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Section 3 Local Aid Distribution

Additional local aid information based on the Governor's FY2023 Budget for individual cities and towns is available at <https://www.mass.gov/lists/cherry-sheet-estimates>

SECTION 3.

Notwithstanding any general or special law to the contrary, for the fiscal year ending June 30, 2023 the distribution of Unrestricted General Government Aid to cities and towns of the balance of the State Lottery and Gaming Fund, as paid from the General Fund in accordance with clause (c) of the second paragraph of section 35 of chapter 10 of the General Laws, and additional funds from the General Fund and the Gaming Local Aid Fund, shall be \$1,199,658,260 and shall be apportioned to cities and towns in accordance with this section.

For fiscal year 2023 the total amounts to be distributed to each city, town, and regional school district, as calculated pursuant to chapter 70 of the General Laws and paid from item 7061-0008 of section 2, shall be as set forth in the following lists; provided, that for purposes of calculating preliminary local contributions, municipal revenue growth factors shall be calculated in a manner consistent with calculations made in fiscal year 2022; provided further, that the effort reduction percentage shall be 100 per cent; provided further, that the minimum aid per pupil dollar amount shall be \$30; and provided further, that the total statewide target local contribution shall be 59 per cent. If there is a conflict between the language of said chapter 70 and the distribution listed below, the distribution below shall control. The specified amounts listed below shall be deemed in full satisfaction of the amounts due under said chapter 70.

The department of elementary and secondary education shall not consider health care costs for retired teachers to be part of net school spending for any district in which such costs were not considered part of net school spending in fiscal year 1994 and for any district that has not accepted the provisions of section 260 of chapter 165 of the acts of 2014; provided, that any district for whom such costs are not so considered shall have included as part of net school spending an amount equal to the increase in the foundation budget for the district associated with health care costs of retired teachers.

No payments to cities, towns or counties maintaining an agricultural school under this section shall be made after November 30 of the fiscal year until the commissioner of revenue certifies acceptance of the prior fiscal year's annual financial reports submitted under section 43 of chapter 44 of the General Laws. Advance payments shall be made for some or all of periodic local reimbursement or assistance programs to any city, town, regional school district, or agricultural school that demonstrates an emergency cash shortfall, as certified by the commissioner of revenue and approved by the secretary of administration and finance, under guidelines established by the secretary.

MUNICIPALITY	Chapter 70	Unrestricted General Government Aid
ABINGTON	12,964,124	2,220,379
ACTON	0	1,578,880
ACUSHNET	6,433,462	1,711,378
ADAMS	0	2,642,479
AGAWAM	21,961,237	4,158,199
ALFORD	0	15,840
AMESBURY	9,305,127	2,195,831

MUNICIPALITY	Chapter 70	Unrestricted General Government Aid
AMHERST	6,185,523	9,502,519
ANDOVER	12,002,131	2,016,856
AQUINNAH	0	2,638
ARLINGTON	15,893,365	8,563,143
ASHBURNHAM	0	897,431
ASHBY	0	494,226
ASHFIELD	93,683	209,547
ASHLAND	9,733,723	1,526,371
ATHOL	0	2,988,237
ATTLEBORO	47,795,015	6,439,201
AUBURN	14,035,168	1,933,025
AVON	3,207,358	782,308
AYER	0	854,466
BARNSTABLE	18,706,196	2,374,192
BARRE	0	1,015,131
BECKET	76,923	102,503
BEDFORD	5,867,553	1,295,680
BELCHERTOWN	14,015,576	1,920,496
BELLINGHAM	8,772,685	1,915,235
BELMONT	10,025,419	2,548,548
BERKLEY	4,047,188	686,764
BERLIN	0	227,563
BERNARDSTON	0	328,285
BEVERLY	13,158,441	6,591,433
BILLERICA	19,633,434	6,572,598
BLACKSTONE	234,189	1,544,932
BLANDFORD	43,955	143,319
BOLTON	0	222,851
BOSTON	225,486,335	213,844,510
BOURNE	5,320,393	1,654,607
BOXBOROUGH	32,909	284,717
BOXFORD	1,806,079	548,693
BOYLSTON	113,472	386,620
BRAINTREE	19,367,068	6,458,849
BREWSTER	1,352,371	445,666
BRIDGEWATER	76,248	4,111,005
BRIMFIELD	1,380,756	440,063
BROCKTON	224,060,353	23,633,259
BROOKFIELD	1,714,243	557,297
BROOKLINE	15,416,497	7,166,121
BUCKLAND	13,134	345,609

MUNICIPALITY	Chapter 70	Unrestricted General Government Aid
BURLINGTON	9,149,844	2,955,926
CAMBRIDGE	18,538,851	24,248,163
CANTON	7,890,436	2,420,469
CARLISLE	1,353,970	247,605
CARVER	10,099,019	1,648,881
CHARLEMONT	102,815	197,298
CHARLTON	7,335	1,635,255
CHATHAM	0	169,869
CHELMSFORD	11,962,155	5,728,858
CHELSEA	104,609,095	9,270,102
CHESHIRE	15,583	693,381
CHESTER	72,014	203,210
CHESTERFIELD	133,594	155,835
CHICOPEE	80,784,014	12,997,456
CHILMARK	0	4,233
CLARKSBURG	1,811,215	410,605
CLINTON	17,390,539	2,657,027
COHASSET	2,832,292	580,708
COLRAIN	0	325,757
CONCORD	3,908,868	1,309,429
CONWAY	631,144	201,722
CUMMINGTON	59,811	94,159
DALTON	236,581	1,284,194
DANVERS	7,883,269	3,214,752
DARTMOUTH	10,150,171	2,845,320
DEDHAM	6,786,428	3,691,053
DEERFIELD	1,131,673	542,124
DENNIS	0	614,707
DEVENS	308,558	0
DIGHTON	0	872,765
DOUGLAS	8,826,185	823,699
DOVER	941,020	217,123
DRACUT	24,318,160	3,954,690
DUDLEY	0	2,016,680
DUNSTABLE	0	277,616
DUXBURY	6,310,025	1,000,501
EAST BRIDGEWATER	12,199,950	1,689,512
EAST BROOKFIELD	186,676	327,347
EAST LONGMEADOW	13,030,624	1,633,793
EASTHAM	474,210	168,160
EASTHAMPTON	8,314,652	3,172,570

MUNICIPALITY	Chapter 70	Unrestricted General Government Aid
EASTON	10,349,991	2,471,740
EDGARTOWN	1,038,273	75,186
EGREMONT	0	71,215
ERVING	490,422	75,862
ESSEX	0	276,351
EVERETT	92,633,005	7,797,896
FAIRHAVEN	9,027,153	2,545,230
FALL RIVER	168,421,258	26,897,784
FALMOUTH	9,084,872	1,564,827
FITCHBURG	68,261,280	9,632,324
FLORIDA	554,377	56,180
FOXBOROUGH	9,199,530	1,681,228
FRAMINGHAM	68,853,477	11,229,581
FRANKLIN	28,730,321	2,788,996
FREETOWN	461,524	1,071,790
GARDNER	23,307,399	4,782,980
GEORGETOWN	5,602,348	808,574
GILL	0	274,545
GLOUCESTER	9,659,102	4,507,953
GOSHEN	96,381	90,297
GOSNOLD	8,404	2,367
GRAFTON	12,617,520	1,764,828
GRANBY	4,705,220	996,604
GRANVILLE	0	180,966
GREAT BARRINGTON	0	856,603
GREENFIELD	15,704,567	3,583,444
GROTON	0	874,333
GROVELAND	65,470	821,614
HADLEY	1,308,550	512,272
HALIFAX	3,173,113	1,024,600
HAMILTON	0	758,339
HAMPDEN	0	776,557
HANCOCK	294,337	63,726
HANOVER	7,309,583	2,391,024
HANSON	18,683	1,445,403
HARDWICK	28,114	525,468
HARVARD	2,035,141	1,671,552
HARWICH	0	486,189
HATFIELD	866,206	352,188
HAVERHILL	73,906,310	11,093,405
HAWLEY	13,300	48,846

MUNICIPALITY	Chapter 70	Unrestricted General Government Aid
HEATH	0	94,438
HINGHAM	8,190,403	1,781,346
HINSDALE	104,923	251,315
HOLBROOK	9,746,363	1,665,425
HOLDEN	6,793	2,158,010
HOLLAND	984,946	227,818
HOLLISTON	8,671,139	1,747,914
HOLYOKE	89,770,485	11,463,273
HOPEDALE	6,141,780	736,009
HOPKINTON	8,738,584	886,666
HUBBARDSTON	0	508,439
HUDSON	12,168,766	2,250,775
HULL	3,924,206	2,392,032
HUNTINGTON	258,496	389,003
IPSWICH	4,034,786	1,811,839
KINGSTON	4,806,669	1,083,386
LAKEVILLE	86,418	923,538
LANCASTER	10,227	1,078,921
LANESBOROUGH	0	389,351
LAWRENCE	240,706,791	22,161,983
LEE	2,119,239	702,938
LEICESTER	10,102,829	1,959,790
LENOX	1,301,655	601,628
LEOMINSTER	57,552,237	6,459,916
LEVERETT	390,908	201,472
LEXINGTON	14,852,994	1,729,837
LEYDEN	0	92,933
LINCOLN	1,244,421	768,410
LITTLETON	4,323,654	802,329
LONGMEADOW	6,487,366	1,576,953
LOWELL	200,970,019	28,430,083
LUDLOW	13,936,743	3,448,082
LUNENBURG	8,722,228	1,193,610
LYNN	241,919,113	25,271,371
LYNNFIELD	4,996,011	1,173,892
MALDEN	54,074,627	14,160,869
MANCHESTER	0	251,011
MANSFIELD	19,176,179	2,517,712
MARBLEHEAD	6,115,077	1,285,318
MARION	1,041,767	254,681
MARLBOROUGH	37,676,346	6,144,297

MUNICIPALITY	Chapter 70	Unrestricted General Government Aid
MARSHFIELD	14,892,403	2,445,169
MASHPEE	4,729,206	415,275
MATTAPOISETT	980,381	457,467
MAYNARD	5,517,791	1,773,259
MEDFIELD	6,434,604	1,636,170
MEDFORD	13,938,241	13,691,203
MEDWAY	10,627,719	1,377,054
MELROSE	9,680,222	5,788,590
MENDON	36,016	461,259
MERRIMAC	56,805	949,686
METHUEN	56,601,025	6,137,024
MIDDLEBOROUGH	20,210,503	2,782,839
MIDDLEFIELD	13,290	60,004
MIDDLETON	1,706,441	617,581
MILFORD	39,413,472	3,447,554
MILLBURY	7,975,852	1,998,726
MILLIS	4,894,762	1,181,737
MILLVILLE	73,662	459,760
MILTON	10,723,607	3,626,761
MONROE	140,582	20,754
MONSON	7,593,125	1,473,403
MONTAGUE	0	1,617,624
MONTEREY	0	52,187
MONTGOMERY	21,162	97,954
MOUNT WASHINGTON	8,381	33,835
NAHANT	538,963	426,476
NANTUCKET	3,957,373	89,431
NATICK	12,218,845	4,301,130
NEEDHAM	12,371,314	1,970,404
NEW ASHFORD	180,257	22,927
NEW BEDFORD	199,086,038	25,965,033
NEW BRAINTREE	17,386	149,002
NEW MARLBOROUGH	0	66,103
NEW SALEM	0	117,111
NEWBURY	16,934	584,553
NEWBURYPORT	4,681,433	2,878,715
NEWTON	25,972,311	6,633,132
NORFOLK	3,521,115	1,082,428
NORTH ADAMS	14,919,518	5,007,575
NORTH ANDOVER	10,701,919	2,313,167
NORTH ATTLEBOROUGH	20,928,251	3,247,328

