

## Outside Sections

### **Local Aid Distribution**

SECTION 3. Notwithstanding any general or special law to the contrary, for fiscal year 2008 the distribution to cities and towns of the balance of the State Lottery Fund, as paid by the treasurer from the General Fund in accordance with clause (c) of the second paragraph of [section 35 of chapter 10](#) of the General Laws, shall be \$935,028,283 and shall be apportioned to the cities and towns in accordance with this section.

Notwithstanding [section 2 of chapter 70](#) of the General Laws or any other general or special law to the contrary, except for [section 12B of chapter 76](#) and [section 89 of chapter 71](#) of the General Laws, for fiscal year 2008 the total amounts to be distributed and paid to each city, town, and regional school district from item [7061-0008](#) of section 2 shall be as set forth in the following lists. The specified amounts to be distributed from said item [7061-0008](#) of said section 2 shall be in full satisfaction of the amounts due under [chapter 70](#) of the General Laws.

Notwithstanding [section 2 of chapter 70](#) of the General Laws or any other general or special law to the contrary, the department of education shall calculate each city and town's required local contribution for fiscal year 2008, and shall allocate this contribution among the school districts to which that city or town belongs, using the same methodology as was used for the calculation of required local contributions for fiscal year 2007; but cities and towns with excess local effort shall have their required contribution reduced by 30 percent of that city or town's excess local effort.

The department 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.

<i>MUNICIPALITY</i>	Chapter 70	Additional Assistance	Lottery
ABINGTON	7,267,731	0	2,448,308
ACTON	4,568,457	29,696	1,711,261
ACUSHNET	6,209,571	23,875	1,863,181
ADAMS	0	35,042	2,477,382
AGAWAM	14,648,284	0	4,585,049
ALFORD	0	0	16,794
AMESBURY	8,706,827	0	2,421,239
AMHERST	6,251,628	222,910	9,816,456
ANDOVER	6,399,076	0	2,223,890
AQUINNAH	0	0	2,907
ARLINGTON	5,814,120	4,491,775	4,950,398
ASHBURNHAM	0	0	870,706
ASHBY	0	0	474,742
ASHFIELD	80,656	0	231,057
ASHLAND	3,970,458	291,598	1,391,460
ATHOL	0	4,377	2,841,971
ATTLEBORO	28,170,136	0	7,100,201
AUBURN	4,905,081	0	2,131,457

<i>MUNICIPALITY</i>	Chapter 70	Additional Assistance	Lottery
AVON	718,290	400,636	461,978
AYER	3,937,072	44,218	897,962
BARNSTABLE	7,079,562	0	2,617,907
BARRE	16,650	0	1,012,076
BECKET	79,824	8,580	104,445
BEDFORD	2,422,013	484,271	944,414
BELCHERTOWN	11,843,690	0	2,117,641
BELLINGHAM	8,051,782	0	2,111,840
BELMONT	3,524,678	827,483	1,982,683
BERKLEY	5,345,019	0	757,261
BERLIN	529,128	0	250,923
BERNARDSTON	0	0	352,995
BEVERLY	6,831,822	2,452,442	4,815,621
BILLERICA	15,983,816	2,349,321	4,897,970
BLACKSTONE	115,785	0	1,489,325
BLANDFORD	34,066	0	157,015
BOLTON	5,601	0	245,726
BOSTON	213,606,647	164,211,152	71,585,070
BOURNE	4,847,994	352,555	1,471,898
BOXBOROUGH	1,370,363	0	313,946
BOXFORD	1,579,157	36,411	568,608
BOYLSTON	441,425	0	426,309
BRAINTREE	7,952,571	3,378,041	3,743,826
BREWSTER	897,827	0	491,414
BRIDGEWATER	79,487	0	3,985,382
BRIMFIELD	1,186,039	0	485,238
BROCKTON	122,527,448	4,310,392	21,748,886
BROOKFIELD	1,357,887	0	614,506
BROOKLINE	6,090,116	3,497,741	4,403,998
BUCKLAND	0	0	344,329
BURLINGTON	4,280,835	1,386,400	1,872,961
CAMBRIDGE	8,074,398	17,956,060	8,781,240
CANTON	3,127,271	878,002	1,790,936
CARLISLE	732,788	14,729	258,294
CARVER	9,921,860	0	1,818,145
CHARLEMONT	117,603	0	217,551
CHARLTON	0	0	1,615,256
CHATHAM	560,384	0	187,306
CHELMSFORD	7,718,457	2,535,342	3,781,598
CHELSEA	48,435,815	3,396,864	6,824,838
CHESHIRE	296,887	0	700,461
CHESTER	105,066	0	224,070
CHESTERFIELD	116,163	0	171,834
CHICOPEE	44,266,663	1,195,616	13,136,065
CHILMARK	0	0	4,667
CLARKSBURG	1,651,264	13,114	439,639

<i>MUNICIPALITY</i>	Chapter 70	Additional Assistance	Lottery
CLINTON	10,430,157	175,517	2,754,261
COHASSET	1,689,317	166,099	474,221
COLRAIN	0	0	317,513
CONCORD	1,878,314	383,959	1,059,887
CONWAY	576,433	0	222,429
CUMMINGTON	41,566	0	103,825
DALTON	178,649	0	1,254,672
DANVERS	4,141,023	1,118,972	2,425,783
DARTMOUTH	9,573,571	0	3,137,399
DEDHAM	3,660,905	1,550,298	2,519,651
DEERFIELD	986,775	0	597,774
DENNIS	0	0	677,806
DEVENS	328,000	0	0
DIGHTON	0	0	865,018
DOUGLAS	7,292,245	0	908,255
DOVER	478,399	0	239,412
DRACUT	15,991,990	0	4,360,650
DUDLEY	0	0	1,921,092
DUNSTABLE	0	30,076	259,136
DUXBURY	3,626,686	0	1,103,205
EAST BRIDGEWATER	10,230,418	0	1,862,944
EAST BROOKFIELD	102,197	0	335,891
EAST LONGMEADOW	7,260,292	0	1,801,506
EASTHAM	283,545	0	185,422
EASTHAMPTON	7,835,734	108,874	3,389,371
EASTON	8,759,600	0	2,725,472
EDGARTOWN	397,980	28,507	54,397
EGREMONT	0	0	78,527
ERVING	335,976	13,150	70,501
ESSEX	0	33,828	270,890
EVERETT	28,290,249	4,084,357	4,514,014
FAIRHAVEN	7,547,169	391,434	2,415,070
FALL RIVER	90,790,384	2,290,951	27,367,962
FALMOUTH	4,845,359	0	1,725,460
FITCHBURG	39,781,354	214,811	10,406,302
FLORIDA	506,791	0	61,949
FOXBOROUGH	7,727,661	0	1,853,812
FRAMINGHAM	12,944,040	4,697,500	7,684,825
FRANKLIN	26,625,929	0	3,075,295
FREETOWN	1,474,214	0	1,181,812
GARDNER	18,778,744	120,747	5,153,217
GEORGETOWN	4,273,277	52,998	838,575
GILL	0	0	264,688
GLOUCESTER	5,945,403	1,923,054	3,047,653
GOSHEN	72,797	0	99,566
GOSNOLD	17,802	1,962	649

<i>MUNICIPALITY</i>	Chapter 70	Additional Assistance	Lottery
GRAFTON	7,877,781	0	1,945,992
GRANBY	4,241,403	0	1,098,909
GRANVILLE	1,322,519	0	199,541
GREAT BARRINGTON	0	0	944,536
GREENFIELD	9,468,506	0	3,951,296
GROTON	0	0	957,896
GROVELAND	0	0	792,487
HADLEY	698,891	138,341	426,515
HALIFAX	2,491,559	0	1,129,778
HAMILTON	0	42,887	757,377
HAMPDEN	0	0	779,634
HANCOCK	188,899	17,638	52,631
HANOVER	5,886,149	1,326,394	1,310,076
HANSON	22,711	0	1,458,374
HARDWICK	0	3,228	501,226
HARVARD	1,523,391	55,090	1,788,048
HARWICH	1,637,554	0	536,099
HATFIELD	781,206	0	388,341
HAVERHILL	33,483,159	2,503,145	9,729,028
HAWLEY	11,355	12,924	40,938
HEATH	0	0	97,533
HINGHAM	4,614,548	334,151	1,630,053
HINSDALE	88,885	0	263,622
HOLBROOK	4,939,716	4,757	1,831,627
HOLDEN	3,881	0	2,132,435
HOLLAND	802,385	0	251,204
HOLLISTON	6,396,272	412,300	1,515,044
HOLYOKE	65,854,239	606,646	12,033,363
HOPEDALE	6,027,228	0	811,561
HOPKINTON	5,530,454	120,287	857,397
HUBBARDSTON	8,253	0	499,004
HUDSON	7,341,873	0	2,481,823
HULL	3,823,493	1,388,549	1,249,035
HUNTINGTON	160,019	0	410,890
IPSWICH	2,330,702	775,432	1,222,398
KINGSTON	3,451,293	0	1,194,599
LAKEVILLE	2,336,487	0	1,018,340
LANCASTER	0	0	1,030,300
LANESBOROUGH	702,448	0	429,319
LAWRENCE	128,199,470	190,699	24,246,271
LEE	1,715,239	0	775,098
LEICESTER	9,367,746	0	2,160,967
LENOX	1,185,273	72,146	591,240
LEOMINSTER	35,893,303	11,693	7,111,354
LEVERETT	245,015	0	222,153
LEXINGTON	6,153,926	0	1,907,409

<i>MUNICIPALITY</i>	Chapter 70	Additional Assistance	Lottery
LEYDEN	0	0	101,530
LINCOLN	608,369	292,012	555,277
LITTLETON	2,292,366	164,924	719,766
LONGMEADOW	4,059,040	0	1,738,831
LOWELL	116,054,047	6,340,746	25,007,761
LUDLOW	11,863,976	0	3,802,034
LUNENBURG	4,433,511	0	1,316,140
LYNN	111,397,801	9,477,523	18,388,021
LYNNFIELD	3,409,847	362,288	932,108
MALDEN	38,151,903	5,586,730	10,027,791
MANCHESTER	0	0	276,779
MANSFIELD	15,740,565	725,040	2,051,122
MARBLEHEAD	4,468,198	39,403	1,377,858
MARION	396,035	0	280,827
MARLBOROUGH	9,514,351	2,728,327	4,046,697
MARSHFIELD	14,248,570	202,756	2,493,418
MASHPEE	4,249,504	0	457,904
MATTAPOISETT	520,898	0	504,430
MAYNARD	3,027,392	586,886	1,368,403
MEDFIELD	5,716,810	744,614	1,059,517
MEDFORD	11,045,638	6,432,448	8,313,861
MEDWAY	8,511,950	187,002	1,331,409
MELROSE	5,686,712	2,704,187	3,678,618
MENDON	13,433	0	508,609
MERRIMAC	0	0	906,225
METHUEN	36,048,231	163,026	6,603,980
MIDDLEBOROUGH	16,451,913	0	3,068,505
MIDDLEFIELD	0	0	66,164
MIDDLETON	1,487,167	126,570	554,409
MILFORD	12,636,947	0	3,801,454
MILLBURY	6,510,694	0	2,203,899
MILLIS	2,924,936	320,940	982,106
MILLVILLE	16,267	0	444,249
MILTON	3,950,998	1,245,145	2,753,911
MONROE	56,860	13,927	8,958
MONSON	7,236,021	0	1,624,653
MONTAGUE	0	0	1,573,485
MONTEREY	0	12,538	42,742
MONTGOMERY	15,866	0	102,119
MOUNT WASHINGTON	33,752	33,286	4,023
NAHANT	428,185	125,393	344,863
NANTUCKET	1,055,587	0	98,611
NATICK	4,889,039	1,942,474	2,800,177
NEEDHAM	4,979,538	205,993	1,966,680
NEW ASHFORD	163,549	7,313	17,967
NEW BEDFORD	106,908,054	716,255	27,914,157

