

**SENATE . . . . . No. 744**

---

**The Commonwealth of Massachusetts**

PRESENTED BY:

***James B. Eldridge***

*To the Honorable Senate and House of Representatives of the Commonwealth of Massachusetts in General Court assembled:*

The undersigned legislators and/or citizens respectfully petition for the adoption of the accompanying bill:

An Act establishing medicare for all in Massachusetts.

PETITION OF:

NAME:	DISTRICT/ADDRESS:	
<i>James B. Eldridge</i>	<i>Middlesex and Worcester</i>	
<i>Lindsay N. Sabadosa</i>	<i>1st Hampshire</i>	
<i>Adam Gomez</i>	<i>Hampden</i>	<i>2/23/2023</i>
<i>Denise C. Garlick</i>	<i>13th Norfolk</i>	
<i>Jack Patrick Lewis</i>	<i>7th Middlesex</i>	<i>1/23/2023</i>
<i>Sal N. DiDomenico</i>	<i>Middlesex and Suffolk</i>	<i>1/26/2023</i>
<i>Paul R. Feeney</i>	<i>Bristol and Norfolk</i>	<i>1/27/2023</i>
<i>Vanna Howard</i>	<i>17th Middlesex</i>	<i>1/31/2023</i>
<i>Jacob R. Oliveira</i>	<i>Hampden, Hampshire and Worcester</i>	<i>2/2/2023</i>
<i>Carmine Lawrence Gentile</i>	<i>13th Middlesex</i>	<i>2/3/2023</i>
<i>Paul W. Mark</i>	<i>Berkshire, Hampden, Franklin and Hampshire</i>	<i>2/7/2023</i>
<i>Joanne M. Comerford</i>	<i>Hampshire, Franklin and Worcester</i>	<i>2/9/2023</i>
<i>Cynthia Stone Creem</i>	<i>Norfolk and Middlesex</i>	<i>2/14/2023</i>
<i>Mike Connolly</i>	<i>26th Middlesex</i>	<i>2/16/2023</i>
<i>Patricia D. Jehlen</i>	<i>Second Middlesex</i>	<i>2/16/2023</i>
<i>Patricia A. Duffy</i>	<i>5th Hampden</i>	<i>3/2/2023</i>
<i>Liz Miranda</i>	<i>Second Suffolk</i>	<i>3/3/2023</i>

<i>Lydia Edwards</i>	<i>Third Suffolk</i>	<i>3/30/2023</i>
<i>Julian Cyr</i>	<i>Cape and Islands</i>	<i>4/28/2023</i>
<i>Michael D. Brady</i>	<i>Second Plymouth and Norfolk</i>	<i>5/5/2023</i>
<i>John F. Keenan</i>	<i>Norfolk and Plymouth</i>	<i>5/18/2023</i>
<i>Rita A. Mendes</i>	<i>11th Plymouth</i>	<i>5/30/2023</i>
<i>Rebecca L. Rausch</i>	<i>Norfolk, Worcester and Middlesex</i>	<i>6/15/2023</i>
<i>Brendan P. Crighton</i>	<i>Third Essex</i>	<i>8/3/2023</i>
<i>Jason M. Lewis</i>	<i>Fifth Middlesex</i>	<i>8/3/2023</i>

**SENATE . . . . . No. 744**

---

---

By Mr. Eldridge, a petition (accompanied by bill, Senate, No. 744) of James B. Eldridge, Lindsay N. Sabadosa, Adam Gomez, Denise C. Garlick and other members of the General Court for legislation to establish medicare for all in Massachusetts. Health Care Financing.

---

---

[SIMILAR MATTER FILED IN PREVIOUS SESSION  
SEE SENATE, NO. 766 OF 2021-2022.]

**The Commonwealth of Massachusetts**

\_\_\_\_\_  
**In the One Hundred and Ninety-Third General Court  
(2023-2024)**  
\_\_\_\_\_

An Act establishing medicare for all in Massachusetts.

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

1           SECTION 1. The General Laws are hereby amended by inserting after chapter 175M the  
2 following chapter:-

3           CHAPTER 175N.

4           MASSACHUSETTS HEALTH CARE TRUST

5           Section 1. Definitions

6           The following words and phrases shall have the following meanings, except where the  
7 context clearly requires otherwise:

8           “Board”, the Board of Trustees of the Massachusetts Health Care Trust.

9           “Executive Director”, the Executive Director of the Massachusetts Health Care Trust.

10           “Health care”, care provided to a specific individual by a licensed health care  
11 professional to promote physical and mental health, to treat illness and injury, and to prevent  
12 illness and injury.

13           “Health care facility”, any facility or institution, whether public or private, proprietary or  
14 nonprofit, that is organized, maintained, and operated for health maintenance or for the  
15 prevention, diagnosis, care, and treatment of human illness, physical or mental, for one or more  
16 persons.

17           “Health care practitioner”, any professional person, medical group, independent practice  
18 association, organization, health care facility, or other person or institution licensed or authorized  
19 by law to provide professional health care services to an individual in the Commonwealth.

20           “Professional advisory committee”, a committee of advisors appointed by the director of  
21 the Administrative, Planning, Information, Technology, or any Regional division of the  
22 Massachusetts Health Care Trust.

23           “Resident”, a person who lives in Massachusetts as evidenced by an intent to continue to  
24 live in Massachusetts and to return to Massachusetts if temporarily absent, coupled with an act or  
25 acts consistent with that intent. The Trust shall adopt standards and procedures for determining  
26 whether a person is a resident. Such rules shall include: (1) a provision requiring that the person  
27 seeking resident status has the burden of proof in such determination; (2) a provision that a  
28 residence established for the purpose of seeking health care shall not by itself establish that a  
29 person is a resident of the Commonwealth; and (3) a provision that, for the purposes of this  
30 chapter, the terms “domicile” and “dwelling place” are not limited to any particular structure or

31 interest in real property and specifically include homeless individuals, individuals incarcerated in  
32 Massachusetts, and undocumented individuals.

33 “Secretary”, the Secretary of the Executive Office of Health and Human Services.

34 “Trust”, the Massachusetts Health Care Trust.

35 “Trust Fund”, the Massachusetts Health Care Trust Fund.

## 36 Section 2. Policy and Goals

37 It is hereby declared to be the policy of the Commonwealth to provide equitable access to  
38 quality, affordable health care services for all its residents as a right, responsive to the needs of  
39 the Commonwealth and its residents, without co-insurance, co-payments, deductibles, or any  
40 other form of patient cost sharing, and be accountable to its citizens through the Trust. The Trust  
41 shall be responsible for the collection and disbursement of funds required to provide health care  
42 services for every resident of the Commonwealth.

