SECTION 4. Section 15 of chapter 12 of the General Laws, as appearing in the 2020
Official Edition, is hereby amended by striking out, in line 4, the figure “$191,000” and inserting
in place thereof the following figure: $195,000.

SECTION 5. Section 18A of chapter 15 of the General Laws, as so appearing, is hereby
amended by adding the following paragraph:-

The board of higher education may establish administer and operate plans in accordance
with section 403(b) of the Internal Revenue Code of 1986, as amended. Such plans shall be
maintained for the exclusive benefit of plan participants and their beneficiaries. Eligible
employees, as determined by each plan, may include employees of the executive office of
education, the department of higher education, the department of elementary and secondary
education, the department of early education and care, the state universities, the state community
colleges and any other department identified by the secretary of education that meets the
requirements of an eligible employer under said section 403(b). The sole source of contributions
to the plans shall be employees’ elective contributions. Where applicable and appropriate, the
commonwealth shall remit such contributions to the provider selected by the participant from
those providers identified by the board of higher education as plan providers. Plan providers
identified by the board of higher education may offer annuity or custodial accounts meeting the
requirements of said section 403(b). Investments of plan contributions shall be directed by the
participant. The board of higher education may promulgate regulations governing the
administration of and participation in the plans.

SECTION 6. Chapter 15A of the General Laws is hereby amended by striking out
section 19D, as so appearing, and inserting in place thereof the following section:-

Section 19D. There shall be a scholarship program to be administered by the board which
shall be known as the tomorrow’s educators program to encourage students to teach in public
schools by providing qualified students with scholarships for tuition, fees and additional costs of
attendance as calculated by the student’s institution of higher education, including, but not
limited to, room and board, books and supplies, transportation, child care and personal expenses,
for a bachelor’s degree program or post-baccalaureate coursework at a public institution of
higher education in the commonwealth leading to the certification required for employment at a
public school. The program shall be subject to appropriation.

The board shall promulgate guidelines governing the tomorrow’s educators program
which shall include the following:

(1) Eligibility for the program shall be limited to high school graduates, undergraduate
students and students enrolled in post-baccalaureate educator preparation programs who: (i)
agree to complete a bachelor’s degree or post-baccalaureate educator preparation program in a
public institution of higher education in the commonwealth; (ii) successfully complete a
bachelor’s degree or post-baccalaureate educator preparation program at the institution of higher
education and obtain the appropriate certification in accordance with section 38G of chapter 71;
and (iii) commit to teaching for 4 years in a school district, as defined in section 2 of chapter 70,
in the commonwealth.

(2) An outreach plan to attract individuals from underrepresented populations to the
education profession through the program, which shall diversify the educator workforce
consistent with chapter 132 of the acts of 2019.

(3) Procedures for repayment of the amount of scholarship benefits for persons who
participate in the program but who fail to complete the 4-year teaching commitment; provided,
that said procedures shall be designed to ensure there are no disincentives for low-income
students to participate in the program and shall consider: (i) the amount of scholarship benefits
the participant has received; (ii) the participant’s current income if not working as a public
school educator; (iii) whether the participant is currently working in another position that helps
to support or educate students; and (iv) the amount of time the participant taught in a public
school district in the commonwealth.

SECTION 7. Section 26 of said chapter 15A, as so appearing, is hereby amended by
adding the following sentence:- This section shall not apply to the community college segment,
as defined in section 5.

SECTION 8. Section 10H of chapter 21A of the General Laws, as so appearing, is
hereby amended by inserting, after the word “inclusive,”, in line 20, the following words:- or
section 27.

SECTION 9. Subsection (a) of section 14 of chapter 25A of the General Laws, as so
appearing, is hereby amended by striking out, in line 3, the figure “$100,000” and inserting in
place thereof the following figure:- $300,000.

SECTION 10. Said section 14 of said chapter 25A, as so appearing, is hereby further
amended by adding the following subsection:-

(e) For the purposes of this section, the term “energy conservation projects” shall mean
projects to promote energy conservation, including, but not limited to, energy conserving
modification to windows and doors; caulking and weatherstripping; insulation; automatic energy
control systems; hot water systems; equipment required to operate variable steam, hydraulic and
ventilating systems; plant and distribution system modifications, including replacement of
burners, furnaces or boilers; devices for modifying fuel openings; electrical or mechanical
furnace ignition systems; utility plant system conversions; replacement or modification of
lighting fixtures; energy recovery systems; on-site electrical generation equipment using new
renewable energy generating sources as defined in section 11F; climate resilience and
decarbonization activities; and cogeneration systems.

SECTION 11. Section 2SSSS of chapter 29 of the General Laws, as so appearing, is
hereby amended by inserting after the word “Fund”, in line 35, the following words:- and shall
be available for expenditure in subsequent fiscal years.
SECTION 12. Subsection (a) of section 2WWWW of said chapter 29, as so appearing, is hereby amended by striking out the second sentence and inserting in place thereof the following sentence:—There shall be credited to the fund: (i) any transfers from the Health Safety Net Trust Fund established in section 66 of chapter 118E; (ii) an amount equal to any federal financial participation revenues claimed and received by the commonwealth for eligible expenditures made from the fund; (iii) any revenue from appropriations or other money authorized by the general court and specifically designated to be credited to the fund; and (iv) interest earned on any money in the fund.

SECTION 13. Section 2YYYY of said chapter 29, as amended by section 16 of chapter 24 of the acts of 2021, is hereby further amended by striking out the second paragraph and inserting in place thereof the following paragraph:—The secretary may expend, without further appropriation: (i) not more than $105,000,000 per fiscal year from the fund to expand and support the residential treatment system to treat individuals with a substance use disorder or co-occurring mental health and substance use disorder and to expand and increase access to the 24-hour diversionary system; (ii) not more than $135,000,000 per fiscal year from the fund to reduce stigma, expand access, support implementation and increase competencies for medications for substance use disorder; (iii) not more than $35,000,000 per fiscal year from the fund to support access to evidence-based recovery services through peer and paraprofessional services; and (iv) not more than $80,000,000 per fiscal year from the fund to ensure appropriate assessment for levels of care utilizing American Society of Addiction Medicine or other evidence-based modalities and to support integration of physical health, mental health and substance use disorder care across all provider settings. To accommodate timing discrepancies between the receipt of revenues and related expenditures, the fund may incur expenses, and the comptroller shall certify for payment, amounts not to exceed the most recent revenue estimate as certified by the MassHealth director, as reported in the state accounting system. Amounts credited to the fund shall not be subject to further appropriation and money remaining in the fund at the end of a fiscal year shall not revert to the General Fund and shall be available for expenditure in the subsequent fiscal year.

SECTION 14. The third paragraph of said section 2YYYY of said chapter 29, as appearing in the 2020 Official Edition, is hereby amended by adding the following sentence:—The secretary shall report quarterly to the house and senate committees on ways and means and the joint committee on mental health, substance use and recovery on expenditures from the fund that support the components of the roadmap for behavioral health reform; provided, that said report shall include: (i) information on which components of the roadmap such funds are allocated to support; and (ii) provide a breakdown of the progress and status of any such components of the roadmap.

SECTION 15. Section 2AAAA of said chapter 29, as so appearing, is hereby amended by striking out the second paragraph and inserting in place thereof the following paragraph:—There shall be credited to the fund: (i) any transfers from the Health Safety Net Trust Fund established in section 66 of chapter 118E; (ii) any revenue from appropriations or other
money authorized by the general court and specifically designated to be credited to the fund; (iii) an amount equal to any federal financial participation revenues claimed and received by the commonwealth for eligible expenditures made from the fund; and (iv) interest earned on any money in the fund. Money from the fund shall be expended for payments to providers that qualify under an approved federal waiver and in accordance with said waiver. Amounts credited to the fund shall not be subject to further appropriation. After the end of each fiscal year, the secretary of health and human services shall determine, in the secretary’s sole discretion, the amount of any monies in the fund that are in excess of the monies needed to make payments from the fund in accordance with said waiver; provided, that the monies needed to make such payments shall include any monies needed to make any payments that are unearned as of the end of such year, but potentially earned in a subsequent year. Subject to the terms of said waiver, the secretary of health and human services shall transfer to the Health Safety Net Trust Fund established in section 66 of chapter 118E the state share of any such excess monies, multiplied by a fraction, the numerator of which is $62,500,000 and the denominator of which is the total amount transferred to or deposited in the fund for such fund year, excluding any federal funds. Money remaining in the fund at the end of a fiscal year shall not revert to the General Fund and shall be available for expenditure in subsequent fiscal years. To accommodate timing discrepancies between the receipt of revenue and related expenditures, the comptroller may certify for payment amounts not to exceed the most recent revenue estimates as certified by the secretary of health and human services to be transferred, credited or deposited under this section.