MUNICIPALITY	Chapter 70	Unrestricted General Government Aid
NORTH BROOKFIELD	4,533,924	899,395
NORTH READING	7,288,667	2,004,127
NORTHAMPTON	7,718,329	4,961,042
NORTHBOROUGH	4,088,210	1,259,030
NORTHBRIDGE	15,725,341	2,382,564
NORTHFIELD	4,589	407,805
NORTON	12,962,810	2,345,939
NORWELL	4,751,914	1,209,983
NORWOOD	12,686,621	5,250,153
OAK BLUFFS	1,594,968	82,088
OAKHAM	0	216,553
ORANGE	6,295,562	1,824,125
ORLEANS	440,544	193,880
OTIS	0	41,054
OXFORD	10,660,914	2,320,945
PALMER	11,173,122	2,263,633
PAXTON	0	610,787
PEABODY	30,686,005	8,147,728
PELHAM	242,533	179,670
PEMBROKE	13,771,952	1,897,363
PEPPERELL	0	1,684,636
PERU	90,112	128,906
PETERSHAM	439,483	129,399
PHILLIPSTON	0	208,206
PITTSFIELD	54,254,811	9,745,348
PLAINFIELD	27,794	56,628
PLAINVILLE	2,967,641	856,308
PLYMOUTH	26,833,827	4,422,814
PLYMPTON	884,359	267,778
PRINCETON	3,497	334,193
PROVINCETOWN	296,661	156,127
QUINCY	35,407,991	21,552,684
RANDOLPH	22,651,376	5,866,939
RAYNHAM	0	1,283,498
READING	11,060,829	3,659,214
REHOBOTH	0	1,176,591
REVERE	84,453,160	11,610,920
RICHMOND	515,255	122,116
ROCHESTER	2,384,342	479,396
ROCKLAND	16,354,908	2,983,879
ROCKPORT	1,537,736	493,898

MUNICIPALITY	Chapter 70	Unrestricted General Government Aid
ROWE	142,385	4,447
ROWLEY	34,649	609,548
ROYALSTON	0	202,924
RUSSELL	207,425	278,770
RUTLAND	0	1,044,141
SALEM	26,060,772	7,786,285
SALISBURY	14,443	713,180
SANDISFIELD	0	39,113
SANDWICH	7,298,848	1,272,200
SAUGUS	9,430,029	4,141,001
SAVOY	518,549	130,782
SCITUATE	6,214,317	2,270,647
SEEKONK	7,176,520	1,388,957
SHARON	9,720,067	1,580,060
SHEFFIELD	0	274,982
SHELBURNE	0	295,177
SHERBORN	775,586	244,491
SHIRLEY	0	1,480,903
SHREWSBURY	20,433,058	3,144,235
SHUTESBURY	636,326	191,410
SOMERSET	10,414,831	1,731,205
SOMERVILLE	20,788,718	28,439,507
SOUTH HADLEY	9,676,866	2,947,918
SOUTHAMPTON	2,579,326	719,210
SOUTHBOROUGH	3,055,951	493,683
SOUTHBRIDGE	26,115,037	3,970,931
SOUTHWICK	0	1,423,789
SPENCER	30,998	2,552,979
SPRINGFIELD	439,165,847	42,730,121
STERLING	6,178	782,528
STOCKBRIDGE	0	112,512
STONEHAM	5,737,555	4,194,923
STOUGHTON	21,494,614	3,614,499
STOW	0	475,162
STURBRIDGE	4,243,483	874,480
SUDBURY	5,140,968	1,580,027
SUNDERLAND	881,898	570,506
SUTTON	5,554,605	881,104
SWAMPSCOTT	4,570,836	1,461,030
SWANSEA	9,827,315	2,119,974
TAUNTON	78,628,388	9,493,550

MUNICIPALITY	Chapter 70	Unrestricted General Government Aid
TEMPLETON	0	1,573,977
TEWKSBURY	13,520,735	3,141,531
TISBURY	1,011,199	110,679
TOLLAND	0	20,862
TOPSFIELD	1,376,580	692,325
TOWNSEND	0	1,483,422
TRURO	413,966	33,958
TYNGSBOROUGH	7,507,774	1,090,814
TYRINGHAM	57,162	14,331
UPTON	39,979	600,945
UXBRIDGE	9,538,964	1,553,095
WAKEFIELD	7,843,960	3,802,561
WALES	1,170,688	266,603
WALPOLE	8,397,131	2,876,694
WALTHAM	18,905,768	10,839,014
WARE	12,335,233	1,948,695
WAREHAM	13,689,648	2,233,222
WARREN	10,917	1,021,211
WARWICK	0	143,552
WASHINGTON	0	106,611
WATERTOWN	6,356,216	7,528,900
WAYLAND	6,102,726	1,020,295
WEBSTER	16,791,633	2,794,684
WELLESLEY	9,536,724	1,462,195
WELLFLEET	295,433	65,974
WENDELL	0	196,712
WENHAM	0	483,488
WEST BOYLSTON	3,083,715	899,323
WEST BRIDGEWATER	5,314,661	738,106
WEST BROOKFIELD	328,719	549,765
WEST NEWBURY	6,221	334,447
WEST SPRINGFIELD	35,695,116	4,045,331
WEST STOCKBRIDGE	0	109,747
WEST TISBURY	0	209,655
WESTBOROUGH	11,506,107	1,307,995
WESTFIELD	39,070,491	7,105,676
WESTFORD	17,416,545	2,398,760
WESTHAMPTON	483,170	163,561
WESTMINSTER	0	738,897
WESTON	4,082,946	422,214
WESTPORT	4,649,882	1,373,239

MUNICIPALITY	Chapter 70	Unrestricted General Government Aid
WESTWOOD	6,007,132	823,472
WEYMOUTH	28,787,645	9,842,089
WHATELY	269,510	151,477
WHITMAN	133,897	2,733,197
WILBRAHAM	0	1,651,945
WILLIAMSBURG	834,197	341,726
WILLIAMSTOWN	0	1,077,650
WILMINGTON	11,638,970	2,806,694
WINCHENDON	12,492,076	1,898,924
WINCHESTER	9,884,719	1,670,044
WINDSOR	26,462	117,216
WINTHROP	8,013,321	4,758,416
WOBURN	12,693,670	6,757,445
WORCESTER	316,240,166	46,906,501
WORTHINGTON	362,525	141,779
WRENTHAM	3,843,193	1,052,342
YARMOUTH	0	1,425,120
Total Municipal Aid	5,170,477,104	1,199,658,260

	Chapter 70
Regional School District	
ACTON BOXBOROUGH	15,490,321
AMHERST PELHAM	9,640,657
ASHBURNHAM WESTMINSTER	13,987,424
ASSABET VALLEY	7,477,986
ATHOL ROYALSTON	20,961,514
AYER SHIRLEY	8,400,431
BERKSHIRE HILLS	2,989,518
BERLIN BOYLSTON	2,438,707
BLACKSTONE MILLVILLE	11,084,329
BLACKSTONE VALLEY	8,668,763
BLUE HILLS	6,729,640
BRIDGEWATER RAYNHAM	27,545,559
BRISTOL COUNTY	4,020,905
BRISTOL PLYMOUTH	13,601,708
CAPE COD	2,955,921
CENTRAL BERKSHIRE	8,863,939
CHESTERFIELD GOSHEN	758,590
CONCORD CARLISLE	3,213,909
DENNIS YARMOUTH	10,048,712
DIGHTON REHOBOTH	13,115,066
DOVER SHERBORN	2,492,893
DUDLEY CHARLTON	24,688,393
ESSEX NORTH SHORE	6,649,161
FARMINGTON RIVER	612,111
FRANKLIN COUNTY	5,470,865
FREETOWN LAKEVILLE	11,267,023
FRONTIER	2,887,785
GATEWAY	5,704,719
GILL MONTAGUE	7,778,051
GREATER FALL RIVER	20,678,352
GREATER LAWRENCE	32,407,639
GREATER LOWELL	34,570,635
GREATER NEW BEDFORD	31,079,812
GROTON DUNSTABLE	11,056,283
HAMILTON WENHAM	3,840,439
HAMPDEN WILBRAHAM	12,089,774
HAMPSHIRE	3,308,943
HAWLEMONT	640,996
HOOSAC VALLEY	10,425,904
KING PHILIP	7,712,530
LINCOLN SUDBURY	3,567,927
MANCHESTER ESSEX	3,123,278

	Chapter 70
Regional School District	
MARTHAS VINEYARD	2,920,440
MASCONOMET	5,304,129
MENDON UPTON	12,574,216
MINUTEMAN	2,385,950
MOHAWK TRAIL	6,106,214
MONOMOY	4,115,865
MONTACHUSETT	17,220,222
MOUNT GREYLOCK	3,913,825
NARRAGANSETT	10,675,367
NASHOBA	9,093,116
NASHOBA VALLEY	3,900,777
NAUSET	3,598,819
NEW SALEM WENDELL	774,692
NORFOLK COUNTY	1,433,282
NORTH MIDDLESEX	20,574,893
NORTHAMPTON SMITH	920,075
NORTHBORO SOUTHBORO	3,248,554
NORTHEAST METROPOLITAN	12,768,498
NORTHERN BERKSHIRE	6,273,595
OLD COLONY	3,683,230
OLD ROCHESTER	3,384,440
PATHFINDER	6,743,142
PENTUCKET	13,317,662
PIONEER	4,208,171
QUABBIN	16,762,498
QUABOAG	9,224,800
RALPH C MAHAR	5,674,283
SHAWSHEEN VALLEY	6,549,651
SILVER LAKE	8,748,547
SOMERSET BERKLEY	6,584,920
SOUTH MIDDLESEX	7,922,088
SOUTH SHORE	5,000,397
SOUTHEASTERN	20,178,271
SOUTHERN BERKSHIRE	2,026,391
SOUTHERN WORCESTER	12,893,681
SOUTHWICK TOLLAND GRANVILLE	9,925,218
SPENCER EAST BROOKFIELD	13,786,364
TANTASQUA	10,363,014
TRI COUNTY	5,770,868
TRITON	8,907,531
UPISLAND	903,172
UPPER CAPE COD	3,912,348

	Chapter 70	
Regional School District		
WACHUSETT	32,435,516	
WHITMAN HANSON	24,985,800	
WHITTIER	12,301,617	
	Chapter 70	Unrestricted General Government Aid
TOTALS		
Total Regional Aid	818,043,261	
Total Municipal and Regional Aid	5,988,520,365	1,199,658,260



Section 4 - Delegation Threshold 1

SECTION 4. Section 5 of chapter 7C of the General Laws, as appearing in the 2020 Official Edition, is hereby amended by striking out, in lines 4 and 13, both times it appears, the figure "250,000" and inserting in place thereof the following figure:- 500,000.

Summary:

This section, along with four others, adjusts the dollar thresholds for building projects that state agencies or authorities may control and supervise.

Section 5 - Delegation Threshold 2

SECTION 5. Subsection (e) of section 46 of said chapter 7C, as so appearing, is hereby amended by striking out, in line 68, the figure "30,000" and inserting in place thereof the following figure:- 50,000.

Summary:

This section, along with four others, makes adjustments to the dollar thresholds for building projects that state agencies or authorities may control and supervise.

Section 6 - Delegation Threshold 3

SECTION 6. Said subsection (e) of said section 46 of said chapter 7C, as so appearing, is hereby further amended by striking out, in line 70, the figure "300,000" and inserting in place thereof the following figure:- 500,000.

Summary:

This section, along with four others, adjusts the dollar thresholds for building projects that state agencies or authorities may control and supervise.

Section 7 - Delegation Threshold 4

SECTION 7. Paragraph (iv) of subsection (d) of section 51 of said chapter 7C, as so appearing, is hereby amended by striking out, in line 51, the figure "30,000" and inserting in place thereof the following figure:- 50,000

Summary:

This section, along with four others, adjusts the dollar thresholds for building projects that state agencies or authorities may control and supervise.

Section 8 - Delegation Threshold 5

SECTION 8. Said paragraph (iv) of said subsection (d) of said section 51 of said chapter 7C, as so appearing, is hereby further amended by striking out, in line 53, the figure "300,000" and inserting in place thereof the following figure:- 500,000

Summary:

This section, along with four others, adjusts the dollar thresholds for building projects that state agencies or authorities may control and supervise.

Section 9 - Cybersecurity and Resiliency Trust Fund

SECTION 9. Chapter 7D of the General Laws is hereby amended by adding the following section:-

Section 12. (a) There shall be established and set up a separate expendable trust account, to be known as the Cybersecurity and Resiliency Trust Fund. The chief information officer for the commonwealth shall expend funds in the trust without further appropriation to support activities related to the procurement of end-user devices in compliance with any security and resiliency directives that the executive office of technology services and security may develop. The comptroller shall annually transfer to the trust, from the General Fund, an amount determined by the secretary of administration and finance in consultation with the chief information officer, not to exceed \$20,000,000. The unexpended balance in the fund at the end of a fiscal year shall remain available for expenditure in subsequent fiscal years. No expenditure made from the fund shall cause the fund to be in deficit at any point.

(b) Not later than 30 days after the start of each fiscal year, the chief information officer shall submit a spending plan to the secretary of administration and finance and the house and senate committees on ways and means. The spending plan shall include the expected quantity and total cost of any procurements planned for that fiscal year for each client department. The spending plan shall include the fund balance at the start of the current fiscal year and expenditures and incomes from the prior fiscal year. Spending from the fund shall be subject to approval of the secretary of administration and finance. The chief information officer shall report not less than every 6 months to the secretary of administration and finance and the house and senate committees on ways and means on how the funds have been expended and how expenditures have differed from the spending plan.