43 It is hereby declared that the Trust shall guarantee health care access to all residents of  
44 the Commonwealth without regard to financial or employment status, ethnicity, race, religion,  
45 gender, gender identity, sexual orientation, previous health problems, or geographic location.

46 It is hereby declared that the Trust shall provide access to health care services that is  
47 continuous, without the current need for repeated re-enrollments or changes when employers  
48 choose new plans and residents change jobs. Coverage under the Health Care Trust shall be  
49 comprehensive and affordable for individuals and families. It shall have no co-insurance, co-  
50 payments, deductibles, or any other form of patient cost sharing.

51           It is hereby declared that providing access to health care services for all Massachusetts  
52 residents through a single payer health care financing system is essential for achieving and  
53 sustaining universal equitable access, affordability, cost control, and high quality medical care.

54           It is hereby further declared that in pursuit of universal access to quality, affordable care,  
55 the Commonwealth supports the following goals:

56           (a) to guarantee every resident of the Commonwealth access to high quality health care  
57 by: (i) providing reimbursement for all medically appropriate health care services offered by the  
58 eligible practitioner or facility of each resident’s choice; and (ii) funding capital investments for  
59 adequate health care facilities and resources statewide.

60           (b) to ensure that all residents have access to dental care, behavioral health, eyeglasses,  
61 hearing aids, home health care, nursing home care, and other important health care needs.

62           (c) to eliminate co-insurance, co-payments, deductibles, and any other form of patient  
63 cost sharing;

64           (d) to control costs as a key component of a sustainable health care system that will  
65 reduce health care costs for residents, municipalities, counties, businesses, health care facilities,  
66 and the Commonwealth.

67           (e) to save money by replacing the current mixture of public and private health insurance  
68 plans with a uniform and comprehensive health care plan available to every Massachusetts  
69 resident;

70           (f) to reduce administrative cost and inefficiencies and use savings to: (i) expand covered  
71 health care services; (ii) contain health care cost increases; (iii) create practitioner incentives to

72 innovate and compete by improving health care service quality and delivery to patients; and (iv)  
73 expand preventive health care programs and the delivery of primary care.

74 (g) to fund, approve, and coordinate capital improvements in excess of a threshold to be  
75 determined annually by the Executive Director to qualified health care facilities in order to: (i)  
76 avoid unnecessary duplication of health care facilities and resources; and (ii) encourage  
77 expansion or location of health care practitioners and health care facilities in underserved  
78 communities;

79 (h) to assure the continued excellence of professional training and research at health care  
80 facilities in the Commonwealth;

81 (i) to achieve measurable improvement in health care outcomes;

82 (j) to prevent disease and disability and maintain or improve health and functionality;

83 (k) to ensure that all residents of the Commonwealth receive care appropriate to their  
84 special needs as well as care that is culturally and linguistically competent;

85 (l) to increase satisfaction with the health care system among health care practitioners,  
86 patients, and the employers and employees of the Commonwealth;

87 (m) to implement policies that strengthen and improve culturally and linguistically  
88 sensitive care;

89 (n) to develop an integrated population-based health care database to support health care  
90 planning; and

91 (o) to fund training and retraining programs for professional and non-professional  
92 workers in the health care sector displaced as a direct result of implementation of this chapter.

93 Section 3. Establishment of the Massachusetts Health Care Trust

94 (a) There shall be within the Executive Office of Health and Human Services, but not  
95 under its control or any political subdivision thereof in the Commonwealth, a division known as  
96 the Massachusetts Health Care Trust. The Trust shall be responsible for the collection and  
97 disbursement of funds required to provide health care services for every resident of the  
98 Commonwealth. The Trust is hereby constituted a public instrumentality of the Commonwealth  
99 and the exercise by the Trust of the powers conferred by this chapter shall be deemed and held  
100 the performance of an essential governmental function.

101 (b) The provisions of chapter 268A shall apply to all Trustees, officers, and employees of  
102 the Trust, except that the Trust may purchase from, contract with, or otherwise deal with any  
103 organization in which any Trustee is interested or involved, provided, however, that such interest  
104 or involvement is disclosed in advance to the Trustees and recorded in the minutes of the  
105 proceedings of the Trust, and provided, further, that a Trustee having such interest or  
106 involvement may not participate in any decision relating to such organization.

107 (c) Neither the Trust nor any of its officers, Trustees, employees, consultants, or advisors  
108 shall be subject to the provisions of section 3B of chapter 7, sections 9A, 45, 46, and 52 of  
109 chapter 30, chapter 30B, or chapter 31, provided, however, that in purchasing goods and  
110 services, the Trust shall at all times follow generally accepted good business practices.

111 (d) All officers and employees of the Trust having access to its cash or negotiable  
112 securities shall give bond to the Trust at its expense, in such amount and with such surety as the



113 Board of Trustees shall prescribe. The persons required to give bond may be included in one or  
114 more blanket or scheduled bonds.

115 (e) Trustees, officers, and advisors who are not regular, compensated employees of the  
116 Trust shall not be liable to the Commonwealth, to the Trust, or to any other person as a result of  
117 their activities, whether ministerial or discretionary, as such Trustees, officers, or advisors except  
118 for willful dishonesty or intentional violations of law. The Board of the Trust may purchase  
119 liability insurance for Trustees, officers, advisors, and employees and may indemnify said  
120 persons against the claims of others.

