M., on motion of Mr. Tarr, as follows, to wit (yeas 5 – nays 33) **[Yeas and Nays No. 194]:**

YEAS.

Dooner, Kelly A.
Durant, Peter J.
Fattman, Ryan C.

O'Connor, Patrick M.
Tarr, Bruce E. – **5.**

NAYS.

Barrett, Michael J.
Brady, Michael D.
Brownsberger, William N.
Collins, Nick
Comerford, Joanne M.
Creem, Cynthia Stone
Crighton, Brendan P.
Cronin, John J.
Cyr, Julian
DiDomenico, Sal N.
Driscoll, Jr., William J.
Edwards, Lydia
Eldridge, James B.
Feeney, Paul R.
Fernandes, Dylan A.
Finegold, Barry R.
Friedman, Cindy F.

Gómez, Adam
Howard, Vanna
Jehlen, Patricia D.
Keenan, John F.
Kennedy, Robyn K.
Lewis, Jason M.
Lovely, Joan B.
Mark, Paul W.
Miranda, Liz
Montigny, Mark C.
Moore, Michael O.
Oliveira, Jacob R.
Payano, Pavel
Rausch, Rebecca L.
Rodrigues, Michael J.
Velis, John C. – **33.**

ABSENT OR NOT VOTING.

Rush, Michael F. – **1.**

The yeas and nays having been completed at twenty minutes past four o'clock P.M., the amendment was *rejected*.

There being no objection during consideration of the Orders of the Day, the following matter was considered.

PAPER FROM THE HOUSE

Engrossed Bill.

An engrossed Bill relative to teacher preparation and student literacy (see House, No. 5511) (which originated in the House), having been certified by the Senate Clerk to be rightly and truly prepared for final passage,-- was put upon its final passage. The question on passing it to be enacted was determined by a call of the yeas and nays, at twenty-three minutes before five o'clock P.M., on motion of Mr. DiDomenico, as follows, to wit (yeas 39 - nays 0) **[Yeas and Nays No. 195]:**

Student literacy.

YEAS.

Barrett, Michael J.
Brady, Michael D.
Brownsberger, William N.
Collins, Nick
Comerford, Joanne M.
Creem, Cynthia Stone
Crighton, Brendan P.
Cronin, John J.
Cyr, Julian
DiDomenico, Sal N.
Dooner, Kelly A.
Driscoll, Jr., William J.
Durant, Peter J.
Edwards, Lydia
Eldridge, James B.
Fattman, Ryan C.
Feeney, Paul R.
Fernandes, Dylan A.
Finegold, Barry R.
Friedman, Cindy F.

Gómez, Adam
Howard, Vanna
Jehlen, Patricia D.
Keenan, John F.
Kennedy, Robyn K.
Lewis, Jason M.
Lovely, Joan B.
Mark, Paul W.
Miranda, Liz
Montigny, Mark C.
Moore, Michael O.
O'Connor, Patrick M.
Oliveira, Jacob R.
Payano, Pavel
Rausch, Rebecca L.
Rodrigues, Michael J.
Spilka, Karen E.
Tarr, Bruce E.
Velis, John C. – 39.

NAYS – 0.

ABSENT OR NOT VOTING.

Rush, Michael F. – 1.

The yeas and nays having been completed at a quarter before five o'clock P.M., the bill was passed to be enacted, two thirds of the members present having agreed to pass the same, and it was signed by the Acting President (Ms. Creem) (having been appointed, by the President, under authority conferred by Senate Rule 4, to perform the duties of the Chair) and laid before the Governor for her approbation.

Orders of the Day.

The Orders of the Day were further considered as follows:

The Senate Bill relative to primary care for you (Senate, No. 867),-- was again considered, the main question being on ordering the bill to third reading.

Mr. Tarr moved that the proposed new draft be amended by inserting after section ____ the following section:-

“SECTION _____. Notwithstanding the foregoing provisions, one or more healthcare payers and providers may develop and submit for approval to the Health Policy Commission a system of billing, approval, and payment which does not conform to the requirements of the advanced primary care payment model system prescribed by this act, provided that an application for approval of such alternative system shall contain all of the following components and attributes:

- 1) A clear and transparent description of the methodology utilized by the system;
- 2) All forms, codes, and other relevant documents necessary to the operation of the system;
- 3) A clear and concise written justification for using the system, including but not limited to its impacts on access, quality of care, cost containment and reduction, efficiency of utilization, sustainability, minimizing resources dedicated to utilizing the system, compatibility and interoperability with other systems, and any advantages gained by utilizing the proposed system;

Primary care.