<i>MUNICIPALITY</i>	Chapter 70	Additional Assistance	Lottery
NEW BRAintree	0	0	148,368
NEW MARLBOROUGH	0	0	72,889
NEW SALEM	0	0	127,630
NEWBURY	0	0	565,386
NEWBURYPORT	3,208,164	1,380,057	1,794,165
NEWTON	11,551,235	1,377,012	5,937,030
NORFOLK	3,392,371	0	1,193,541
NORTH ADAMS	14,011,826	185,853	5,335,763
NORTH ANDOVER	4,873,917	120,549	2,430,070
NORTH ATTLEBOROUGH	20,557,501	0	3,580,677
NORTH BROOKFIELD	4,367,043	0	991,720
NORTH READING	5,312,088	945,499	1,264,357
NORTHAMPTON	7,068,616	577,922	4,892,383
NORTHBOROUGH	2,941,440	61,111	1,327,160
NORTHBRIDGE	14,028,850	3,071	2,624,068
NORTHFIELD	0	0	393,981
NORTON	12,355,224	0	2,586,754
NORWELL	2,317,221	541,079	793,111
NORWOOD	4,110,071	2,665,880	3,123,215
OAK BLUFFS	628,378	0	90,514
OAKHAM	77,911	0	238,783
ORANGE	4,996,498	2,115	2,009,259
ORLEANS	246,812	0	213,784
OTIS	0	0	45,269
OXFORD	9,088,065	0	2,559,196
PALMER	10,977,675	0	2,495,999
PAXTON	0	0	581,500
PEABODY	19,612,544	3,140,276	5,843,843
PELHAM	201,512	0	198,112
PEMBROKE	11,517,711	0	2,092,132
PEPPERELL	8,358	0	1,591,572
PERU	72,342	0	138,595
PETERSHAM	448,390	0	142,683
PHILLIPSTON	0	4,386	217,474
PITTSFIELD	33,778,156	880,284	9,865,448
PLAINFIELD	35,637	0	62,440
PLAINVILLE	2,598,439	0	944,212
PLYMOUTH	18,898,698	0	4,876,826
PLYMPTON	517,485	0	295,268
PRINCETON	0	0	368,498
PROVINCETOWN	271,201	22,181	149,971
QUINCY	13,820,009	11,567,002	12,198,123
RANDOLPH	11,489,576	1,825,854	4,643,343
RAYNHAM	0	0	1,415,252
READING	8,166,737	1,534,901	2,499,940
REHOBOTH	0	0	1,168,128

<i>MUNICIPALITY</i>	Chapter 70	Additional Assistance	Lottery
REVERE	31,257,274	5,334,444	7,468,366
RICHMOND	344,495	0	134,651
ROCHESTER	1,558,792	0	528,605
ROCKLAND	9,606,570	394,336	2,895,846
ROCKPORT	1,293,521	0	544,597
ROWE	53,432	0	4,903
ROWLEY	0	114,232	557,888
ROYALSTON	0	0	200,393
RUSSELL	156,696	0	303,397
RUTLAND	9,605	0	1,018,632
SALEM	12,938,243	3,298,731	5,286,837
SALISBURY	0	0	786,391
SANDISFIELD	0	0	43,129
SANDWICH	6,417,498	88,406	1,314,390
SAUGUS	3,997,139	1,784,087	2,782,000
SAVOY	504,459	13,801	130,406
SCITUATE	4,523,698	875,037	1,628,696
SEEKONK	3,729,364	0	1,531,537
SHARON	6,785,118	62,495	1,679,762
SHEFFIELD	14,236	11,938	291,272
SHELBURNE	0	0	322,652
SHERBORN	416,037	20,951	248,638
SHIRLEY	4,280,317	185,558	1,447,364
SHREWSBURY	17,940,922	298,861	3,168,140
SHUTESBURY	539,529	0	211,060
SOMERSET	4,279,373	0	1,908,916
SOMERVILLE	20,255,639	16,219,924	13,901,505
SOUTH HADLEY	6,674,635	20,214	3,230,315
SOUTHAMPTON	2,430,524	0	793,038
SOUTHBOROUGH	2,732,777	0	544,361
SOUTHBRIDGE	15,649,096	0	4,378,557
SOUTHWICK	0	0	1,417,837
SPENCER	41,637	0	2,432,600
SPRINGFIELD	253,977,034	1,829,496	45,286,984
STERLING	0	0	856,049
STOCKBRIDGE	0	0	124,062
STONEHAM	3,189,538	2,028,958	2,596,588
STOUGHTON	11,749,007	103,134	3,882,402
STOW	0	6,974	516,965
STURBRIDGE	1,912,068	0	964,251
SUDBURY	4,093,369	641,561	1,100,660
SUNDERLAND	862,599	0	629,069
SUTTON	5,153,275	0	971,553
SWAMPSCOTT	2,357,630	352,328	1,258,678
SWANSEA	4,485,883	0	2,337,597
TAUNTON	43,214,070	0	10,468,088

<i>MUNICIPALITY</i>	Chapter 70	Additional Assistance	Lottery
TEMPLETON	0	0	1,507,851
TEWKSBURY	13,003,351	0	3,464,019
TISBURY	347,583	0	122,042
TOLLAND	0	9,864	11,127
TOPSFIELD	1,104,311	253,284	510,110
TOWNSEND	8,140	0	1,454,476
TRURO	247,404	0	37,443
TYNGSBOROUGH	7,130,164	0	1,202,789
TYRINGHAM	33,924	0	15,801
UPTON	26,473	0	609,527
UXBRIDGE	9,376,134	0	1,712,525
WAKEFIELD	4,538,453	1,438,080	2,754,824
WALES	669,354	0	293,971
WALPOLE	6,569,070	883,775	2,288,218
WALTHAM	6,891,104	5,458,868	6,492,798
WARE	7,658,605	15,257	2,133,475
WAREHAM	11,781,918	0	2,462,468
WARREN	137,959	0	977,727
WARWICK	0	28,890	112,624
WASHINGTON	20,154	23,752	83,022
WATERTOWN	2,967,600	4,427,251	3,521,361
WAYLAND	2,846,834	280,373	844,659
WEBSTER	9,033,906	62,006	3,019,559
WELLESLEY	5,003,654	96,838	1,515,458
WELLFLEET	141,699	0	72,747
WENDELL	0	25,534	182,730
WENHAM	0	139,794	393,324
WEST BOYLSTON	2,788,597	67,754	923,887
WEST BRIDGEWATER	1,790,847	47,212	766,662
WEST BROOKFIELD	239,116	0	591,056
WEST NEWBURY	0	0	350,138
WEST SPRINGFIELD	17,035,940	0	4,460,594
WEST STOCKBRIDGE	0	0	121,013
WEST TISBURY	0	182,434	45,080
WESTBOROUGH	3,301,666	145,058	1,297,207
WESTFIELD	32,733,610	0	7,835,094
WESTFORD	14,320,077	895,514	1,749,484
WESTHAMPTON	369,290	0	180,350
WESTMINSTER	0	0	802,137
WESTON	1,905,926	0	465,553
WESTPORT	4,283,101	0	1,514,205
WESTWOOD	2,740,059	36,263	871,741
WEYMOUTH	22,748,958	2,424,084	8,428,323
WHATELY	178,088	0	167,028
WHITMAN	127,525	0	2,606,042
WILBRAHAM	0	0	1,670,683

<i>MUNICIPALITY</i>	Chapter 70	Additional Assistance	Lottery
WILLIAMSBURG	408,847	0	376,807
WILLIAMSTOWN	946,993	0	1,188,275
WILMINGTON	7,631,919	1,254,452	1,840,360
WINCHENDON	10,467,549	25,366	2,068,487
WINCHESTER	4,366,946	344,404	1,497,075
WINDSOR	41,573	28,020	95,075
WINTHROP	4,962,137	2,287,531	2,959,348
WOBURN	5,390,306	3,586,952	3,864,164
WORCESTER	172,443,667	11,809,090	39,912,488
WORTHINGTON	70,958	0	156,335
WRENTHAM	3,688,296	0	1,160,367
YARMOUTH	0	0	1,571,411
<b>Total Municipal Aid</b>	<b>3,100,058,519</b>	<b>378,517,988</b>	<b>935,028,283</b>

<i>REGIONAL SCHOOL DISTRICT</i>	Chapter 70
ACTON BOXBOROUGH	5,964,787
ADAMS CHESHIRE	10,254,593
AMHERST PELHAM	9,783,407
ASHBURNHAM WESTMINSTER	9,974,347
ASSABET VALLEY	2,769,290
ATHOL ROYALSTON	17,829,437
BERKSHIRE HILLS	2,793,903
BERLIN BOYLSTON	873,001
BLACKSTONE MILLVILLE	10,612,883
BLACKSTONE VALLEY	6,528,152
BLUE HILLS	3,642,820
BRIDGEWATER RAYNHAM	20,434,949
BRISTOL COUNTY	2,880,618
BRISTOL PLYMOUTH	8,539,247
CAPE COD	1,986,191
CENTRAL BERKSHIRE	8,570,187
CHESTERFIELD GOSHEN	719,547
CONCORD CARLISLE	1,768,775
DENNIS YARMOUTH	6,712,794
DIGHTON REHOBOTH	12,563,232
DOVER SHERBORN	1,327,662
DUDLEY CHARLTON	22,974,555
ESSEX COUNTY	3,904,235
FARMINGTON RIVER	401,956
FRANKLIN COUNTY	3,303,945
FREETOWN LAKEVILLE	6,930,535
FRONTIER	2,782,408
GATEWAY	5,884,825
GILL MONTAGUE	6,285,787
GREATER FALL RIVER	13,620,375

<i>MUNICIPALITY</i>	Chapter 70	Additional Assistance	Lottery
GREATER LAWRENCE	21,342,881		
GREATER LOWELL	19,914,224		
GREATER NEW BEDFORD	20,807,788		
GROTON DUNSTABLE	10,733,960		
HAMILTON WENHAM	3,370,393		
HAMPDEN WILBRAHAM	11,595,191		
HAMPSHIRE	2,717,825		
HAWLEMONT	625,635		
KING PHILIP	7,089,777		
LINCOLN SUDBURY	2,279,676		
MANCHESTER ESSEX	1,571,986		
MARTHAS VINEYARD	2,861,785		
MASCONOMET	4,882,555		
MENDON UPTON	11,852,415		
MINUTEMAN	2,272,053		
MOHAWK TRAIL	6,097,234		
MONTACHUSETT	11,546,349		
MOUNT GREYLOCK	1,727,227		
NARRAGANSETT	10,113,586		
NASHOBA	6,030,472		
NASHOBA VALLEY	2,524,249		
NAUSET	3,379,473		
NEW SALEM WENDELL	641,933		
NORFOLK COUNTY	931,515		
NORTH MIDDLESEX	19,876,938		
NORTH SHORE	1,601,046		
NORTHAMPTON SMITH	883,077		
NORTHBORO SOUTHBORO	2,513,884		
NORTHEAST METROPOLITAN	7,113,735		
NORTHERN BERKSHIRE	4,199,715		
OLD COLONY	3,248,921		
OLD ROCHESTER	1,873,479		
PATHFINDER	4,813,534		
PENTUCKET	13,258,787		
PIONEER	4,078,816		
QUABBIN	16,840,764		
QUABOAG	8,209,117		
RALPH C MAHAR	5,378,535		
SHAWSHEEN VALLEY	4,782,393		
SILVER LAKE	6,207,631		
SOUTH MIDDLESEX	2,400,575		
SOUTH SHORE	3,414,784		
SOUTHEASTERN	11,041,209		
SOUTHERN BERKSHIRE	1,825,274		
SOUTHERN WORCESTER	8,370,219		
SOUTHWICK TOLLAND	7,917,193		

<i>MUNICIPALITY</i>	Chapter 70	Additional Assistance	Lottery
SPENCER EAST BROOKFIELD	13,451,049		
TANTASQUA	7,510,322		
TRI COUNTY	4,858,336		
TRITON	8,460,603		
UPISLAND	824,474		
UPPER CAPE COD	2,794,412		
WACHUSETT	19,866,249		
WHITMAN HANSON	22,918,084		
WHITTIER	5,366,391		
<b>Total Regional Aid</b>	<b>605,428,171</b>		
<b>Total Municipal and Regional Aid</b>	<b>3,705,486,690</b>	<b>378,517,988</b>	<b>935,028,283</b>

***E911 Surcharge Extension (1 of 2)***

SECTION 4. [Section 18H1/2 of chapter 6A](#) of the General Laws, as appearing in the 2004 Official Edition, is hereby amended by striking out, in line 4, the words "December 31, 2007" and inserting in place thereof the following words:- June 30, 2008.