#### 121 Section 4: Powers of the Trust

122 (a) The Trust shall have the following powers:

123 (1) to make, amend, and repeal by-laws, rules, and regulations for the management of its  
124 affairs;

125 (2) to adopt an official seal;

126 (3) to sue and be sued in its own name;

127 (4) to make contracts and execute all instruments necessary or convenient for the carrying  
128 on of the purposes of this chapter;

129 (5) to acquire, own, hold, dispose of, and encumber personal, real or intellectual property  
130 of any nature or any interest therein;

131 (6) to enter into agreements or transactions with any federal, state, or municipal agency or  
132 other public institution or with any private individual, partnership, firm, corporation, association,  
133 or other entity;

134 (7) to appear on its own behalf before boards, commissions, departments, or other  
135 agencies of federal, state, or municipal government;

136 (8) to appoint officers and to engage and employ employees, including legal counsel,  
137 consultants, agents, and advisors, and prescribe their duties and fix their compensations;

138 (9) to establish advisory boards;

139 (10) to procure insurance against any losses in connection with its property in such  
140 amounts, and from such insurers, as may be necessary or desirable;

141 (11) to invest any funds held in reserves or sinking funds, or any funds not required for  
142 immediate disbursement, in such investments as may be lawful for fiduciaries in the  
143 Commonwealth pursuant to sections 38 and 38 A of chapter 29;

144 (12) to accept, hold, use, apply, and dispose of any and all donations, grants, bequests,  
145 and devises, conditional or otherwise, of money, property, services, or other things of value  
146 which may be received from the United States or any agency thereof, any governmental agency,  
147 any institution, person, firm, or corporation, public or private; such donations, grants, bequests,  
148 and devises to be held, used, applied, or disposed for any or all of the purposes specified in this  
149 chapter and in accordance with the terms and conditions of any such grant. A receipt of each  
150 such donation or grant shall be detailed in the annual report of the Trust; such annual report shall

151 include the identity of the donor, lender, the nature of the transaction and any condition attaching  
152 thereto;

153 (13) to do any and all other things necessary and convenient to carry out the purposes of  
154 this chapter.

#### 155 Section 5. Board of Trustees: Composition, Powers, and Duties

156 (a) The Trust shall be governed by a Board of Trustees with 29 members including:

157 (1) the Secretary of Health and Human Services; the Secretary of Administration and  
158 Finance, and the Commissioner of Public Health;

159 (2) eight Trustees appointed by the Governor, three of whom shall be nominated by  
160 organizations of health care professionals who deliver direct patient care, one of whom shall be  
161 nominated by a statewide organization of health care facilities, one of whom shall be nominated  
162 by an organization representing non-health care employers, one of whom shall be nominated by  
163 a disability rights organization, one of whom shall be nominated by an organization advocating  
164 for mental health care, and one of whom shall be a health care economist;

165 (3) ten Trustees appointed by the Attorney General, two of whom shall be nominated by a  
166 statewide labor organization, two of whom shall be nominated by statewide organizations who  
167 have a record of advocating for universal single payer health care in Massachusetts, one of whom  
168 shall be nominated by an organization representing Massachusetts senior citizens, one of whom  
169 shall be nominated by a statewide organization defending the rights of children, one of whom  
170 shall be nominated by an organization providing legal services to low-income clients, one of  
171 whom shall be an epidemiologist, one of whom shall be an expert in racial disparities in health

172 care nominated by a statewide public health organization, and one of whom shall be an expert in  
173 women's health care nominated by a statewide public health organization;

174 (4) and eight Trustees elected by the citizens of the Commonwealth pursuant to  
175 subsection (b).

176 (5) Before appointing members to the Board of Trustees, the Governor and the Attorney  
177 General shall conduct a public awareness process, encourage representation from different racial,  
178 ethnic, and gender populations, and take nominations from all interested organizations.

179 (b) Each of the eight citizen-elected Trustees must: (1) reside in a different Governor's  
180 Council district than the other seven elected Trustees; (2) be ineligible for any Trustee positions  
181 appointed by the Governor or the Attorney General; (3) run in accordance with Fair Campaign  
182 Financing Rules; and (4) serve staggered four-year terms; provided, however, that two of the first  
183 eight elected Trustees shall be elected for two years, three for three years, and three for four  
184 years. Each elected Trustee shall be eligible for reelection to a second term only.

185 (c) Each appointed Trustee shall serve a term of five years; provided, however, that  
186 initially six appointed Trustees shall serve three-year terms, six appointed Trustees shall serve  
187 four-year terms, and six appointed Trustees shall serve five-year terms. The initial appointed  
188 Trustees shall be assigned to a three-, four-, or five- year term by lot. Any person appointed to  
189 fill a vacancy on the Board shall serve for the unexpired term of the predecessor Trustee. Any  
190 appointed Trustee shall be eligible for reappointment to a second term only. Any appointed  
191 Trustee may be removed from the Trustee's appointment by the Governor or Attorney General,  
192 respectively, for just cause.

193 (d) The Board shall elect a chair from among its members every two years. A majority of  
194 the Trustees shall constitute a quorum and the affirmative vote of a majority of the Trustees  
195 present and eligible to vote at a meeting shall be necessary for any action to be taken by the  
196 Board. The Board of Trustees shall meet at least ten times annually and shall have final authority  
197 over the activities of the Trust.

198 (e) The Trustees shall be reimbursed for actual and necessary expenses and loss of  
199 income incurred for each full day serving in the performance of their duties to the extent that  
200 reimbursement of those expenses is not otherwise provided or payable by another public agency  
201 or agencies. For purposes of this section, “full day of attending a meeting” shall mean presence  
202 at, and participation in, not less than 75 percent of the total meeting time of the Board during any  
203 particular 24-hour period.

204 (f) No member of the Board of Trustees shall make, participate in making, or in any way  
205 attempt to use his or her official position to influence a governmental decision in which the  
206 Trustee knows or has reason to know that the Trustee, or a family member, business partner, or  
207 colleague, has a financial interest.

208 (g) The Board is responsible for ensuring universal access to high quality, affordable  
209 health care for every resident of the Commonwealth and shall specifically address the following:

210 (1) establish policy on medical issues, population-based public health issues, research  
211 priorities, scope of services, expanding access to care, and evaluation of the performance of the  
212 system;

213 (2) evaluate proposals from the Executive Director and others for innovative approaches  
214 to health promotion, disease and injury prevention, health education and research, and health  
215 care delivery; and

216 (3) establish standards and criteria by which requests by health facilities for capital  
217 improvements shall be evaluated.

## 218 Section 6. Executive Director; Purpose and Duties

219 (a) The Board of Trustees shall hire an Executive Director who shall be the executive and  
220 administrative head of the Trust and shall be responsible for administering and enforcing the  
221 provisions of law relative to the Trust.

222 (b) The Executive Director may, as she or he deems necessary or suitable for the effective  
223 administration and proper performance of the duties of the Trust and subject to the approval of  
224 the Board of Trustees, do the following: (1) adopt, amend, alter, repeal, and enforce, all such  
225 reasonable rules, regulations, and orders as may be necessary; and (2) appoint and remove  
226 employees and consultants: provided, however, that, subject to the availability of funds in the  
227 Trust, at least one employee shall be hired to serve as director of each of the divisions created in  
228 Sections 7 through 11, inclusive, of this chapter.