**SECTION 16.** Said section 2AAAAA of said chapter 29, as so appearing, is hereby further amended by striking out the second paragraph and inserting in place thereof the following paragraph:

There shall be credited to the fund: (i) any transfers from the Health Safety Net Trust Fund established in section 66 of chapter 118E; (ii) any revenue from appropriations or other money authorized by the general court and specifically designated to be credited to the fund; (iii) an amount equal to any federal financial participation revenues claimed and received by the commonwealth for eligible expenditures made from the fund; and (iv) interest earned on any money in the fund. Money from the fund shall be expended for payments to providers that qualify under an approved federal waiver and in accordance with said waiver. Amounts credited to the fund shall not be subject to further appropriation. Money remaining in the fund at the end of a fiscal year shall not revert to the General Fund and shall be available for expenditure in subsequent fiscal years. To accommodate timing discrepancies between the receipt of revenue and related expenditures, the comptroller may certify for payment amounts not to exceed the most recent revenue estimates as certified by the secretary of health and human services to be transferred, credited, or deposited under this section.

**SECTION 17.** Said chapter 29 is hereby further amended by inserting after section 2SSSSSS, inserted by section 6 of chapter 42 of the acts of 2022, the following 3 sections:

Section 2TTTTT. (a) There shall be a Hospital Investment and Performance Trust Fund. The secretary of health and human services shall be the trustee of the fund and shall expend money in the fund to make payments to acute hospitals or to care organizations under contract with the executive office of health and human services to provide MassHealth services pursuant
to an approved state plan or federal waiver; provided, that such care organizations shall use all such payments to make payments to qualifying acute hospitals. There shall be credited to the fund: (i) any transfers from the Health Safety Net Trust Fund established in section 66 of chapter 118E; (ii) an amount equal to any federal financial participation revenues claimed and received by the commonwealth for eligible expenditures made from the fund; (iii) any revenue from appropriations or other money authorized by the general court and specifically designated to be credited to the fund; and (iv) interest earned on any money in the fund. Amounts credited to the fund shall be expended without further appropriation.

(b) Money in the fund shall be expended for Medicaid payments under an approved state plan or federal waiver; provided, however, that all payments from the fund shall be: (i) subject to the availability of federal financial participation; (ii) made only under federally-approved payment methods; (iii) consistent with federal funding requirements and all applicable federal payment limits as determined by the secretary; and (iv) subject to the terms and conditions of applicable agreements between acute hospitals or care organizations and the executive office of health and human services. To accommodate timing discrepancies between the receipt of revenue and related expenditures, the comptroller may certify for payment amounts not to exceed the most recent revenue estimates as certified by the secretary to be transferred, credited or deposited under this section. The secretary shall to the maximum extent possible, and in compliance with all laws and regulations, administer the fund to obtain federal financial participation for the expenditures of non-federal monies from the fund. Money remaining in the fund at the end of a fiscal year shall not revert to the General Fund and shall be available for expenditure in subsequent fiscal years. The payments from the fund shall supplement and not supplant Medicaid payments that would be made to providers in the absence of such payments.

(c)(1) The secretary shall expend money in the fund, including all amounts credited to the fund, for payments to qualifying acute hospital providers under contract with the executive office of health and human services or under subcontracts with care organizations that contract with the executive office in connection with the MassHealth program, as further provided in paragraph (2).

(2) The secretary shall annually expend amounts from the fund averaging, over a period of 5 years, not less than $1,210,000,000 per year; provided, that all such payments shall fall into 1 of the following 4 categories: (i) health equity incentive payments; (ii) clinical quality incentive payments; (iii) rate payments for services provided to MassHealth members; or (iv) targeted payments to (A) freestanding pediatric acute hospitals; and (B) non-profit teaching acute hospitals that provide medical, surgery, emergency and obstetrical services and are affiliated with a state-owned medical school. The secretary may determine funding allocations among and within each such category within a given year; provided, that such allocations shall be consistent with all approved federal waivers and state plan provisions; and provided further, that the secretary shall allocate an average of not less than $560,000,000 per year, over a period of 5 years, for the rate payments described in clause (iii).

(3) Of the targeted payments described in clause (iv) of paragraph (2), the secretary shall expend annually from the fund: (i) $25,000,000 to freestanding pediatric acute hospitals, of which 90 per cent shall be paid to the freestanding pediatric hospital with the largest volume of
inpatient discharges in fiscal year 2019; and (ii) $25,000,000 to non-profit teaching acute
hospitals that provide medical, surgery, emergency and obstetrical services and are affiliated
with a state-owned medical school.

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

(d) In the event that any portion of the final annual amount allocated by the secretary to
health equity incentive payments or clinical quality incentive payments is unearned during the
relevant measurement period for such payment, as determined by the secretary, in the secretary’s
sole discretion, the secretary shall transfer the state share of that unearned amount to the Health
Safety Net Trust Fund established in section 66 of chapter 118E.

Section 2UUUU. (a) There shall be a Population Health Investment Trust Fund. The
secretary of health and human services shall be the trustee of the fund and shall expend money in
the fund to make payments to providers or care organizations under contract to provide
MassHealth services pursuant to an approved state plan or federal waiver. There shall be credited
to the fund: (i) any transfers from the Health Safety Net Trust Fund established in section 66 of
chapter 118E; (ii) an amount equal to any federal financial participation revenues claimed and
received by the commonwealth for eligible expenditures made from the fund; (iii) any revenue
from appropriations or other money authorized by the general court and specifically designated
to be credited to the fund; and (iv) interest earned on any money in the fund. Amounts credited to
the fund shall be expended without further appropriation.

(b) Money in the fund may be expended for Medicaid payments under an approved state
plan or federal waiver; provided, however, that all payments from the fund shall be: (i) subject to
the availability of federal financial participation; (ii) made only under federally-approved
payment methods; (iii) consistent with federal funding requirements and all applicable federal
payment limits as determined by the secretary; and (iv) subject to the terms and conditions of
applicable agreements between providers or care organizations and the executive office of health
and human services. To accommodate timing discrepancies between the receipt of revenue and
related expenditures, the comptroller may certify for payment amounts not to exceed the most
recent revenue estimates as certified by the secretary to be transferred, credited or deposited
under this section. The secretary shall to the maximum extent possible, and in compliance with
all laws and regulations, administer the fund to obtain federal financial participation for the
expenditures of non-federal monies from the fund. Money remaining in the fund at the end of a
fiscal year shall not revert to the General Fund and shall be available for expenditure in
subsequent fiscal years. The payments from the fund shall supplement and not supplant Medicaid
payments that would be made to hospitals in the absence of such payments.
(c)(1) The secretary shall annually expend money in the fund for payments to qualifying providers or care organizations under contract with the executive office, as further provided in paragraph (2).

(2) The secretary shall annually expend amounts from the fund averaging, over a period of 5 years, not less than $255,000,000 per year; provided, that such payments shall promote the continued implementation of certain federally-approved delivery system reform activities, including to support primary care and complex care management and to address health-related social needs.

Section 2VVVV. (a) There shall be a Communications Access Trust Fund. The fund shall be administered by the secretary of administration and finance, in consultation with the secretary of public safety and security. The fund shall consist of: (i) money transferred to the fund by the general court and specifically designated to be credited to the fund; (ii) funds from public and private sources, including, but not limited to, gifts, grants and donations; and (iii) interest earned on such money. Amounts credited to the fund that are unexpended at the end of a fiscal year shall not revert to the General Fund.