***Suggestions Awards Board***

SECTION 5. [Section 31A of chapter 7](#) of the General Laws, as so appearing, is hereby amended by striking out, in line 19, the words "subject to appropriation, expend sums" and inserting in place thereof the following words:- retain a portion of new revenues received or savings generated in other items of appropriation and may expend these retained amounts without further appropriation.

***Establish Unified Carrier Registration Trust Fund***

SECTION 6. [Chapter 10](#) of the General Laws is hereby amended by inserting after section 35CC the following section:-

Section 35DD. There is hereby established and set up on the books of the commonwealth a separate fund to be known as the Unified Carrier Registration Trust Fund for commercial motor vehicle enforcement. There shall be credited to that fund all revenues received by the commonwealth from fees levied on motor carriers and related entities required by state or federal law to register with state transportation officials; from appropriations; from gifts, grants, contributions and bequests of funds from any department, agency or subdivision of federal, state or municipal government, and any individual foundation, corporation, association or public authority; or the revenue derived from the investment of amounts credited to the fund. The state treasurer shall not deposit the revenues in, or transfer the revenues to, the General Fund. The state treasurer shall deposit monies in the fund in accordance with [section 34 and 34A of chapter 29](#) in the manner that

will secure the highest interest rate available consistent with the safety of the fund. All funds credited under this section shall remain in the Unified Carrier Registration Trust Fund to be expended without further appropriation by the director of the transportation division of the department of public utilities for projects including but not limited to bus inspections, bus company safety audits, federal new entrant audits, railroad grade crossing safety investigations, and administrative support for any such programs, including the operation of the division. Funds in excess of those that may be retained by the commonwealth as determined by formula set by the uniform carrier registration board of the federal motor carrier safety administration may be transferred to a depository account established by that board.

### ***Collection of Fraudulent Overpayments by DTA***

SECTION 7. The first paragraph of subsection (a) of [section 30 of chapter 18](#) of the General Laws, as appearing in the 2004 Official Edition, is hereby amended by adding the following 2 sentences:- At the expiration of any period of probation or court supervision, the commissioner of probation shall provide the department with information regarding the amount of any uncollected balance of an overpayment obligation under the judgment or order of the court. The department may use any means provided by law to collect the balance under a judgment or order of a court, or to collect an overpayment obligation established by an administrative hearing decision of the department or by voluntary agreement.

### ***Medicare Part D and Prescription Advantage***

SECTION 8. [Section 39 of chapter 19A](#) of the General Laws, as so appearing, is hereby amended by inserting after subsection (s) the following 3 subsections:-

(t) Cost sharing required of enrollees in the form of co-payments, premiums, and deductibles, or any combination of these forms, shall be adjusted by the department to reflect price trends for outpatient prescription drugs, as determined by the secretary. In addition to the eligibility requirements set forth in this section, to be considered eligible for the program, individuals who receive Medicare and are applying for, or are then enrolled in, the program shall also be enrolled in a Medicare prescription drug plan, a Medicare Advantage prescription drug plan, or in a plan which provides creditable prescription drug coverage as defined by section 104 of the Medicare Prescription Drug, Improvement and Modernization Act of 2003, in this section called MMA, and which provides coverage of the cost of prescription drugs actuarially equal to or better than that provided by Medicare Part D, in this section called a creditable coverage plan.

(u) In addition to the eligibility requirements set forth in this section, to be considered eligible for the program, individuals who receive Medicare and are applying for, or are then enrolled in, the program, who may qualify for the low-income subsidy provided under MMA Subpart P - Premiums and cost-sharing subsidies for low-income individuals, shall apply for those subsidies. To the extent permitted by MMA and regulations adopted under it, and all other applicable federal law, the program may apply on behalf of a member for enrollment into a Medicare prescription drug plan or for the low-income subsidy provided under MMA and may receive information about the member's eligibility and enrollment status necessary

for the operation of the program.

(v) For enrollees who qualify for enrollment in a Medicare Part D plan, the program shall provide a supplemental source of financial assistance for prescription drug costs, in this section called supplemental assistance in lieu of the catastrophic prescription drug coverage provided under this section. The program shall provide supplemental assistance for premiums, deductibles, payments, and co-payments required by a Medicare prescription drug plan or Medicare Advantage prescription drug plan, and shall provide supplemental assistance for deductibles, payments and co-payments required by a creditable coverage plan. The department may take steps for the coordination of these benefits. The department shall establish the amount of the supplemental assistance it will provide enrollees based on a sliding income scale and the coverage provided by the enrollees' Medicare prescription drug plan, Medicare Advantage prescription drug plan, or creditable coverage plan. In addition to the eligibility requirements set forth in this section, to be considered eligible for the program, an individual must have a household income of less than 500 per cent of the poverty guidelines updated periodically in the Federal Register by the U.S. Department of Health and Human Services under the authority of 42 U.S.C. section 9902(2). Residents of the commonwealth who are not eligible for Medicare will continue to be eligible for the program under this section.

### ***Reduce Boxing Commission Costs***

SECTION 9. [Section 12 of chapter 22](#) of the General Laws, as so appearing, is hereby amended by striking out the third sentence.

[Section 12 of said chapter 22](#), as so appearing, is hereby further amended by striking out, in lines 17 and 18, the words, "actual services as shall be fixed by rule or regulation of the commission, together with".

### ***Inland Fish and Game Fund***

SECTION 10. [Section 1 of chapter 29](#) of the General Laws is hereby amended by striking out, in line 37, as so appearing, the words "and by [section 2C of chapter 131](#)".

### ***Repeal Health Care Quality Improvement Trust Fund***

SECTION 11. [Section 2EE of chapter 29](#) of the General Laws is hereby repealed.

### ***Emergency Spending Authority***

SECTION 12. [Chapter 29](#) of the General Laws is hereby further amended by adding the following section:-

Section 72. (a) In addition to other emergency powers allowed by law, the governor may declare a state of emergency whenever a catastrophic event, natural disaster, pandemic outbreak, terrorist threat or other occurrence or imminent danger threatens the health, safety or welfare of the people, or the fiscal or economic stability of the commonwealth. In such an emergency, the governor may direct any agency, authority, or political subdivision of the commonwealth to take appropriate action to eliminate the immediate threat or danger and to aid its citizens, including but not limited to temporary re-deployment of personnel, contractors or other resources. Upon notice in writing of the declaration of emergency to the comptroller and the clerks of the senate and the house of representative, there shall be appropriated an amount requested by the governor not to exceed \$25,000,000 from the Commonwealth Stabilization Fund, and the comptroller shall transfer that amount into a separate emergency account for the costs incurred under this section.

(b) Agencies, authorities and political subdivisions directed by the governor to act under this section need not comply with procurement and personnel restrictions for obligations incurred in performance of directives under this section for the period of the emergency, but shall consult with the operational services division to use, to the greatest extent possible, existing state contractors and certified small, minority or women-owned businesses, to provide necessary goods or services under this section to obtain the most cost effective prices and quality services available. The comptroller may take whatever actions are necessary to enable obligations and payments under this section, shall advise agencies about the most efficient payment processes, including electronic payment options, and shall direct agencies in the proper accounting for all encumbrances and payments under this section in the state accounting system. Expenditures may be charged to other items of appropriation and to other subsidiaries as directed by the secretary of administration and finance in consultation with the comptroller. Every 60 days after an emergency is declared under this section, and until the governor declares that the emergency has terminated, the governor shall report in writing the specific amounts and purposes of expenditures under this section to the house and senate committees on ways and means.

(c) Any funds remaining in the emergency account at the conclusion of the fiscal year in which the emergency arises shall not revert at the end of the fiscal year, unless the emergency has terminated, but shall remain available for expenditure without further appropriation until the emergency ceases and all payments for all costs incurred under this section, at which time any remaining funds shall be transferred to the Commonwealth Stabilization Fund.

### ***Repeal Health Care Security Trust Fund***

SECTION 13. [Chapter 29D](#) of the General Laws is hereby repealed.

### ***Establish State Retiree Benefits Trust Fund***

SECTION 14. [Chapter 32A](#) of the General Laws is hereby amended by inserting after section 22D the following section:-

Section 24. (a) There shall be a State Retiree Benefits Trust Fund, in this section called the fund, for the purpose of depositing, investing and disbursing amounts set aside solely to meet liabilities of the state retirement system for health care and other non-pension

benefits for retired members of the system. The trust shall be revocable only when all such benefits, current and future, under this [chapter 32A](#) have been paid or defeased.

(b) The PRIM board established by [section 23 of chapter 32](#), in this section called the board, shall be the trustee of and shall administer the fund, and for the purposes of this section the secretary of administration and finance and the executive director of the group insurance commission, or their designees, shall be members of the board. Except as otherwise provided in this section, said section 23 shall apply to the management of the fund.

(c) Ninety per cent of the monies received in any fiscal year as a result of any claim or action undertaken by the attorney general against a manufacturer of cigarettes to recover the amount of medical assistance provided pursuant to [chapter 118E](#) or any other claim or action undertaken by the attorney general against a manufacturer of cigarettes including, but not limited to, the action known as Commonwealth of Massachusetts v. Philip Morris, Inc., et al., Middlesex Superior Court, No. 95-7378, shall be deposited in the fund. The remaining 10 per cent of these monies shall be deposited in the General Fund, to be used subject to appropriation for tobacco control programs.

(d) The board may expend amounts in the fund without further appropriation to pay the costs of health care and other non-pension benefits for retired members of the state retirement system, at the request of the group insurance commission.

(e) The group insurance commission shall remain responsible for administering the payment of and determining eligibility for health care and other non-pension benefits for retired members of the state retirement system.

(f) Any other retirement system of the commonwealth may participate in the fund, using the same procedures as participation in the PRIT Fund under [section 22 of chapter 32](#), if the board decides to allow such participation.

#### ***Date of ATB Decision for Purposes of Payment of Disputed Tax***

SECTION 15. The first paragraph of paragraph (3) of subsection (e) of [section 32 of chapter 62C](#) of the General Laws, as appearing in the 2004 Official Edition, is hereby amended by adding the following sentence:- For purposes of this paragraph, the date of a decision by the appellate tax board shall be determined without reference to any later issuance of finding of facts and report by the board or to any request for a finding of facts and report.