229 (c) The Executive Director shall: (1) establish an enrollment system that will ensure that  
230 all eligible Massachusetts residents are formally enrolled; (2) use the purchasing power of the  
231 state to negotiate price discounts for prescription drugs and all needed durable and nondurable  
232 medical equipment and supplies; (3) negotiate or establish terms and conditions for the provision  
233 of high quality health care services and rates of reimbursement for such services on behalf of the  
234 residents of the Commonwealth; (4) develop prospective and retrospective payment systems for

235 covered services to provide prompt and fair payment to eligible practitioners and facilities; (5)  
236 oversee preparation of annual operating and capital budgets for the statewide delivery of health  
237 care services; (6) oversee preparation of annual benefits reviews to determine the adequacy of  
238 covered services; and (7) prepare an annual report to be submitted to the Governor, the President  
239 of the Senate, and Speaker of the House of Representatives and to be easily accessible to every  
240 Massachusetts resident.

241 (d) The Executive Director of the Trust may utilize and shall coordinate with the offices,  
242 staff, and resources of any agencies of the executive branch including, but not limited to, the  
243 Executive Office of Health and Human Services and all line agencies under its jurisdiction, the  
244 Center for Health Information and Analysis, the Department of Revenue, the Division of  
245 Insurance, the Group Insurance Commission, the Department of Employment and Training, the  
246 Industrial Accidents Board, the Health and Educational Finance Authority, and all other  
247 executive agencies.

248 Section 7. Regional Division: Director, Offices, Purposes, and Duties

249 (a) There shall be a regional division within the Trust which shall be under the  
250 supervision and control of a director. The powers and duties given the director in this chapter and  
251 in any other general or special law shall be exercised and discharged subject to the control and  
252 supervision of the Executive Director of the Trust. The director of the regional division shall be  
253 appointed by the Executive Director of the Trust, with the approval of the Board of Trustees, and  
254 may, with like approval, be removed. The director shall establish a professional advisory  
255 committee to provide expert advice: provided, however, that such committee shall have at least  
256 25% representation from the general public.

257 (b) The Trust shall have a reasonable number of regional offices located throughout the  
258 state. The number and location of these offices shall be proposed to the Executive Director and  
259 Board of Trustees by the director of the regional division after consultation with the directors of  
260 the planning, administration, quality assurance, and information technology divisions and  
261 consideration of convenience and equity. The adequacy and appropriateness of the number and  
262 location of regional offices shall be reviewed by the Board at least once every 3 years.

263 (c) The regional division shall establish a statewide education program that ensures that  
264 all residents understand how the Trust affects their health care costs, including, but not limited  
265 to, information about the following: (1) tax increases; (2) elimination of premiums, co-payments,  
266 deductibles, and any other form of patient cost sharing; (3) state-issued health care cards; and (4)  
267 choosing practitioners. Each regional office shall be professionally staffed to perform local  
268 outreach and informational functions and to respond to questions, complaints, and suggestions.

269 (d) Each regional office shall hold public hearings annually to determine unmet health  
270 care needs and for other relevant reasons. Regional office staff shall immediately refer evidence  
271 of unmet needs or of poor quality care to the director of the regional division who will plan and  
272 implement remedies in consultation with the directors of the administrative, planning, quality  
273 assurance, and information technology divisions.

274 Section 8. Administrative Division: Director, Purpose, and Duties

275 (a) There shall be an administrative division within the Trust which shall be under the  
276 supervision and control of a director. The powers and duties given the director in this chapter and  
277 in any other general or special law shall be exercised and discharged subject to the direction,  
278 control, and supervision of the Executive Director of the Trust. The director of the administrative



279 division shall be appointed by the Executive Director of the Trust, with the approval of the Board  
280 of Trustees, and may, with like approval, be removed. The director may, at the director's  
281 discretion, establish a professional advisory committee to provide expert advice: provided,  
282 however, that such committee shall have at least 25% representation from the general public.

283 (b) The administrative division shall have day-to-day responsibility for: (1) making  
284 prompt payments to practitioners and facilities for covered services; (2) collecting  
285 reimbursement from private and public third party payers and individuals for services not  
286 covered by this chapter or covered services rendered to non-eligible patients; (3) developing  
287 information management systems needed for practitioner payment, rebate collection, and  
288 utilization review; (4) investing Trust Fund assets consistent with state law and Section 18 of this  
289 chapter; (5) developing operational budgets for the Trust; and (6) assisting the planning division  
290 to develop capital budgets for the Trust.

#### 291 Section 9. Planning Division: Director, Purpose, and Duties

292 (a) There shall be a planning division within the Trust which shall be under the  
293 supervision and control of a director. The powers and duties given the director in this chapter and  
294 in any other general or special law shall be exercised and discharged subject to the direction,  
295 control, and supervision of the Executive Director of the Trust. The director of the planning  
296 division shall be appointed by the Executive Director of the Trust, with the approval of the Board  
297 of Trustees, and may, with like approval, be removed. The director may, at the director's  
298 discretion, establish a professional advisory committee to provide expert advice: provided,  
299 however, that such committee shall have at least 25% representation from the general public.

300 (b) The planning division shall have responsibility for coordinating health care resources  
301 and capital expenditures to ensure all eligible participants reasonable access to covered services.

302 The responsibilities shall include but are not limited to:

303 (1) An annual review of the adequacy of health care resources throughout the  
304 Commonwealth and recommendations for changes. Specific areas to be evaluated include but are  
305 not limited to the resources needed for underserved populations and geographic areas, for  
306 recruitment of primary care physicians, dentists, and other specialists needed to provide quality  
307 health care, for culturally and linguistically competent care, and for emergency and trauma care.

308 The director shall develop short term and long term plans to meet health care needs; and

309 (2) An annual review of capital health care needs, including but not limited to  
310 recommendations for a budget for all health care facilities, evaluating all capital expenses in  
311 excess of a threshold amount to be determined annually by the Executive Director, and  
312 collaborating with local and statewide government and health care institutions to coordinate  
313 capital health planning and investment. The director shall develop short term and long term plans  
314 to meet capital expenditure needs.

315 (c) In making its review, the planning division shall consult with the regional offices of  
316 the Trust and shall hold public hearings throughout the state on proposed recommendations. The  
317 division shall submit to the Board of Trustees its final annual review and recommendations by  
318 October 1. Subject to Board approval, the Trust shall adopt the recommendations.