(b) Amounts credited to the fund may be expended, without further appropriation, by the secretary of administration and finance for the purposes of making payments to the department of correction, the sheriffs and the department of youth services for providing voice communication services, including phone calls, and other communication services free of charge to the person initiating and the person receiving the communication pursuant to section 27 of chapter 120 and section 87A of chapter 127. The secretary of administration and finance shall make said payments to the department of correction, the sheriffs and the department of youth services on a quarterly basis; provided, that sufficient documentation shall be received by the secretary of administration and finance consistent with subsection (c).

(c) The department of correction, the sheriffs and the department of youth services shall submit quarterly to the secretary of administration and finance documentation of communication services provided free of charge in order to receive payments from the fund pursuant to subsection (b); provided, that documentation shall include, but not be limited to, the following information for each facility: (i) the number of phone calls; (ii) the length of each phone call; (iii) other communication services provided; and (iv) the length of each other communication service; and provided further, the secretary of administration and finance may require additional documentation as deemed necessary by the secretary.

(d) Quarterly, the secretary of administration and finance, in consultation with the department of correction, the sheriffs and the department of youth services, shall report to the house and senate committees on ways and means and the joint committee on the judiciary on payments from the fund to the department of correction, the sheriffs and the department of youth services, including, but not limited to: (i) amounts expended for communication services by each department; (ii) a breakdown of the cost of each call by minute for each department; (iii) a breakdown of the cost of each other communication service offered by minute for each department; (iv) the number of phone calls, video communications, electronic communications and other communications services at each facility; and (v) any changes in contracts for voice communications.
communication services, including any progress in maximizing purchasing power and consolidating contracts between sheriffs, the department of correction and the department of youth services.

**SECTION 18.** Section 2TTTTT of said chapter 29, as inserted by section 17, is hereby amended by striking out subsection (c) and inserting in place thereof the following subsection:-

(c) [reserved].

**SECTION 19.** Section 2UUUUU of said chapter 29, as inserted by section 17, is hereby amended by striking out subsection (c) and inserting in place thereof the following subsection:-

(c) [reserved].

**SECTION 20.** Section 22C of chapter 32 of the General Laws, as appearing in the 2020 Official Edition, is hereby amended by striking out, in lines 13 and 14, the words “the employer contribution to the optional retirement program under section 40 of chapter 15A” and inserting in place thereof the following words:- the administrative costs of the deferred compensation plan operated by the board of higher education authorized by section 18A of chapter 15, and the employer contributions and administrative costs of the optional retirement program authorized by section 40 of chapter 15A.

**SECTION 21.** Chapter 33 of the General Laws is hereby amended by striking out section 88 and inserting in place thereof the following section:-

Section 88. (a) An officer or enlisted person of the Massachusetts organized militia who, while performing any duty lawfully ordered under this chapter without willful neglect on the part of the person, receives injury, is disabled or contracts a sickness or disease that incapacitates the person from pursuing the person’s usual business or occupation shall, during the period of incapacity, receive compensation to be fixed by a board appointed under section 90 to inquire into the claim and the actual and necessary expenses for medical services and care, medicines and hospitalization or replacement or repair of eyeglasses, dentures or prosthetic devices worn or carried and amounts related to lost wages.

(b) If the death of a member of the Massachusetts organized militia results from injury, sickness or disease received while in the line of duty pursuant to orders under titles 10 and 32 of the United States Code or this chapter and the injury, sickness or disease resulting in the death was not the result of the decedent’s willful neglect, a single payment of $200,000 shall be paid to the surviving spouse; provided, however, that if there is no surviving spouse, the amount shall be paid in equal shares to the children of the decedent; provided further, that if there is no surviving spouse and no children, the amount shall be paid in equal shares to the surviving parents of the decedent, and if there are no surviving parents, the amount shall be paid in equal shares to the surviving siblings.

(c) For the purposes of subsection (b), parents shall include fathers and mothers through adoption; provided, however, that preference to any claim as the decedent’s parents shall be
given to those who exercised a relationship on the date, or most nearly before the date, on which
the decedent began their lawful duty as a member of the Massachusetts organized militia.

(d) Subsection (b) shall apply to service members whose death occurred on or after April
2, 2019 and those who have not received a final decision from the board of compensation as
appointed under section 90.

(e) All claims presented under this section shall be made in the manner provided in
section 90.

SECTION 22. Section 17 of chapter 37 of the General Laws, as amended by section 19
of chapter 24 of the acts of 2021, is hereby further amended by striking out the second paragraph
and inserting in place thereof the following paragraph:-

The sheriffs of the counties of Barnstable, Bristol, Dukes, Nantucket, Norfolk, Plymouth
and Suffolk and of the former counties of Berkshire, Essex, Franklin, Hampden, Hampshire,
Middlesex and Worcester shall each receive a salary of $195,000.

SECTION 23. Section 1 of chapter 61B of the General Laws, as appearing in the 2020
Official Edition, is hereby amended by striking out the second paragraph and inserting in place
thereof the following paragraph:-

For the purposes of this chapter, the term recreational use shall be limited to the
following: hiking, camping, nature study and observation, boating, golfing, non-commercial
youth soccer, horseback riding, including commercial horseback riding, equine boarding,
hunting, fishing, skiing, swimming, picnicking, running, outdoor education, snowshoeing, ice
skating, private non-commercial flying, including hang gliding, archery and target shooting,
snowmobile use and off-highway vehicle use.

SECTION 24. Section 1 of chapter 62 of the General Laws, as so appearing, is hereby
amended by striking out, in line 6, the figure “2005” and inserting in place thereof the following
figure:- 2022.

SECTION 25. Paragraph (1) of subsection (d) of section 2 of said chapter 62, as so
appearing, is hereby amended by adding the following subparagraph:-

(Q) The deduction allowed by section 199A of the Code, as amended and in effect for the
current tax year.

SECTION 26. Chapter 64K of the General Laws is hereby repealed.

SECTION 27. The ninth paragraph of subsection (ff) of section 89 of chapter 71 of the
General Laws, as appearing in the 2020 Official Edition, is hereby amended by striking out the
second sentence and inserting in place thereof the following sentence:-
In fiscal year 2023 and thereafter, such funding shall be not less than $1,088 per pupil and shall be adjusted each year by the foundation inflation index, as defined in section 2 of chapter 70.

**SECTION 28.** Chapter 118E of the General Laws is hereby amended by striking out section 25A and inserting in place thereof the following section:-

Section 25A. (a) For individuals 65 years of age or older, the division shall not consider income in an amount equivalent to 115 per cent of the federal poverty level or assets in an amount equivalent to the federal resource limit for the Medicare Saving programs, each as adjusted annually, in determining eligibility for the Qualified Medicare Beneficiary, Specified Low-Income Medicare Beneficiary and Qualified Individual programs, described in 42 U.S.C. 1396a(a)(10)(E) and also known as the Medicare Saving or Medicare Buy-In programs; provided, however, that until the division receives the federal approvals described in subsection (b), the division shall not consider income in the amount equal to 30 per cent of the federal poverty level. Enrollment in the Qualified Individual program shall be capped if the federal allotment for the program is exhausted.

(b) Prior to implementing subsection (a), the division shall obtain all required federal approvals, including amending its state plan and amending its section 1115 demonstration waiver, as necessary, and shall promulgate regulations to implement this section.

**SECTION 29.** Section 64 of said chapter 118E, as appearing in the 2020 Official Edition, is hereby amended by striking out the definition of “Total acute hospital assessment amount” and inserting in place thereof the following definition:-

“Total hospital assessment amount”, a fixed amount equal to $880,000,000, which is the sum of $160,000,000 and the amounts transferred, pursuant to section 66, to the Safety Net Provider Trust Fund established in section 2AAAAA of chapter 29, the Hospital Investment and Performance Trust Fund established in section 2TTTTT of said chapter 29, the Population Health Investment Trust Fund established in section 2UUUUU of said chapter 29, and the Non-Acute Care Hospital Reimbursement Trust Fund established in section 2WWWW of said chapter 29, plus 50 per cent of the estimated cost, as determined by the secretary of administration and finance, of administering the health safety net and related assessments in accordance with sections 65 to 69, inclusive.