#### ***Redistribution of the Physician Licensing Cycle***

SECTION 16. [Section 2 of chapter 112](#) of the General Laws, as so appearing, is hereby amended by striking out the sixth paragraph and inserting in place thereof the following paragraph:-

The board shall require that all physicians registered in the commonwealth renew their certificates of registration with the board at 2-year intervals. Effective in 2008, physicians born in an even-numbered year and registered in the commonwealth shall renew their certificates of registration with the board on their birthday in each succeeding even-numbered year, and physicians born in odd-numbered years shall renew their certificates of registration with the board on their birthday in each succeeding odd-numbered year. Physicians who renew their certificates of registration with the board in the year 2008 and who were born in an odd-numbered year shall renew their certificates of registration with the board on their birthday in the year 2011 if they pay a fee equal to one and a half times

the fee determined for a 2-year renewal. Physicians who renew their certificates of registration with the board in the year 2007 and who were born in an even-numbered year shall renew their certificates of registration with the board on their birthday in the year 2010 if they pay a fee equal to one and a half times the fee determined for a 2-year renewal. Nothing in this section shall prevent the board from specifying the duration of limited licenses at its discretion, but if the birthday of any physician who shall be registered under this section shall occur within 3 months after original registration, that person need not renew the registration until the person's birthday in the second year following that birthday. For the purposes of this section, the birthday of a person born on February 29 shall be considered to be February 28. The renewal application shall be accompanied by a fee determined under the previously mentioned section and shall include the physician's name, license number, home address, office address, specialties, the principal setting of the physician's practice, and whether the person is an active or inactive practitioner.

### ***MassHealth - Employer-Sponsored Insurance Right of Subrogation***

SECTION 17. [Section 9A of chapter 118E](#) of the General Laws, as amended by [section 17 of chapter 324 of the acts of 2006](#), is hereby further amended by adding the following subsection:-

(16) The executive office of health and human services shall enroll MassHealth members in available employer-sponsored health insurance if that insurance meets the criteria for MassHealth payment of premium assistance, and if federal approval will be obtained to ensure federal reimbursement for premium assistance for that insurance.

### ***Children's Medical Security Plan Premiums***

SECTION 18. [Section 10F of said chapter 118E](#), as appearing in the 2004 Official Edition, is hereby amended by striking out subsection (d) and inserting in place thereof the following subsection:-

(d) The cost of this program shall be funded in part by premiums contributed by enrollees. These premiums shall be set forth in regulations of the executive office of health and human services.

### ***Codify MassHealth Essential***

SECTION 19. [Chapter 118E](#) of the General Laws is hereby further amended by inserting after section 10F the following section :-

Section 10G. The executive office of health and human services shall administer a program of preventive and primary care for chronically unemployed persons who are not receiving unemployment insurance benefits, whom the office determines to be long-term unemployed. These persons shall meet the eligibility requirements in section 9A, but their income shall not exceed the federal poverty level. Persons who are employed intermittently

or on a non-regular basis shall not be excluded. The office may restrict provision of care to persons under this program to certain providers, taking into account capacity, continuity of care, and geographic considerations. The office may limit or close enrollment in this program if necessary to ensure that expenditures for this program do not exceed the amount appropriated. Persons eligible under subsection (7) of section 16D shall also be eligible to receive benefits under this program.

### ***MassHealth - Third Party Liability to Satisfy Federal Law***

SECTION 20. [Chapter 118E](#) of the General Laws is hereby further amended by striking out section 23, as amended by [section 28 of chapter 58 of the acts of 2006](#), and inserting in place thereof the following section:-

Section 23. (a) As used in this section, health care insurer, health insurer and health insurance shall include, but not be limited to, any health insurance company, health maintenance organization, group or nongroup health plan, self-insured plan, service benefit plan, managed care organization, pharmacy benefit manager, or other public or private third party that is, by statute, contract, agreement, or arrangement legally responsible for payment of a claim for health care benefits.

(b) Notwithstanding any general or special law, rule or regulation to the contrary, the division shall be subrogated to the rights of any recipient of medical assistance under this chapter and may take any and all actions available to that recipient to secure benefits under any policy issued by any health care insurer that is or may be liable to pay for health care benefits obtained by a recipient of medical assistance to the extent of any health care benefits provided by the division on behalf of the recipient or the recipient's dependents. A health care insurer shall reimburse the division for any health care benefits provided by the division on behalf of a recipient of medical assistance, and shall not reduce the amount of the total reimbursement by any division payment, but any part of the total that is a reimbursement for a division payment shall not exceed the amount actually paid by the division.

(c) No health care insurer shall require written authorization from the recipient before honoring the division's rights under this section. A health insurer must respond to any inquiry by the division about a claim for payment for any health care benefits and may not deny any claim for payment for any health care benefits solely on the basis of the date of submission of the claim, the type of format for the claim form, or a failure to present proper documentation at the point of sale that is the basis of the claim, if the claim is submitted by the division within a 3-year period beginning on the date on which the service was furnished, and if any action by the division to enforce its rights with respect to a claim is filed within 6 years after the submission of the claim to the health insurer.

(d) A recipient of medical assistance or any person legally obligated to support and have actual or legal custody of a recipient of medical assistance shall inform the division of any health insurance available to that recipient upon initial application and redetermination for eligibility for assistance and shall make known the nature and extent of any health insurance coverage to any person or institution that provides medical benefits to the recipient or his or her dependent.

(e) A health care insurer shall not take into account that an individual is eligible for or is receiving benefits from the division when enrolling an individual or issuing a policy or agreement covering the individual, or administering or renewing a policy or agreement, or

when making any payment for health care benefits to the individual or on behalf of the individual; nor shall any policy or agreement issued, administered, or renewed by a health care insurer contain any provision denying or reducing health care benefits to an individual who is eligible for or is receiving benefits from the division.

(f) A provider of medical assistance under this chapter shall determine whether any recipient for whom it provides medical care or services which are or may be eligible for reimbursement under this chapter is a subscriber or beneficiary of a health insurance plan. The division is the payor of last resort, and accordingly a provider shall request payment for medical care or services it provides from a health insurer which is or may be liable for the medical care or services so provided, before payment is requested from the division.

(g) Payment by the division under the medical assistance programs established by this chapter shall constitute payment in full; after receiving this payment a provider may not recover from any health insurer an amount greater than the amount paid by the division for any service for which the division is to be the payor of last resort.

(h) Notwithstanding any general or special law or rule or regulation to the contrary, all holders of health insurance information, including, but not limited to, health insurers doing business in the commonwealth, all private and public entities who employ individuals in the commonwealth, and all agencies of the commonwealth, shall provide sufficient information to the division, or in the case of those agencies, shall make other arrangements mutually satisfactory to both agencies, to enable the division: (a) to identify whether any of the following persons are or could be beneficiaries under any policy of insurance in the commonwealth: (1) persons applying for or receiving medical assistance or benefits under this chapter or health services through an agency under the executive office of health and human services, (2) persons for whom hospitals and community health centers claim reimbursement payments from the Health Safety Net Fund, established by [section 35 of chapter 118G](#); and (b) to determine the nature of the coverage that is or was provided, including cost, scope, terms, periods of coverage, and any identifying name, address or number of the policy of insurance. All public and private entities who employ individuals in the commonwealth shall provide, when requested by any employee applying for or receiving benefits provided by the division, written information to the employee describing the availability of health insurance, if any, provided by or through the employer. The failure of an employer to provide an employee with the information shall not be grounds for denial of benefits by the division.

(i) The division may, after notice and opportunity for hearing, garnish the wages, salary, or other employment income of, and shall, with the assistance of the department of revenue under [section 3 of chapter 62D](#), withhold amounts from state tax refunds to, any person who: (a) is required by court or administrative order to provide coverage of the costs of health services to a child who is eligible for medical assistance under this chapter; (b) has received payment from a third party for the costs of those services to the child; but, (c) has not used the payments to reimburse either the other parent or guardian of the child or the provider of the services, to the extent necessary to reimburse the division for expenditures for those costs.

### ***MassHealth - Wellness Program***

SECTION 21. [Section 54 of said chapter 118E](#), inserted by [section 29 of said chapter 58](#), is hereby amended by striking out the second and third sentences and inserting in place thereof the following 2 sentences:- The executive office may reduce MassHealth premiums

or copayments, or offer other incentives to encourage enrollees to comply with wellness goals. The executive office shall report annually to the joint committee on health care financing and the house and senate committees on ways and means on the number of enrollees who meet at least 1 wellness goal, any reduction of copayments or premiums, and any other incentives provided because enrollees met wellness goals.

***Transfer of the Health Safety Net Office to HCFP (1 of 3)***

SECTION 22. Sections 55 to 60, inclusive, of said [chapter 118E](#), inserted by [section 30 of said chapter 58](#), are hereby repealed.

***Transfer of the Health Safety Net Office to HCFP (2 of 3)***

SECTION 23. [Section 1 of chapter 118G](#) of the General Laws, as amended by [sections 22 and 23 of chapter 324 of the acts of 2006](#), is hereby amended by inserting after the definition of "Acute hospital" the following definition:-

"Allowable reimbursement", payments to acute hospitals and community health centers for health services provided to uninsured patients of the commonwealth under section 38 and any further regulations adopted by the office.

and is further amended by striking out the definition of "Bad debt" and inserting in place thereof the following definition:-

"Bad debt", an account receivable based on services furnished to a patient which: (i) is regarded as uncollectible, following reasonable collection efforts consistent with regulations of the office, which regulations shall allow third party payers to negotiate with hospitals to collect the bad debts of its enrollees; (ii) is charged as a credit loss; (iii) is not the obligation of a governmental unit or the federal government or any agency thereof; and (iv) is not a reimbursable health care service.

and is hereby further amended by inserting after the definition of "Dependent" the following definition:-

"Director", the director of the health safety net office.

and is further amended by striking out the definition of "Emergency bad debt" and inserting in place thereof the following definition:-

"Emergency bad debt", bad debt resulting from emergency services provided by an acute hospital to an uninsured or underinsured patient or other individual who has an emergency medical condition that is regarded as uncollectible, following reasonable collection efforts consistent with regulations of the office.

and is further amended by striking out the definition of "Financial requirements" and inserting in place thereof the following definition:-

"Financial requirements", a hospital's requirement for revenue which shall include, but not be limited to, reasonable operating, capital and working capital costs, and the reasonable cost associated with changes in medical practice and technology.

and is hereby further amended by inserting after the definition of "Free care" the following 2 definitions:-

"Fund", the Health Safety Net Trust Fund, established by section 35.

"Fund fiscal year", the 12-month period starting on October 1 and ending on September 30.

and is hereby further amended by inserting striking out the definition of "medically necessary services" and inserting in place thereof the following definition:-

"Medically necessary services" or "health services", medically necessary inpatient and outpatient services as mandated under Title XIX. Health services shall not include: (i) non-medical services, such as social, educational and vocational services; (ii) cosmetic surgery; (iii) cancelled or missed appointments; (iv) telephone conversations and consultations; (v) court testimony; (vi) research or the provision of experimental or unproven procedures, including, but not limited to, treatment related to sex reassignment surgery and pre-surgery hormone therapy; and (vii) the provision of whole blood, but the administrative and processing costs associated with the provision of blood and its derivative shall be payable.

and is hereby further amended by inserting after the definition of "Non-providing employer" the following definition:-

"Office", the health safety net office, established by section 34.

and is further amended by striking out the definition of "Payments from non-providing employers" and inserting in place thereof the following definition:-

"Payments from non-providing employers", all amounts paid to the Commonwealth Care Trust Fund by non-providing employers.

and is further amended by striking out the definition of "Payments subject to surcharge" and inserting in place thereof the following definition:-

"Payments subject to surcharge", all amounts paid, directly or indirectly, by surcharge payers to acute hospitals for health services and ambulatory surgical centers for ambulatory surgical center services, but "payments subject to surcharge" shall not include: (i) payments, settlements and judgments arising out of third party liability claims for bodily injury which are paid under the terms of property or casualty insurance policies; (ii) payments made on behalf of Medicaid recipients, Medicare beneficiaries, or persons enrolled in policies issued under [chapter 176K](#) or similar policies issued on a group basis; and "payments subject to surcharge" may exclude amounts established by regulation adopted by the division for which the cost and efficiency of billing a surcharge payer or enforcing collection of the surcharge from a surcharge payer would not be cost effective.

and is hereby further amended by inserting after the definition of "Purchaser" the following definition:-

"Reimbursable Health Services", health services provided to uninsured and underinsured patients who are determined to be financially unable to pay for their care, in whole or in part, under applicable regulations of the office; provided that the health services are emergency, urgent and critical access services provided by acute hospitals or services provided by community health centers; and provided further, that the services shall not be eligible for reimbursement by any other public or private third party payer.

and is hereby further amended by inserting after the definition of "Title XIX" the following definition:-

"Underinsured patient", a patient whose health insurance plan or self-insurance health plan does not pay, in whole or in part, for health services that are eligible for reimbursement from the Health Safety Net Trust Fund, provided that the patient meets income eligibility standards set by the office.

and is hereby further amended by striking out the definition of "Uninsured patient" and inserting in place thereof the following definition:-  
"Uninsured patient", a patient who is a resident of the commonwealth, who is not covered by a health insurance plan or a self-insurance health plan and who is not eligible for a medical assistance program.