Summary:

This section establishes the Cybersecurity and Resiliency Trust Fund to support the procurement of end-user devices and the Modern Workplace Program administered by the Executive Office of Technology Services and Security (EOTSS).

Section 10 - Cashless Lottery Payments

SECTION 10. Section 24 of chapter 10 of the General Laws, as appearing in the 2020 Official Edition, is hereby amended by striking out, in line 17, the word "agents" and inserting in place thereof the following words:- agents; provided, that said restriction shall not govern the transmittal of lottery information and sales for the purpose of facilitating point of sale transactions; provided, further that said restriction shall govern point of sale transactions involving credit cards as defined in section 1 of chapter 140D and that point of sale transactions under this section shall be subject to the restrictions set forth in subsection (b) of section 5I of chapter 18.

Summary:

The section permits the sale of lottery products by remote methods such as debit cards. The prohibition on the use of credit cards to buy lottery products would remain in effect.

Section 11 - District Attorney and Sheriff Salary Increase 1

SECTION 11. Section 15 of chapter 12 of the General Laws, as so appearing, is hereby amended by striking out the figure "191,000" and inserting in place thereof the following figure:- 195,000.

Summary:

This section, along with one other, increases the salaries of the Commonwealth's District Attorneys and Sheriffs to correspond with funding proposed for fiscal year 2023.

Section 12 - 403(b) Plan 1

SECTION 12. Section 18A of chapter 15 of the General Laws, as so appearing, is hereby amended by inserting the following paragraph:- The board of higher education, hereinafter referred to as the "board", may establish, administer and operate plans intended to comply with the provisions of section 403(b) of the Internal Revenue Code of 1986, as amended. Such plans will be maintained for the exclusive benefit of plan participants and their beneficiaries. Eligible employees, as determined by the provisions of 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) of the Internal Revenue Code. 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 as plan providers. Those plan providers identified by the board may offer annuity or custodial accounts meeting the requirements of said section 403(b) of the Internal Revenue Code. Investments of plan contributions shall be directed by the participant. The board may promulgate regulations governing the administration of and participation in the plans.

Summary:

This section, along with one other, authorizes DHE's 403(b) supplemental retirement plan and provides DHE with administrative costs to perform review and oversight of the plan.

Section 13 - Enforcement of OHV Accident Reporting Requirement

SECTION 13. The fifth paragraph of section 10H of chapter 21A of the General Laws, as so appearing, is hereby amended by inserting, in line 20, after the words "inclusive," the following words:- or section 27.

Summary:

This section would subject an individual who fails to file an accident report for an off-highway vehicle accident to a \$250 civil penalty.

Section 14 - Special State Police Officers/Retired Uniformed Members

SECTION 14. Chapter 22C of the General Laws is hereby amended by inserting after section 51 the following section:-

Section 51A. The colonel may appoint as special state police officers retired uniformed members who, as the colonel deems necessary, may perform police details or any police duties arising therefrom during the course of police detail work, whether or not related to the detail work.

Retired uniformed members appointed under this section shall:

- (i) have retired by reason of superannuation not more than 3 years prior to the date of the appointment as a special state police officer;
- (ii) have a state police discharge status of honorable;
- (iii) be deemed necessary, suitable, qualified and fit to perform the same essential functions and duties as uniformed members of the department;
- (iv) be certified by the police officer standards and training commission pursuant to section 4 of chapter 6E;
- (v) be subject to or exempt from department rules as determined by the colonel;
- (vi) be equipped, trained and deployed as determined by the colonel; and
- (vii) not have reached the age of 68 as of the date of appointment.

Retired uniformed members appointed shall, in accordance with sections 91 and 91A of chapter 32, be at-will employees subject to appointment and removal by the colonel in a manner consistent with sections 52 and 53 of this chapter and shall be appointed for a term of 1 year subject to renewal in the colonel's sole discretion. Such retired uniformed members shall not be subject to the civil service law or rules, shall not be entitled to any benefits of such law or rules, but shall, in the performance of assigned duties and for the purposes of section 9A of chapter 258, be deemed a member of the state police.

Summary:

This section would allow the Colonel of the State Police to appoint retired members in good standing to perform certain police duties such as paid details in order to ensure adequate coverage and reduce overtime costs.

Section 15 - Utility Vendor Threshold 1

SECTION 15. Subsection (a) of section 14 of chapter 25A of the General Laws, as appearing in the 2020 Official Edition, is hereby amended by striking out, in line 3, the figure "100,000" and inserting in place thereof the following figure:- 300,000.

Summary:

This section, along with one other, increases the utility vendor threshold from \$100,000 to \$300,000 and expands eligible projects to include climate resilience and decarbonization activities.

Section 16 - Utility Vendor Threshold 2

SECTION 16. 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 generating sources as defined in section 11F; climate resilience and decarbonization activities; and cogeneration systems.

Summary:

This section, along with one other, increases the utility vendor threshold from \$100,000 to \$300,000 and expands eligible projects to include climate resilience and decarbonization activities.

Section 17 - Hospital Assessment 1

SECTION 17. Subsection (a) of section 2WWWW of chapter 29 of the General Laws, 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.

Summary:

This section, along with twenty others, implements an increased and restructured hospital assessment that divides hospitals into five groups, assigning two different rates for each group (inpatient and outpatient), for a five-year term.

Section 18 - Substance Use Disorder Trust Fund

SECTION 18. 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 million 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 million 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 million 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 million 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. The secretary may expend funds in excess of the limits set forth in this section by up to 15 per cent annually, subject to availability of funds within the trust. For the purpose of accommodating 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

monies 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.

Summary:

This section amends the Substance Use Disorder Trust Fund to adjust anticipated expenditures.

Section 19 - Hospital Assessment 2

SECTION 19. Section 2AAAAA of said chapter 29, as appearing in the 2020 Official Edition, is hereby amended by striking out the second paragraph and inserting in place thereof the following paragraph:-

There shall be credited to the fund: (1) any transfers from the Health Safety Net Trust Fund established in section 66 of chapter 118E; (2) any revenue from appropriations or other money authorized by the general court and specifically designated to be credited to the fund; (3) an amount equal to any federal financial participation revenues claimed and received by the commonwealth for eligible expenditures made from the fund; and (4) interest earned on any money in the fund. Money from the fund shall be expended for payments to providers that qualify under an approved federal waiver and in accordance with said waiver. Amounts credited to the fund shall not be subject to further appropriation. At the end of each fiscal year, the secretary of health and human services shall determine, in the secretary's sole discretion, the amount of any 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 \$62.5 million 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.

Summary:

This section, along with twenty others, implements an increased and restructured hospital assessment that divides hospitals into five groups, assigning two different rates for each group (inpatient and outpatient), for a five-year term.

Section 20 - Hospital Assessment 3

SECTION 20. 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: (1) any transfers from the Health Safety Net Trust Fund established in section 66 of chapter 118E; (2) any revenue from appropriations or other money authorized by the general court and specifically designated to be credited to the fund; (3) an amount equal to any federal financial participation revenues claimed and received by the commonwealth for eligible expenditures made from the fund; and (4) 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.

Summary:

This section, along with twenty others, implements an increased and restructured hospital assessment that divides hospitals into five groups, assigning two different rates for each group (inpatient and outpatient), for a five-year term.

Section 21 - Behavioral Health Trust Fund and Hospital Assessment 4

SECTION 21. Said chapter 29 is hereby further amended by inserting after section 2QQQQQ, as inserted by section 17 of chapter 24 of the acts of 2021, the following 3 sections:-

2RRRRR. There shall be a Behavioral Health Access and Crisis Intervention Trust Fund to be administered by the secretary of health and human services. The secretary may expend money from the fund, without further appropriation, to support a statewide, payor-agnostic community behavioral health crisis system, including, but not limited to, all necessary costs to support (i) a Behavioral Health Access Line to connect individuals to behavioral health services, including clinical assessment and triage and (ii) a statewide system to deliver behavioral health crisis intervention services 24 hours per day and 7 days per week in mobile and community-based settings, available to all residents without regard to insurance.

There shall be credited to the fund all monies paid to the commonwealth under section 69A of chapter 118E and any other federal reimbursements, grants, premiums, gifts, interest or other contributions from any source received that are specifically designated to be credited to the fund. At the option of the secretary of administration and finance in consultation with the secretary of health and human services, revenues equal to the amount of federal financial participation received by the commonwealth's General Fund for expenditures for the Behavioral Health Access Line may also be credited to the fund.

The fund may incur expenses, and the comptroller shall certify for payment, amounts in anticipation of the most recent estimate of expected receipts, as certified by the secretary of health and human services. Any balance in the fund at the close of a fiscal year shall be available for expenditure in subsequent fiscal years and shall not be transferred to any other fund or revert to the General Fund. The secretary shall report annually, on or before August 1, to the house and senate committees on ways and means and the senate and house chairs of the joint committee on mental health, substance use and recovery on the revenue and expenditure activity within the fund.

Section 2SSSSS. (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: (1) any transfers from the Health Safety Net Trust Fund established in section 66 of chapter 118E; (2) an amount equal to any federal financial participation revenues claimed and received by the commonwealth for eligible expenditures made from the fund; (3) any revenue from appropriations or other money authorized by the general court and specifically designated to be credited to the fund; and (4) 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. 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) of this subsection.

(2) The secretary shall annually expend amounts from the fund averaging, over a period of five years, not less than \$1,210,000,000 per year, provided that all such payments shall fall into one of the following four 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; (B) the acute hospital with a pediatric specialty unit, as defined in section 64 of chapter 118E; and (C) 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 \$550,000,000 per year over a period of five years for the rate payments described in clause (iii) of this paragraph.

(3) Of the targeted payments described in clause (iv) of paragraph (2) of this subsection, 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, (ii) \$10,000,000 to the acute hospital with a pediatric specialty unit, as defined in said section 64 of said chapter 118E, and (iii) \$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) of this subsection, 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 quickly 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 2TTTTT. (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. 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) of this subsection.

(2) The secretary shall annually expend amounts from the fund averaging, over a period of five years, not less than \$290,000,000 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.

Summary:

This section establishes the Behavioral Health Access and Crisis Intervention Trust Fund to receive and expend certain revenue from behavioral health surcharge payments. This section also establishes the Hospital Investment and Performance Trust Fund and the Population Health Investment Trust Fund to receive and expend certain revenue from the restructured hospital assessment.

Section 22 - Hospital Assessment 5

SECTION 22. Section 2SSSSS of said chapter 29, as inserted by section 21, is hereby amended by striking out subsections (c) and (d) and inserting in place thereof the following subsections:-

(c) [reserved]

(d) [reserved]

Summary:

This section, along with twenty others, implements an increased and restructured hospital assessment that divides hospitals into five groups, assigning two different rates for each group (inpatient and outpatient), for a five-year term.

Section 23 - Hospital Assessment 6

SECTION 23. Section 2TTTTT of said chapter 29, as inserted by section 21, is hereby amended by striking out subsection (c) and inserting in place thereof the following subsection:-

(c) [reserved]

Summary:

This section, along with twenty others, implements an increased and restructured hospital assessment that divides hospitals into five groups, assigning two different rates for each group (inpatient and outpatient), for a five-year term.

Section 24 - Sick Leave Buy Back 1

SECTION 24. Section 31A of said chapter 29 of the General Laws, as appearing in the 2020 Official Edition, is hereby amended by adding the following 2 subsections:-

(e) No employee of the commonwealth shall accrue more than 1,000 hours of unused sick leave credits.

(f) No employee of a public institution of higher education listed in section 5 of chapter 15A shall accrue more than 1,000 hours of unused sick leave credits.

Summary:

This section, along with three others, limits the accrual of unused sick time to 1,000 hours for executive branch and public higher education employees. It also freezes the accrual of sick time for any employee who has already accrued more than 1,000 hours.

Section 25 - Maintenance Service Contracts 1

SECTION 25. The fourth paragraph of subsection (a) of section 39M of chapter 30 of the General Laws, as so appearing, is hereby amended by striking out, in line 64, the words ", maintenance".

Summary:

This section, along with four others, makes maintenance service contracts subject to the requirements of Chapter 30, which governs the purchasing of goods, supplies, and services.

Section 26 - Maintenance Service Contracts 2

SECTION 26. Section 51 of said chapter 30, as so appearing, is hereby amended by inserting, in line 1, after the word "services", the following words:- which shall include maintenance services to a facility or system and replacement of equipment within existing systems as part of a periodic maintenance contract,.

Summary:

This section, along with four others, makes maintenance service contracts subject to the requirements of Chapter 30, which governs the purchasing of goods, supplies, and services.