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4) A description of any technology, human resources, or other costs associated with implementing or utilizing the system;

5) One or more methodologies to measure and report the efficacy of the system in reasonable, routine periods of time; and

6) An identification of all proposed participants in the system, together with a description of all such participants, and their signed assent to the application.

The Health Policy Commission shall receive any such properly submitted application and subject it to a comprehensive review, which may include consultation with other relevant state and federal agencies, experts, and the receipt of public testimony. Said commission shall make a determination on the disposition of the application not later than 180 days following its submission, provided that such disposition may include approval, rejection, or additional review and analysis for a period of 60 days, provided, however, that the total of such periods shall not exceed an additional 180 days from the date of first disposition.

The commission may approve the use of an applicant system if it finds that such a system will:

1) Be cost-effective;

2) Minimize resources dedicated to billing and payment by providers;

3) Ensure access and promote quality healthcare outcomes;

4) Provide consumers with timely, accurate information; and

5) Deliver particular benefits that would improve healthcare delivery in the commonwealth

Provided, that the commission may approve a pilot program utilizing said system for a period not to exceed five years, provided that such program include appropriate monitoring and reporting.

Any application so approved by the commission shall contain any reporting, disclosures, or other documentation which the commission deems necessary. The commission shall report any application so approved to the clerks of the House and Senate, the secretary of administration and finance, and the joint committee on health care financing not later than 30 days following such approval.”

After debate, the question on adoption of the amendment was determined by a call of the yeas and nays at five o’clock P.M., on motion of Mr. Tarr, as follows, to wit (yeas 5 – nays 33) **[Yeas and Nays No. 196]:**

YEAS.

Dooner, Kelly A.

Durant, Peter J.

Fattman, Ryan C.

O'Connor, Patrick M.

Tarr, Bruce E. – **5.**

NAYS.

Barrett, Michael J.

Brady, Michael D.

Brownsberger, William N.

Collins, Nick

Comerford, Joanne M.

Creem, Cynthia Stone

Crighton, Brendan P.

Cronin, John J.

Cyr, Julian

DiDomenico, Sal N.

Driscoll, Jr., William J.

Edwards, Lydia

Eldridge, James B.

Gómez, Adam

Howard, Vanna

Jehlen, Patricia D.

Keenan, John F.

Kennedy, Robyn K.

Lewis, Jason M.

Lovely, Joan B.

Mark, Paul W.

Miranda, Liz

Montigny, Mark C.

Moore, Michael O.

Oliveira, Jacob R.

Payano, Pavel

Feeney, Paul R.
Fernandes, Dylan A.
Finegold, Barry R.
Friedman, Cindy F.

Rausch, Rebecca L.
Rodrigues, Michael J.
Velis, John C. – 33.

ABSENT OR NOT VOTING.

Rush, Michael F. – 1.

The yeas and nays having been completed at seven minutes past five o'clock P.M., the amendment was *rejected*.

Mr. Brownsberger in the Chair, Mr. Payano, Ms. Miranda and Mr. Eldridge moved that the proposed new draft be amended in section 5 by striking out, in lines 218 to 221, inclusive, the words “and (ii) in consultation with the primary care technical advisory council, report on proposals to facilitate and improve implementation of the office’s recommendations based on the office’s ongoing monitoring and analysis of statewide implementation of the office’s recommendations” and inserting in place thereof the following words:- “(ii) in consultation with the primary care technical advisory council, report on proposals to facilitate and improve implementation of the office’s recommendations based on the office’s ongoing monitoring and analysis of statewide implementation of the office’s recommendations; and (iii) in consultation with the department of public health, report on primary care access and health equity disparities in primary care”.

50

After remarks, the amendment was adopted.

Messrs. Cyr and Payano moved that the proposed new draft be amended by striking section 17 and inserting in place thereof the following section:-

66

“SECTION 17. Chapter 15A of the General Laws is hereby amended by inserting after section 18 the following section:-

Section 18A. (a) For the purposes of this section, the following words shall have the following meanings unless the context clearly requires otherwise:

‘Federally qualified health center’, a community health center as defined in 101 CMR 614.00.