### ***Hospital Assessments for HCFP and HSNO Administrative Funding***

SECTION 24. [Section 5 of said chapter 118G](#), as amended by [section 40 of chapter 58 of the acts of 2006](#), is hereby further amended by inserting after the second sentence the following sentence:- The assessed amount shall not be less than 65 percent of the total expenses appropriated for the division and the health safety net office.

### ***Move Nursing Home Assessment to General Fund for MassHealth***

SECTION 25. [Section 25 of said chapter 118G](#), as appearing in the 2004 Official Edition, is hereby amended by striking out, in lines 24 and 25, the words "Health Care Security Trust Fund established by [chapter 29D](#)" and inserting in place thereof the following words:-  
General Fund.

### ***Transfer of the Health Safety Net Office to HCFP (3 of 3)***

SECTION 26. Said [chapter 118G](#) of the General Laws is hereby further amended by adding the following 4 sections:-

Section 34. (a) There shall be a health safety net office within the division of health care finance and policy. The commissioner shall, in consultation with the secretary of health and human services and the Medicaid director, appoint the director of the health safety net office. The director shall have such educational qualifications and administrative and other experience as the commissioner, secretary, and Medicaid director determine to be necessary for the performance of the duties of director including, but not limited to, experience in the field of health care financial administration.

(b) The office shall have the following powers and duties:-

(1) to administer the Health Safety Net Trust Fund, established by section 35 of chapter 118G, and to require payments to the fund consistent with acute hospitals' and surcharge payors' liability to the fund, as determined under sections 36 and 37, and any further regulations adopted by the office;

(2) to set, after 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 those rates; provided that the office shall implement a fee-for-service reimbursement system for acute hospitals;

(3) to adopt regulations further defining: (a) eligibility criteria for reimbursable health services; (b) the scope of health services that are eligible for reimbursement by the Health Safety Net Trust Fund; (c) standards for medical hardship; and (d) standards for reasonable

efforts to collect payments for the costs of emergency care. The office shall implement procedures for verification of 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 free care provided to individuals if reimbursement is available from other public or private sources;

(4) 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 by [chapter 176Q](#). 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);

(5) 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;

(6) to administer, in consultation with the office of Medicaid, the Essential Community Provider Trust Fund, established by [section 2PPP of chapter 29](#), and to make expenditures from that fund without further appropriation for the purpose of improving and enhancing the ability of acute hospitals and community health centers to serve populations in need more efficiently and effectively, including, but not limited to, the ability to provide community-based care, clinical support, care coordination services, disease management services, primary care services, and pharmacy management services through a grant program. The office shall consider applications from acute hospitals and community health centers in awarding the grants. The criteria for selection shall include, but not be limited to, the following criteria:-

(i) the financial performance of the provider as determined, in the case of applications from acute hospitals, quarterly by the division of health care finance and policy and by consulting other appropriate measurements of financial performance;

(ii) the percentage of patients with mental or substance abuse disorders served by a provider;

(iii) the numbers of patients served by a provider who are chronically ill, elderly, or disabled;

(iv) the payer mix of the provider, with preference given to acute hospitals where a minimum of 63 per cent of the acute hospital's gross patient service revenue is attributable to Title XVIII and Title XIX of the federal Social Security Act or other governmental payors, including reimbursements from the Health Safety Net Fund;

(v) the percentage of total annual operating revenue that funding received in fiscal years 2005 and 2006 from the Distressed Provider Expendable Trust Fund comprised for the provider; and

(vi) the cultural and linguistic challenges presented by the populations served by the provider.

(7) 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;

(8) 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 the 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 these payments shall be conducted in compliance with a protocol previously submitted by the office to the joint committee on health care financing;

(9) to require hospitals and community health centers to submit to the office data that it reasonably considers necessary;

(10) to make, amend and repeal rules and regulations to effectuate the efficient use of monies from the Health Safety Net Trust Fund, but the regulations shall be adopted only after notice and hearing and only upon consultation with the board of the commonwealth health insurance connector, the secretary of health and human services, the director of the office of Medicaid and representatives of the Massachusetts Hospital Association, the Massachusetts Council of Community Hospitals, the Alliance of Massachusetts Safety Net Hospitals and the Massachusetts League of Community Health Centers; and

(11) to provide an annual report at the close of each fund fiscal year, in consultation with the office of Medicaid, 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 (i) 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; (ii) an assessment of the impact of these processes on the level of reimbursable health services by providers; and (iii) recommendations for ongoing improvements that will enhance the performance of eligibility determination systems and reduce hospital administrative costs.

Section 35. (a) There shall be a Health Safety Net Trust Fund, in this section and sections 36 to 38, inclusive, called the fund, which shall be administered by the health safety net office. Expenditures from the fund shall not be subject to appropriation unless otherwise required by law. The purpose of the fund shall be to maintain a health care safety net by reimbursing hospitals and community health centers for a portion of the cost of reimbursable health services provided to low-income, uninsured or underinsured residents of the commonwealth. The office shall administer the fund using such methods, policies, procedures, standards and criteria that it considers necessary for the proper and efficient operation of the fund and programs funded by it in a manner designed to distribute the fund resources as equitably as possible.

(b) The fund shall consist of all amounts paid by acute hospitals and surcharge payors under sections 36 and 37; all appropriations for the purpose of payments to acute hospitals or community health centers for health services provided to uninsured and underinsured residents; any transfers from the Commonwealth Care Trust Fund, established by [section 2000 of chapter 29](#); and all property and securities acquired by and through the use of monies belonging to the fund and all interest on them. Amounts placed in the fund shall, except for amounts transferred to the Commonwealth Care Trust Fund, be expended by the office for payments to hospitals and community health centers for reimbursable health services provided to uninsured and underinsured residents of the commonwealth, consistent with the requirements of this section and section 38 and the regulations adopted by the office; provided, that \$6,000,000 shall be expended 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 annual balance remaining in the fund after these payments have been made shall be transferred to the Commonwealth Care Trust 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 he considers necessary to meet the current obligations of the office for the purposes of the fund and estimated obligations for a

reasonable future period.

Section 36. (a) An acute hospital's liability to the fund shall equal the product of (1) the ratio of its private sector charges to all acute hospitals' private sector charges; and (2) \$160,000,000. Before October 1 of each year, the office, in consultation with the office of Medicaid, shall establish each acute hospital's liability to the fund using the best data available, as determined by the division, 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.

(b) 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.

(c) The office shall establish by regulation an appropriate mechanism for enforcing an acute hospital's liability to the fund in the event that an acute hospital does not make a scheduled payment to the fund. These enforcement mechanisms may include (1) notification to the office of Medicaid requiring an offset of payments on the Title XIX claims of that acute hospital or any health care provider under common ownership with the acute care hospital or any successor in interest to the acute hospital, and (2) the withholding by the office of Medicaid of the amount of payment owed to the fund, including any interest and late fees, and the transfer of the withheld funds into the fund. If the office of Medicaid offsets claims payments as ordered by the office, it shall not be considered to be in breach of contract or any other obligation for the payment of non-contracted services, and providers whose payment is offset under order of the division shall serve all Title XIX recipients under the contract then in effect with the office of Medicaid, or, in the case of a non-contracting or disproportionate share hospital, under its obligation for providing services to Title XIX recipients under this chapter. In no event shall the office direct the office of Medicaid to offset claims unless an acute hospital has maintained an outstanding obligation to the Health Safety Net Fund for a period longer than 45 days and has received proper notice that the division intends to initiate enforcement actions under the regulations of the office.

Section 37. (a) Acute hospitals and ambulatory surgical centers shall assess a surcharge on all payments subject to surcharge as defined in section 1. The surcharge shall be distinct from any other amount paid by a surcharge payor for the services of an acute hospital or ambulatory surgical center. The surcharge amount shall equal the product of (i) the surcharge percentage and (ii) amounts paid for these services by a surcharge payor. The office shall calculate the surcharge percentage by dividing \$160,000,000 by the projected annual aggregate payments subject to the surcharge. The office shall determine the surcharge percentage before the start of each fund fiscal year and may redetermine the surcharge percentage before April 1 of each fund fiscal year if the office projects that the initial surcharge established the previous October will produce less than \$150,000,000 or more than \$170,000,000. Before each succeeding October 1, the office shall redetermine the surcharge percentage incorporating any adjustments from earlier years. In each determination or redetermination of the surcharge percentage, the office shall use the best data available as determined by the division and may consider the effect on projected surcharge payments of any modified or waived enforcement under subsection (e). The office shall incorporate all adjustments, including, but not limited to, updates or corrections or final settlement amounts, by prospective adjustment rather than by retrospective payments or assessments.

(b) Each acute hospital and ambulatory surgical center shall bill a surcharge payor an amount equal to the surcharge described in subsection (a) as a separate and identifiable amount distinct from any amount paid by a surcharge payor for acute hospital or ambulatory surgical center services. Each surcharge payor shall pay the surcharge amount to the office for deposit in the Health Safety Net Trust Fund on behalf of that acute hospital or ambulatory surgical center. Upon the written request of a surcharge payor, the office may implement another billing or collection method for the surcharge payor; provided, however, that the

office has received all information that it requests which is necessary to implement the billing or collection method; and provided further, that the office shall specify by regulation the criteria for reviewing and approving such requests and the elements of such alternative method or methods.

(c) The office shall specify by regulation appropriate mechanisms that provide for determination and payment of a surcharge payor's liability, including requirements for data to be submitted by surcharge payors, acute hospitals and ambulatory surgical centers.

(d) A surcharge payor's liability to the Health Safety Net Trust Fund shall in the case of a transfer of ownership be assumed by the successor in interest to the surcharge payor.

(e) The office shall establish by regulation an appropriate mechanism for enforcing a surcharge payor's liability to the Health Safety Net Trust Fund if a surcharge payor does not make a scheduled payment to the fund, but the office may, for the purpose of administrative simplicity, establish threshold liability amounts below which enforcement may be modified or waived. The 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. The 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 Health Safety Net Trust Fund including any interest and penalties, and to transfer the withheld funds 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 noncontracted services, and a surcharge payor whose payment is offset under order of the division shall serve all Title XIX recipients under the contract then in effect with the executive office of health and human services. 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 Health Safety Net Trust Fund for a period longer than 45 days and has received proper notice that the office intends to initiate enforcement actions under the regulations of the office.