**SECTION 30.** Said section 64 of said chapter 118E is hereby further amended by striking out the definition of “Total hospital assessment amount”, inserted by section 29, and inserting in place thereof the following definition:-

“Total acute hospital assessment amount”, an amount equal to $160,000,000, plus 50 per cent of the estimated cost, as determined by the secretary of administration and finance, of administering the health safety net and related assessments in accordance with sections 65 to 69, inclusive.
SECTION 31. Section 65 of said chapter 118E, as so appearing, is hereby amended by striking out subsection (b) and inserting in place thereof the following subsection:-

(b) The office shall have the following powers and duties: (i) to administer the Health Safety Net Trust Fund, established under section 66, and to require payments to the fund consistent with hospitals’ and surcharge payors’ liability to the fund, as determined under sections 67 and 68, and any further regulations promulgated by the office; (ii) to set, in consultation with the office of Medicaid, reimbursement rates for payments from the fund to acute hospitals and community health centers for reimbursable health services provided to uninsured and underinsured patients and to disburse monies from the fund consistent with such rates; provided, that the office shall implement a fee-for-service reimbursement system for acute hospitals; (iii) to promulgate regulations further defining: (1) eligibility criteria for reimbursable health services; (2) the scope of health services that are eligible for reimbursement by the Health Safety Net Trust Fund; (3) standards for medical hardship; and (4) standards for reasonable efforts to collect payments for the costs of emergency care; provided, that the office shall verify eligibility using the eligibility system of the office of Medicaid and other appropriate sources to determine the eligibility of uninsured and underinsured patients for reimbursable health services and shall establish other procedures to ensure that payments from the fund are made for health services for which there is no other public or private third party payer, including disallowance of payments to acute hospitals and community health centers for health services provided to individuals if reimbursement is available from other public or private sources; (iv) to develop programs and guidelines to encourage maximum enrollment of uninsured individuals who receive health services reimbursed by the fund into health care plans and programs of health insurance offered by public and private sources and to promote the delivery of care in the most appropriate setting; provided, that the programs and guidelines shall be developed in consultation with the commonwealth health insurance connector, established pursuant to chapter 176Q; and provided further, that these programs shall not deny payments from the fund because services should have been provided in a more appropriate setting if the hospital was required to provide the services under 42 U.S.C. 1395dd; (v) to conduct a utilization review program designed to monitor the appropriateness of services for which payments were made by the fund and to promote the delivery of care in the most appropriate setting; (vi) to administer demonstration programs that reduce Health Safety Net Trust Fund liability to acute hospitals, including a demonstration program to enable disease management for patients with chronic diseases, substance use disorders and psychiatric disorders through enrollment of patients in community health centers and community mental health centers and through coordination between these centers and acute hospitals; provided, that the office shall report the results of these reviews annually to the joint committee on health care financing and the house and senate committees on ways and means; (vii) to enter into agreements or transactions with any federal, state or municipal agency or other public institution or with a private individual, partnership, firm, corporation, association or other entity and to make contracts and execute all instruments necessary or convenient for the carrying on of its business; (viii) to secure payment, without imposing undue hardship upon any individual, for unpaid bills owed to acute hospitals by individuals for health services that are ineligible for reimbursement from the Health Safety Net Trust Fund which have been accounted for as bad debt by the hospital and which are voluntarily referred by a hospital to the department for collection; provided, however, that such unpaid charges shall be considered debts owed to the commonwealth and all payments received shall be
credited to the fund; and provided further, that all actions to secure such payments shall be
conducted in compliance with a protocol previously submitted by the office to the joint
committee on health care financing; (ix) to require hospitals and community health centers to
submit to the office data that it reasonably considers necessary; (x) to make, amend and repeal
rules and regulations to effectuate the efficient use of monies from the Health Safety Net Trust
Fund; provided, however, that the regulations shall be promulgated only after notice and hearing
and only upon consultation with the board of the commonwealth health insurance connector,
representatives of the Massachusetts Health and Hospital Association, Inc., the Massachusetts
Council of Community Hospitals, Inc., the Alliance of Massachusetts Safety Net Hospitals, the
Conference of Boston Teaching Hospitals, Inc. and the Massachusetts League of Community
Health Centers, Inc.; and (xi) to provide an annual report at the close of each fiscal year to
the joint committee on health care financing and the house and senate committees on ways and
means, evaluating the processes used to determine eligibility for reimbursable health services,
including the Virtual Gateway. The report shall include, but not be limited to, the following: (1)
an analysis of the effectiveness of these processes in enforcing eligibility requirements for
publicly-funded health programs and in enrolling uninsured residents into programs of health
insurance offered by public and private sources; (2) an assessment of the impact of these
processes on the level of reimbursable health services by providers; and (3) recommendations for
ongoing improvements to enhance the performance of eligibility determination systems and
reduce hospital administrative costs.

SECTION 32. Subsection (a) of section 66 of said chapter 118E, as so appearing, is
hereby amended by striking out, in lines 14 and 15, the words “and the commonwealth care
health insurance program under chapter 118H”.

SECTION 33. Said section 66 of said chapter 118E, as so appearing, is hereby further
amended by striking out subsection (b) and inserting in place thereof the following subsection:

(b) The fund shall consist of: (i) all amounts paid by hospitals and surcharge payors under
sections 67 and 68; (ii) all appropriations for the purpose of payments to acute hospitals or
community health centers for health services provided to uninsured and underinsured residents;
(iii) any transfers from the Commonwealth Care Trust Fund established in section 2000 of
chapter 29; (iv) any transfers from the Safety Net Provider Trust Fund established in section
2AAAAA of said chapter 29; (v) any transfers from the Hospital Investment and Performance
Trust Fund established in section 2TTTTT of said chapter 29; and (vi) all property and securities
acquired by and through the use of money belonging to the fund and all interest thereon. There
shall also be credited to the fund an amount equal to any federal financial participation claimed
and received by the commonwealth for eligible expenditures made from the fund and financed
by monies transferred from the Hospital Investment and Performance Trust Fund established in
said section 2TTTTT of said chapter 29 or from the Safety Net Provider Trust Fund established
in said section 2AAAAA of said chapter 29. To accommodate timing discrepancies between the
receipt of such revenue and related expenditures, the comptroller may certify for payment
amounts not to exceed the most recent revenue estimates as certified by the secretary of health
and human services to be transferred, credited, or deposited under this subsection. Annually, the
office shall transfer from the non-federal monies in the fund: (i) $62,500,000 to the Safety Net
Provider Trust Fund established in said section 2AAAAA of said chapter 29; (ii) $532,000,000
to the Hospital Investment and Performance Trust Fund established in said section 2TTTTT of
said chapter 29; (iii) $115,500,000 to the Population Health Investment Trust Fund established in
section 2UUUUU of said chapter 29; and (iv) $10,000,000 to the Non-Acute Care Hospital
Reimbursement Trust Fund established in section 2WWWW of said chapter 29. The office shall
expend amounts in the fund, except for amounts transferred to the Safety Net Provider Trust
Fund, the Hospital Investment and Performance Trust Fund, the Population Health Investment
Trust Fund and the Non-Acute Care Hospital Reimbursement Trust Fund, for payments to
hospitals and community health centers for reimbursable health services provided to uninsured
and underinsured residents, consistent with the requirements of this section, section 69 and the
regulations adopted by the office. The office shall also annually expend monies from the fund for
the expenses of the executive office, including the health safety net office under subsection (a),
for the administration of the health safety net and related assessments. The office shall also
expend not more than $6,000,000 annually from the fund for demonstration projects that use case
management and other methods to reduce the liability of the fund to acute hospitals. Any
amounts collected from surcharge payors in any year in excess of the total surcharge amount,
adjusted to reflect applicable surcharge credits, shall be transferred to the General Fund to
support a portion of the costs of the Medicaid program. Any annual balance remaining in the
fund after these payments have been made shall be retained in the fund and shall not revert to the
General Fund. All interest earned on the amounts in the fund shall be deposited or retained in the
fund. The director shall from time to time requisition from the fund amounts that the director
considers necessary to meet the current obligations of the office for the purposes of the fund and
estimated obligations for a reasonable future period.