Section 27 - Maintenance Service Contracts 3

SECTION 27. Section 52 of said chapter 30, as so appearing, is hereby amended by inserting, in line 1, after the word "services", the following words:- which shall include maintenance services to a facility or system and replacement of equipment within existing systems as part of a periodic maintenance contract,.

Summary:

This section, along with four others, makes maintenance service contracts subject to the requirements of Chapter 30, which governs the purchasing of goods, supplies, and services.

Section 28 - 403(b) Plan 2

SECTION 28. Subdivision (1) of section 22C of chapter 32 of the General Laws, as so appearing, is hereby amended by striking out clause (ii) and inserting in place thereof the following clause:- (ii) 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; and.

Summary:

This section, along with one other, authorizes DHE's 403(b) supplemental retirement plan and provides DHE with administrative costs to perform review and oversight of the plan.

Section 29 - National Guard Compensation Increase

SECTION 29. 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 which 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 to the children of the decedent in equal shares; 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, if there are no surviving parents, the amount shall be paid to the surviving siblings in equal shares.

(c) For the purposes of subsection (b), parents include fathers and mothers through adoption. However, 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.

Summary:

This section increases the National Guard death or disability compensation from \$100,000 to \$200,000 and expands eligibility to additional surviving family members.

Section 30 - District Attorney and Sheriff Salary Increase 2

SECTION 30. 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.

Summary:

This section, along with one other, increases the salaries of the Commonwealth's District Attorneys and Sheriffs to correspond with funding proposed for fiscal year 2023.

Section 31 - Recreational Land and Uses

SECTION 31. The second paragraph of section 1 of chapter 61B of the General Laws, as appearing in the 2020 Official Edition, is hereby amended by inserting, in line 18, after the word "observation" the following words:- and other passive non-motorized recreational uses such as running, outdoor education, snowshoeing and ice skating; and snowmobile use, off-highway vehicle use.

Summary:

This section would expand the list of uses that are allowed on statutorily defined recreational land to include snowmobile and off-highway vehicle use as well as passive non-motorized recreational uses such as running, outdoor education, snowshoeing and ice skating.

Section 32 - Individual Income Tax Conformity 1

SECTION 32. Section 1 of chapter 62 of the General Laws, as so appearing, is hereby amended by striking out, in line 6, the words "January 1, 2005" and inserting in place thereof the following words:- January 1, 2022.

Summary:

This section conforms the Massachusetts individual income tax rules to the version of the federal Internal Revenue Code in effect on January 1, 2022. The current conformity date is 2005.

Section 33 - Individual Income Tax Conformity 2

SECTION 33. 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.

Summary:

This section decouples the Massachusetts individual income tax rules from the federal qualified business income deduction.

Section 34 - Sales Tax Modernization

SECTION 34. Chapter 62C of the General Laws is hereby amended by inserting after section 16B the following section:-

Section 16C. (a) As used in this section, the following words shall have the following meanings unless the context clearly requires otherwise:-

"Third party payment processor", any person engaged in the business of remitting payments to vendors or operators under chapters 64G, 64H, 64I, 64L or 64N, in association with credit card, debit card or similar payment arrangements that compensate the vendor or operator in transactions subject to the excise under said chapters.

"Vendor or operator", a business that is obliged to file a return under section 16; provided that businesses with gross sales below a certain threshold, to be set by the commissioner in regulation, shall not be a "vendor or operator" if the business notifies a third party payment processor in writing that it is exempt from the provisions of this section.

(b) Any vendor or operator shall, in connection with seeking payments from or through a third party payment processor, separately identify tax amounts charged in association with the excise under chapters 64G, 64H, 64I, 64L or 64N and non-tax amounts for which payment is sought. Such separate identification shall be conducted in a manner approved by the commissioner, taking into account established industry practices to the extent practicable.

(c) A third party payment processor receiving a request for payment from a vendor or operator shall directly pay the identified tax portion of such request to the commissioner on a daily basis, at substantially the same time that any non-tax balance is paid to the vendor or operator.

(d) A third party payment processor shall report total payments made to the commissioner on a monthly return, in a manner provided by the commissioner, which return shall identify each vendor or operator to whom payments were made during the month and the amount of tax paid to the commissioner during the month in association with transactions with each such vendor or operator during that period. (e) A third party payment processor shall report to each vendor or operator on a monthly basis, in a manner provided by the commissioner, the total tax remitted to the commissioner with respect to transactions of the particular vendor or operator during the monthly period.

(e) Tax amounts paid to the commissioner by a third party payment processor in association with the processing of transactions of a particular vendor or operator during the month shall be available as a credit to the vendor or operator in the filing of returns showing tax due under chapters 64G, 64H, 64I, 64L or 64N, as applicable.

Summary:

This section requires third party processors (predominantly credit card companies) to remit to the Commonwealth, on a daily basis, the portion of a sale that is attributable to sales tax, with an effective date of July 1, 2025. There would be no change to the current schedule for reporting and remitting the sales tax for cash sales.

Section 35 - Research Tax Credit

SECTION 35. Section 38M of chapter 63 of the General Laws, as appearing in the 2020 Official Edition, is hereby amended by inserting after subsection (k) the following subsection:-

(l) Financial institutions, insurance companies and other business corporations taxable under this chapter but not subject to the excise under section 39 are eligible for the credit provided under this section for taxable years beginning on or after January 1, 2022, but not for prior taxable years.

Summary:

This section clarifies eligibility for the research tax credit.

Section 36 - Safe Cigarette Penalty Fund

SECTION 36. Section 2F of chapter 64C of the General Laws, as so appearing, is hereby amended by striking out the second sentence and inserting in place thereof the following sentence:- The fund shall consist of all monies recovered as penalties for violations under section 2E, or as settlement of a claim that a person violated said section 2E or otherwise any donation to said fund.

Summary:

This section allows the Fire Prevention and Public Safety Fund, in addition to receiving penalties assessed for violations of the testing and performance standard requirements for cigarettes, to receive the proceeds of settlements of such claims.

Section 37 - Remote Software Tax Clarification 1

SECTION 37. Section 1 of chapter 64H of the General Laws, as so appearing, is hereby amended by striking out the definition of "sale and selling" and inserting in place thereof the following definition:-

"Sale" and "selling", include (i) any transfer of title or possession, or both, exchange, barter, lease, license, rental, conditional or otherwise, of tangible personal property or the performance of services for a consideration, in any manner or by any means whatsoever; (ii) the producing, fabricating, processing, printing or imprinting of tangible personal property for a consideration for consumers who furnish either directly or indirectly the materials used in the producing, fabricating, processing, printing or imprinting; (iii) the furnishing and distributing of tangible personal property or services for a consideration by social clubs and fraternal organizations to their members or others; (iv) a transaction whereby the possession of property is transferred but the seller retains the title as security for the payment of the price; (v) a transfer for a consideration of the title or possession of tangible personal property which has been produced, fabricated or printed to the special order of the customer, or of any publication; (vi) the furnishing of information by printed, mimeographed or multigraphed matter, or by duplicating written or printed matter in any other manner, including the services of collecting, compiling or analyzing

information of any kind or nature and furnishing reports thereof to other persons, but excluding the furnishing of information, which is personal or individual in nature and which is not or may not be substantially incorporated in reports furnished to other persons, and excluding the services of advertising or other agents, or other persons acting in a representative capacity, and information services used by newspapers, radio broadcasters and television broadcasters in the collection and dissemination of news and excluding the furnishing of information by photocopy or other similar means by not for profit libraries which are recognized as exempt from taxation under section 501(c)(3) of the Federal Internal Revenue Code; (vii) the performance or receipt of services, for a consideration, excluding (a) services performed by an employee for his employer whether compensated by salary, commission or otherwise, (b) services performed by a general partner for his partnership and compensated by the receipt of distributive shares of income or loss from the partnership, and (c) the performance of services for which the provider is compensated by means of an honorarium, or fee paid to any person or entity registered under 15 USC 80b-3 or 15 USC 78q-1 for services the performance of which require such registration, for services related thereto or for trust, custody, and related cash management and securities services of a trust company as defined in chapter 172; and (viii) a sale within the meaning of subsections (i) to (vii) facilitated by a marketplace facilitator.

Summary:

This section, along with one other, clarifies that the purchase of a license to access remotely hosted computer software is a taxable transfer of tangible personal property.

Section 38 - Remote Software Tax Clarification 2

SECTION 38. Said section 1 of said chapter 64H, as so appearing, is hereby further amended by striking out the definition of "tangible personal property" and inserting in place thereof the following definition:-

"Tangible personal property", personal property of any nature consisting of any produce, goods, wares, merchandise and commodities whatsoever, brought into, produced, manufactured or being within the commonwealth, but shall not include rights and credits, insurance policies, bills of exchange, stocks and bonds and similar evidences of indebtedness or ownership. For purposes of this chapter, "tangible personal property" shall include gas, electricity and steam. A transfer or license of standardized computer software, by virtual, electronic, telephonic or other means and including the transfer or license of the right to use standardized computer software that is remotely hosted, shall also be considered a transfer of tangible personal property. The commissioner may, by regulation, provide rules for apportioning tax in those instances in which software is transferred for use in more than one state.

Summary:

This section, along with one other, clarifies that the purchase of a license to access remotely hosted computer software is a taxable transfer of tangible personal property.

Section 39 - Controlled Substances Act Repeal

SECTION 39. Chapter 64K of the General Laws, as so appearing, is hereby repealed.

Summary:

This section repeals the Controlled Substances Act, which has been ruled unconstitutional.

Section 40 - Charter School Facilities Reimbursement

SECTION 40. 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 and shall be adjusted each year by the "foundation inflation index" as defined in section 2 of chapter 70.

Summary:

This section increases the facilities component of charter school reimbursements from a minimum of \$893 per pupil to a minimum of \$1,088 per pupil in FY23 and indexes this amount to inflation going forward.

Section 41 - Nuclear Power Plant Assessment 1

SECTION 41. Section 5K of chapter 111 of the General Laws, as so appearing, is hereby amended by striking out, in line 65, the words "existing and proposed".

Summary:

This section, along with three others, authorizes DPH to assess the operators of nuclear reactors that are in the process of being decommissioned for associated radiation monitoring and emergency planning costs.

Section 42 - Nuclear Power Plant Assessment 2

SECTION 42. Said section 5K of said chapter 111, as so appearing, is hereby further amended by inserting, in line 66, after the word "commonwealth" the following words:- , including a nuclear power plant that is no longer operating, until the U.S. Nuclear Regulatory Commission has approved all areas of the site for unrestricted use, excluding the Independent Spent Fuel Storage Installation licensed by the U.S. Nuclear Regulatory Commission, and the unrestricted use areas meet the radiological release criteria established in regulations promulgated pursuant to section 5N. Such assessments shall be.

Summary:

This section, along with three others, authorizes DPH to assess the operators of nuclear reactors that are in the process of being decommissioned for associated radiation monitoring and emergency planning costs.

Section 43 - Nuclear Power Plant Assessment 3

SECTION 43. Subsection (E) of said section 5K of said chapter 111, as so appearing, is hereby further amended by striking out the second and third sentences.

Summary:

This section, along with three others, authorizes DPH to assess the operators of nuclear reactors that are in the process of being decommissioned for associated radiation monitoring and emergency planning costs.

Section 44 - Nuclear Power Plant Assessment 4

SECTION 44. Said section 5K of said chapter 111, as so appearing, is hereby further amended by striking out, in lines 91 and 92, the words "General Fund and credited to the department" and inserting in place thereof the following words:- Radiation Control Trust account.

Summary:

This section, along with three others, authorizes DPH to assess the operators of nuclear reactors that are in the process of being decommissioned for associated radiation monitoring and emergency planning costs.

