

The Care Stability Plan

Preventing cost spikes by fixing fragile systems before families pay the price

OVERARCHING GOAL

Reduce the cost of essential care by **preventing system failures** that push households into more expensive options — without expanding benefits during a period of fiscal constraint.

Core strategy:

- Use enforcement, early warning systems, and low-cost stabilization tools to keep care **available, affordable, and local** — for young children and for aging parents alike.
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ISSUE AREA 1: CHILD CARE SUPPLY & STABILITY

Problem

- Child care is one of the largest household expenses in suburban Massachusetts.
- Provider closures often happen **suddenly**, shrinking supply and driving prices up.
- Existing state investments focus on stabilization **after** damage occurs, not prevention.
- Suburban communities are especially vulnerable: fewer providers, fewer backups.

Result: Parents are forced into longer commutes, higher-cost care, or leaving the workforce.

Solution

Policy Components

1) Child Care Early Warning & Supply Monitoring

What

- **Require the state to track regional indicators:**
 - seat availability
 - provider closures
 - workforce vacancy/turnover
 - waitlist growth
- **Publish a quarterly regional supply dashboard.**

Why

- You can't prevent closures you don't see coming.
 - Early data allows intervention before prices spike.
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2) Closure Prevention & Continuity Requirements

What

- Require advance notice of planned provider closures when feasible.
- Pair notice requirements with **temporary bridge supports** (short-term grants or loans) tied to staying open during transition.

Why

- Sudden closures cause immediate cost shocks for families.
 - Advance planning protects parents *and* workers.
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3) Shared Services to Reduce Provider Costs

What

- Expand shared services hubs offering:
 - payroll & HR
 - billing
 - substitute teacher pools
- Focus on small and mid-sized providers.

Why

- Administrative overhead is a major driver of instability.
 - Shared services preserve supply without raising tuition.
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Timeline (First Term)

First 6 months

- Budget language requiring supply data collection & reporting
- Convene EEC + providers to define risk indicators

6–12 months

- Launch regional supply dashboard
- Establish rapid-response stabilization authority

Year 2

- Evaluate closure prevention outcomes
 - Scale shared services in high-risk regions
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Outcomes

- Fewer sudden provider closures
- More predictable child care costs

- Increased workforce stability
- Preservation of local care options

ISSUE AREA 2: PRESCRIPTION DRUG COSTS

Problem

- Massachusetts passed major drug pricing reforms — but savings are **not consistently reaching families**.
- Price increases are opaque, especially involving intermediaries.
- Enforcement and reporting lag behind legislation.

Result: Families see higher co-pays despite “reform,” eroding trust and affordability.

Solution

Make recent reforms **real**, measurable, and enforceable — without rewriting the law.

Policy Components

1) Enforcement & Implementation Accountability

What

- Require agencies to meet clear timelines for:
 - rulemaking
 - public reporting
 - compliance audits
- Use oversight hearings to enforce follow-through.

Why

- Laws don't lower costs unless enforced.
- Transparency changes behavior without new spending.

2) Price Transparency Focused on the Middle

What

- Standardized reporting showing:
 - list price vs. net price
 - what insurers pay vs. what patients pay
 - administrative and intermediary fees
- Focus on public and employer-based plans.

Why

- Many cost increases occur *between* manufacturer and patient.
 - Sunlight is one of the strongest cost controls available.
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3) Targeted Cost-Saving Pilots

What

- Voluntary pooled purchasing pilots for:
 - municipalities
 - school districts
- Test whether aggregation lowers net prices.

Why

- Suburban towns and employers feel drug cost pressure acutely.
 - Pilots allow savings without statewide mandates.
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Timeline

First 6 months

- Oversight hearings on implementation status
- Budget language clarifying reporting deadlines

6–12 months

- Publish first standardized transparency reports
- Launch pooled purchasing pilot

Year 2

- Evaluate savings
 - Expand successful models
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Outcomes

- Real price accountability
 - Lower out-of-pocket growth
 - Increased public trust in reform
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ISSUE AREA 3: AGING IN PLACE

Problem

- Many seniors enter nursing facilities due to **small, solvable barriers**:
 - unsafe bathrooms
 - stairs
 - lack of short-term help after hospitalization
 - Institutional care is vastly more expensive than home-based support.
 - Families want dignity and independence for aging parents.
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Solution

Invest in **small, fast, practical supports** that prevent unnecessary institutionalization.