SECTION 34. Said section 66 of said chapter 118E is hereby further amended by
striking out subsection (b), inserted by section 33, and inserting in place thereof the following
subsection:-

(b) The fund shall consist of: (i) all amounts paid by hospitals and surcharge payors under
sections 67 and 68; (ii) all appropriations for the purpose of payments to acute hospitals or
community health centers for health services provided to uninsured and underinsured residents;
(iii) any transfers from the Commonwealth Care Trust Fund established in section 2OOO of
chapter 29; (iv) any transfers from the Safety Net Provider Trust Fund established in section
2AAAAA of chapter 29; (v) any transfers from the Hospital Investment and Performance Trust
Fund established in section 2TTTTT of chapter 29; and (vi) all property and securities acquired
by and through the use of money belonging to the fund and all interest thereon. There shall also
be credited to the fund an amount equal to any federal financial participation claimed and
received by the commonwealth for eligible expenditures made from the fund and financed by
monies transferred from the Hospital Investment and Performance Trust Fund established in
section 2TTTTT of chapter 29 or from the Safety Net Provider Trust Fund established in section
2AAAAA of chapter 29. To accommodate timing discrepancies between the receipt of such
revenue and related expenditures, the comptroller may certify for payment amounts not to exceed
the most recent revenue estimates as certified by the secretary of health and human services to be
transferred, credited or deposited under this subsection. Annually, the office shall transfer an
amount equal to all amounts paid by privately-owned, nonfederal hospitals under subsection (b)
of section 67 to the Non-Acute Care Hospital Reimbursement Trust Fund established in section
2WWWW of chapter 29. The office shall expend amounts in the fund, except for amounts
transferred to the Non-Acute Care Hospital Reimbursement Trust Fund, for payments to
hospitals and community health centers for reimbursable health services provided to uninsured
and underinsured residents, consistent with the requirements of this section, section 69 and the
regulations adopted by the office. The office shall also annually expend monies from the fund for
the expenses of the executive office, including the health safety net office under subsection (a),
for the administration of the health safety net and related assessments. The office shall also
expend not more than $6,000,000 annually from the fund for demonstration projects that use case
management and other methods to reduce the liability of the fund to acute hospitals. Any
amounts collected from surcharge payors in any year in excess of the total surcharge amount,
adjusted to reflect applicable surcharge credits, shall be transferred to the General Fund to
support a portion of the costs of the Medicaid program. Any annual balance remaining in the
fund after these payments have been made shall be retained in the fund and shall not revert to the
General Fund. All interest earned on the amounts in the fund shall be deposited or retained in the
fund. The director shall from time to time requisition from the fund amounts that the director
considers necessary to meet the current obligations of the office for the purposes of the fund and
estimated obligations for a reasonable future period.

SECTION 35. Said chapter 118E is hereby further amended by striking out section 67
and inserting in place thereof the following section:-

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

(b) [reserved].

(c) The office shall promulgate regulations to establish an appropriate mechanism for
enforcing each hospital’s liability to the fund in the event that a hospital does not make a
scheduled payment to the fund.

(d) For the purposes of the assessment described in this section, all hospitals in the
commonwealth shall be divided into the following 5 groups:

(i) safety net hospitals, defined for the purposes of this section as any hospital identified
in the MassHealth demonstration waiver approved under subsection (a) of section 1115 of Title
XI of the federal Social Security Act;

(ii) academic, teaching and specialty hospitals, defined for the purposes of this section as
any academic medical center, teaching hospital or specialty hospital, as determined by the center
for health information and analysis as of September 30, 2019, but excluding any safety net
hospital;

(iii) private acute hospitals, defined for the purposes of this section as any private hospital
licensed under section 51 of chapter 111 and which contains a majority of medical-surgical,
pediatric, obstetric and maternity beds, as defined by the department of public health, and
operating as of September 30, 2019, but excluding any safety net hospital or academic, teaching
and specialty hospital;

(iv) non-state public hospitals, defined for the purposes of this section as any non-state-owned public hospital in the commonwealth, as determined by the secretary; and

(v) non-acute hospitals, defined for the purposes of this section as any nonpublic hospital
licensed by the department of public health under section 51 of chapter 111 but not defined as an
acute care hospital under section 25B of said chapter 111; or any nonpublic hospital licensed as
an inpatient facility by the department of mental health under section 19 of chapter 19 and
regulations promulgated thereunder but not categorized as a class VII licensee under the
regulations.

(e) Each of the 5 groups described in subsection (d) shall be subject to the following
assessment rates: (i) safety net hospitals shall be subject to a rate of 16.05430 per cent for
inpatient services and 1.19950 per cent for outpatient services; (ii) academic, teaching and
specialty hospitals shall be subject to a rate of 4.66730 per cent for inpatient services and
0.74400 per cent for outpatient services; (iii) private acute hospitals shall be subject to a rate of
8.58690 per cent for inpatient services and 0.89340 per cent for outpatient services; (iv) non-state
public hospitals shall be subject to a rate of 1.61490 per cent for inpatient services and 0.55320
per cent for outpatient services; and (v) non-acute hospitals shall be subject to a rate of 1.35000
per cent for inpatient services and 1.35000 per cent for outpatient services; provided, that the
office shall increase each such rate by the amount necessary to generate 50 per cent of the
estimated cost, as determined by the secretary of administration and finance, of administering the
health safety net and related assessments in accordance with sections 65 to 69, inclusive.

(f) The assessment rates described in subsection (e) shall be applied to each hospital’s
fiscal year 2019 assessed charges for inpatient and outpatient services, as determined by the
secretary of health and human services; provided, that the term “assessed charges” shall have the
meaning ascribed to it in section 64. The total of the resulting products shall equal a hospital’s
annual assessment liability.

(g) The assessment structure described in this section shall have a term of 5 years
commencing October 1, 2022.

(h) Subject to receipt of all required federal approvals, the executive office shall
implement the assessment structure described in this section and shall promulgate regulations, in
consultation with the Massachusetts Health and Hospital Association, Inc., necessary to support
implementation of said assessment structure. In promulgating such regulations, and in
consultation with the Massachusetts Health and Hospital Association, Inc., the office shall, at
minimum: (i) specify an appropriate mechanism for determination and payment of an acute
hospital’s liability to the fund; (ii) identify the hospitals that belong to each group identified in
subsection (d); (iii) specify an appropriate mechanism for the determination of a hospital’s
liability in cases of merger or transfer of ownership; and (iv) specify an appropriate mechanism
by which any amounts paid by a hospital in excess of a hospital’s total annual assessment
liability may be refunded or otherwise credited to the hospital.
SECTION 36. Said chapter 118E is hereby further amended by striking out section 67, inserted by section 35, and inserting in place thereof the following section:-

Section 67. (a) An acute hospital’s liability to the fund shall equal the product of: (i) the ratio of its assessed charges to all acute hospitals’ assessed charges; and (ii) the total acute hospital assessment amount. Annually, not later than October 1, the office shall establish each acute hospital’s liability to the fund using the best data available as determined by the health safety net office and shall update each acute hospital’s liability to the fund as updated information becomes available. The office shall specify by regulation an appropriate mechanism for interim determination and payment of an acute hospital’s liability to the fund. An acute hospital’s liability to the fund shall, in the case of a transfer of ownership, be assumed by the successor in interest to the acute hospital.