(f) If a surcharge payor fails to file any data, statistics or schedules or other information required under this chapter or by any regulation adopted by the office, the office shall provide written notice to the payor. If a surcharge payor fails to provide required information within 2 weeks after the receipt of written notice, or falsifies the same, he shall be subject to a civil penalty of not more than \$5,000 for each day on which the violation occurs or continues, which penalty may be assessed in an action brought on behalf of the commonwealth in any court of competent jurisdiction. The attorney general shall bring any appropriate action, including injunctive relief, that may be necessary for the enforcement of this chapter.

Section 38. (a) Reimbursements from the fund to hospitals and community health centers for health services provided to uninsured individuals shall be made in the following manner, and shall be subject to further rules and regulations promulgated by the office.

(1) Reimbursements made to acute hospitals shall be based on actual claims for health services provided to uninsured and underinsured patients that are submitted to the office, and shall be made only after determination that the claim is eligible for reimbursement under this chapter and any additional regulations adopted by the office. Reimbursements for health services provided to residents of other states and foreign countries shall be prohibited, and the office shall make payments to acute hospitals using fee-for-service rates calculated as provided in paragraphs (4) and (5).

(2) The office shall, in consultation with the office of Medicaid, develop and implement procedures to verify the eligibility of individuals for whom health services are billed to the fund and to ensure that other coverage options are used fully before services are billed to the fund, including procedures adopted under section 35 of chapter 118G. The office shall review all claims billed to the fund to determine whether the patient is eligible for medical assistance under [chapter 118G](#) and whether any third party is financially responsible for the costs of care provided to the patient. In making these determinations, the office shall verify the

insurance status of each individual for whom a claim is made using all sources of data available to the office. The office shall refuse to allow payments or shall disallow payments to acute hospitals and community health centers for free care provided to individuals if reimbursement is available from other public or private sources, but payments shall not be denied from the fund because services should have been provided in a more appropriate setting if the hospital was required to provide these services under 42 U.S.C. 1395(dd).

(3) The office shall require acute hospitals and community health centers to screen each applicant for reimbursed care for other sources of coverage and for potential eligibility for government programs, and to document the results of that screening. If an acute hospital or community health center determines that an applicant is potentially eligible for Medicaid or for the commonwealth care health insurance program, established by [chapter 118H](#), or another assistance program, the acute hospital or community health center shall assist the applicant in applying for benefits under that program. The office shall audit the accounts of acute hospitals and community health centers to determine compliance with this section and shall deny payments from the fund for any acute hospital or community health center that fails to document compliance with this section.

(4) The office shall reimburse acute hospitals for health services provided to individuals based on the payment systems in effect for acute hospitals used by the United States Department of Health and Human Services Centers for Medicare & Medicaid Services to administer the Medicare Program under Title XVIII of the Social Security Act, including all of Medicare's adjustments for direct and indirect graduate medical education, disproportionate share, outliers, organ acquisition, bad debt, new technology and capital and the full amount of the annual increase in the Medicare hospital market basket index. The office shall, in consultation with the office of Medicaid and the Massachusetts Hospital Association, adopt regulations necessary to modify these payment systems to account for:-

(i) the differences between the program administered by the office and the Title XVIII Medicare program, including the services and benefits covered;

(ii) grouper and DRG relative weights for purposes of calculating the payment rates to reimburse acute hospitals at rates no less than the rates they are reimbursed by Medicare;

(iii) the extent and duration of covered services;

(iv) the populations served; and

(v) any other adjustments to the payment methodology under this section as considered necessary by the office, based upon circumstances of individual hospitals.

Following implementation of this section, the office shall ensure that the allowable reimbursement rates under this section for health services provided to uninsured individuals shall not thereafter be less than rates of payment for comparable services under the Medicare program, taking into account the adjustments required by this section.

(5) For the purposes of paying community health centers for health services provided to uninsured individuals under this section, the office shall pay community health centers a base rate that shall be no less than the then-current Medicare Federally Qualified Health Center rate as required under 42 U.S.C. 13951 (a)(3), and the office shall add payments for additional services not included in the base rate, including, but not limited to, EPSDT services, 340B pharmacy, urgent care, and emergency room diversion services.

(6) Reimbursements to acute hospitals and community health centers for bad debt shall be made upon submission of evidence, in a form to be determined by the office, that reasonable efforts to collect the debt have been made.

(b) By April 1 of the year preceding the start of the fund fiscal year, the office shall, after consultation with the office of Medicaid, and using the best data available, provide an estimate of the projected total reimbursable health services provided by acute hospitals and community health centers and emergency bad debt costs, the total funding available, and any projected shortfall after adjusting for reimbursement payments to community health centers. If a shortfall in revenue exists in any fund fiscal year to cover projected costs for reimbursement of health services, the office shall allocate that shortfall in a manner that reflects each hospital's proportional financial requirement for reimbursements from the fund, including, but not limited to, the establishment of a graduated reimbursement system and

under any additional regulations adopted by the office.

(c) The executive office of health and human services directly or through the division shall enter into interagency agreements with the department of revenue to verify income data for patients whose health care services are reimbursed by the Health Safety Net Trust Fund and to recover payments made by the fund for services provided to individuals who are ineligible to receive reimbursable health services or on whose behalf the fund has paid for emergency bad debt. The division shall adopt regulations requiring acute hospitals to submit data that will enable the department of revenue to pursue recoveries from individuals who are ineligible for reimbursed health services and on whose behalf the fund has made payments to acute hospitals for emergency bad debt. Any amounts recovered shall be deposited in the Health Safety Net Trust Fund, established by section 35 of chapter 118G.

(d) The office shall not at any time make payments from the fund for any period in excess of amounts that have been paid into or are available in the fund for that period, but the office may temporarily prorate payments from the fund for cash flow purposes.

### ***Codify DHCD Individual Development Accounts Program***

SECTION 27. [Chapter 121B](#) of the General Laws is hereby amended by inserting after section 37 the following section:-

Section 37A. Subject to appropriation, the department shall administer a statewide program of individual development accounts to assist first-time homebuyers, in this section called the IDA program or the program. Households residing in state-subsidized housing, as defined by the department, shall receive preference for enrollment in the program. The department may award funds to community-based organizations to establish local IDA programs. The department may use funds for administrative costs to operate an IDA program for financial literacy and asset-specific training and as a match for program participant savings for qualified acquisition costs with respect to a qualified principal residence for a qualified first-time homebuyer, as defined by the department. The department may determine other qualified match uses consistent with the guidelines established in federal IDA guidelines under 42 U.S.C. section 604. The department may also use funds to secure federal asset building programs funds.

### ***Codify DHCD MRVP and RAFT Programs***

SECTION 28. Said [chapter 121B](#) is hereby further amended by inserting after section 44A the following 2 sections:-

Section 44B. (a) Subject to appropriation, the department shall administer a program of rental assistance for low-income families and elderly persons through mobile and project-based vouchers, to be known as the Massachusetts rental voucher program, in this section called the program.

(b) The income of the participating households shall not exceed 200 per cent of the federal poverty level. Notwithstanding any general or special law to the contrary, each household holding a project-based or mobile voucher shall pay at least 30 per cent but not more than 40 per cent of its income as rent. The department shall establish the amounts of the mobile vouchers and the project-based vouchers, so that appropriations are not exceeded by payments for rental assistance and administration. The department shall not

enter into commitments which will cause it to exceed appropriations for the program. Households holding mobile vouchers shall have priority for occupancy of the project-based dwelling units in the event of a vacancy.

(c) The department may award mobile vouchers to eligible households currently occupying project-based units that shall expire due to the non-renewal of project-based rental assistance contracts.

(d) The department, as a condition of continued eligibility for vouchers and voucher payments, may require disclosure of social security numbers by participants and members of participants' households in the program for use in verification of income with other agencies, departments, and executive offices. Any household in which a participant or member of a participant's household fails to provide a social security number for use in verifying the household's income and eligibility shall no longer be eligible for a voucher or to receive benefits from the voucher program.

(e) The department shall set the vouchers in varying dollar amounts, based on considerations including but not limited to family size, composition, income level, and geographic location. Notwithstanding any general or special law to the contrary, rent surveys shall not be required for use in determining the amounts of the mobile or project-based vouchers.

(f) Any household which is proven to have caused intentional damage to a rental unit that it occupies in an amount exceeding 2 month's rent during any one-year lease period shall be terminated from the program.

(g) Notwithstanding any general or special law to the contrary, a mobile voucher whose use is or has been discontinued shall be re-assigned within 90 days.

(h) The department shall pay agencies an administrative fee per voucher per month to be determined by the department for the costs of administering the program.

(i) Subsidies shall not be reduced for the cost of accommodating the cost of the inspections.

(j) The department shall impose obligations for each participant in the program through a 12-month contract which shall be executed by the participant and the department. These obligations may include but need not be limited to job training, counseling, household budgeting, and education, as defined in regulations of the department and to the extent such programs are available. Each participant shall be required to undertake and meet any such contractually established obligation as a condition for continued eligibility in the program. For continued eligibility each participant shall execute any such 12-month contract on or before September 1 if his annual eligibility recertification date occurs before that date, and otherwise on or before his annual eligibility re-certification date. Any participant who is over age 60 or who is disabled may be exempted from any obligations unsuitable under particular circumstances.

Section 44C. Subject to appropriation, the department shall administer a program of residential assistance to families in transition, to provide assistance for homeless families moving into subsidized or private housing and families at risk of becoming homeless due to a significant reduction of income or increase in expenses. The amount of financial assistance shall not exceed \$3,000 per family. Funds may be used for security deposits, first and last month's rent, electric, gas, sewer and water utility payments. The department shall administer the program through contracts with the regional non-profit housing agencies. No assistance shall be provided to any family with an income in excess of 50 per cent of the area median income. The department shall establish guidelines for administering the program.

***Court Ordered Evaluations of Competency to Stand Trial (1 of 2)***

SECTION 29. [Section 15 of chapter 123](#) of the General Laws, as appearing in the 2004 Official Edition, is hereby amended by striking out paragraph (b) and inserting in place thereof the following paragraph:-

(b) If after the examination described in paragraph (a), the court has reason to believe that further examination is necessary in order to determine whether mental illness or mental defect have so affected a person that he is not competent to stand trial or not criminally responsible for the crime or crimes with which he has been charged, the court may order further examination. Unless the person is committed in accordance with this section, the examination shall be completed within 20 days, or such other period of time as the court may order. The examination shall be conducted by 1 or more qualified physicians or 1 or more qualified psychologists and shall be conducted at the court house if the person is released on recognizance, at the place of detention where the person is being held, or other less restrictive setting as might be ordered by the court, unless the court makes written findings, based on the examination described in paragraph (a), or such further evidence as the court may require that (1) the person is mentally ill; (2) failure to commit the person for observation and further examination would cause likelihood of serious harm; and, (3) observation or further examination being ordered cannot be adequately or safely provided at the court house, a place of detention, or other less restrictive setting, in which case the court may order that the person be committed to a facility or, if the person is a male and appears to require strict security, at the Bridgewater state hospital, for a period not to exceed 20 days for observation and further examination. No order shall be issued for further observation or examination of criminal responsibility unless the court certifies that the order is issued in compliance with Rule 14 of the Massachusetts Rules of Criminal Procedure. Copies of the complaints or indictments and the physician's or psychologist's report under paragraph (a) shall be made available to the qualified physician or psychologist, and if the person is committed shall be delivered to the facility or the hospital with the person. If, before the expiration of this 20-day period, an examining qualified physician or an examining qualified psychologist completes the examination, upon 5 days notice and the filing of the report of the examination, any person committed under this section shall be returned to the court for proceedings as the court considers warranted. If, before the expiration of the 20-day period, an examining qualified physician or examining qualified psychologist believes that observation for more than 20 days is necessary, he shall so notify the court and shall request in writing an extension of the 20-day period, specifying the reason or reasons for which further observation is necessary. Upon the receipt of this request, the court may extend the observation period, but in no event shall the period exceed 40 days from the date of the initial court order of hospitalization. If a person who has been committed under this section requests continued care and treatment during the pendency of the criminal proceedings against him and the superintendent or medical director agrees to provide this care and treatment, the court may order the further commitment of the person at the facility or the Bridgewater state hospital. If the person requests to terminate this care and treatment, or the superintendent or medical director withdraws his agreement to provide this care and treatment, the person shall be returned immediately to the court for further proceedings that the court considers warranted.