319 Section 10. Information Technology Division: Director, Purpose, and Duties

320 (a) There shall be an information technology division within the Trust which shall be  
321 under the supervision and control of a director. The powers and duties given the director in this

322 chapter and in any other general or special law shall be exercised and discharged subject to the  
323 direction, control, and supervision of the Executive Director of the Trust. The director of the  
324 information technology division shall be appointed by the Executive Director of the Trust, with  
325 the approval of the Board of Trustees, and may, with like approval, be removed. The director  
326 may, at the director's discretion, establish a professional advisory committee to provide expert  
327 advice: provided, however, that such committee shall have at least 25% representation from the  
328 general public.

329 (b) The responsibilities of the information technology division shall include but are not  
330 limited to: (1) developing an information technology system that is compatible with all medical  
331 and dental facilities in Massachusetts; (2) maintaining a confidential electronic medical records  
332 system and prescription system in accordance with laws and regulations to maintain accurate  
333 patient records and to simplify the billing process, thereby reducing medical errors and  
334 bureaucracy; and (3) developing a tracking system to monitor quality of care, establish a patient  
335 database, and promote preventive care guidelines and medical alerts to avoid errors.

336 (c) Notwithstanding that all billing shall be performed electronically, patients shall have  
337 the option of keeping any portion of their medical records separate from their electronic medical  
338 record. The information technology director shall work closely with the directors of the regional,  
339 administrative, planning, and quality assurance divisions. The information technology division  
340 shall make an annual report to the Board of Trustees by October 1. Subject to Board approval,  
341 the Trust shall adopt the recommendations.

342 Section 11. Quality Assurance Division: Director, Purpose, and Duties

343 (a) There shall be a quality assurance division within the Trust which shall be under the  
344 supervision and control of a director. The powers and duties given the director in this chapter and  
345 in any other general or special law shall be exercised and discharged subject to the direction,  
346 control, and supervision of the Executive Director of the Trust. The director of the quality  
347 assurance division shall be appointed by the Executive Director of the Trust, with the approval of  
348 the Board of Trustees, and may, with like approval, be removed. The director may, at the  
349 director's discretion, establish a professional advisory committee to provide expert advice:  
350 provided, however, that such committee shall have at least 25% representation from the general  
351 public.

352 (b) The quality assurance division shall support the establishment of a universal, best  
353 quality of standard of care with respect to: (1) appropriate hospital staffing levels for quality  
354 care; (2) evidence-based best clinical practices developed from analysis of outcomes of medical  
355 interventions; appropriate medical technology; (3) design and scope of work in the health  
356 workplace; and development of clinical practices that lead toward elimination of medical errors;  
357 (4) timely access to needed medical and dental care; (5) development of medical homes that  
358 provide efficient patient-centered integrated care; and (6) compassionate end-of-life care that  
359 provides comfort and relief of pain in an appropriate setting evidence-based best clinical  
360 practices.

361 (c) The director shall conduct a comprehensive annual review of the quality of health care  
362 services and outcomes throughout the Commonwealth and submit such recommendations to the  
363 Board of Trustees as may be required to maintain and improve the quality of health care service  
364 delivery and the overall health of Massachusetts residents. In making its reviews, the quality  
365 assurance division shall consult with the regional, administrative, and planning divisions and

366 hold public hearings throughout the state on quality of care issues. The division shall submit to  
367 the Board of Trustees its final annual review and recommendations on how to ensure the highest  
368 quality health care service delivery by October 1. Subject to Board approval, the Trust shall  
369 adopt the recommendations.

370 Section 12. Eligible Participants

371 (a) The following persons shall be eligible participants in the Massachusetts Health Care  
372 Trust:

373 (1) all Massachusetts residents, as defined in Section 1;

374 (2) all non-residents who:

375 (i) work 20 hours or more per week in Massachusetts;

376 (ii) pay all applicable Massachusetts personal income and payroll taxes; and

377 (iii) pay any additional premiums established by the Trust to cover non-residents.

378 (3) All non-resident patients requiring emergency treatment for illness or injury:

379 provided, however, that the Trust shall recoup expenses for such patients wherever possible.

380 (b) Payment for emergency care of Massachusetts residents obtained out of state shall be  
381 at prevailing local rates. Payment for non-emergency care of Massachusetts residents obtained  
382 out of state shall be according to rates and conditions established by the Executive Director. The  
383 Executive Director may require that a resident be transported back to Massachusetts when  
384 prolonged treatment of an emergency condition is necessary if transportation is safe for the  
385 patient in light of the patient's medical condition.

386 (c) Visitors to Massachusetts shall be billed for all services received under the system.  
387 The Executive Director of the Trust may establish intergovernmental arrangements with other  
388 states and countries to provide reciprocal coverage for temporary visitors.

389 Section 13. Eligible Health Care Practitioners and Facilities

390 (a) Eligible health care practitioners and facilities shall include an agency, facility,  
391 corporation, individual, or other entity directly rendering any covered benefit to an eligible  
392 patient: provided, however, that the practitioner or facility:

393 (1) is licensed to operate or practice in the Commonwealth;

394 (2) does not accept payment from other sources for services provided for by the Trust;

395 (3) furnishes a signed agreement that:

396 (i) all health care services will be provided without discrimination on the basis of factors  
397 including, but not limited to age, sex, race, national origin, sexual orientation, gender identity,  
398 income status, preexisting condition, or citizenship status;

399 (ii) the practitioner or facility will comply with all state and federal laws regarding the  
400 confidentiality of patient records and information;

401 (iii) no balance billing or out-of-pocket charges will be made for covered services unless  
402 otherwise provided in this chapter; and

403 (iv) the practitioner or facility will furnish such information as may be reasonably  
404 required by the Trust for making payment, verifying reimbursement and rebate information,

405 utilization review analyses, statistical and fiscal studies of operations, and compliance with state  
406 and federal law;

407 (4) meets state and federal quality guidelines including guidance for safe staffing, quality  
408 of care, and efficient use of funds for direct patient care; and

409 (5) meets whatever additional requirements that may be established by the Trust.

410 Section 14. Budgeting and Payments to Eligible Health Care Practitioners and Facilities

411 (a) To carry out this Act there are established on an annual basis:

412 (1) an operating budget;

413 (2) a capital expenditures budget; and

414 (3) reimbursement levels for practitioners consistent with rates set by the Trust that  
415 ensure that: (i) the total costs of all services offered by or through the practitioner are reasonable;  
416 and (ii) the aggregate rates of the practitioner are related reasonably to the aggregate costs of the  
417 health care practitioner.