‘Federally qualified health center services’, medical and behavioral health services described in 42 U.S.C. 1396d(l)(2)(A) and further defined in 101 CMR 304.00 that have a prospective payment system rate established by MassHealth.(b) Notwithstanding any general or special law to the contrary, any student health insurance program or plan authorized pursuant to section 18 shall ensure that the rate of payment for any federally qualified health center services covered by the student health insurance program or plan and provided to a patient by a federally qualified health center shall be an amount equal to or greater than the applicable rate that the federally qualified health center would have received if reimbursed for such services by MassHealth and pursuant to the methodology that conforms with 42 U.S.C. 1396a(bb) and 1396b(m)(2)(A)(ix) pursuant to rates as of July 1 of the preceding rate year.

(c) The division of insurance shall consult with MassHealth for technical assistance regarding the per visit payment rate for each federally qualified health center for a given year”;

In section 18, by striking out proposed section 36 of chapter 32A of the General Laws and inserting in place thereof the following section:-

“Section 36. (a) For the purposes of this section, the following words shall have the following meanings unless the context clearly requires otherwise:

‘Federally qualified health center’, a community health center as defined in 101 CMR 614.00.

‘Federally qualified health center services’, medical and behavioral health services described in 42 U.S.C. 1396d(l)(2)(A) and further defined in 101 CMR 304.00 that have a

prospective payment system rate established by MassHealth.(b) Notwithstanding any general or special law to the contrary, the commission shall ensure that the rate of payment for any federally qualified health center services covered by the commission and provided to a patient by a federally qualified health center shall be an amount equal to or greater than the applicable rate that the federally qualified health center would have received if reimbursed for such services by MassHealth and pursuant to the methodology that conforms with 42 U.S.C. 1396a(bb) and 1396b(m)(2)(A)(ix) pursuant to rates as of July 1 of the preceding rate year.

(c) The division of insurance shall consult with MassHealth for technical assistance regarding the per visit payment rate for each federally qualified health center for a given year.”;

In section 20, by striking out proposed section 47EEE of chapter 175 of the General Laws and inserting in place thereof the following:-

“Section 47EEE. (a) For the purposes of this section, the following terms shall have the following meanings unless the context clearly requires otherwise:

‘Federally qualified health center’, a community health center as defined in 101 CMR 614.00.

‘Federally qualified health center services’, medical and behavioral health services described in 42 U.S.C. 1396d(l)(2)(A) and further defined in 101 CMR 304.00 that have a prospective payment system rate established by MassHealth.

(b) Any carrier offering a policy, contract, agreement, plan or certificate of insurance issued, delivered or renewed within the commonwealth shall ensure that the rate of payment for any federally qualified health center services covered by such carrier and provided to a patient by a federally qualified health center shall be an amount equal to or greater than the applicable rate that the federally qualified health center would have received if reimbursed for such services by MassHealth and pursuant to the methodology that conforms with 42 U.S.C. 1396a(bb) and 1396b(m)(2)(A)(ix) pursuant to rates as of July 1 of the preceding rate year.

(c) The division of insurance shall consult with MassHealth for technical assistance regarding the per visit payment rate for each federally qualified health center for a given year.”;

In section 21, by striking out proposed section 8FFF of chapter 176A of the General Laws and inserting in place thereof the following section:-

“Section 8FFF. (a) For the purposes of this section, the following terms shall have the following meanings unless the context clearly requires otherwise:

‘Federally qualified health center’, a community health center as defined in 101 CMR 614.00.

‘Federally qualified health center services’, medical and behavioral health services described in 42 U.S.C. 1396d(l)(2)(A) and further defined in 101 CMR 304.00 that have a prospective payment system rate established by MassHealth.(b) Any contract between a subscriber and a nonprofit hospital service corporation pursuant to an individual or group hospital service plan that is delivered, issued or renewed within the commonwealth shall ensure that the rate of payment for any federally qualified health center services covered by the contract between a subscriber and a nonprofit hospital service and provided to a patient by a federally qualified health center shall be an amount equal to or greater than the applicable rate that the federally qualified health center would have received if reimbursed for such services by MassHealth and pursuant to the methodology that conforms with 42 U.S.C. 1396a(bb) and 1396b(m)(2)(A)(ix) pursuant to rates as of July 1 of the preceding rate year.