(b) There shall be imposed in each fiscal year a uniform assessment upon the assessed charges of all: (i) nonpublic hospitals licensed by the department of public health under section 51 of chapter 111 but not defined as acute care hospitals under section 25B of said chapter 111; and (ii) nonpublic hospitals licensed as inpatient facilities by the department of mental health under section 19 of chapter 19 and regulations promulgated thereunder but not categorized as class VII licensees under the regulations; provided, however, that such uniform assessment shall be set as a percentage of the assessed charges of each such hospital and, for each fiscal year, the percentage shall be equal to the ratio of: (1) the total acute hospital assessment amount as defined in section 64 for the same fiscal year; to (2) the total assessed charges as defined in said section 64 of acute care hospitals in the same fiscal year and as the amount of those charges is determined by the health safety net office under this section. A non-acute hospital’s liability to the fund shall, in the case of a transfer of ownership, be assumed by the successor in interest to the non-acute hospital.

(c) The office shall establish by regulation an appropriate mechanism for enforcing each hospital’s liability to the fund in the event that a hospital does not make a scheduled payment to the fund.

SECTION 37. Subsection (b) of section 69 of said chapter 118E, as appearing in the 2020 Official Edition, is hereby amended by adding the following sentence:-

All reimbursements from the fund financed by any monies transferred from the Safety Net Provider Trust Fund established in section 2AAAA of chapter 29 or the Hospital Investment and Performance Trust Fund established in section 2TTTT of said chapter 29 in any fund fiscal year shall be applied to reduce such shortfall unless no shortfall exists in that fund fiscal year.

SECTION 38. Chapter 120 of the General Laws is hereby amended by adding the following section:-

Section 27. (a) The department of youth services shall provide juveniles committed to facilities overseen by the department with voice communication services, including phone calls,
free of charge to the person initiating and the person receiving the communication; provided, that
voice communication services shall be maximized to the extent possible and nothing in this
section shall further limit or restrict access to voice communication services as the services were
offered and available at such facilities on July 1, 2022; and provided further, that nothing in this
section shall prohibit in-person contact visits.

(b) The department of youth services may supplement voice communication services
with other communication services, including, but not limited to, video and electronic
communication services; provided, however, that other communication services shall not replace
voice communication services; and provided further, that other communication services shall be
provided free of charge to the person initiating and the person receiving the communication.

SECTION 39. Chapter 127 of the General Laws is hereby amended by inserting after
section 87 the following section:

Section 87A. (a) For the purposes of this section, the terms “state correctional facilities”,
“state prisons” and “county correctional facilities” shall have the same meanings as those terms
are defined in section 1 of chapter 125.

(b) The department of correction and sheriffs shall provide persons committed to state
correctional facilities, state prisons and county correctional facilities, including jails and houses
of correction, with voice communication services, including phone calls, free of charge to the
person initiating and the person receiving the communication; provided, that voice
communication services shall be maximized to the extent possible and nothing in this section
shall further limit or restrict access to voice communication services as the services were offered
and available at such facilities on July 1, 2022; and provided further, that nothing in this section
shall prohibit in-person contact visits.

(c) The department of correction and sheriffs may supplement voice communication
services with other communication services, including, but not limited to, video and electronic
communication services; provided, however, that other communication services shall not replace
voice communication services; and provided further, that other communication services shall be
provided free of charge to the person initiating and the person receiving the communication.

SECTION 40. Subsection (a) of section 11 of chapter 211D of the General Laws is
hereby amended by striking out the figure “$110”, inserted by section 59 of chapter 24 of the
acts of 2021, and inserting in place thereof the following figure:– $120.

SECTION 41. Said subsection (a) of said section 11 of said chapter 211D is hereby
further amended by striking out the figure “$75”, inserted by section 60 of said chapter 24, and
inserting in place thereof the following figure:– $85.

SECTION 42. Said subsection (a) of said section 11 of said chapter 211D is hereby
further amended by striking out the figure “$60”, inserted by section 61 of said chapter 24, and
inserting in place thereof the following figure:– $65.
SECTION 43. Said subsection (a) of said section 11 of said chapter 211D is hereby further amended by striking out the figure “$75”, inserted by section 62 of said chapter 24, and inserting in place thereof the following figure:- $85.

SECTION 44. Said subsection (a) of said section 11 of said chapter 211D is hereby further amended by striking out the figure “$60”, inserted by section 63 of said chapter 24, and inserting in place thereof the following figure:- $65.

SECTION 45. Section 87A of chapter 276 of the General Laws, as appearing in the 2020 Official Edition, is hereby amended by striking out the second to eleventh paragraphs, inclusive.

SECTION 46. Section 368 of chapter 26 of the acts of 2003 is hereby repealed.

SECTION 47. Sections 7, 8A and 14 of chapter 115 of the acts of 2016 are hereby repealed.

SECTION 48. Section 13 of said chapter 115 is hereby amended by striking out the words “Sections 5 and 7” and inserting in place thereof the following words:- Section 5.

SECTION 49. Sections 54 and 150 of chapter 47 of the acts of 2017 are hereby repealed.

SECTION 50. Section 58 of chapter 110 of the acts of 2017 is hereby amended by striking out the figure “2023” and inserting in place thereof the following figure:- 2028.

SECTION 51. (a) The secretary of health and human services, in consultation with the department of higher education, shall establish and implement a public information campaign to promote awareness of the availability of student loan forgiveness and assistance, tuition reimbursement, fellowships or other state and federal programs designed to benefit the health care and behavioral health workforce in the commonwealth and individuals who may be interested in joining the health care or behavioral health workforce. The campaign shall include: (i) educating health care and behavioral health workforce members of the availability of the centralized website, established pursuant to subsection (b), listing available programs; (ii) performing targeted outreach to health care and behavioral health workforce members about the availability of student loan forgiveness and other assistance programs designed to benefit workers; and (iii) performing targeted outreach to the public, including community colleges and other colleges and universities, to provide information about programs available to assist individuals interested in joining the health care and behavioral health workforce.

(b) Not later than September 1, 2022, the secretary of health and human services shall establish a centralized website for the public to access a list and description of all programs offered through the commonwealth and any applicable federal programs for loan forgiveness or assistance, tuition reimbursement, fellowships or other workforce-related benefits in the health care and behavioral health industries, including, but not limited to, programs established in: (i) the general laws; (ii) regulations; (iii) the 1115 waiver; (iv) chapter 102 of the acts of 2021; and (v) this act. The website shall provide comprehensive information about all programs offered
through the commonwealth for loan forgiveness or assistance, tuition reimbursement, fellowships or other workforce-related benefits for health care and behavioral health workforce members and the public who may be interested in joining the health care or behavioral health workforce, including, but not limited to: (i) eligibility for programs; (ii) information on how to access additional information related to programs; and (iii) website links or other information on how to apply for or request participation in the programs.

SECTION 52. (a) Notwithstanding subsection (b) of section 3 of chapter 176Q of the General Laws or any other general or special law to the contrary, the commonwealth health insurance connector authority, established pursuant to section 2 of said chapter 176Q, shall implement a 2-year pilot program to extend eligibility for premium assistance payments or point-of-service cost-sharing subsidies for applicants at or below 500 per cent of the federal poverty guidelines.

(b) Applicants participating in the pilot program that are between 300 and 500 per cent of the federal poverty guidelines shall have access to a plan that meets at least 90 per cent actuarial value; provided, that the affordability standard for the pilot program shall be consistent with current practices pursuant to said section 3 of said chapter 176Q.

(c) Notwithstanding paragraph 2 of section 2000 of chapter 29 of the General Laws or any other general or special law to the contrary, amounts necessary to support the 2-year pilot program established in subsection (a) shall be expended from the Commonwealth Care Trust Fund established in said section 2000 of said chapter 29.