Section 45 - Clinical Laboratories Statute 1

SECTION 45. Chapter 111D of the General Laws is hereby amended by striking out sections 1 through 5 and inserting in place thereof the following 5 sections:-

Section 1. As used in this chapter, the following words shall, unless the context requires otherwise, have the following meaning:-

- (1) "CLIA-Waived Test", a test that the federal Centers for Medicare and Medicaid Services has determined qualifies for a Certificate of Waiver under the federal Clinical Laboratory Improvement Amendments of 1988 (CLIA).
- (2) "Clinical Laboratory", a facility for the biological, microbiological, serological, chemical, immunohematological, hematological, biophysical, cytological, pathological, or other examination of materials derived from the human body for the purpose of providing information for the diagnosis, prevention, or treatment of any disease or impairment of, or the assessment of the health of, human beings; provided, that these examinations also include procedures to determine, measure, or otherwise describe the presence or absence of various substances or organisms in the body. For the purposes of this chapter, facilities only collecting or preparing specimens, or both, or only serving as a mailing service and not performing testing are not considered laboratories.
- (3) "Commissioner", the commissioner of public health.
- (4) "Company", a corporation, partnership, limited liability company, limited liability partnership, an association, a trust or an organized group of persons, whether incorporated or not.
- (5) "Department", the department of public health in the executive office of health and human services.
- (6) "Exempt test", a test designated by the department as a simple laboratory examination or a procedure that has an insignificant risk of error, including but not limited to, CLIA-waived tests; provided, that exempt tests also may include tests designated by the department that the federal Centers for Medicare and Medicaid Services has determined qualify for a Certificate of Provider Performed Microscopy under the federal Clinical Laboratory Improvement Amendments of 1988 (CLIA).
- (7) "Ownership interest", interests including, but not limited to, any membership, proprietary interest, shares of stock in a corporation, units or other interest in a partnership, bonds, debentures, notes or other equity interest or debt instrument or co-ownership in any form.
- (8) "Person", corporations, societies, associations, partnerships, limited liability companies, limited liability partnerships, trusts, organized group of persons, whether incorporated or not, an individual or the individual's estate upon death, any other entity including, but not limited to, medical practice,

medical office, clinic, counseling center, substance use disorder treatment program or sober house or a political subdivision of the commonwealth.

Section 2. The department shall have authority:

- (1) to establish and to enforce, requirements in addition to any prescribed in this chapter for the construction, maintenance and utilization of clinical laboratories, including standards of performance in the examination of specimens;
- (2) to require evidence of successful participation by clinical laboratories licensed by the department in proficiency testing programs, and by laboratory personnel in training programs, covering all or specific laboratory specialties and approved by the department;
- (3) to establish appropriate fees for the issuance and renewal of licenses;
- (4) to make such reasonable classification of clinical laboratories, by category of laboratory procedures performed or nature and scope of services provided, as the department may find necessary or appropriate in the public interest;
- (5) to inspect at any time any clinical laboratory and any records maintained in connection with such laboratory; provided, that a license has been issued or an application for a license has been filed pursuant to section 5;
- (6) to conduct investigations and adjudicatory proceedings;
- (7) to conduct research and studies, to sponsor or hold educational programs, to make informational materials available to the public, and to engage in such other activities as may be necessary or appropriate for the administration or enforcement of this chapter;
- (8) to make such rules, regulations, as may be necessary or appropriate for the administration or enforcement of this chapter;
- (9) to classify laboratory tests as exempt; and
- (10) to establish minimum qualifications of laboratory personnel.

Section 3. The department may from time to time convene an advisory committee on clinical laboratories, to advise the department on the administration of this chapter. The advisory committee shall serve solely in an advisory capacity and shall not have authority to make binding decisions. Such committee shall consist of 13 members, to be appointed by the commissioner, as follows: 5 persons, 3 physicians and 2 nonphysicians, who meet the requirements for a clinical laboratory director as defined in regulation by the department; 1 other physician not a clinical laboratory director; 1 medical laboratory technologist; 1 chief executive officer of a hospital licensed by the department; and 5 non-providers of health services, 1 of whom shall be a member of the Massachusetts Bar and 1 a representative of manufacturers of clinical laboratory technology. Each member of the committee shall serve without compensation for a term of 3 years, or until a successor is appointed; provided, that no member shall serve more than 2 consecutive terms.

Section 4. No person shall maintain a clinical laboratory in the commonwealth apart from a hospital or clinic licensed under section 51 of chapter 111, unless such person holds, and there is in effect, a license issued by the department except that the licensing requirement of this section shall not apply to: (a) a clinical laboratory operated by not more than 2 licensed physicians exclusively in connection with the diagnosis and treatment of their own patients; provided, however, that (i) the physician or the physician's assistant under the direct supervision of such physician performs all testing; and (ii) the clinical laboratory performs only exempt tests; or (b) a clinical laboratory operated by 3 or more

licensed physicians exclusively in connection with the diagnosis and treatment of their own patients; provided, however, that (i) the physician or the physician's assistant under the direct supervision of such physician performs all testing; and (ii) the clinical laboratory performs only exempt tests; or (c) a clinical laboratory performing only CLIA-waived tests, provided that clinical laboratories performing non-CLIA waived tests in addition to CLIA-waived tests must obtain a clinical laboratory license; or (d) in the case of a clinical laboratory operated exclusively for research that test human specimens but do not report patient specific results for the diagnosis, prevention or treatment of any disease or impairment of, or the assessment of the health of individual patients; or (e) any laboratory with respect to tests or other procedures made by it for any person engaged in the business of insurance if made for purposes of determining whether to write an insurance contract or determining eligibility or continued eligibility thereunder, or for the examination of its employees or officers; or (f) any laboratory maintained exclusively for a health promotion screening program, as defined in regulations of the department, which does not provide reports for diagnosis or treatment of patients and which meets standards for such program established by the department; or (g) a clinical laboratory operated by a college or university exclusively in connection with the diagnosis and treatment of the college or university's own students, staff, or faculty and that meets the requirements in section 7 and department regulations for clinical laboratory director; provided, however, that (i) tests are performed under the direct supervision of the clinical laboratory director; and (ii) the clinical laboratory performs only exempt tests. No provision of this chapter other than section 6 shall apply to any agency of the commonwealth; nor shall any provision of this chapter relative to licensing apply to any hospital or clinic licensed under section 51 of chapter 111.

Section 5. Any person seeking a license to maintain a clinical laboratory apart from a hospital or clinic licensed under section 51 of chapter 111 shall file with the department a license application containing such information as the department may reasonably require, including but not limited to: the identity of the applicant and any parent or associated company, including respective ownership interests, the identity and qualifications of the proposed laboratory director; and the procedures or categories of procedures for which the license is sought.

Upon receipt and review of an application for license and upon payment of the appropriate fee, the department shall issue a license if it finds that the applicant is responsible and suitable to maintain a clinical laboratory and meets such requirements as the department has established by regulation for a license. In the case of renewal application, the department may, subject to such regulations as it shall make, issue a provisional license to an applicant who does not meet every requirement for a license; provided, that the applicant has demonstrated to the department's satisfaction a good faith intention to correct deficiencies, and provided further, that the department finds that the licensee provides reliable reports of examinations of specimens and presents satisfactory evidence that the requirements for full licensure can and will be met within a period of time not to exceed 6 months. The department shall in no case issue a person more than 2 consecutive provisional licenses for the same clinical laboratory.

The department shall set forth in every license issued under this section the name and address of the licensee; the name by which the clinical laboratory shall be known; the address of the licensed premises; the period which such license is issued; the classification, if any, for which such license is issued; the conditions as to transfer and assignment prescribed by law; and such other terms of issuance as the department may reasonably prescribe. The period of a license shall be not more than 2 years and the period of a provisional license shall be for not more than 6 months.

Summary:

This section, along with two others, aligns the DPH clinical laboratories statute with federal Clinical Laboratory Improvement Amendments (CLIA) testing classifications, exempts laboratories performing only CLIA-waived tests from clinical licensure requirements, permits DPH to set qualifications for clinical laboratory directors in regulation, and updates disclosure of ownership interest requirements for clinical laboratories.

Section 46 - Clinical Laboratories Statute 2

SECTION 46. Said chapter 111D is hereby further amended by striking out sections 7 through 11 and inserting in place thereof the following 6 sections:-

Section 7. Every clinical laboratory licensed by the department shall have an individual appointed, who shall bear the title "clinical laboratory director", with responsibility for the direction of the technical and scientific operation of such laboratory, including the examination of specimens and the making of reports thereon. The department shall, in regulations, set the qualifications and conditions as to the employment of individuals as clinical laboratory directors, which may include the following: educational and clinical experience needed to hold the position of clinical laboratory director and certifications needed.

Section 8. A clinical laboratory shall not:

- (1) misrepresent, by false statement, by omission of a material fact, or by scheme, trick, or device, the category or categories of procedures performed at, or the service or services available at, a clinical laboratory;
- (2) obstruct, bar, or otherwise interfere with an inspection undertaken under the authority of section 2;
- (3) make any false statement in or to omit a material fact from an application or other paper filed with the department;
- (4) offer or give a commission, rebate, or other fee, directly or indirectly to any person as consideration for the referral of a specimen derived from a human body to a clinical laboratory for examination by such laboratory;
- (5) solicit or accept a commission, rebate, or other fee, directly or indirectly, from any person as consideration for the referral of a specimen derived from a human body to a clinical laboratory for examination by such laboratory;
- (6) lend the use of the name of a licensed clinical laboratory or of a licensed hospital or clinic, or of any employee of any such laboratory or institution, to an unlicensed clinical laboratory;
- (7) to examine any specimen derived from a human body except upon the written request of a licensed physician, licensed dentist, licensed chiropractor, licensed surgeon, licensed podiatrist, licensed osteopath or other licensed health care practitioner acting within their scope of practice to make such a written request or, for the sole purpose of requesting urine drug screening, department of public health-licensed substance use disorder programs, state agencies or those vendors that contract with state agencies and are designated by the contracting agency to request such screenings, or other person authorized to use the report of such examination by provision of chapter 112, unless such examination is for the sole purpose of testing the accuracy or sufficiency of the procedures or equipment of a clinical laboratory and is by instruction of the director of such laboratory, or unless such examination is for the purpose of providing a health promotion screening program and is not used for diagnosis or treatment of patients;
- (8) report an examination of any specimen derived from a human body except to or as directed by the licensed physician, licensed chiropractor, licensed surgeon, licensed podiatrist, licensed osteopath or other licensed health care practitioner acting within their scope of practice to make such a written request, or, for the sole purpose of requesting urine drug screening, department of public health-licensed substance use disorder programs, state agencies or those vendors that contract with state agencies and are designated by the contracting agency to request such screenings, or the patient who requested, in writing, the report of the patient's own examination, or other authorized person who requested such examination in writing, unless such examination was made for the sole purpose of

testing the accuracy or sufficiency of the procedures or equipment of a clinical laboratory and by instruction of the director of such laboratory, or unless such examination is for the purpose of providing a health promotion screening program and is not used for diagnosis or treatment of patients;

(9) make a report of an examination of any specimen derived from the human body without designating the name and address, of the clinical laboratory in which such examination was actually performed;

(10) represent, or to maintain a specimen collection station on behalf of, any clinical laboratory, unless such laboratory, if in the commonwealth, is licensed by the department, or unless such laboratory, if not in the commonwealth, has been accredited or is licensed in accordance with federal law;

(11) employ a person as a director of a clinical laboratory, or to serve as a director of a clinical laboratory, except as provided in section 7;

(12) fail to report evidence of infectious disease in violation of section 6 or of any rule, regulation, or order made to implement section 6;

(13) violate or fail to observe any requirement of this chapter or of a rule, regulation, or order made pursuant to this chapter, which the department has made subject to this section by regulation;

(14) knowingly and willfully make fraudulent representations regarding the results of any laboratory test or service. Any laboratory employee, clinical laboratory director, or owner of a clinical laboratory as defined in this chapter who knowingly and willfully makes fraudulent representation regarding the results of any laboratory test or service or who should have known of the fraudulent representation of laboratory test results shall be subject to the penalties set forth in this chapter;

(15) engage in any misrepresentation or false advertising of the nature, quality or cost of such services or of the terms and conditions on which such services are provided;

(16) enter into any agreement or act in concert with any purchaser of or third party payor for laboratory services to commit any act which would be deemed to be a violation of section 3 of chapter 176D; provided further that for purposes of this subsection, all purchasers and third party payors entering into arrangements with clinical laboratories shall be deemed to be engaged in the business of insurance; or

(17) knowingly solicit, accept or test any specimen derived from the human body that is received from, ordered, requested or referred by: (a) any person or company in which the clinical laboratory or its directors, owners, partners, employees or family members thereof have any direct or indirect ownership interest; or (b) any person or company or its directors, owners, partners, employees or family members thereof having any direct or indirect ownership interest in the clinical laboratory; provided, however, that this clause shall not apply to: (i) a clinical laboratory owned by a licensed physician or group of licensed physicians used exclusively in connection with the diagnosis and treatment of the physician's or group of physicians' own patients and where all testing is performed by or under the direct supervision of the physician or group of physicians; (ii) a hospital or clinic licensed under section 51 of chapter 111 used exclusively in connection with the diagnosis or treatment of the hospital's or clinic's own patients; (iii) a clinical laboratory operated by a college or university exclusively in connection with the diagnosis and treatment of the college or university's own students, staff, and faculty and that meets the requirements in section 7 and department regulations for clinical laboratory director and where all tests are performed under the direct supervision of the clinical laboratory director; or (iv) any case exempted under subsection (b) to (d), inclusive, of 42 U.S.C. section 1395nn, or specifically permitted by regulations or rules of the United States Secretary of Health and Human Services, the federal Centers for Medicare or Medicaid Services, the executive office of health and human services or the executive office for administration and finance.