(c) The division of insurance shall consult with MassHealth for technical assistance regarding the per visit payment rate for each federally qualified health center for a given year.”;

In section 22, by striking out proposed section 4FFF of chapter 176B of the General Laws and inserting in place thereof the following section:-

“Section 4FFF. (a) For the purposes of this section, the following words shall have the following meanings unless the context clearly requires otherwise:

‘Federally qualified health center’, community health center as defined in 101 CMR 614.00.

‘Federally qualified health center services’, medical and behavioral health services described in 42 U.S.C. 1396d(l)(2)(A) and further defined in 101 CMR 304.00 that have a prospective payment system rate established by MassHealth.

(b) A subscription certificate under an individual or group medical service agreement delivered, issued or renewed within the commonwealth shall ensure that the rate of payment for any federally qualified health center services covered by such subscription certificate and provided to a patient by a federally qualified health center shall be an amount equal to or greater than the applicable rate that the federally qualified health center would have received if reimbursed for such services by MassHealth and pursuant to the methodology that conforms with 42 U.S.C. § 1396a(bb) and 1396b(m)(2)(A)(ix) pursuant to rates as of July 1 of the preceding rate year.

(c) The division of insurance shall consult with MassHealth for technical assistance regarding the per visit payment rate for each federally qualified health center for a given year.”;

By striking out section 23 and inserting in place thereof the following section:-

“SECTION 23. Chapter 176E of the General Laws is hereby amended by inserting after section 15A the following section:-

Section 15B. (a) For the purposes of this section, the following words shall have the following meanings unless the context clearly requires otherwise:

‘Federally qualified health center’, a community health center as defined in 101 CMR 614.00.

‘Federally qualified health center services’, dental services described in 42 U.S.C. 1396d(l)(2)(A) and further defined in 101 CMR 304.00 that have a prospective payment system rate established by MassHealth.

(b) A dental service corporation organized under this chapter shall ensure that the rate of payment for any federally qualified health center services covered by such dental service corporation and provided to a patient by a federally qualified health center shall be an amount equal to or greater than the applicable rate that the federally qualified health center would have received if reimbursed for such services by MassHealth and pursuant to the methodology that conforms with 42 U.S.C. 1396a(bb) and 1396b(m)(2)(A)(ix) pursuant to rates as of July 1 of the preceding rate year.

(c) The division of insurance shall consult with MassHealth for technical assistance regarding the per visit payment rate for each federally qualified health center for a given year.”; and

In section 24, by striking out proposed section 4XX of chapter 176G of the General Laws and inserting in place thereof the following section:-

“SECTION 4XX. (a) For the purposes of this section, the following words shall have the following meanings unless the context clearly requires otherwise:

‘Federally qualified health center’, a community health center as defined in 101 CMR 614.00.

‘Federally qualified health center services’, medical and behavioral health services described in 42 U.S.C. 1396d(l)(2)(A) and further defined in 101 CMR 304.00 that have a prospective payment system rate established by MassHealth.

(b) A health maintenance organization organized pursuant to this chapter shall ensure that the rate of payment for any federally qualified health center services covered by such health maintenance organization and provided to a patient by a federally qualified health center shall be an amount equal to or greater than the applicable rate that the federally qualified health center would have received if reimbursed for such services by MassHealth and pursuant to the methodology that conforms with 42 U.S.C. 1396a(bb) and 1396b(m)(2)(A)(ix) pursuant to rates as of July 1 of the preceding rate year.

(c) The division of insurance shall consult with MassHealth for technical assistance regarding the per visit payment rate for each federally qualified health center for a given year.”

After remarks, the amendment was adopted.

Messrs. Cronin and O’Connor moved that the proposed new draft be amended in section 1 by inserting after the word “applies”, in lines 6 and 10, each time it appears, the following words:- “; provided, however, that such expenditures shall not include pharmaceuticals, including medically-administered drugs”; and

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In section 11, by inserting after the word “applies”, in lines 431 and 434, each time it appears, the following words:- “; provided, however, that such expenditures shall not include pharmaceuticals, including medically-administered drugs”.

After remarks, the amendment was adopted.