(d) The commonwealth health insurance connector authority, in consultation with the center for health information and analysis, shall evaluate the pilot program to assess the public health, health equity, utilization and financial impacts on residents of reducing out-of-pocket costs and premium costs. The center shall collect quantitative and qualitative data at the start of the pilot program and at the end of each year of the pilot program to assess the impact on pilot program participants. Data points to be collected shall include, but not be limited to: (i) rates of unmet medical need due to cost; (ii) disparities in rates of unmet medical need due to cost; (iii) difficulties accessing care at a doctor’s office or clinic; (iv) racial and ethnic disparities in difficulties accessing care at a doctor’s office or clinic; (v) insurance coverage rates, including rates of continuous insurance coverage; (vi) racial and ethnic disparities in insurance coverage rates; (vii) visits to a doctor’s office; and (viii) racial and ethnic disparities in visits to a doctor’s office. The connector shall file reports of its evaluation with the clerks of the house of representatives and the senate, the house and senate committees on ways and means, the joint committee on public health and the joint committee on health care financing not later than December 1, 2024 and December 1, 2025.

SECTION 53. (a) Notwithstanding any general or special law to the contrary, no voice communication services contract in force on the effective date of this act shall be affected by sections 38 and 39; provided, that voice communication services shall be free of charge to the person initiating and the person receiving the communication on July 1, 2022; provided further, that other communication services offered pursuant to sections 38 and 39, including, but not
limited to, video and electronic communication services shall be offered free of charge to the
person initiating and the person receiving the communication on July 1, 2022.

(b) Notwithstanding any general or special law to the contrary, upon the expiration of any
contract for voice communication services the department of corrections, the sheriffs and the
department of youth services shall seek to maximize purchasing power and consolidate contracts
to the extent feasible; provided, that not later than January 1, 2023, the department of correction,
the sheriffs and the department of youth services shall report to the house and senate committees
on ways and means and the joint committee on the judiciary on the status of any communication
services contracts and plans to consolidate contracts to maximize purchasing power for voice
communication services.

SECTION 54. Notwithstanding any general or special law to the contrary, the health
policy commission shall conduct an analysis and issue a report on the ongoing effects of the
COVID-19 pandemic on behavioral health-related boarding in emergency departments in the
commonwealth. The study shall consider emergency department visits in the commonwealth
classified as mental health, behavioral health, substance use disorder or other alcohol-related
diagnosis and shall review: (i) length of wait for boarding; (ii) primary reason for wait; (iii) level
of care required; (iv) type of insurance coverage; (v) available data on patient age, race,
ethnicity, preferred spoken language, gender and homelessness; (vi) the ability to facilitate care
coordination among health care providers; (vii) effects of COVID-19 on wait times; (viii) effects
of COVID-19 on workforce and any workforce shortages; and (ix) other factors related to
COVID-19 affecting the: (a) increased burden on emergency departments as a result of
behavioral health-related boarding; and (b) outcomes and quality of care for patients boarded in
emergency departments. The health policy commission shall also review behavioral health-
related boarding in other states and actions taken and any best practices to address the pressure
on emergency departments as a result of the effects of the COVID-19 pandemic on behavioral
health-related boarding. Not later than July 1, 2023, the health policy commission shall submit to
the clerks of the house of representatives and the senate, the house and senate committees on
ways and means, the joint committee on mental health, substance use and recovery and the joint
committee on healthcare financing the report, including recommendations on how to address: (i)
the burden on emergency departments; (ii) outcomes for patients with behavioral diagnoses; and
(iii) quality of care for patients boarded in emergency departments.

SECTION 55. Notwithstanding any general or special law to the contrary, the secretary
of health and human services shall seek any and all required federal approvals the secretary
deems necessary to implement: (1) the Hospital Investment and Performance Trust Fund
established in section 17; (2) the Population Health Investment Trust Fund established in section
17; and (3) sections 12, 15, 29, 33, 35, 37, 47, 48, 49 and 70, including any required waivers
under 42 CFR 433.68 necessary to implement the updates to the hospital assessment described in
section 67 of chapter 118E of the General Laws, as amended by section 35.

If, after having received any required federal approval necessary to implement the
Hospital Investment and Performance Trust Fund established in section 17, the Population
Health Investment Trust Fund established in section 17 and sections 12, 15, 29, 33, 35, 37, 47,
48, 49 and 70, such approval is withdrawn or is otherwise not in effect, or the secretary
determines that a change in federal law, regulations or the federal government’s administration
of federal law or regulation requires a modification to the hospital assessment described in
section 67 of chapter 118E of the General Laws, as amended by section 35, or to the
implementation of the Health Safety Net Trust Fund established in section 66 of said chapter
118E, as amended by sections 32 and 33, the Non-Acute Care Hospital Reimbursement Trust
Fund established in section 2WWWW of chapter 29 of the General Laws, as amended by section
12, the Safety Net Provider Trust Fund established in section 2AAAAA of said chapter 29, as
amended by section 15, the Hospital Investment and Performance Trust Fund established in
section 17, or the Population Health Investment Trust Fund established in section 17, the
secretary shall notify the joint committee on health care financing and the house and senate
committees on ways and means and shall consult with the Massachusetts Health and Hospital
Association, Inc. to develop alternatives.

Not later than December 15, 2023, and annually thereafter, the secretary shall report to
the joint committee on health care financing and the house and senate committees on ways and
means: (i) the amount of the assessment made and collected from each hospital pursuant to
section 35; and (ii) the amounts transferred to, deposited in, expended from and transferred from
the Hospital Investment and Performance Trust Fund established in section 17 and the
Population Health Investment Trust Fund established in section 17.

SECTION 56. Notwithstanding any general or special law to the contrary, in the event
that the commonwealth does not receive all federal approvals pursuant to section 55 the secretary
of health and human services determines necessary to implement: (1) the Hospital Investment
and Performance Trust Fund established in section 17; (2) the Population Health Investment
Trust Fund established in section 17; and (3) sections 12, 15, 29, 33, 35, 37, 47, 48, 49 and 70,
including any required waivers under 42 CFR 433.68, the hospital assessment described in
sections 64 through 69, inclusive, of chapter 118E of the General Laws shall remain in effect as
if sections 12, 15, 29, 33, 35, 37, 47, 48, 49, 70, the Hospital Investment and Performance Trust
Fund established in section 17 and the Population Health Investment Trust Fund established in
section 17 and had not been enacted until the first full calendar month following the calendar
month in which the secretary determines all such federal approvals have been received. The
secretary, in consultation with representatives of the Massachusetts Health and Hospital
Association, Inc., shall continue to seek all federal approvals necessary to implement the
Hospital Investment and Performance Trust Fund established in section 17, the Population
Health Investment Trust Fund established in section 17 and sections 12, 15, 29, 31, 32, 33, 35,
37, 47, 48, 49 and 70 until such federal approvals are received or the United States Department
of Health and Human Services or the federal Centers for Medicare and Medicaid Services render
a final determination that an assessment established pursuant to sections 65 through 69,
inclusive, of said chapter 118E cannot be implemented.

SECTION 57. (a) Notwithstanding any general or special law to the contrary, the
unexpended balances in items 0699-0015 and 0699-9100 of section 2 shall be deposited into the
State Retiree Benefits Trust Fund established in section 24 of chapter 32A of the General Laws
before the certification of the fiscal year 2023 consolidated net surplus under section 5C of
chapter 29 of the General Laws. The amount deposited shall be an amount equal to 10 per cent of
all payments received by the commonwealth in fiscal year 2023 under the master settlement
agreement in Commonwealth of Massachusetts v. Philip Morris, Inc. et al., Middlesex Superior
Court, No. 95-7378; provided, however, that if in fiscal year 2023 the unexpended balances of
said items 0699-0015 and 0699-9100 of said section 2 are less than 10 per cent of all payments
received by the commonwealth in fiscal year 2023 under the master settlement agreement
payments, an amount equal to the difference shall be transferred to the State Retiree Benefits
Trust Fund from payments received by the commonwealth under the master settlement
agreement.

(b) Notwithstanding any general or special law to the contrary, the payment percentage
set forth in section 152 of chapter 68 of the acts of 2011 shall not apply in fiscal year 2023.