Section 8A. No person or company shall knowingly refer, request, order or send any specimen derived from the human body for examination to a clinical laboratory in which the person or company, or any of

its owners, directors, partners, employees or family members thereof have a direct or indirect ownership interest. This section shall not apply to: (i) a clinical laboratory owned by a licensed physician or group of licensed physicians and used exclusively in connection with the diagnosis and treatment of the physician's or group of physicians' own patients and where all testing is performed by or under the direct supervision of said physician or group of physicians; (ii) a hospital or clinic licensed under section 51 of chapter 111 used exclusively in connection with the diagnosis or treatment of the hospital's or clinic's own patients; (iii) a clinical laboratory operated by a college or university exclusively in connection with the diagnosis and treatment of the college or university's own students, staff, and faculty and that meets the requirements in section 7 and department regulations for clinical laboratory director and where all tests are performed under the direct supervision of the clinical laboratory director; or (iv) any case exempted under subsections (b) to (d), inclusive, of 42 U.S.C. section 1395nn or specifically permitted by regulations or rules of the United States Secretary of Health and Human Services, the federal Centers for Medicare or Medicaid Services, the executive office of health and human services or the executive office for administration and finance.

Section 9. Whenever the department finds upon inspection, or through information in its possession, that a clinical laboratory licensed by the department is not in compliance with a requirement prescribed in or established under this chapter, it may by order require the licensee to correct such deficiency. Every correction order shall include a statement of the deficiencies found, the provisions of law relied upon, and the period prescribed for correction, which shall be reasonable and, except in an emergency declared by the commissioner, not less than 30 days after receipt of such order. Within ten days of receipt, the affected licensee may file a written request with the department for administrative reconsideration of the order or any portion thereof. Failure by the department to grant, deny, or otherwise act upon a written request within 10 days after filing shall be deemed a denial.

Section 10. Whenever the department finds upon inspection, or through information in its possession, that a clinical laboratory licensed by the department is not able to provide or is not providing reliable reports of examinations pursuant to the terms of such license, it may by order modify any term of such license as it deems necessary to enable the laboratory to provide reliable reports of examinations. Every license modification order shall include a statement of the reasons for modification, the provisions of law relied upon, and the date fixed for compliance, which date shall be reasonable and, except in an emergency declared by the commissioner, not less than 30 days after receipt of such order.

Except in the case of a license modification imposed as a sanction after hearing under section 11, a licensee in receipt of an order shall have the opportunity for a hearing under the provisions of chapter 30A. If after hearing the licensee establishes that the order, or any portion thereof, is not warranted, the department shall rescind or qualify such order, as appropriate. The filing of a request for a hearing shall not operate as a stay of the compliance date of a license modification order, but the department shall stay the compliance date upon written request, except to the extent that a stay would jeopardize the public health or public safety.

Section 11. The department may revoke the license issued pursuant to section 5 or impose other appropriate administrative sanction upon a license, or both, for conduct by or chargeable to the licensee as follows:

- (1) failure to observe any term of such license;
- (2) failure to meet any requirement for such license established under section 5;
- (3) failure to observe any order made under authority of this chapter or under other statutory authority vested in the department;
- (4) engaging in, or aiding, abetting, causing, or permitting, any action prohibited under section 8; or

(5) other proper cause set forth in regulations made under this chapter.

Before sanctioning a licensee, the department shall give such licensee notice of the charges against such licensee, the provisions of law relied upon, and the proposed sanction, and shall afford the licensee the opportunity for a hearing under the provisions of chapter 30A. Where, after hearing, the department finds that cause exists for imposition of a sanction, it need not impose the sanction proposed but may instead impose a lesser sanction if, in its judgment, a lesser sanction is appropriate in the circumstances. In the event revocation is imposed, the licensee shall be permitted a reasonable period in which to cease operation, but in no case less than 30 days after notice of the decision of the department.

Notwithstanding any other provision of this section, the commissioner may, at any time upon notice to the licensee, whether a hearing has been first commenced or not, suspend such licensee's license or issue such other preliminary order as the commissioner considers appropriate for the protection of the health or safety of the public if the commissioner should find that either is in jeopardy; provided, that a hearing shall be commenced within 5 days after such notice in any case of suspension without a prior hearing unless the licensee shall request a postponement. The finding of the commissioner shall be included in such notice.

Summary:

This section, along with two others, aligns the DPH clinical laboratories statute with federal Clinical Laboratory Improvement Amendments (CLIA) testing classifications, exempts laboratories performing only CLIA-waived tests from clinical licensure requirements, permits DPH to set qualifications for clinical laboratory directors in regulation, and updates disclosure of ownership interest requirements for clinical laboratories.

Section 47 - Clinical Laboratories Statute 3

SECTION 47. Said chapter 111D is hereby further amended by striking out section 14 and inserting in place thereof the following section:-

All clinical laboratories shall disclose ownership interests in writing to the attorney general upon initial licensure and thereafter every 2 years. The disclosure shall contain the name and ownership interest of the disclosing person or company, as well as the names and ownership interests of all other parties with an ownership interest in the clinical laboratory.

Summary:

This section, along with two others, aligns the DPH clinical laboratories statute with federal Clinical Laboratory Improvement Amendments (CLIA) testing classifications, exempts laboratories performing only CLIA-waived tests from clinical licensure requirements, permits DPH to set qualifications for clinical laboratory directors in regulation, and updates disclosure of ownership interest requirements for clinical laboratories.

Section 48 - Direct Negotiations for Rebates on Certain Drugs and Non-Drug Products

SECTION 48. Chapter 118E of the General Laws is hereby amended by inserting after section 12A the following section:-

Section 12B. Notwithstanding any general or special law to the contrary, the secretary of health and human services may directly negotiate rebate agreements with manufacturers of non-drug products and drugs that are not covered outpatient drugs under 42 U.S.C. 1396r-8 if such agreements maximize

value to the commonwealth; provided, however, that the secretary shall not be subject to any otherwise applicable requirements set forth in 801 CMR 21.00 or any successor regulation. Such agreements may be based on the value, efficacy or outcomes of the non-drug product or drug.

Summary:

This section allows MassHealth to directly negotiate rebate agreements for drugs not subject to the Medicaid Drug Rebate Program and for certain non-drug products such as durable medical equipment.

Section 49 - Medicare Savings Plan Expansion

SECTION 49. 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 65 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. section 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 1115 waiver, as necessary, and shall promulgate regulations to implement this section.

Summary:

This section allows individuals who are 65 years and older and eligible for Medicare up to 200% of the federal poverty level to participate in the Medicare Savings Program. The current limit is 165% of the federal poverty level.

Section 50 - Hospital Assessment 7

SECTION 50. Section 64 of said chapter 118E of the General Laws, 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 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 under section 66, 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.

Summary:

This section, along with twenty others, implements an increased and restructured hospital assessment that divides hospitals into five groups, assigning two different rates for each group (inpatient and outpatient), for a five-year term.

Section 51 - Hospital Assessment 8

SECTION 51. Said section 64 of said chapter 118E, as so appearing, is hereby further amended by striking out the definition of "Total acute hospital assessment amount" 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.

Summary:

This section, along with twenty others, implements an increased and restructured hospital assessment that divides hospitals into five groups, assigning two different rates for each group (inpatient and outpatient), for a five-year term.

Section 52 - Hospital Assessment 9

SECTION 52. Section 65 of said chapter 118E, as so appearing, is hereby amended by striking out subsection (b) and inserting in place 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 are developed in consultation with the commonwealth health insurance connector, established under 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. 1395 dd; (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; and 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 abuse 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; (vi) 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; (vii) 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; (viii) to require hospitals and community health centers to submit to the office data that it reasonably considers necessary; (ix) 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 & Hospital Association, the Massachusetts Council of Community Hospitals, the Alliance of Massachusetts Safety Net Hospitals, the Conference of Boston Teaching Hospitals and the Massachusetts League of Community Health Centers; and (x) to provide an annual report at the close of each fund 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 that will enhance the performance of eligibility determination systems and reduce hospital administrative costs.

Summary:

This section, along with twenty others, implements an increased and restructured hospital assessment that divides hospitals into five groups, assigning two different rates for each group (inpatient and outpatient), for a five-year term.

Section 53 - Hospital Assessment 10

SECTION 53. Subsection (a) of section 66 of said chapter 118E, as so appearing, is hereby amended by striking out the words "and the commonwealth care health insurance program under chapter 118H".

Summary:

This section, along with twenty others, implements an increased and restructured hospital assessment that divides hospitals into five groups, assigning two different rates for each group (inpatient and outpatient), for a five-year term.

Section 54 - Hospital Assessment 11

SECTION 54. Said section 66 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 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 chapter 29; (v) any transfers from the Hospital Investment and Performance Trust Fund established in section 2SSSSS 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 2SSSSS of chapter 29, and 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 provision. 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 section 2AAAAA of said chapter 29; (ii) \$532,000,000 to the Hospital Investment and Performance Trust Fund established in section 2SSSSS of said chapter 29; (iii) \$131,000,000 to the Population Health Investment Trust Fund established in Section 2TTTTT 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 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.

Summary:

This section, along with twenty others, implements an increased and restructured hospital assessment that divides hospitals into five groups, assigning two different rates for each group (inpatient and outpatient), for a five-year term.

Section 55 - Hospital Assessment 12

SECTION 55. 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 chapter 29; (v) any transfers from the Hospital and Investment Performance Trust Fund established in section 2SSSSS 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 2SSSSS of chapter 29, and 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 provision. Annually, the office shall transfer an amount equal to all amounts paid by privately-owned, nonfederal hospitals under subsection (b) of said section 67 to the Non-Acute Care Hospital Reimbursement Trust Fund established in section 2WWWWW of said 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 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.

Summary:

This section, along with twenty others, implements an increased and restructured hospital assessment that divides hospitals into five groups, assigning two different rates for each group (inpatient and outpatient), for a five-year term.

Section 56 - Hospital Assessment 13

SECTION 56. 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 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.

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

(i) safety net hospitals, defined for 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 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 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 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 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 (ii) 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 five groups described in subsection (d) shall be subject to the following assessment rates: (i) safety net hospitals shall be subject to a rate of 14.9 per cent for inpatient services and 1.3 per cent for outpatient services; (ii) academic, teaching, and specialty hospitals shall be subject to a rate of 4.9 per cent for inpatient services and 0.8 per cent for outpatient services; (iii) private acute hospitals shall be subject to a rate of 9.1 per cent for inpatient services and 1.0 per cent for outpatient services; (iv) non-state public hospitals shall be subject to a rate of 1.7 per cent for inpatient services and 0.6 per cent for outpatient services; and (v) non-acute hospitals shall be subject to a rate of 1.4 per cent for inpatient services and 1.4 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 that term in section 64 of chapter 118E of the general laws. 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 & Hospital Association, necessary to support implementation of said assessment structure. In promulgating such regulations, and in consultation with the Massachusetts Health & Hospital Association, 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) of this section; (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 hospitals in excess of a hospital's total annual assessment liability may be refunded or otherwise credited to the hospital.

Summary:

This section, along with twenty others, implements an increased and restructured hospital assessment that divides hospitals into five groups, assigning two different rates for each group (inpatient and outpatient), for a five-year term.

Section 57 - Hospital Assessment 14

SECTION 57. Said chapter 118E is hereby further amended by striking out section 67, as inserted by section 56, and inserting in place thereof the following section:-

(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, before 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.

(d) [reserved]

(e) [reserved]

(f) [reserved]

(g) [reserved]

(h) [reserved]

Summary:

This section, along with twenty others, implements an increased and restructured hospital assessment that divides hospitals into five groups, assigning two different rates for each group (inpatient and outpatient), for a five-year term.

Section 58 - Hospital Assessment 15

SECTION 58. Subsection (b) of section 69 of said chapter 118E of the General Laws, 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 2AAAAA of chapter 29 or the Hospital Investment and Performance

Trust Fund established in section 2SSSSS of chapter 29 in any fund fiscal year shall be applied to reduce such shortfall unless no shortfall exists in that fund fiscal year.

Summary:

This section, along with twenty others, implements an increased and restructured hospital assessment that divides hospitals into five groups, assigning two different rates for each group (inpatient and outpatient), for a five-year term.

Section 59 - Behavioral Health Payor Surcharge

SECTION 59. Chapter 118E of the General Laws is hereby amended by inserting after section 69 the following section:-

Section 69A. (a) As used in this section, the following words shall, unless the context clearly requires otherwise, have the following meaning:-

"Fund", the Behavioral Health Access and Crisis Intervention Trust Fund established under section 2RRRRR of chapter 29.