### ***Court Ordered Evaluations of Competency to Stand Trial (2 of 2)***

SECTION 30. [Section 15 of said chapter 123](#), as so appearing, is hereby further amended by striking out paragraph (e) and inserting in place thereof the following paragraph:-

(e) After a finding of guilty on a criminal charge, and prior to sentencing, the court may order a psychiatric or other clinical examination. If after this examination, the court has

reason to believe that further examination and observation is necessary, it may, upon the making of written findings as provided in paragraph (b), also order a period of observation in a facility, or at the Bridgewater state hospital if the court determines that strict security is required and if the person is male. The purpose of this observation or examination shall be to aid the court in sentencing. If the person is committed under this section, the period of observation or examination shall not exceed 40 days. During this period of observation, the superintendent or medical director may petition the court for further commitment of the person. The court, after imposing sentence on the person, may hear the petition as provided in section 18, and if the court makes necessary findings as set forth in section 8, it may in its discretion commit the person to a facility or the Bridgewater state hospital. The order of commitment shall be valid for a period of 6 months. All subsequent proceedings for commitment shall take place under said section 18 in the district court which has jurisdiction of the facility or hospital. A person committed to a facility or Bridgewater state hospital under this section shall have this time credited against the sentence imposed as provided in paragraph (c) of said section 18.

### ***Electronic FID Card Renewal Notices***

SECTION 31. Clause (9) of [section 129B of chapter 140](#) of the General Laws, as so appearing, is hereby amended by striking out the third sentence and inserting in place thereof the following 2 sentences:- The executive director of the criminal history systems board shall send by a means of electronic communication to the holder of a firearm identification card a notice of the expiration of the card not less than 90 days before its expiration, and shall enclose with the notice information on how to renew the card. These notices shall only be sent to holders of a firearm identification card who have provided the executive director with an email address or means by which to receive notices electronically.

### ***Electronic Firearms License Renewal Notices***

SECTION 32. Paragraph (l) of [section 131 of said chapter 140](#), as so appearing, is hereby amended by striking out the first sentence and inserting in place thereof the following 2 sentences:- The executive director of the criminal history systems board shall send by a means of electronic communication to the holder of a license to carry a notice of the expiration of the card not less than 90 days before its expiration, and shall enclose with the notice information on how to renew the card. These notices shall only be sent to holders of a license to carry who have provided the executive director with an email address or means by which to receive notices electronically.

### ***Uniform Carrier Registration Fee***

SECTION 33. [Chapter 159B](#) of the General Laws is hereby amended by striking out section 10, as so appearing, and inserting in place thereof the following section:-

Section 10. Each interstate carrier by motor vehicle transporting over the ways within the commonwealth for compensation shall register and identify with the department under the

federal Unified Carrier Registration Act of 2005. Each registration shall be accompanied by a fee, the amount of which shall be determined by the board of directors of the federal Unified Carrier Registration Plan.

***Eliminate Repeal of Division of Professional Licensure Trust***

SECTION 34. [Sections 7A and 80 of chapter 177 of the acts of 2001](#), as amended by [section 13 of chapter 364 of the acts of 2002](#), are hereby repealed.

***E911 Surcharge Extension (2 of 2)***

SECTION 35. The first sentence of [section 9 of chapter 61 of the acts of 2002](#) is hereby amended by striking out the figure "2007" and inserting in place thereof the following figure:- 2008.

***Hospital Rate Pay for Performance***

SECTION 36. [Chapter 58 of the acts of 2006](#) is hereby amended by striking out section 128 and inserting in place thereof the following section: -

Section 128. Notwithstanding any general or special law to the contrary, in fiscal year 2007, and in accordance with [section 13B of chapter 118E](#) of the General Laws, \$90,000,000 shall be made available from the Commonwealth Care Trust Fund, established by [section 2000 of chapter 29](#) of the General Laws, to pay for an increase in the Medicaid rates paid to acute hospitals, as defined in [section 1 of chapter 118G](#) of the General Laws, and physicians, but not less than 15 per cent of the increase shall be allocated to rate increases for physicians. For fiscal year 2008, an additional \$90,000,000 for a total of \$180,000,000, shall be made available to pay for an increase in the Medicaid rates paid to acute hospitals, as defined in said [section 1 of said chapter 118G](#) of the General Laws, and physicians, but not less than 15 per cent of the increase shall be allocated to rate increases for physicians. For fiscal year 2009, an additional \$90,000,000, for a total of \$270,000,000, shall be made available to pay for an increase in the Medicaid rates paid to acute hospitals, as defined in said [section 1 of said chapter 118G](#), and physicians, but not less than 15 per cent of the increase shall be allocated to rate increases for physicians. A portion of the fiscal year 2008 and fiscal year 2009 hospital rate increases relating to adherence to quality standards and achievement of performance benchmarks under [section 13B of chapter 118E](#) of the General Laws may be paid in the succeeding fiscal year. For purposes of payments to hospitals under this section, fiscal year shall mean the hospital fiscal year, and for purposes of any payments to physicians under this section, fiscal year shall mean the state fiscal year. Fiscal year 2008 and 2009 payments are subject to specific appropriation to the executive office of health and human services MassHealth program accounts for this purpose.

## ***Essential Community Provider Trust Fund***

SECTION 37. Notwithstanding any general or special law to the contrary, the comptroller, in consultation with the secretary of health and human services, shall develop a schedule for transferring not less than \$28,000,000 from the General Fund to the Essential Community Provider Trust Fund established under [section 2PPP of chapter 29](#) of the General Laws for the purpose of making payments to acute care hospitals and community health centers in fiscal year 2008. The secretary shall authorize expenditures from the fund without further appropriation for the purpose of a grant program to improve and enhance the ability of acute care hospitals and community health centers to serve populations in need, more efficiently and effectively, including, but not limited to, the ability to provide community-based care, clinical support, care coordination services, disease management services, primary care services and pharmacy management services through a grant program. The secretary shall consider applications from acute care hospitals and community health centers in awarding the grants.

### ***Line Item Transferability***

SECTION 38. (a) Notwithstanding any general or special law to the contrary, the secretary of administration and finance may authorize the transfer of funds from any item of appropriation for any executive branch agency to any other item of appropriation for that agency or within its executive office. No transfer authorized by this section shall exceed 5 per cent of the amount appropriated for an item. The transfer may be made only with the written approval of the heads of the sending and receiving agencies and of the secretary of their executive office.

(b) Notwithstanding any general or special law to the contrary, the secretary of administration and finance, with concurrence from the secretary of health and human services and the secretary of housing and economic development, may authorize the transfer of funds between item [7004-0100](#) and item [4000-0250](#) in section 2.

(c) Before making any transfer authorized by this section, the secretary of administration and finance shall submit a transfer schedule to the house and senate committees on ways and means. The schedule shall include the following: (1) the amount of money transferred from one item of appropriation to another; (2) the reason for the transfer; and (3) the date on which the transfer is to be completed.

### ***Payment of Certain Pensions***

SECTION 39. Notwithstanding any general or special law to the contrary, pension benefits authorized under chapters 712 and 721 of the acts of 1981, chapter 154 of the acts of 1983, chapter 67 of the acts of 1988, and chapter 621 of the acts of 1989, for the compensation of veterans who may be retired by the state board of retirement, including individuals formerly in the service of the division of employment security whose compensation for that service was paid in full from a grant from the federal government and for the cost of medical examinations in connection therewith, for pensions of retired judges or their widows or widowers, for retirement allowances of certain employees formerly in the service of the administrative division of the metropolitan district commission, for retirement allowances of certain veterans and police officers formerly in the service of the metropolitan district commission, for retirement allowances of certain veterans formerly in the service of the metropolitan

sewerage district, for retirement allowances of certain veterans formerly in the service of the metropolitan water system and for annuities for widows or widowers of certain former members of the uniformed branch of the state police shall be funded from the Pension Reserves Investment Trust Fund, established under subdivision (8) of [section 22 of chapter 32](#) of the General Laws. This section shall continue in effect after June 30, 2008.

### ***Pension Cost of Living Adjustment***

SECTION 40. The amounts transferred under paragraph (1) of [section 22C of chapter 32](#) of the General Laws shall be made available for the commonwealth's Pension Liability Fund established under [section 22 of said chapter 32](#). The amounts transferred under said paragraph (1) of said [section 22C of said chapter 32](#) shall meet the commonwealth's obligations under said [section 22C of said chapter 32](#), including retirement benefits payable by the state employees' and the state teachers' retirement systems, for the costs associated with a 3 per cent cost-of-living adjustment under [section 102 of said chapter 32](#), the reimbursement of local retirement systems for previously authorized cost-of-living adjustments under said [section 102 of said chapter 32](#), and for the costs of increased survivor benefits under 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 the rules adopted by the treasurer. The treasurer may make payments upon a transfer of funds to reimburse certain cities and towns for pensions to retired teachers, including any other obligations which the commonwealth has assumed on behalf of any retirement system other than the state employees' or state teachers' retirement systems and also including the commonwealth's share of the amounts to be transferred under [section 22B of said chapter 32](#) and the amounts to be transferred under clause (a) of the last paragraph of [section 21 of chapter 138](#) of the General Laws. All payments for the purposes described in this section shall be made only pursuant to distribution of monies from the fund, and any distribution and the payments for which distributions are required shall be detailed in a written report filed quarterly by the commissioner of administration with the house and senate committees on ways and means and the joint committee on public service in advance of this distribution. Distributions shall not be made in advance of the date on which a payment is actually to be made. The state board of retirement may expend an amount for the purposes of the board of higher education's optional retirement program under [section 40 of chapter 15A](#) of the General Laws. To the extent that the amount transferred under paragraph (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 of the commonwealth for the purpose of reducing the unfunded pension liability of the commonwealth.

### ***Phase-in Deposit of Tobacco Litigation Proceeds***

SECTION 41. Notwithstanding subsection (c) of [section 24 of chapter 32A](#) of the General Laws, inserted by section [14](#), for fiscal years 2008 to 2011, inclusive, of the 90 per cent of the monies received in that fiscal year as a result of any claim or action undertaken by the attorney general against a manufacturer of cigarettes to recover the amount of medical assistance provided pursuant to [chapter 118E](#) or any other claim or action undertaken by the attorney general against a manufacturer of cigarettes including, but not limited to, the action known as Commonwealth of Massachusetts v. Philip Morris, Inc., et al., Middlesex Superior

Court, No. 95-7378, the following portions shall not be deposited in the State Retiree Benefits Trust Fund but rather shall be deposited in the General Fund:

- (a) for fiscal year 2008, all of the 90 per cent of those monies;
- (b) for fiscal year 2009, 3/4 of the 90 per cent of those monies;
- (c) for fiscal year 2010, half of the 90 per cent of those monies;
- (d) for fiscal year 2011, 1/4 of the 90 per cent of those monies.

In each such fiscal year, the remainder of the 90 per cent of those monies shall be deposited in the State Retiree Benefits Trust Fund.

### ***Stabilization Fund: Cancel Deposit and Transfer Interest***

SECTION 42. Notwithstanding any general or special law to the contrary:

- (a) during fiscal years 2007 and 2008 the comptroller shall not transfer 0.5 per cent of the total revenue from taxes in the preceding fiscal year to the Commonwealth Stabilization Fund as otherwise required by clause (a) of [section 5C of chapter 29](#) of the General Laws; and
- (b) as of June 30, 2008, the comptroller shall transfer from the Commonwealth Stabilization Fund to the General Fund the lesser of: (1) the interest paid on the Commonwealth Stabilization Fund during fiscal year 2008, or (2) \$75,000,000.