418 (b) The operating budget shall be used for:

419 (1) payment for services rendered by physicians and other clinicians;

420 (2) global budgets for institutional practitioners;

421 (3) capitation payments for capitated groups; and

422 (4) administration of the Trust.

423 (c) Payments for operating expenses shall not be used to finance capital expenditures;  
424 payment of exorbitant salaries; or for activities to assist, promote, deter, or discourage union  
425 organizing. Any prospective payments made in excess of actual costs for covered services shall  
426 be returned to the Trust. Prospective payment rates and schedules shall be adjusted annually to  
427 incorporate retrospective adjustments. Except as provided in Section 15 of this chapter,  
428 reimbursement for covered services by the Trust shall constitute full payment for the services  
429 rendered.

430 (d) The Trust shall provide for retrospective adjustment of payments to eligible health  
431 care facilities and practitioners to:

432 (1) assure that payments to such practitioners and facilities reflect the difference between  
433 actual and projected use and expenditures for covered services; and

434 (2) protect health care practitioners and facilities who serve a disproportionate share of  
435 eligible participants whose expected use of covered health care services and expected health care  
436 expenditures for such services are greater than the average use and expenditure rates for eligible  
437 participants statewide.

438 (e) The capital expenditures budget shall be used for funds needed for:

439 (1) the construction or renovation of health facilities; and

440 (2) major equipment purchases.

441 (f) Payment provided under this section shall be used only to pay for the capital costs of  
442 eligible health care practitioners or facilities, including reasonable expenditures, as determined  
443 through budget negotiations with the Trust, for the replacement and purchase of equipment.



444 (g) The Trust shall provide funding for payment of debt service on outstanding bonds as  
445 of the effective date of this Act and shall be the sole source of future funding, whether directly or  
446 indirectly, through the payment of debt service, for capital expenditures by health care  
447 practitioners and facilities covered by the Trust in excess of a threshold amount to be determined  
448 annually by the Executive Director.

449 Section 15. Covered Benefits

450 (a) The Trust shall pay for all professional services provided by eligible practitioners and  
451 facilities to eligible participants needed to:

452 (1) provide high quality, appropriate, and medically necessary health care services;

453 (2) encourage reductions in health risks and increase use of preventive and primary care  
454 services; and

455 (3) integrate physical health, mental and behavioral health, and substance abuse services.

456 (b) Covered benefits shall include all high quality health care determined to be medically  
457 necessary or appropriate by the Trust, including, but not limited to, the following:

458 (1) prevention, diagnosis, and treatment of illness and injury, including laboratory,  
459 diagnostic imaging, inpatient, ambulatory, and emergency medical care, blood and blood  
460 products, dialysis, mental health services, palliative care, dental care, acupuncture, physical  
461 therapy, chiropractic, and podiatric services;

462 (2) promotion and maintenance of individual health through appropriate screening,  
463 counseling, and health education;

464 (3) the rehabilitation of sick and disabled persons, including physical, psychological, and  
465 other specialized therapies;

466 (4) mental health services, including supportive residences, occupational therapy, and  
467 ongoing outpatient services;

468 (5) behavioral health services, including supportive residences, occupational therapy, and  
469 ongoing outpatient services;

470 (6) substance misuse services, including supportive residences and ongoing outpatient  
471 service;

472 (7) prenatal, perinatal and maternity care, family planning, fertility, and reproductive  
473 health care, including abortion;

474 (8) long-term services and supports including home health care and personal support  
475 care;

476 (9) long term care in institutional and community-based settings;

477 (10) hospice care;

478 (11) language interpretation and such other medical or remedial services as the Trust  
479 shall determine;

480 (12) emergency and other medically necessary transportation;

481 (13) the full scale of dental services, other than cosmetic dentistry;

482 (14) basic vision care and correction, including glasses, other than laser vision correction  
483 for cosmetic purposes;

484 (15) hearing evaluation and treatment including hearing aids;

485 (16) prescription drugs;

486 (17) durable and non-durable medical equipment, supplies, and appliances, including  
487 complex rehabilitation technology products and services as medically necessary, individually-  
488 configured manual and power wheelchair systems, adaptive seating systems, alternative  
489 positioning systems, and other mobility devices that require evaluation, fitting, configuration,  
490 adjustment, or programming; and

491 (18) all new emerging technologies irrespective of where the parent company is located,  
492 such as telemedicine and telehealth practitioners.

493 (19) infection by the virus that causes COVID-19 and any long-term effects, known as  
494 post-COVID conditions (PCC) or Long COVID.

495 (c) No deductibles, co-payments, co-insurance, or other cost sharing shall be imposed  
496 with respect to covered benefits. Patients shall have free choice of participating physicians and  
497 other clinicians, hospitals, inpatient care facilities, and other practitioners and facilities.

#### 498 Section 16. Wraparound Coverage for Federal Health Programs

499 (a) Prior to obtaining any federal program's waivers to receive federal funds through the  
500 Health Care Trust, the Trust shall seek to ensure that participants eligible for federal program  
501 coverage receive access to care and coverage equal to that of all other Massachusetts  
502 participants. It shall do so by (1) paying for all services enumerated under Section 15 not covered

503 by the relevant federal plans; (2) paying for all such services during any federally mandated gaps  
504 in participants' coverage; and (3) paying for any deductibles, co-payments, co-insurance, or  
505 other cost sharing incurred by such participants.

506 Section 17. Establishment of the Health Care Trust Fund

507 (a) In order to support the Trust effectively, there is hereby established the health care  
508 trust fund, hereinafter the Trust Fund, which shall be administered and expended by the  
509 Executive Director of the Trust subject to the approval of the Board. The Trust Fund shall consist  
510 of all revenue sources defined in Section 19, and all property and securities acquired by and  
511 through the use of monies deposited to the Trust Fund, and all interest thereon less payments  
512 therefrom to meet liabilities incurred by the Trust in the exercise of its powers and the  
513 performance of its duties.

514 (b) All claims for health care services rendered shall be made to the Trust Fund and all  
515 payments made for health care services shall be disbursed from the Trust Fund.