Messrs. Cronin, O’Connor, Eldridge and Cyr and Ms. Jehlen moved that the proposed new draft be amended in section 18, in chapter 32A of the General Laws, by inserting after section 36, as inserted by said section 18, the following section:-

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“Section 37. (a) For the purposes of this section, ‘serious mental illness’ shall mean a condition, as described by the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association, in which an individual over the age of 18 has a diagnosable mental, behavioral or emotional disorder that causes serious functional impairment, substantially interfering with or limiting 1 or more major life activities.

(b) The commission shall not impose a prior authorization requirement or delay on prescribing and shall follow step therapy protocol pursuant to section 12A of chapter 176O for a serious mental illness drug approved by the United States Food and Drug Administration.”;

In section 19, in chapter 175 of the General Laws, by inserting after section 47FFF, as inserted by said section 19, the following section:-

“Section 47GGG. (a) For the purposes of this section, ‘serious mental illness’ shall mean a condition, as described by the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association, in which an individual over the age of 18 has a diagnosable mental, behavioral or emotional disorder that causes serious functional impairment, substantially interfering with or limiting 1 or more major life activities.

(b) Notwithstanding any other provision of law, any carrier offering a policy, contract, agreement, plan or certificate of insurance issued, delivered or renewed within the commonwealth shall not impose a prior authorization requirement or delay on prescribing and shall follow step therapy protocol pursuant to section 12A of chapter 176O for a serious mental illness drug approved by the United States Food and Drug Administration.”;

In section 21, in said chapter 176A of the General Laws by inserting after section 8GGG, as inserted by said section 21, the following section:-

“Section 8HHH. (a) For the purposes of this section, ‘serious mental illness’ shall mean a condition, as described by the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association, in which an individual over the age of 18 has a diagnosable mental, behavioral or emotional disorder that causes serious functional impairment, substantially interfering with or limiting 1 or more major life activities.

(b) Notwithstanding any other provision of law, a nonprofit hospital service corporation shall not impose a prior authorization requirement or delay on prescribing and shall follow step therapy protocol pursuant to section 12A of chapter 176O for a serious mental illness drug approved by the United States Food and Drug Administration.”;

In section 22, in chapter 176B of the General Laws by inserting after section 4GGG, as inserted by said section 22, the following section:-

“Section 4HHH. (a) For the purposes of this section, ‘serious mental illness’, shall mean a condition, as described by the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association, in which an individual over the age of 18 has a diagnosable mental, behavioral or emotional disorder that causes serious functional impairment, substantially interfering with or limiting 1 or more major life activities.

(b) Notwithstanding any other provision of law, a subscription certificate under an individual or group medical service agreement delivered, issued or renewed within the commonwealth shall not impose a prior authorization requirement or delay on prescribing and shall follow step therapy protocol pursuant to section 12A of chapter 176O for a serious mental illness drug approved by the United States Food and Drug Administration.”; and

In section 24, in chapter 176G of the General Laws by inserting after section 4XX, as inserted by said section 24, the following section:-

“Section 4YY. (a) For the purposes of this section, ‘serious mental illness’, shall mean a condition, as described by the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association, in which an individual over the age of 18 has a diagnosable mental, behavioral or emotional disorder that causes serious functional impairment, substantially interfering with or limiting 1 or more major life activities.

(b) Notwithstanding any other provision of law, a health maintenance organization organized pursuant to this chapter shall not impose a prior authorization requirement or delay on prescribing and shall follow step therapy protocol pursuant to section 12A of chapter 176O for a serious mental illness drug approved by the United States Food and Drug Administration.”

After remarks, the amendment was adopted.

Messrs. Tarr, Montigny and O’Connor moved that the proposed new draft be amended by inserting after section __ the following section:-

“SECTION __. The Center for Health Information Analysis shall conduct a study of the connections between private equity investment and the delivery of primary and specialty care in the commonwealth, which shall include but not be limited to the current extent of private equity and venture capital investment in practices and organizations employing primary care and specialist providers, any trends with regard to the nature, scope, and magnitude of such investment, and the current and projected degree to which such providers may become dependent on such investment to begin or maintain practices for the delivery of such care. In conducting such study, the center shall consult with the executive office of health and human services, the department of public health, the Massachusetts Medical Society, and other organizations and providers it deems necessary. The study shall also identify and analyze current and potential consequences and impacts of such types of investment for health care delivery in the commonwealth, including but not limited to

liabilities and benefits with regard to access to equipment and technology, sustainability, costs, patient access, outcomes, and quality of care, efficiency, and consolidation and diversification.