### ***Study Commission on Retiree Benefit Liability***

SECTION 43. There shall be a special commission to investigate and study the commonwealth's liability for paying retiree health care and other non-pension benefits. The commission shall specifically examine further legislation necessary to comply with statements no. 43 and 45 of the Government Accounting Standards Board, a possible amortization schedule to fund the commonwealth's liability, and alternatively state borrowing against future tobacco litigation proceeds to fund the commonwealth's liability. The commission shall consist of the chairs of the joint committee on public service, who shall chair the commission, the chairs of the house and senate committees on ways and means, the secretary of administration and finance, the state treasurer, the comptroller, the executive director of the pension reserves investment management board, the executive director of the group insurance commission, or the designees of any of them. The commission shall report its findings and recommendations, including any proposed legislation, to the clerks of the senate and house of representatives not later than December 1, 2007.

### ***Transfer Fund Balances***

SECTION 44. (a) Beginning July 1, 2007, the comptroller shall transfer \$380,520,000 from the General Fund to the State Retiree Benefits Trust Fund established by [section 24 of chapter 32A](#) of the General Laws, according to a schedule developed in consultation with the state treasurer and the secretary of administration and finance.

(b) As of June 30, 2007, the comptroller shall transfer to the General Fund the balance in the Health Care Quality Improvement Trust Fund, established by [section 2EE of chapter 29](#) of the General Laws.

(c) As of July 1, 2007, the comptroller shall transfer \$50,000,000 from the Health Care

Security Trust to the General Fund, to be used subject to appropriation for the following programs of the department of public health: substance abuse services, public health promotion and disease prevention, and universal immunization.

(d) As of January 1, 2008, the comptroller shall transfer the balance in the Health Care Security Trust to the State Retiree Benefits Trust Fund.

### ***Blue Hills Ski Area Long-Term Lease Authorization***

SECTION 45. (a) The division of capital asset management and maintenance, in consultation with the department of conservation and recreation, may, notwithstanding sections 40E to 40K and 52 to 55, inclusive, of [chapter 7](#) of the General Laws, and using competitive proposal processes that the division considers appropriate, lease or enter into other agreements for the Blue Hills Ski Area in the town of Canton, for terms not to exceed 25 years to one or more operators, so as to provide for the continued use, operation, maintenance, repair, and improvement of this state-owned recreational facility together with the land and appurtenances associated with it.

(b) The lease or other agreement shall be on terms acceptable to the commissioner of capital asset management and maintenance, after consultation with the commissioner of department of conservation and recreation, and, notwithstanding any general or special law to the contrary, shall provide for the operator to operate, manage, improve, repair, and maintain the properties. Any such leases or other arrangements requiring improvements to be made to any portion of the facility may include a description of the initially required improvements and shall include performance specifications.

(c) The inspector general shall review and approve any request for proposal issued by the division before issuance.

(d) All consideration received from the lease or other agreement shall be payable to the department of conservation and recreation for deposit into the Blue Hills Reservation Trust Fund in accordance with [section 34C of chapter 92](#) of the General Laws. The operator shall bear costs as determined by the commissioner of conservation and recreation for the transactions including, without limitation, costs for legal work, survey, title, and the preparation of plans and specifications.

### ***Long-Term Leases to Operate Public Skating Rinks***

SECTION 46. Notwithstanding sections 40E to 40K and 52 to 55 of [chapter 7](#) of the General Laws, the division of capital asset management and maintenance, in consultation with the department of conservation and recreation, may lease and enter into agreements, using a competitive proposal process or processes that the division considers necessary or appropriate, for terms not to exceed 25 years, to 1 or more operators, for 1 or more skating rinks, so as to provide for the continued use, operation, maintenance, repair, and improvement of the following state-owned buildings and facilities together with the associated land and appurtenances formerly under the jurisdiction of the metropolitan district commission: Bajko memorial rink, Hyde Park district, Boston; Connell memorial rink, Weymouth; Devine memorial rink, Dorchester district, Boston; Emmons Horrigan O'Neill memorial rink, Charlestown district, Boston; Flynn memorial rink, Medford; Jim Roche

memorial rink, West Roxbury district, Boston; LoConte memorial rink, Medford; Murphy memorial rink, South Boston district, Boston; Reilly memorial rink, Brighton district, Boston; Shea memorial rink, Quincy; Steriti memorial rink, Boston; Veterans Memorial Rink, Somerville; and, Ulin memorial rink, Milton.

The leases and other agreements shall be on terms acceptable to the commissioner of capital asset management and maintenance, after consultation with the commissioner of conservation and recreation, and, notwithstanding any general or special law to the contrary, shall provide for the lessees to operate, manage, improve, repair, and maintain the properties, and may provide for the department to make initial capital improvements or direct grant funds to the lessee to undertake initial capital improvements at 1 or more of the properties that the commissioner of the department determines to be necessary due to the structural condition of any of the properties. Any leases or other arrangements requiring improvements to be made to any buildings may include a description of the initially-required improvements and, at minimum, performance specifications. Ice time at rinks under the jurisdiction of the division of urban parks and recreation shall be allocated to user groups in the following priority order: general public skating; youth groups; high school hockey; and adult organizations or informal groups. Ice time may be allocated at the discretion of the operator with the following restrictions: general public skating shall be booked at a minimum of 16 hours per week, with a range of times and days which reasonably allow for public skaters of all ages to participate in some public skating sessions. Every effort shall be made to balance the ice allocation needs of long-established youth organizations and newly-formed youth organizations in a manner that provides equal opportunity and equal access for youths of each gender. Leases and other agreements authorized in this section shall provide that any benefits to the communities and the costs of improvements and repairs made to the properties provided by the lessees or the recipients of the properties shall be taken into account as part of the consideration for the leases or other agreements. All consideration received from the leases or other agreements shall be payable to the department of conservation and recreation for deposit into the Division of Urban Parks Trust Fund under [section 34 of chapter 92](#) of the General Laws; provided that any consideration received for the Jim Roche Memorial Rink shall be payable to the department for deposit into the Roche Community Rink Fund under [section 2NNN of chapter 29](#) of the General Laws. The lessees or the recipients of these properties shall bear all costs considered necessary or appropriate by the commissioner of conservation and recreation for the transactions including, without limitation, all costs for legal work, survey, title, and the preparation of plans and specifications.

The department may consider payments made by a lessee at the Connell Rink as private matching funds for the purposes of item 2800-0105 of [section 2E of chapter 352 of the acts of 2004](#).

### ***Transfers Among Health Care Funds***

SECTION 47. (a) Notwithstanding any general or special law to the contrary, the comptroller shall, in consultation with the state treasurer, the secretary of administration and finance and the secretary of health and human services, develop a schedule for transferring funds among the General Fund, the Commonwealth Care Trust Fund established by [section 2000 of chapter 29](#) of the General Laws and the Health Safety Net Trust Fund established by [section 35 of chapter 118G](#) of the General Laws. Not less than \$628,800,000 shall be transferred from the General Fund to the Commonwealth Care Trust Fund and not less than \$33,900,000 shall be transferred from the Commonwealth Care Trust Fund to the Health Safety Net Trust Fund. The schedule shall provide for transfers in increments considered

appropriate to meet the cash flow needs of these funds. The transfers shall not begin before July 1, 2007 and shall be completed on or before June 30, 2008. The secretary of administration and finance, in consultation with the secretary of health and human services and the executive director of the commonwealth health insurance connector, shall from time to time evaluate the revenue needs of the health safety net program funded by the Health Safety Net Trust Fund and the Commonwealth Care subsidized health insurance program funded from the Commonwealth Care Trust Fund, and if necessary, transfer monies between these funds for the purpose of ensuring that sufficient revenues are available to support projected program expenditures.

(b) Notwithstanding any general or special law to the contrary, on or before October 1, 2007 and without further appropriation, the comptroller shall transfer from the General Fund to the Health Safety Net Trust Fund established under [section 35 of chapter 118G](#) of the General Laws, an amount not to exceed \$45,000,000 for the purpose of making initial gross payments to qualifying acute care hospitals for the hospital fiscal year beginning October 1, 2007. These payments shall be made to hospitals before, and in anticipation of, the payment by hospitals of their gross liability to this fund. The comptroller shall transfer from this fund to the General Fund not later than June 30, 2008, the amount of the transfer authorized in this section and any allocation of that amount as certified by the director of the health safety net office.

### ***MassHealth Provider Supplemental Payments***

SECTION 48. The comptroller shall, in consultation with the office of the state treasurer, the executive office for administration and finance, and the executive office of health and human services, develop a schedule and make a series of transfers not to exceed \$251,000,000 from the General Fund to the MassHealth provider payment account in the Medical Assistance Trust Fund established in [section 2QQQ of chapter 29](#) of the General Laws.

### ***UMass/Health and Human Services Interagency Service Agreements***

SECTION 49. Notwithstanding any general or special law to the contrary, the executive office of health and human services under [section 16 of chapter 6A](#) of the General Laws, acting in its capacity as the single state agency under Title XIX of the Social Security Act and as the principal agency for all of the agencies within the executive office, and other federally assisted programs administered by the executive office, may enter into interdepartmental services agreements with the University of Massachusetts medical school to perform activities that the secretary, in consultation with the comptroller, determines are appropriate and within the scope of the proper administration of Title XIX and other federal funding provisions to support the programs and activities of the executive office. These activities shall include: (1) providing administrative services, including, but not limited to, activities such as providing the medical expertise to support or administer utilization management activities, determining eligibility based on disability, supporting case management activities and similar initiatives; (2) providing consulting services related to quality assurance, program evaluation and development, integrity and soundness and project management; and (3) providing activities and services for the purpose of pursuing federal reimbursement or avoiding costs, third party liability and recouping payments to third parties. Federal reimbursement for any expenditures made by the University of Massachusetts medical school relative to federally reimbursable services the university provides under these interdepartmental service

agreements or other contracts with the executive office of health and human services shall be distributed to the university, and recorded distinctly in the state accounting system. The secretary may negotiate contingency fees for activities and services related to the purpose of pursuing federal reimbursement or avoiding costs, and the comptroller shall certify these fees and pay them upon the receipt of this revenue, reimbursement or demonstration of costs avoided. Contracts for contingency fees shall not extend longer than 3 years, and shall not be renewed without prior review and approval from the executive office of administration and finance. The secretary shall not pay contingency fees in excess of \$40,000,000 for state fiscal year 2008. The secretary of health and human services shall submit to the secretary of administration and finance and the senate and house committees on ways and means a quarterly report detailing the amounts of the agreements, the ongoing and new projects undertaken by the university, the amounts spent on personnel and the amount of federal reimbursement and recoupment payments that the university collected.

### ***Special Education Provider Rate Freeze***

SECTION 50. Notwithstanding any general or special law to the contrary, the operational services division which, under section 274 of chapter 110 of the acts of 1993, is responsible for determining prices for programs under [chapter 71B](#) of the General Laws, shall set those prices in fiscal year 2008 at the same level calculated for fiscal year 2007, except the prices for those programs for extraordinary relief, as defined in 808 CMR 1.06(4). Programs for which prices in fiscal year 2007 were lower than the full amount permitted by the operational services division shall be permitted to charge in fiscal year 2008 the full price calculated for fiscal year 2007.

### ***Health Care Security Trust Repeal: Effective Date***

SECTION 51. Section [13](#) shall take effect on January 1, 2008.

### ***Effective Date***

SECTION 52. Except as otherwise provided, this act shall take effect on July 1, 2007.