

SENATE, No. 705

By Mr. Moore, a petition (accompanied by bill, Senate, No. 705) of [Richard T. Moore](#), [Kathleen M. Teahan](#), [James B. Leary](#), [Bruce E. Tarr](#) and other members of the General Court for legislation to establish the direct care workers insurance assistance program. [Health Care Financing](#)

The Commonwealth of Massachusetts



In the Year Two Thousand and Five.

AN ACT ESTABLISHING THE DIRECT CARE WORKERS INSURANCE ASSISTANCE PROGRAM

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

SECTION 1. Section 9C of chapter 118E of the Massachusetts General Laws, as appearing in the 2002 Official Edition is hereby amended by adding at the end of thereof an new section:- Medical insurance reimbursement programs for direct care workers

Section 9C(1/2). (1) For purposes of this section, the following words shall have the following meanings:

"Eligible employer", (i) a corporation or an unincorporated entity that is exempt from taxation under the provisions of section 501(c) of the Internal Revenue Code of the United States, as amended and in effect for the taxable year; provided however, that to be eligible said employer employs direct-care health care employees and meets the eligibility requirements set forth in this section and in regulations promulgated by the division; and provided further, that said regulations shall not limit eligibility based on the number of employees employed by said employer and provided, further, amounts of subsidies available to an eligible employee based upon employee family status shall be determined by the division. "Eligible employee", (i)

an employee of an eligible employer; (ii) who resides in the commonwealth; (iii) who has not attained age 65; (iv) who meets the financial and other eligibility standards set forth in regulations promulgated by the division; provided, however, that the gross family income standard shall not exceed 400 per cent of the federal poverty level; and (v) who works as a direct-care human service or health care employee. "Qualified medical insurance", shall mean "qualified medical insurance", "qualified individual medical insurance", "qualified two-person family medical insurance" and "qualified family medical insurance" as defined in regulations promulgated by the commissioner of insurance pursuant to section 3C of chapter 175.

(2) The division shall, subject to the provisions of this section, establish an insurance reimbursement program for certain employees for the purpose of eliminating the amount of contributions or payments made by such employees toward the cost of qualified medical insurance. The division shall promulgate rules and regulations to implement this program. The program shall consist of the following three programs:(A) an employee subsidy program to assist eligible employees with eliminating their contribution to premiums of qualified medical insurance provided by an employer; provided further, that said employer pays the cost of the premium for said employee at a percentage no less than an amount equal to the percentage the employer paid prior to the enactment of this act.

(B) an employee subsidy program for employees whose employers, prior to the enactment of this act, did not offer qualified medical insurance. The division may, notwithstanding any income eligibility requirement specified in Massachusetts General Law enroll said employee in MassHealth or any other qualified medical insurance program; provided further, that the division shall subsidize the premium of said qualified medical insurance program at a rate not less than 100 per cent.

(C) the division shall directly market the direct care workers insurance assistance program to employees of private health, human and social service providers that deliver direct human service or health care services under contract with the departments within the executive office of health and human services and the executive office of elder affairs for the sole purpose of mitigating health insurance costs to said employees

(3) The division may require, as a condition for receiving benefits under this section and solely for the purposes of determining the eligibility of any employee the consent of any applicant to the disclosure to the

division and to the United States Department of Health and Human Services pursuant to subsection (10) of prior year's tax information and any other information demonstrating the income level of such persons. The division may employ additional eligibility criteria to ensure, where appropriate, that no person receives payments or assistance under more than one category of persons eligible for payment or assistance.

(4) The division may, in lieu of cash payments or otherwise, issue to individuals vouchers or other documents certifying that the division will pay a specified amount for medical insurance under specified circumstances.

(5) Data and information obtained by the division pursuant to subsection (3) to determine eligibility under this chapter shall be available for inspection by the Secretary or his delegate for the specific purpose of substantiating expenditures made under this section.

(6) The division may implement the provisions of this section through arrangements with other agencies of the commonwealth, including the department of revenue, as provided in subsection (11) of section 9A.

(13) Expenditures under this section shall, subject to appropriation, be funded by the MassHealth insurance reimbursement program account established by subsection (c) of section 18 of chapter 118G. Aggregate expenditures made by the division for said insurance reimbursement program shall not exceed \$10,000,000 in any fiscal year, nor exceed \$5,000,000 in the fiscal year when said program commences and shall be further subject to the requirements of the budget neutrality plan established by section 9B.

(14) Ninety days prior to implementing one or more of the programs under this section, the division shall provide a plan or plans for implementing said programs to the committee on health care and to the house and senate committee on ways and means. Said programs may be offered separately and implemented at different times, and a plan relative to each program may be submitted separately.