The center shall file a report containing the findings of said study, together with any recommendations relating to legislation, regulation, or policy, with the clerks of the House and Senate, the Joint Committee on Health Care Financing, and the House and Senate Committees on Ways and Means not later than 180 days following the passage of this act.”

After remarks, the amendment was *rejected*.

Messrs. Tarr and O’Connor moved that the proposed new draft be amended by adding the following section:-

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“SECTION _. Notwithstanding any general or special law to the contrary, the health policy commission, in consultation with the department of public health, the center for health information and analysis, the board of registration in medicine, the board of registration in nursing, the board of registration of physician assistants, and the board of registration in pharmacy, shall conduct a study on the primary care workforce needs of the commonwealth and the extent to which existing scope of practice statutes and regulations support or hinder the delivery of high quality, team based primary care.

The study shall include, but not be limited to, an examination of:

(i) current and projected primary care workforce capacity, including physicians, nurse practitioners, physician assistants, pharmacists, behavioral health clinicians, and other licensed professionals involved in primary care delivery;

(ii) regulatory, statutory, administrative, or contractual barriers that limit clinicians from practicing to the full extent of their education, training, and certification, including barriers affecting pharmacists’ ability to prescribe medications for conditions that do not require a new diagnosis, are minor and self limiting, are guided by CLIA waived tests, or constitute patient emergencies, consistent with the pharmacist’s professional judgment;

(iii) opportunities to expand the use of team based care models, including but not limited to collaborative practice arrangements, integrated behavioral health, expanded roles for nurse practitioners and physician assistants, and expanded pharmacist participation in primary care through prescribing authority, point of care testing, and medication management;

(iv) the impact of existing scope of practice requirements on access to primary care, total medical expense, health equity, and the financial sustainability of primary care practices;

(v) best practices from other states that have modernized scope of practice laws or implemented workforce expansion strategies to strengthen primary care, including states that have authorized pharmacists to prescribe medications within a standard of care framework aligned with their education and training; and

(vi) recommendations for statutory or regulatory changes necessary to support a sustainable, high functioning primary care workforce, including potential updates to scope of practice requirements for pharmacists, nurse practitioners, physician assistants, and other licensed professionals.

The commission shall submit a report of its findings and recommendations to the clerks of the senate and house of representatives, the joint committee on health care financing, and the joint committee on public health not later than December 31, 2027.”

The amendment was *rejected*.

Messrs. Tarr and Montigny moved that the proposed new draft be amended by inserting after section _ the following section:-

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“SECTION_. Notwithstanding any general or special law to the contrary, the department of public health, in consultation with the health policy commission and the center

for health information and analysis, shall establish an ownership disclosure requirement for all primary care practices operating in the commonwealth.

Each primary care practice shall annually report to the department, in a form and manner prescribed by the department, the following information:

(i) the ownership structure of the practice, including all direct and indirect owners, parent organizations, subsidiaries, management services organizations, and any affiliated entities;

(ii) whether any portion of the practice is owned, controlled, managed, or financed by private equity firms, venture capital firms, hedge funds, publicly traded corporations, or other private investment entities, and the nature and extent of such ownership or control;

(iii) any financing, capital investment, or management services agreements that materially affect the governance, clinical operations, or financial operations of the practice;

(iv) any changes in ownership, control, or financing arrangements occurring within the preceding year; and

(v) any additional information the department determines necessary to assess the impact of ownership structures on primary care access, cost, quality, and market consolidation.

The department shall publish an annual public report summarizing the ownership and financing characteristics of primary care practices in the commonwealth, including trends in private equity and venture capital involvement, consolidation patterns, and any identified risks to access, affordability, or continuity of care. The report shall be posted on the department's website in a format that is searchable and understandable to consumers, policymakers, and researchers."

The amendment was *rejected*.