Policy Components

1) Fast Home Modification Support

What

- Expand grants and revolving loans for:
 - ramps
 - grab bars
 - bathroom modifications
 - stair access
- Prioritize speed and simplicity.

Why

- Minor fixes prevent major costs.
 - This is among the highest return-on-investment interventions in care policy.
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2) Hospital Discharge & Transition Support

What

- Improve coordination to ensure seniors can:
 - return home safely
 - receive short-term help during recovery
- Pilot temporary post-discharge support services.

Why

- Many nursing home placements begin as “temporary” and become permanent.
- Short-term help prevents long-term costs.

3) Aging-Friendly Housing Implementation

What

- Ensure towns implement new ADU rules clearly and consistently.
- Promote accessibility features in ADUs and renovations.

Why

- Housing is health policy.
- Multigenerational living supports families and reduces system strain.

Timeline

First 6 months

- Identify funding streams and pilot partners
- Coordinate with Councils on Aging

6–12 months

- Launch home modification & discharge pilots
- Begin ADU implementation oversight

Year 2

- Measure avoided institutional placements
- Expand most effective interventions

Outcomes

- More seniors safely aging at home
 - Lower long-term care costs
 - Reduced caregiver burnout
 - Stronger family stability
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ISSUE AREA 4: ELDER CARE PROVIDER STABILITY & EARLY WARNING

Covers nursing homes, rest homes, assisted living residences, home health agencies, home care (home health aide and homemaker) agencies, and adult day programs.

Problem

- Elder care providers can fail with **little public warning** — and when they do, families get weeks, not months, to find new care for a parent.
- **34 nursing facilities have closed in Massachusetts since 2020**, eliminating 3,515 beds — including nearby closures in Bridgewater, Wareham and Quincy.
- Finances are fragile: **more than 58% of nursing facilities reported losses** in both 2022 and 2023, and the median facility was still in the red in 2024.
- Ownership is churning: nine out-of-state chains that owned 12 Massachusetts nursing homes in 2019 now control 61. This month the state moved to revoke the licenses of all 12 homes run by one of them.
- Home care is stretched thin: non-certified home care agencies report a **19% direct care vacancy rate and 40% turnover**. Massachusetts has never licensed these agencies; a new law takes effect November 4, 2026, but full licensing rules are not due until November 2027.
- Closure protections are **uneven across settings**: nursing homes must give 120 days' notice, but newly licensed home care agencies have no closure-notice requirement in statute, and adult day closure rules are written for MassHealth members.
- Skilled home health agencies have a state licensing law on the books since 2017, but the regulations to carry it out were never issued.
- The warning signs already exist — in cost reports, inspection findings, staffing data, complaints, and ownership filings — but they sit in separate agencies. We found **no state law or published program that combines them into a routine early warning** of which providers are at risk; intensive monitoring typically begins after problems surface, as it did with RegalCare.

Result: Families scramble, seniors are moved farther from home or into higher-cost settings, hospital patients wait longer for discharge, and care workers lose their jobs.

Solution

See trouble before it becomes a closure. Combine data the state already collects into an early warning system, step in early with targeted help, and make sure any closure that does happen is orderly — in every elder care setting, not just nursing homes.

Policy Components

1) Elder Care Early Warning System

What

- **Establish in statute an interagency early warning system** led by EOHHS with DPH, the Executive Office of Aging & Independence, MassHealth, CHIA, and the Long-Term Care Ombudsman.
- **Track provider-level risk indicators:**
 - financial: losses, missed payroll or vendor payments, loan or lease defaults, liens, bankruptcy
 - ownership: rapid resales, sharp increases in rent or management fees paid to related companies
 - staffing: vacancies, turnover, reliance on temporary agency staff, staffed vs. licensed beds
 - quality: immediate-jeopardy findings, repeated complaint investigations, falling ratings
 - access: admission freezes, home care hours authorized but not delivered, program withdrawal notices
- **Use a tiered response:** monitoring → technical assistance → rapid-response team visit → temporary manager or receivership, using powers already in law.