516 Section 18. Purpose of the Trust Fund

517 (a) Amounts credited to the Trust Fund shall be used for the following purposes:

518 (1) to pay eligible health care practitioners and health care facilities for covered services  
519 rendered to eligible individuals;

520 (2) to fund capital expenditures for eligible health care practitioners and health care  
521 facilities for approved capital investments in excess of a threshold amount to be determined  
522 annually by the Executive Director;

523 (3) to pay for preventive care, education, outreach, and public health risk reduction  
524 initiatives, not to exceed 5% of Trust income in any fiscal year;

525 (4) to supplement other sources of financing for education and training of the health care  
526 workforce, not to exceed 2% of Trust income in any fiscal year;

527 (5) to supplement other sources of financing for medical research and innovation, not to  
528 exceed 1% of Trust income in any fiscal year;

529 (6) to supplement other sources of financing for training and retraining programs for  
530 workers displaced as a result of administrative streamlining gained by moving from a multi-  
531 payer to a single payer health care system, not to exceed 2% of Trust income in any fiscal year:  
532 provided, however, that eligible workers must have enrolled by June 20 of the third year  
533 following full implementation of this chapter;

534 (7) to fund a reserve account to finance anticipated long-term cost increases due to  
535 demographic changes, inflation, or other foreseeable trends that would increase Trust Fund  
536 liabilities, and for budgetary shortfall, epidemics, and other extraordinary events, not to exceed  
537 1% of Trust income in any fiscal year: provided, however, that the Trust reserve account shall at  
538 no time constitute more than 5% of total Trust assets;

539 (8) to pay the administrative costs of the Trust which, within two years of full  
540 implementation of this chapter shall not exceed 5% of Trust income in any fiscal year.

541 (b) Unexpended Trust assets shall not be deemed to be “surplus” funds as defined by  
542 chapter twenty-nine of the general laws.

543 Section 19. Funding Sources

544 (a) The Trust shall be the repository for all health care funds and related administrative  
545 funds. A fairly apportioned, dedicated health care tax on employers, workers, and residents will  
546 replace spending on insurance premiums and out-of-pocket spending for services covered by the  
547 Trust. The Trust shall enable the state to pass lower health care costs on to residents and  
548 employers through savings from administrative simplification, negotiating prices, discounts on  
549 pharmaceuticals and medical supplies, and through early detection and intervention by  
550 universally available primary and preventive care. Additionally, collateral sources of revenue –  
551 such as from the federal government, non-residents receiving care in the state, or from personal  
552 liability – shall be recovered by the Trust. The Trust shall be funded by dedicated revenue  
553 streams and its budget shall not affect other public health programs run by the state. Lastly, the  
554 Trust shall enact provisions ensuring a smooth transition to a universal health care system for  
555 employers and residents.

556 (b) The following dedicated health care taxes will replace spending on insurance  
557 premiums and out-of-pocket spending for services covered by the Trust. Prior to each state fiscal  
558 year of operation, the Trust will prepare for the Legislature a projected budget for the coming  
559 fiscal year, with recommendations for rising or declining revenue needs.

560 (1) An employer payroll tax of 7.5 percent will be assessed on employee W-2 wages,  
561 exempting the first \$20,000 of payroll per establishment, replacing previous spending by  
562 employers on health premiums. An additional employer payroll tax of 0.5 per cent will be  
563 assessed on establishments with 100 or more employees;

564 (2) An employee payroll tax of 2.5 percent will be assessed, exempting the first \$20,000  
565 of income, replacing previous spending by employees on health premiums and out-of-pocket

566 expenses; all W-2 wages will be combined for each taxpayer and one \$20,000 exemption will be  
567 allowed;

568 (3) A 10 percent payroll tax on the self-employed, including general partnership income  
569 and other income subject to self-employment tax for Federal purposes, will be assessed,  
570 exempting the first \$20,000 of payroll per self-employed taxpayer; income from all sources  
571 subject to tax in this section shall be combined and allowed one \$20,000 exemption per taxpayer;  
572 and

573 (4) For the purposes of sections (2) and (3) above, each taxpayer will combine all income  
574 reported on from IRS Form W-2s and self-employment income and be allowed one \$20,000  
575 exemption. The exemption will apply first to W-2 income and then to self-employment income.

576 (5) A 10 percent tax on taxable unearned income and all other income not specifically  
577 excluded will be assessed on such income above \$20,000. Exclusions not taxed: Social Security,  
578 Supplemental Security Income (SSI), Social Security Disability Income (SSDI), unemployment  
579 benefits, workers compensation benefits, sick pay, paid family and medical leave, capital gains  
580 resulting from the sale of owner-occupied two- or three-family rental property, and defined  
581 contribution and defined benefit pension payments. Capital gains from the portion attributed to a  
582 primary residence in excess of the exclusion allowed by Massachusetts law will be subject to the  
583 tax. The \$20,000 exemption for this section shall be applied to each individual taxpayer.

584 (c) An employer, private or public, may agree to pay all or part of an employee's payroll  
585 tax obligation. Such payment shall not be considered income to the employee for Massachusetts  
586 income tax purposes.

587 (d) Default, underpayment, or late payment of any tax or other obligation imposed by the  
588 Trust shall result in the remedies and penalties provided by law, except as provided in this  
589 section.

590 (e) Eligibility for benefits shall not be impaired by any default, underpayment, or late  
591 payment of any tax or other obligation imposed by the Trust.

592 (f) It is the intent of this act to establish a single public payer for all health care in the  
593 Commonwealth. Towards this end, public spending on health insurance shall be consolidated  
594 into the Trust to the greatest extent possible. Until such time as the role of all other payers for  
595 health care has been terminated, health care costs shall be collected from collateral sources  
596 whenever medical services provided to an individual are, or may be, covered services under a  
597 policy of insurance, health care service plan, or other collateral source available to that  
598 individual, or for which the individual has a right of action for compensation to the extent  
599 permitted by law.

600 (g) The Legislature shall be empowered to transfer funds from the General Fund  
601 sufficient to meet the Trust's projected expenses beyond projected income from dedicated tax  
602 revenues. This lump transfer shall replace current General Fund spending on health benefits for  
603 state employees, services for patients at public in-patient facilities, and all means- or needs-tested  
604 health benefit programs.

605 (h) The Trust shall receive all monies paid to the Commonwealth by the federal  
606 government for health care services covered by the Trust. The Trust shall seek to maximize all  
607 sources of federal financial support for health care services in Massachusetts. Accordingly, the  
608 Executive Director shall seek all necessary waivers, exemptions, agreements, or legislation, if



609 needed, so that all current federal payments for health care shall, consistent with the federal law,  
610 be paid directly to the Trust Fund. In obtaining the waivers, exemptions, agreements, or  
611 legislation, the Executive Director shall seek from the federal government a contribution for  
612 health care services in Massachusetts that shall not decrease in relation to the contribution to  
613 other states as a result of the waivers, exemptions, agreements, or legislation.