"Payments subject to surcharge", as defined in section 64.

"Surcharge payors", those entities defined as surcharge payors pursuant to section 64, who made payments subject to surcharge in the amount of \$1,000,000 or more during the previous state fiscal year or the most recent state fiscal year for which data is available.

"Total behavioral health surcharge amount", an amount equal to \$33,700,000

(b) Under regulations adopted by the secretary of health and human services, each surcharge payor in the commonwealth shall pay to the secretary of health and human services, for deposit in the fund, a behavioral health payor surcharge assessed by the secretary. Surcharge payors shall pay the surcharge on a schedule determined by regulation. Each surcharge payor shall pay a portion of the total behavioral health surcharge amount proportional to their payments subject to surcharge during the most recent period for which data is available, as further defined in regulation.

(c) A surcharge payor's liability to the fund shall in the case of a transfer of ownership be assumed by the successor in interest to the surcharge payor.

(d) The executive office shall establish by regulation an appropriate mechanism for enforcing a surcharge payor's liability to the fund if a surcharge payor does not make a scheduled payment to the fund; provided, however, that the executive office may establish threshold liability amounts below which enforcement may be modified or waived. Such enforcement mechanism may include assessment of interest on the unpaid liability at a rate not to exceed an annual percentage rate of 18 per cent and late fees or penalties at a rate not to exceed 5 per cent per month. Such enforcement mechanism may also include notification to the office of Medicaid requiring an offset of payments on the claims of the surcharge payor, any entity under common ownership or any successor in interest to the surcharge payor, from the office of Medicaid in the amount of payment owed to the fund including any interest and penalties, and to transfer the withheld amounts into the fund. If the office of Medicaid offsets claims payments as ordered by the office, the office of Medicaid shall be considered not to be in breach of contract or any other obligation for payment of non-contracted services, and a surcharge payor whose payment is offset under an order of the office shall serve all Title XIX recipients under the contract then in effect with the executive office. In no event shall the office direct the office of Medicaid to offset claims unless the surcharge payor has maintained an outstanding liability to the fund for a period longer

than 45 days and has received proper notice that the office intends to initiate enforcement actions under regulations promulgated by the office.

Summary:

This section establishes a behavioral health payor surcharge to be assessed by the Executive Office of Health and Human Services and deposited into the Behavioral Health Access and Crisis Intervention Trust Fund.

Section 60 - Sunday Bow Hunting of Deer

SECTION 60. Section 57 of chapter 131 of the General Laws, as appearing in the 2020 Official Edition, is hereby amended by adding the following sentence:- This section shall not prohibit the director, with the approval of the fisheries and wildlife board, from authorizing the hunting of deer by bow and arrow on any Sunday, and shall not render unlawful the possession or carrying of a bow and arrow for the purpose of hunting deer, as authorized by the director with the approval of the fisheries and wildlife board.

Summary:

This section would allow for bow hunting for deer on Sundays.

Section 61 - Decreased Hunting Setbacks

SECTION 61. Section 58 of said chapter 131, as so appearing, is hereby amended by adding the following words:- , provided that a person may hunt with a bow and arrow not less than 250 feet from any dwelling in use.

Summary:

This section would reduce bow hunting setbacks from a dwelling from the 500 feet to 250 feet to align with the setbacks in neighboring states.

Section 62 - Maintenance Service Contracts 4

SECTION 62. Section 44A of chapter 149 of the General Laws, as so appearing, is hereby amended by striking out, each time it appears, in lines 48, 61, 100, 112, and lines 137 and 138, the words ", maintenance".

Summary:

This section, along with four others, makes maintenance service contracts subject to the requirements of Chapter 30, which governs the purchasing of goods, supplies, and services.

Section 63 - Maintenance Service Contracts 5

SECTION 63. Subsection (a) of section 44A¹/₂ of said chapter 149, as so appearing, is hereby amended by striking out, in line 6, the words ", maintenance".

Summary:

This section, along with four others, makes maintenance service contracts subject to the requirements of Chapter 30, which governs the purchasing of goods, supplies, and services.

Section 64 - RTA Operating Assistance

SECTION 64. Section 23 of chapter 161B of the General Laws, as so appearing, is hereby amended by striking the first and second paragraphs and inserting in place thereof the following 2 paragraphs:-

The commonwealth, acting by and through the executive office for administration and finance, shall provide funding to the authorities created pursuant to this chapter as determined by a formula that is based upon clearly established metrics and principles, that all the authorities have agreed to in writing, and that the department has approved.

The funding amounts to be distributed to the authorities will be determined upon final adoption of the state fiscal year appropriation. Such amount, not to be assessed in accordance with section 9 and section 9A, shall be called operating assistance. Such operating assistance shall be provided by the commonwealth and shall be overseen by the department.

Summary:

This section replaces the current structure of contract assistance for Regional Transit Authorities (RTAs) with a system whereby the funding amount is based on clearly established metrics and principles agreed to between the RTAs and the Massachusetts Department of Transportation.

Section 65 - CPCS Rates 1

SECTION 65. Section 11 of chapter 211D of the General Laws, as most recently amended by section 63 of chapter 24 of the acts of 2021, is hereby amended by striking out, in line 5, the figure "110" and inserting in place thereof the following figure:- 120.

Summary:

This section, along with four others, increases the hourly rates of compensation payable to counsel appointed or assigned by the Committee for Public Counsel Services (CPCS).

Section 66 - CPCS Rates 2

SECTION 66. Said section 11 of said chapter 211D, as so amended, is hereby further amended by striking out, in line 7, the figure "75" and inserting in place thereof the following figure:- 85.

Summary:

This section, along with four others, increases the hourly rates of compensation payable to counsel appointed or assigned by the Committee for Public Counsel Services (CPCS).

Section 67 - CPCS Rates 3

SECTION 67. Said section 11 of said chapter 211D, as so amended, is hereby further amended by striking out, in line 9, the figure "60" and inserting in place thereof the following figure:- 65.

Summary:

This section, along with four others, increases the hourly rates of compensation payable to counsel appointed or assigned by the Committee for Public Counsel Services (CPCS).

Section 68 - CPCS Rates 4

SECTION 68. Said section 11 of said chapter 211D, as so amended, is hereby further amended by striking out, in line 11, the figure "75" and inserting in place thereof the following figure:- 85.

Summary:

This section, along with four others, increases the hourly rates of compensation payable to counsel appointed or assigned by the Committee for Public Counsel Services (CPCS).

Section 69 - CPCS Rates 5

SECTION 69. Said section 11 of said chapter 211D, as so amended, is hereby further amended by striking out, in line 12, the figure "60" and inserting in place thereof the following figure:- 65.

Summary:

This section, along with four others, increases the hourly rates of compensation payable to counsel appointed or assigned by the Committee for Public Counsel Services (CPCS).

Section 70 - Elimination of Probation and Parole Supervision and Surcharge Fees 1

SECTION 70. 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.

Summary:

This section would eliminate probation fees, in conjunction with the next section that eliminates parole fees.

Section 71 - Elimination of Probation and Parole Supervision and Surcharge Fees 2

SECTION 71. Section 368 of chapter 26 of the acts of 2003, as most recently amended by section 213 of chapter 69 of the acts of 2018, is hereby repealed.

Summary:

This section would eliminate parole fees, in conjunction with the previous section that eliminates probation fees.

Section 72 - Hospital Assessment 16

SECTION 72. Sections 7, 8A and 14 of chapter 115 of the acts of 2016 are hereby repealed.

Summary:

This section, along with twenty others, implements an increased and restructured hospital assessment that divides hospitals into five groups, assigning two different rates for each group (inpatient and outpatient), for a five-year term.

Section 73 - Hospital Assessment 17

SECTION 73. 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.

Summary:

This section, along with twenty others, implements an increased and restructured hospital assessment that divides hospitals into five groups, assigning two different rates for each group (inpatient and outpatient), for a five-year term.

Section 74 - Hospital Assessment 18

SECTION 74. Sections 54 and 150 of chapter 47 of the acts of 2017 are hereby repealed.

Summary:

This section, along with twenty others, implements an increased and restructured hospital assessment that divides hospitals into five groups, assigning two different rates for each group (inpatient and outpatient), for a five-year term.

Section 75 - Substance Use Disorder Trust Fund Extension

SECTION 75. 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.

Summary:

This section extends the Substance Use Disorder Trust Fund sunset date from June 30, 2023 to June 30, 2028.

Section 76 - FY23 RTA Funding Distribution

SECTION 76. Notwithstanding any special or general law to the contrary, for fiscal year 2023, of the \$94,000,000 transferred in item 1595-6370 of section 2E, \$90,500,000 shall be considered operating assistance and distributed to regional transit authorities as determined by a formula that is based upon clearly established metrics and principles and that has been agreed to by each RTA and approved by the Massachusetts Department of Transportation, hereinafter referred to as the department. The operating assistance distributed shall be spent to advance the goals and targets as agreed to in an updated FY22/23 Bilateral Memoranda of Understanding, which shall also consider each RTA's

comprehensive regional transit plan and shall be entered into by each regional transit authority and the department. Of the amount to be distributed under item 1595-6370 of section 2E, \$3,500,000 shall be distributed as performance grants to regional transit authorities. The performance grants shall be distributed to regional transit authorities that best demonstrate compliance with, or a commitment to, the service decisions, quality of service and environmental sustainability recommendations from the report of the task force on regional transit authority performance and funding established pursuant to section 72 of chapter 154 of the acts of 2018. 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 any collected data into a report on the performance of regional transit authorities and each authority's progress toward meeting the performance metrics established in the memorandum of understanding. The report shall be filed with the clerks of the senate and house of representatives, the senate and house committees on ways and means and the joint committee on transportation not later than December 31, 2022.

Summary:

This section sets forth the fiscal year 2023 Regional Transit Authorities funding distribution.

Section 77 - Other Post-Employment Benefits Liability

SECTION 77. (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.

Summary:

This section authorizes the use of debt service reversions to pay for OPEB funding. If debt service reversions are insufficient to cover the required funding, tobacco settlement proceeds would be used to make up the deficiency.

Section 78 - Pension Cost of Living Adjustment

SECTION 78. 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 senate and house 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.

Summary:

This section explains how the Commonwealth is fulfilling its various obligations to the state retirement system, including the obligation to fund a 3% cost-of-living adjustment on the first \$13,000 of a retiree's annual retirement allowance.

Section 79 - Sick Leave Buy Back 2

SECTION 79. Notwithstanding any general or special law to the contrary, section 24 shall take effect for any employee of the commonwealth and any employee at public institutions of higher education listed in section 5 of chapter 15A of the General Laws who has accrued not more than 1,000 hours of unused sick leave credits, on the effective date of this act. Any such employee who has accrued more than 1,000 hours of unused sick leave credits as of the effective date of this act shall not accrue credits in excess of those credits, but may accrue credits to replenish any sick time that is used after the effective date of this act, up to the maximum of 1,000 hours set forth above.

Summary:

This section, along with three others, limits the accrual of unused sick time to 1,000 hours for executive branch and public higher education employees. It also freezes the accrual of sick time for any employee who has already accrued more than 1,000 hours.

Section 80 - Sick Leave Buy Back 3

SECTION 80. Notwithstanding any general or special law to the contrary, the personnel administrator shall promulgate revised rules under the second paragraph of section 28 of chapter 7 of the General Laws to incorporate the changes enacted in subsection (e) of section 31A of chapter 29 of the General Laws and section 79 of this act, which revisions shall take effect as soon as practicable after the effective date of this act.

Summary:

This section, along with three others, limits the accrual of unused sick time to 1,000 hours for executive branch and public higher education employees. It also freezes the accrual of sick time for any employee who has already accrued more than 1,000 hours.

Section 81 - Sick Leave Buy Back 4

SECTION 81. Notwithstanding any general or special law to the contrary, the department of higher education and the University of Massachusetts shall revise the necessary rules and policies in order to incorporate the changes enacted in subsection (f) of section 31A of chapter 29 of the General Laws and section 79 of this act, which revisions shall take effect as soon as practicable after the effective date of this act.

Summary:

This section, along with three others, limits the accrual of unused sick time to 1,000 hours for executive branch and public higher education employees. It also freezes the accrual of sick time for any employee who has already accrued more than 1,000 hours.