Mr. Moore moved that the proposed new draft be amended by striking out, in line 22, the words "including physicians and their care teams, which may include, but shall not be limited to, nurses, nurse practitioners, physician assistants and care coordinators" and inserting in place thereof the following words:- "and their care teams, which may include, but shall not be limited to, physicians, nurse practitioners, physician assistants, nurses and care coordinators"; and

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By striking out, in line 440, the words "such as physicians and their care teams, including, but not limited to, nurses, nurse practitioners, physician assistants and care coordinators" and inserting in place thereof the following words:- "and their care teams, which may include, but shall not be limited to, physicians, nurse practitioners, physician assistants, nurses and care coordinators".

After remarks, the amendment was adopted.

Mr. Rodrigues moved that the proposed new draft be amended in section 5, by inserting after the figure "11", in line 72 and 78, the following words:- "that provides primary care services";

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In section 6, by inserting after the figure "1", in line 233, the second time it appears, the following word:- "public";

In section 8, in proposed subsection (c) of section 9A of chapter 6D of the General Laws, by striking out the second paragraph;

In said section 8, in said proposed section 9A of said chapter 6D, by striking out subsection (d) and inserting in place thereof the following 2 subsections:-

"(d) The commission shall provide notice of the public hearing not less than 45 days in advance, which shall include notice to the joint committee on health care financing. The joint committee on health care financing may participate in the hearing. The commission shall identify a representative sample of providers, provider organizations, payers and such other interested parties as the commission may determine as witnesses for the public hearing; provided, however, that any interested party may testify.

(e) Any recommendation of the commission to modify the aggregate primary care expenditure target and the primary care expenditure target under paragraph (4) of subsection (b) shall be approved by a two-thirds vote of the board.”;

In section 18, by inserting after the figure “6D”, in line 545, the following words:- “that provides primary care services”;

In section 20, by inserting after the figure “6D”, in line 602, following words:- “that provides primary care services”;

In section 21, by inserting after the figure “6D”, in line 654, following words:- “that provides primary care services”;

In section 22, by inserting after the figure “6D”, in line 708, following words:- “that provides primary care services”; and

In section 24, by inserting after the figure “6D”, in line 778, following words:- “that provides primary care services”.

The amendment was adopted.

The Ways and Means amendment, as amended, was then adopted.

The bill (Senate, No. 3116, amended) was then ordered to a third reading and read a third time.

The question on passing the bill to be engrossed was determined by a call of the yeas and nays, at twenty-four minutes before six o’clock P.M., on motion of Mr. Lewis, as follows to wit (yeas 35 to nays 4) **[Yeas and Nays No. 197]**:

YEAS.

Barrett, Michael J.
Brady, Michael D.
Brownsberger, William N.
Collins, Nick
Comerford, Joanne M.
Creem, Cynthia Stone
Crighton, Brendan P.
Cronin, John J.
Cyr, Julian
DiDomenico, Sal N.
Driscoll, Jr., William J.
Edwards, Lydia
Eldridge, James B.
Feeney, Paul R.
Fernandes, Dylan A.
Finegold, Barry R.
Friedman, Cindy F.
Gómez, Adam

Howard, Vanna
Jehlen, Patricia D.
Keenan, John F.
Kennedy, Robyn K.
Lewis, Jason M.
Lovely, Joan B.
Mark, Paul W.
Miranda, Liz
Montigny, Mark C.
Moore, Michael O.
O'Connor, Patrick M.
Oliveira, Jacob R.
Payano, Pavel
Rausch, Rebecca L.
Rodrigues, Michael J.
Spilka, Karen E.
Velis, John C. – **35.**

NAYS.

Dooner, Kelly A.
Durant, Peter J.

Fattman, Ryan C.
Tarr, Bruce E. – **4.**

ABSENT OR NOT VOTING.

Rush, Michael F. – **1.**

The yeas and nays having been completed at seventeen minutes before six o’clock P.M., the bill was passed to be engrossed. [For text of Senate bill, printed as amended, see Senate, No. 3141].

Sent to the House for concurrence.

Order Adopted.

On motion of Mr. Tarr,--

Ordered, that when the Senate adjourns today, it adjourn to meet again on Tuesday next at eleven o'clock A.M., and that the Clerk be directed to dispense with the printing of a calendar.

Time of meeting.

*Adjournment in Memory of
Former State Representative Ben Swan.*

The Senator from Hampden, Mr. Gómez, moved that when the Senate adjourns today, it does so in memory of former State Representative Ben Sawn.