Why

- Financial distress and staffing collapse usually show up **before** care fails or doors close.
- Other states already do this: Florida requires an early warning system with rapid-response teams; Minnesota and New Jersey monitor at-risk nursing homes.

2) Regional Elder Care Capacity Dashboard

What

- **Publish a quarterly regional dashboard** showing:
 - nursing and rest home beds (licensed vs. actually staffed)
 - assisted living units
 - home care hours authorized vs. delivered
 - adult day program openings
 - closures, pending closures, and waitlists
- Keep public reporting at the regional level; protect individual provider risk scores while the state is working with a provider, so the system does not trigger the closure it is meant to prevent.

Why

- Families, Councils on Aging, and hospital discharge planners can plan ahead.
- Pairs with the child care supply dashboard in Issue Area 1 — one approach to care stability across generations.

3) Closure Prevention & Continuity Standards

What

- **Set consistent closure protections across all elder care settings:**
 - home care and home health agencies: advance notice to clients, the state, and local Aging Services Access Points, with a warm handoff to new providers
 - adult day programs: 90-day notice and transition help for every participant, not only MassHealth members
 - nursing and rest homes: keep the 120-day notice and add a regional capacity check before closure plans are approved
 - all settings: notify local Councils on Aging and town officials
- Pair notice with **short-term bridge loans** from the existing Long-Term Care Workforce and Capital Fund, tied to staying open through a transition or a sale to a suitable operator.
- Offer **shared services** — payroll, billing, background checks, and training compliance — to small home care agencies and adult day programs facing new licensing requirements.

Why

- Sudden closures cause immediate cost shocks for families and push seniors into more expensive care.
- Orderly transitions protect residents, clients, *and* workers.

4) Implementation Accountability for Recent Reforms

What

- Use oversight hearings and budget language to hold agencies to clear timelines for:
 - the 2024 long-term care oversight law, whose ownership rules were approved in October 2026 — more than two years after enactment
 - the 2026 home care licensing law (temporary-license rules by May 2027; full licensing rules by November 2027)
 - home health agency licensure, enacted in 2017 but never carried out because regulations were never issued
- Require an annual public report on ownership reviews, license denials, and enforcement actions.

Why

- Laws don't protect families until they are implemented.
 - Transparency changes behavior without new spending.
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Timeline (First Term)

First 6 months

- File the Elder Care Early Warning & Continuity Act and request a fiscal estimate from EOHHS
- Oversight hearing on implementation of the 2024 long-term care law and the 2026 home care law
- Convene agencies, providers, workers, the Ombudsman, and Councils on Aging to define risk indicators

6–12 months

- Launch early warning system for nursing and rest homes using existing data
- Publish first regional elder care capacity dashboard
- Establish rapid-response team protocol

Year 2

- Extend early warning to home care, home health, and adult day programs as licensing takes effect
- Evaluate closures avoided and time-to-placement for affected families

Outcomes

- Fewer sudden elder care closures
- Problems caught early, while they can still be fixed
- Seniors kept closer to home and family
- Orderly transitions when closures can't be avoided
- Greater stability for care workers

What It Costs

- **Mostly built on what the state already has:** cost reports, inspection results, ownership filings, and enforcement powers already in law.
- **Not free:** combining the data, running the dashboard, and staffing rapid-response visits would require **modest new administrative spending** — mainly a small team of analysts and response staff. A cost estimate should be developed with EOHHS before the bill is filed.
- **Ways to cover it without new benefits:**
 - bridge loans from the existing Long-Term Care Workforce and Capital Fund, supported in part by penalties paid by violators
 - license fees already authorized under the home health licensing law
 - possible federal Medicaid matching funds for administrative work (to be confirmed with EOHHS)

- **For comparison:** New Jersey's FY2026 budget kept funding for its Office of Long-Term Care Resiliency and set aside \$4 million to help prevent emergency closures.

Why

- A closure costs families, hospitals, and MassHealth far more than catching the problem early — though that savings has not yet been measured in Massachusetts.