Section 82 - Supplemental Pension Transfer

SECTION 82. Notwithstanding any general or special law to the contrary, upon determination by the secretary of administration and finance that revenues for fiscal year 2023, estimated pursuant to section 5B of chapter 29 of the General Laws, are consistent with the estimates used in the general appropriation act for fiscal year 2023, and that no allotment reductions are needed pursuant to sections 9B and 9C of said chapter 29, the comptroller, in consultation with the secretary, shall transfer up to \$250,000,000 into the Commonwealth's Pension Liability Fund established in subsection (e) of subdivision (8) of section 22 of chapter 32 of the General Laws prior to the certification and disposition of the consolidated net surplus for fiscal year 2023 pursuant to section 5C of said chapter 29.

Summary:

This section requires a transfer of up to \$250 million to the Commonwealth's Pension Liability Fund from any consolidated net surplus in fiscal year 2023, before the remaining funds are deposited into the Stabilization Fund.

Section 83 - DCR Solar Canopies Pilot Program

SECTION 83. (a) Notwithstanding the provisions of sections 34 to 37 of chapter 7C of the General Laws or any other general or special law to the contrary, the division of capital asset management and maintenance (hereinafter, "the division"), in consultation with the department of conservation and recreation (hereinafter, "the department") may enter into leases, and the department may enter into other agreements, using whatever open and competitive process as the commissioner of the division approves for leases or the commissioner of the department approves for other agreements for terms not to exceed 30 years upon certain parcels of land or portions thereof held for conservation and recreation purposes, as described in subsection (b). Said leases and agreements shall be for the purposes of constructing, operating, maintaining and repairing so called solar thermal or solar photovoltaic generating structures or such structures paired with energy storage systems, where 100 per cent of the nameplate capacity of the solar photovoltaic modules used for generating power and of the power capacity of any paired energy storage system is installed on rooftops or parking lots or other paved parking surfaces in a manner that maintains the function of the area beneath the solar installation, along with any associated equipment and infrastructure, including without limitation poles, footings, wires, conduits, transformers and associated systems necessary or desirable to complete the work and make any connections to the electric grid if desired. The division and the department shall consult with the department of energy resources during the lease or other agreement process.

(b) The parcels of land, or portions thereof, subject to the authorization in subsection (a) are as follows: Steriti Memorial Rink in the North End section of the city of Boston; Bajko Memorial Rink in the Hyde Park section of the city of Boston; Devine Memorial Skating Rink in the Dorchester section of the city of Boston; the maintenance facilities off Water and Taylor Streets in the Dorchester section of the city of Boston; the Northpoint Maintenance Facility in the city of Cambridge; Squantum Point Park in the city of Quincy; Leo J. Martin Memorial Golf Course in the town of Weston and the city of Newton; the maintenance facilities off Pond Street in the town of Stoneham; Fort Phoenix State Reservation in the town of Fairhaven; the so called Smart Barn at Great Brook Farm Reservation in town of Carlisle; Hopkinton State Park in the towns of Ashland and Hopkinton; and the parcels that will comprise the Worcester Visitor Center in the city of Worcester.

(c) There may be two options for renewal or extension, not to exceed ten years each, of any lease and other agreement executed under subsection (a). This renewal or extension shall be at the discretion of the department or the division, as applicable, in accordance with the original lease or agreement terms and conditions or such terms and conditions more favorable to the commonwealth.

(d) (1) The leases and other agreements authorized in subsection (a) may be with one or more respondents selected as part of the open and competitive process and shall be on terms, conditions, and consideration acceptable to the commissioner of the division for leases or the commissioner of the department for other agreements, in consultation with the commissioner of the department of energy resources. Said leases and agreements shall require, at a minimum, that the solar structures and associated installations avoid or minimize impacts to the areas beneath the solar structures and to existing facility operations to the maximum extent practicable.

(2) A lease or other agreement shall provide for appropriate remedies, including termination of the lease or adequate mitigation to be deposited into the Conservation Trust established under section 1 of chapter 132A of the General Laws in the event the lessee or operator fails to abide by the requirements of this subsection.

(3) Any consideration or other payments received from the leases and other agreements authorized by this section shall be payable to the department for deposit into the Conservation Trust, established under said section 1 of said chapter 132A to be expended without further appropriation to acquire lands or interests therein to ensure a no-net-loss of lands protected for natural resource purposes.

(4) Any lease or other agreement shall require the lessee or operator to carry comprehensive general liability insurance with the commonwealth named as an additional insured, protecting the commonwealth against all personal injury or property damage arising from constructing, operating, maintaining and repairing or decommissioning the solar canopy or rooftop structures and associated installations authorized by this section.

(5) Notwithstanding any general or special law to the contrary, the lease or other agreement shall provide for the lessee or operator to manage, operate, improve, repair and maintain the solar structures and associated installation at the lessee's or operator's sole expense, shall include requirements for the lessee or operator to remove the solar canopy or rooftop structures and other installations and restore the land and facilities at the end of the lease or other agreement, or sooner if the installation is antiquated or abandoned, at no cost to the commonwealth in the event the commonwealth does not elect to take ownership of the solar canopy or rooftop structures and other installations, and shall compensate the commonwealth for disruption to the operations of the department, including lost parking revenue, and any damage caused to the parcels of land, or portions thereof, described in subsection (b) resulting from the construction, operation, maintenance, repair or decommissioning of the solar canopy or rooftop structures and associated installations authorized by this section. No branding, logos or other advertising shall be displayed on the solar canopy or rooftop structures and associated installations. The commissioner of the division or the commissioner of the department, as applicable, may prescribe additional terms and conditions consistent with this section.

(e) The selected bidder for a lease or other agreement under subsection (a) or subsection (f) shall be responsible for all costs determined to be necessary or appropriate for implementing the lease or other agreement, including without limitation legal work, surveys and consultant services, as determined by the division or the department, as applicable.

(f) If any lease or other agreement authorized by subsection (a) is terminated prior to the expiration of the initial term, the division or the department, as applicable, in consultation with the department of energy resources, may, at its option, hold one additional open and competitive process to secure a new operator for the parcel or portion thereof under a lease or other agreement for a new term not to exceed 30 years, with two new options to renew or extend of ten years each, for the purposes set forth in subsection (a). Any such lease or other agreement entered into under this subsection shall comply with all other requirements of this section.

Summary:

This section allows the installation of solar structures on certain DCR properties.

Section 84 - Expanded Medicare Savings Program Transfer

SECTION 84. 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 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, the amount necessary 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 senate and house 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.

Summary:

This section authorizes the transfer of funds from the Prescription Advantage programs and the Health Safety Net Trust Fund in order to fund the non-federal share of the Medicare Savings Program.

Section 85 - Health Safety Net Administration

SECTION 85. 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.

Summary:

This section allows Health Safety Net payments to be made as 1115 waiver or state plan payments, and authorizes up to \$70 million of uncompensated care to be paid from sources other than the Health Safety Net Trust Fund.

Section 86 - Hospital Assessment 19

SECTION 86. 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 sections 17, 19, 21, 50, 54, 56, 58, 72, 73, 74 and 94 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 56.

If, after having received any required federal approval necessary to implement sections 17, 19, 21, 50, 54, 56, 58, 72, 73, 74 and 94, 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 56, or to the implementation of the Health Safety Net Trust Fund established under section 66 of chapter 118E, as amended by sections 53 and 54, the Non-Acute Care Hospital Reimbursement Trust Fund established under section 2WWWW of chapter 29, as amended by section 17, the Safety Net Provider Trust Fund established under Section 2AAAAA of chapter 29, as amended by section 19, the Hospital Investment and Performance Trust Fund established under section 21, or the Population Health Investment Trust Fund established under section 21, the secretary will notify the joint committee on health care financing, and the house and senate committees on ways and means, and will consult with the Massachusetts Health & Hospital Association to develop alternatives.

Starting no 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 56 and (ii) the amounts transferred to, deposited in, expended from, and transferred from the Hospital Investment and Performance Trust Fund established under section 21, and the Population Health Investment Trust Fund established under section 21.

Summary:

This section, along with twenty others, implements an increased and restructured hospital assessment that divides hospitals into five groups, assigning two different rates for each group (inpatient and outpatient), for a five-year term.

Section 87 - Hospital Assessment 20

SECTION 87. Notwithstanding any general or special law to the contrary, in the event that the commonwealth does not receive all federal approvals, the secretary of health and human services determines necessary to implement sections 17, 19, 21, 50, 54, 56, 58, 72, 73, 74 and 94, including any required waivers under 42 CFR § 433.68, the hospital assessment described in sections 64 through 69 of chapter 118E of the General Laws shall remain in effect as if sections 17, 19, 21, 50, 54, 56, 58, 72, 73, 74 and 94 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 & Hospital Association, shall continue to seek all federal approvals necessary to implement sections 17, 19, 21, 50, 52, 53, 54, 56, 58, 72, 73, 74 and 94, 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 to 69 of chapter 118E cannot be implemented.

Summary:

This section, along with twenty others, implements an increased and restructured hospital assessment that divides hospitals into five groups, assigning two different rates for each group (inpatient and outpatient), for a five-year term.

Section 88 - Hospital Assessment 21

SECTION 88. Section 86 is hereby repealed.

Summary:

This section, along with twenty others, implements an increased and restructured hospital assessment that divides hospitals into five groups, assigning two different rates for each group (inpatient and outpatient), for a five-year term.

Section 89 - Initial Gross Payments to Qualifying Acute Care Hospitals

SECTION 89. 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. The comptroller shall transfer from the Health Safety Net Trust Fund to the General Fund, not later than June 30, 2023, 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.

Summary:

This annual section requires the Comptroller to transfer sufficient money from the General Fund to the Health Safety Net Trust Fund to make the required initial gross payment to qualifying hospitals. It requires the Health Safety Net Trust Fund to repay the General Fund before the end of fiscal year 2023.

Section 90 - Inspector General's Health Care Audits

SECTION 90. Notwithstanding any general or special law to the contrary, in hospital fiscal year 2023, the office of inspector general may expend a total of \$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 senate and house committees on ways and means on the results of the audits and any other completed analyses not later than March 1, 2023.

Summary:

This section authorizes the Inspector General's Office to conduct audits of the Health Safety Net and the MassHealth program, at a cost of \$1 million for fiscal year 2023. As in past years, this cost will be borne by the Health Safety Net Trust Fund.

Section 91 - MassHealth Delivery System Reform Trust Fund Transfer

SECTION 91. 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.

Summary:

This section authorizes the transfer of funds from the MassHealth Delivery System Reform Trust Fund to the General Fund.

Section 92 - Transfers Between Health Funds

SECTION 92. 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 2000 of chapter 29 of the General Laws to the Health Safety Net Trust Fund established in section 66 of chapter 118E of the General Laws.

Summary:

This section authorizes the Secretary of Administration and Finance to transfer up to \$15 million from the Commonwealth Care Trust Fund to the Health Safety Net Trust Fund.

Section 93 - FY23 Stabilization Fund Transfer

SECTION 93. (a) For fiscal year 2023, to the extent funds are available, the comptroller shall transfer \$680,717,903, or such amount as may be required, 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 section 29.

(b) In addition, the following activities and events are expected to result in the amounts set forth below being deposited in the Commonwealth Stabilization Fund:

(1) \$21,722,876 from gaming revenues, as provided in clause (f) of paragraph (2) of section 59 of chapter 23K of the General Laws;

(2) \$34,687,500 from growth in abandoned property net revenue, as provided in section 5H of chapter 29 of the General Laws; and

(3) \$12,000,000 from other sources.

(c) The total deposit made as a result of the actions described in subsections (a) and (b) of this section is expected to be \$749,128,279.

Summary:

This section describes the anticipated effect of transfers to the Stabilization Fund under Section 5G of Chapter 29 of the General Laws as well as the anticipated impact of the transfers and events that are anticipated in this legislation.

Section 94 - Hospital Assessment Effective Date 1

SECTION 94. Sections 17, 19, 21, 50, 54, 56 and 58 shall take effect on October 1, 2022.

Summary:

This section sets an effective date of October 1, 2022 for the restructured hospital assessment.

Section 95 - Hospital Assessment Effective Date 2

SECTION 95. Sections 20, 22, 23, 51, 55, 57 and 88 shall take effect on October 1, 2027.

Summary:

This section sets an effective date of October 1, 2027 for the reimplementation of a modified version of the current hospital assessment.

Section 96 - Individual Income Tax Conformity Effective Date

SECTION 96. Sections 32 and 33 shall take effect for taxable years beginning on or after January 1, 2022.

Summary:

This section sets an effective date of January 1, 2022 for individual income tax conformity.

Section 97 - Sales Tax Modernization Effective Date

SECTION 97. Section 34 shall take effect on July 1, 2025.

Summary:

This section sets an effective date of July 1, 2025 for real-time sales tax collection.

Section 98 - Effective Date

SECTION 98. Except as otherwise specified, this act shall take effect on July 1, 2022.

Summary:

This section provides that the budget shall take effect on July 1, 2022.



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