SECTION 58. Notwithstanding any special or general law to the contrary, for fiscal year
2023, $94,000,000 of the amount transferred in item 1595-6370 of section 2E shall be considered
operating assistance and distributed to regional transit authorities; provided, however, that for
fiscal year 2023, $90,500,000 shall be distributed based on fiscal year 2022 distributions, in
accordance with the updated fiscal year 2022 bilateral memorandum of understanding between
each regional transit authority and the Massachusetts Department of Transportation; provided
further, that each regional transit authority shall receive operating assistance from said item
1595-6370 of said section 2E of not less than the amount received in fiscal year 2022; and
provided further, that $3,500,000 shall be distributed to each regional transit authority based on
the following formula: 60 per cent based on total transit ridership as reported on the most recent
certified national transit data base report, 30 per cent based on population of its member
communities from the most recent census and 10 per cent based on service coverage area
determined by the total square miles of its member communities. The department may require
each regional transit authority to provide data on ridership, customer service and satisfaction,
asset management and financial performance, including farebox recovery, and shall compile
collected data into a report on the performance of regional transit authorities and each authority’s
progress towards meeting the performance metrics established in each memorandum of
understanding.

SECTION 59. Notwithstanding any general or special law to the contrary, the amounts
transferred pursuant to subdivision (1) of section 22C of chapter 32 of the General Laws shall be
made available for the Commonwealth’s Pension Liability Fund established in section 22 of said
chapter 32. The amounts transferred pursuant to said subdivision (1) of said section 22C of said
chapter 32 shall meet the commonwealth’s obligations pursuant to said section 22C of said
chapter 32, including retirement benefits payable by the state employees’ retirement system and
the state teachers’ retirement system, for the costs associated with a 3 per cent cost-of-living
adjustment pursuant to section 102 of said chapter 32, for the reimbursement of local retirement
systems for previously authorized cost-of-living adjustments pursuant to said section 102 of said
chapter 32 and for the costs of increased survivor benefits pursuant to chapter 389 of the acts of
1984. The state board of retirement and each city, town, county and district shall verify these
costs, subject to rules that shall be adopted by the state treasurer. The state treasurer may make
payments upon a transfer of funds to reimburse certain cities and towns for pensions of retired
teachers, including any other obligation that the commonwealth has assumed on behalf of a
retirement system other than the state employees’ retirement system or state teachers' retirement
system, including the commonwealth’s share of the amounts to be transferred pursuant to section
22B of said chapter 32. The payments under this section shall be made only pursuant to
distribution of money from the Commonwealth’s Pension Liability Fund and any distribution, and the payments for which distributions are required, shall be detailed in a written report prepared quarterly by the secretary of administration and finance and submitted to the house and senate committees on ways and means and the joint committee on public service in advance of the distribution. Distributions shall not be made in advance of the date on which a payment is actually to be made. If the amount transferred pursuant to subdivision (1) of section 22C of said chapter 32 exceeds the amount necessary to adequately fund the annual pension obligations, the excess amount shall be credited to the Pension Reserves Investment Trust Fund established in subdivision (8) of said section 22 of said chapter 32 to reduce the unfunded pension liability of the commonwealth.

SECTION 60. Notwithstanding any general or special law to the contrary, the secretary of administration and finance, in consultation with the secretary of health and human services, may transfer not more than a total of $17,000,000 from the prescription advantage program in item 9110-1455 of section 2 and the Health Safety Net Trust Fund established in section 66 of chapter 118E of the General Laws in fiscal year 2023 to support the Medicare Saving or Medicare Buy-In programs established in section 25A of said chapter 118E; provided, however, that the secretary of health and human services shall certify to the house and senate committees on ways and means, not less than 45 days in advance of the transfer, in writing, the amount to be transferred and an explanation of the amount of expected savings to those programs resulting from the transfer.

SECTION 61. Notwithstanding any general or special law to the contrary, payments from the Health Safety Net Trust Fund established in section 66 of chapter 118E of the General Laws may be made either as safety net care payments under the commonwealth’s waiver pursuant to section 1115 of the federal Social Security Act, 42 U.S.C. 1315, or as an adjustment to service rate payments under Title XIX and XXI of the Social Security Act or a combination of both. Other federally permissible funding mechanisms available for certain hospitals, as defined by regulations of the executive office of health and human services, may be used to reimburse up to $70,000,000 of uncompensated care pursuant to sections 66 and 69 of said chapter 118E using sources distinct from the funding made available to the Health Safety Net Trust Fund.

SECTION 62. Notwithstanding any general or special law to the contrary, not later than October 1, 2022 and without further appropriation, the comptroller shall transfer from the General Fund to the Health Safety Net Trust Fund established in section 66 of chapter 118E of the General Laws the greater of $45,000,000 or 1/12 of the total expenditures to hospitals and community health centers required pursuant to this act, for the purposes of making initial gross payments to qualifying acute care hospitals for the hospital fiscal year beginning October 1, 2022. These payments shall be made to hospitals before, and in anticipation of, the payment by hospitals of their gross liability to the Health Safety Net Trust Fund. Not later than June 30, 2023, the comptroller shall transfer from the Health Safety Net Trust Fund to the General Fund, the amount of the transfer authorized by this section and any allocation of that amount as certified by the director of the health safety net office.

SECTION 63. Notwithstanding any general or special law to the contrary, in hospital fiscal year 2023, the office of the inspector general may expend up to $1,000,000 from the
Health Safety Net Trust Fund established in section 66 of chapter 118E of the General Laws for costs associated with maintaining a health safety net audit unit within the office. The unit shall continue to oversee and examine the practices in hospitals, including, but not limited to, the care of the uninsured and the resulting free charges. The unit shall also study and review the Medicaid program under said chapter 118E, including, but not limited to, a review of the program’s eligibility requirements, utilization, claims administration and compliance with federal mandates. The inspector general shall submit a report to the chairs of the house and senate committees on ways and means on the results of the audits and any other completed analyses not later than March 1, 2023.

SECTION 64. Notwithstanding any general or special law to the contrary, the secretary of health and human services shall, not later than June 30, 2023, make available $40,000,000 from the MassHealth Delivery System Reform Trust Fund established in section 2SSSS of chapter 29 of the General Laws to the comptroller for deposit in the General Fund to reimburse the commonwealth for Medicaid-related expenses incurred in fiscal year 2023 as certified by the secretary of health and human services.

SECTION 65. Notwithstanding any general or special law to the contrary, the comptroller, at the direction of the secretary of administration and finance, may transfer up to $15,000,000 from the Commonwealth Care Trust Fund established in section 2OOO of chapter 29 of the General Laws to the Health Safety Net Trust Fund established in section 66 of chapter 118E of the General Laws.

SECTION 66. Notwithstanding any general or special law to the contrary, during fiscal year 2023, to the extent funds are available and prior to the calculation of the fiscal year 2023 consolidated net surplus in accordance with section 5C of chapter 29 of the General Laws, the comptroller shall transfer $819,740,779 to the Commonwealth Stabilization Fund established in section 2H of chapter 29 of the General Laws, in the manner described in section 5G of said chapter 29.

SECTION 67. Notwithstanding any general or special law to the contrary, any unexpended balances, not exceeding a total of $25,703,629, in item 7061-0011 of section 2 of chapter 24 of the acts of 2021 shall not revert to the General Fund until June 30, 2023 and may be expended by the department of elementary and secondary education to provide grants to K-12 schools for workforce supports for teachers and staff including, but not limited to, certification cost reimbursement, professional development and bonuses.

SECTION 68. Section 52 is hereby repealed.

SECTION 69. Section 55 is hereby repealed.

SECTION 70. Sections 11, 12, 15, the Hospital Investment and Performance Trust Fund established in section 17 and the Population Health Investment Trust Fund established in section 17 and sections 29, 33, 35, 37 shall take effect on October 1, 2022.
SECTION 71. Sections 16, 18, 19, 30, 34, 36 and 69 shall take effect on October 1, 2027.

SECTION 72. Sections 24 and 25 shall take effect for taxable years beginning on or after January 1, 2022.

SECTION 73. Section 52 shall take effect on June 1, 2023.

SECTION 74. Section 68 shall take effect on May 31, 2025.

SECTION 75. Except as otherwise specified, this act shall take effect on July 1, 2022.