Representative Swan dedicated his life to public service, civil rights, and the pursuit of justice. A Korean War veteran, educator, community leader, and lifelong advocate for equality, he helped shape the civic and political landscape of Springfield and the Commonwealth for generations.

As a young man, Representative Swan answered the call to service by serving his country in the United States Army during the Korean War. Upon returning home, he became deeply involved in the Civil Rights Movement, working alongside leaders and advocates to advance racial justice and expand opportunity for all.

Representative Swan represented the Eleventh Hampden District in the Massachusetts House of Representatives from 1995 to 2016. During his more than two decades of service in the Legislature, he earned a reputation as a principled voice for those too often left unheard. He championed civil rights, educational equity, economic opportunity, and criminal justice reform, always guided by a steadfast commitment to fairness and human dignity.

Throughout his life, Representative Swan remained a trusted mentor, respected statesman, and tireless advocate for the people of Springfield. His leadership extended far beyond elected office, leaving an indelible mark on countless individuals, organizations, and communities across western Massachusetts.

Representative Swan's legacy is one of courage, conviction, and unwavering service to others. He will be deeply missed by his family, friends, former colleagues, and all who had the privilege of knowing him.

May he rest in peace.

Accordingly, as a mark of respect to the memory of former State Representative Ben Swan, at a quarter before six o'clock P.M., on motion of Mr. Collins the Senate adjourned to meet again on Tuesday next at eleven o'clock A.M.

Adjournment in Memory of Henry Thomas, III.

The Senator from Hampden, Mr. Gómez, moved that when the Senate adjourns today, it does so in memory of Henry Thomas, III.

Henry Thomas III was a transformational leader whose decades of service helped shape the city of Springfield and strengthen communities across western Massachusetts.

Through his leadership at the Urban League of Springfield, Henry dedicated his life to expanding opportunity, creating pathways to success, and ensuring that young people and families had access to the resources they needed to thrive. He was a tireless advocate for educational equity, workforce development, and economic empowerment, believing deeply in the potential of every person and the importance of investing in future generations.

Henry's work extended beyond any single organization or initiative. He built partnerships, mentored emerging leaders, and brought people together in pursuit of a more equitable and inclusive community. His leadership helped uplift countless individuals and created lasting change that will continue to benefit Springfield for years to come.

Those who knew Henry remember not only his vision and commitment, but also his generosity, wisdom, and unwavering belief in the power of service. He led with compassion, purpose, and a profound dedication to improving the lives of others.

His legacy lives on in the stronger, more connected community he helped build and in the many lives he touched throughout his distinguished career.

Henry Thomas III will be deeply missed by his family, friends, colleagues, and all who were fortunate enough to know him.

May he rest in peace.

Accordingly, as a mark of respect to the memory of Henry Thomas, III, at a quarter before six o'clock P.M., on motion of Mr. Collins the Senate adjourned to meet again on Tuesday next at eleven o'clock A.M.

Adjournment in Memory of Denis C. Fraine.

The Senator from Norfolk, Worcester and Middlesex, Ms. Rausch, moved that when the Senate adjourns today, it does so in memory of Denis C. Fraine.

Denis C. Fraine passed away on Tuesday, March 17, 2026, following a courageous battle with cancer.

Mr. Fraine was a distinguished United States Air Force Captain veteran and devoted public servant, who served the town of Bellingham as Town Administrator for more than 37 years until his retirement in August 2025.

Throughout his long and impactful career, Mr. Fraine was known for his steady leadership, professionalism, and unwavering dedication to the residents of Bellingham. He was described by those who knew him as unassuming, supporting, diplomatic and approachable, earning him respect and admiration. His work helped shape Bellingham's growth and stability, and his legacy of public service will be long remembered by all who had the privilege to work with him and benefit from his commitment. He brought a deep sense of responsibility and pride to his role, serving as a trusted steward of the town's operations for decades. His example stands as a testament to the value of lifelong public service and dedication to one's community.

In addition to his public service, Mr. Fraine was an avid golfer and proud grandfather of five. He is survived by his grandchildren, two children, three stepchildren, and his partner of 17 years, Tessa Garrison.

Accordingly, as a mark of respect to the memory of Denis C. Fraine, at a quarter before six o'clock P.M., on motion of Mr. Collins the Senate adjourned to meet again on Tuesday next at eleven o'clock A.M.