614 (i) As used in this section, “collateral source” includes all of the following:

615 (1) insurance policies written by insurers, including the medical components of  
616 automobile, homeowners, workers’ compensation, and other forms of insurance;

617 (2) health care service plans and pension plans;

618 (3) employee benefit contracts;

619 (4) government benefit programs;

620 (5) a judgment for damages for personal injury;

621 (6) any third party who is or may be liable to an individual for health care services or  
622 costs;

623 (j) As used in this section, “collateral sources” does not include either of the following:

624 (1) a contract or plan that is subject to federal preemption; and

625 (2) any governmental unit, agency, or service, to the extent that subrogation is prohibited  
626 by law.

627 (k) An entity described as a collateral source is not excluded from the obligations  
628 imposed by this section by virtue of a contract or relationship with a governmental unit, agency,  
629 or service.

630 (l) Whenever an individual receives health care services under the system Trust and the  
631 individual is entitled to coverage, reimbursement, indemnity, or other compensation from a  
632 collateral source, the individual shall notify the health care practitioner or facility and provide  
633 information identifying the collateral source other than federal sources, the nature and extent of  
634 coverage or entitlement, and other relevant information. The health care practitioner or facility  
635 shall forward this information to the Executive Director. The individual entitled to coverage,  
636 reimbursement, indemnity, or other compensation from a collateral source shall provide  
637 additional information as requested by the Executive Director.

638 (m) The Trust shall seek reimbursement from the collateral source for services provided  
639 to the individual, and may institute appropriate action, including suit, to recover the costs to the  
640 Trust. Upon demand, the collateral source shall pay to the Trust Fund the sums it would have  
641 paid or expended on behalf of the individuals for the health care services provided by the Trust.

642 (n) If a collateral source is exempt from subrogation or the obligation to reimburse the  
643 Trust as provided in this section, the Executive Director may require that an individual who is  
644 entitled to medical services from the collateral source first seek those services from that source  
645 before seeking those services from the Trust.

646 (o) To the extent permitted by federal law, contractual retiree health benefits provided by  
647 employers shall be subject to the same subrogation as other contracts, allowing the Trust to

648 recover the cost of services provided to individuals covered by the retiree benefits, unless and  
649 until arrangements are made to transfer the revenues of the benefits directly to the Trust.

650 (p) The Trust shall retain:

651 (1) all charitable donations, gifts, grants, or bequests made to it from whatever source  
652 consistent with state and federal law;

653 (2) payments from third party payers for covered services rendered by eligible  
654 practitioners to non-eligible patients but paid for by the Trust; and

655 (3) income from the investment of Trust assets, consistent with state and federal law.

656 (q) Any employer who has a contract with an insurer, health services corporation, or  
657 health maintenance organization to provide health care services or benefits for its employees,  
658 which is in effect on the effective date of this section, shall be entitled to an income tax credit  
659 against premiums otherwise due in an amount equal to the Trust Fund tax due pursuant to this  
660 section.

661 (r) Any insurer, self-insured employers, union health and welfare fund, health services  
662 corporation, or health maintenance organization which provides health care services or benefits  
663 under a contract with an employer or group of employers, which is in effect on the effective date  
664 of this act, shall pay to the Trust Fund an amount equal to the Health Care Trust employer  
665 payroll tax based on the number of employees of each employer.

666 (s) Six months prior to the establishment of the Health Care Trust, all laws and  
667 regulations requiring health insurance carriers to maintain cash reserves for purposes of  
668 commercial stability (such as under Chapter 176G, Section 25 of the General Laws) shall be

669 repealed. In their place, the Executive Director of the Trust shall assess an annual health care  
670 stabilization fee upon the same carriers, amounting to the same sum previously required to be  
671 held in reserves, which shall be credited to the Health Care Trust Fund.

672 Section 20. Insurance Reforms

673 Insurers regulated by the division of insurance are prohibited from charging premiums to  
674 eligible participants for coverage of services already covered by the Trust. The commissioner of  
675 insurance shall adopt, amend, alter, repeal, and enforce all such reasonable rules and regulations  
676 and orders as may be necessary to implement this section.

677 Section 21. Health Care Trust Regulatory Authority

678 The Trust shall adopt and promulgate regulations to implement the provisions of this  
679 chapter. The initial regulations may be adopted as emergency regulations but those emergency  
680 regulations shall be in effect only from the effective date of this chapter until the conclusion of  
681 the transition period.

682 Section 22. Implementation of the Health Care Trust

683 Not later than sixty days after enactment of this legislation, the Governor and Attorney  
684 General shall make the initial appointments to the Board of the Massachusetts Health Care Trust  
685 and coordinate with the Secretary of the Commonwealth to set the date for public elections of the  
686 eight Trustees elected by the citizens of the Commonwealth within four months of the  
687 appointments. The first meeting of the Board shall take place within 30 days of the election of  
688 the Trustees.

689           The Board shall immediately begin the process of hiring an Executive Director of the  
690 Trust, review enabling legislation, educating itself regarding general purposes, economics, and  
691 authority of the Trust. The Board shall develop a budget for the first year of transition and  
692 initiate the process of obtaining federal waivers and agreements concerning payments from  
693 Medicare, Medicaid, and other public programs. The Board shall also set a general timeframe  
694 for establishing the Trust with a launch date no less than one year and no more than 18 months  
695 after the first meeting of the Board.

696           In the first phase of transition, the Executive Director shall begin hiring staff, establishing  
697 the administrative and information technology infrastructure for the Trust, and negotiating  
698 reimbursement rates for health care services, pharmaceuticals, and medical equipment. Health  
699 care practitioners shall develop plans for transitioning to the Trust.

700           In the second phase of transition, the infrastructure of the Trust shall be established,  
701 including Regional Offices to provide public education about the new system; training of health  
702 care practitioners staff on systems for processing bills to the Trust; and introduction of  
703 accounting regulations to employers for payment of payroll taxes. Private insurers shall pay the  
704 annual health care stabilization fee. Residents of the Commonwealth shall receive health care  
705 identification cards with an explanation of benefits and contact information for their Regional  
706 office.

707           Funding for the establishment of the Trust during the transition period shall be provided  
708 by the Legislature, supplemented by the reserve funds of private insurers.