Sources for Issue Area 4

Closures, beds, losses, and task force findings: <https://wbjournal.com/article/nursing-facility-closures-putting-strain-on-states-elderly-care-infrastructure/>

2024 nursing facility margins (CHIA): <https://www.chiamass.gov/insights-analysis/health-care-settings-providers/massachusetts-skilled-nursing-facilities/>

Out-of-state chains (Boston Globe Spotlight): <https://www.bostonglobe.com/2026/09/29/metro/massachusetts-nursing-homes-spotlight/>

RegalCare license revocation (WBUR): <https://www.wbur.org/news/2026/10/14/massachusetts-regalcare-nursing-home-license-globe>

Home care vacancy and turnover (CHIA 2025 survey, via Home Care Alliance):

<https://members.thinkhomecare.org/member-news/Details/chia-unveils-2025-state-of-the-workforce-survey-315733>

Other states' early warning systems (NASHP): <https://nashp.org/promising-practices-from-nashps-state-nursing-home-learning-collaborative/>

RegalCare enhanced monitoring (DPH): <https://www.mass.gov/info-details/dph-nursing-home-actions>

Home care licensing timeline (Polsinelli): <https://www.polsinelli.com/home-health-home-care-hospice/publications/massachusetts-home-care-licensing-law-effective-this-fall>

Home health licensure never implemented (Boston Globe letter):

<https://www.bostonglobe.com/2025/12/15/opinion/letters-unregulated-home-care-work/>

New Jersey closure-prevention funding (McCarter & English): <https://www.mccarter.com/insights/new-jersey-fy-2026-department-of-health-budget-hearing/>

WHY THIS PLAN WORKS

- Prevents cost spikes instead of reacting to crises
- Sees trouble coming — for child care and elder care alike
- Uses existing laws and authority
- Respects budget constraints
- Solves problems voters recognize immediately
- Delivers dignity through stability

MA Prescription Drug Laws the Care Stability Plan Builds On

This section outlines the existing Massachusetts legal framework on prescription drug costs, how it supports the Care Stability Plan, and where enforcement and implementation gaps remain.

Existing Massachusetts Laws on Prescription Drug Costs & Transparency

1. *An Act Relative to Pharmaceutical Access, Costs, and Transparency*

Chapter 342 of the Acts of 2024

Enacted: January 8, 2025

Official Session Law:

<https://malegislature.gov/Laws/SessionLaws/Acts/2024/Chapter342>

Bill history (S.3012):

<https://malegislature.gov/Bills/193/S3012>

Legislative passage announcement (Dec. 30, 2024):

<https://malegislature.gov/PressRoom/Detail?pressReleaseId=166>

Governor's signing press release:

<https://www.mass.gov/news/governor-healey-signs-laws-lowering-health-care-costs-and-strengthening-oversight>

What this law already does

- Requires pharmacy benefit managers (PBMs) to be licensed and subjects them to state oversight.
<https://pirg.org/massachusetts/updates/gov-healey-signs-new-prescription-drug-law/>
- Mandates PBMs and pharmaceutical manufacturers to report cost drivers and participate in the state's annual health care cost trends hearing.
<https://www.mass.gov/news/governor-healey-signs-laws-lowering-health-care-costs-and-strengthening-oversight>
- Requires standardized reporting of prescription drug pricing data across the supply chain.
<https://www.mass.gov/news/governor-healey-signs-laws-lowering-health-care-costs-and-strengthening-oversight>
- Caps out-of-pocket costs for certain essential prescription drugs for chronic conditions (e.g., \$25 cap for some brand-name drugs; low or no cost for generics).

<https://states.aarp.org/massachusetts/new-legislation-could-save-you-money-on-prescriptions-in-massachusetts>

- Improves insurer coverage rules to ensure patients are charged the lowest available price at the pharmacy counter.

<https://pirg.org/massachusetts/media-center/statement-legislature-passes-new-prescription-drug-law/>

Why this matters for the Care Stability Plan

This law provides a strong statutory foundation for drug cost transparency and accountability. Your plan does not require rewriting it — it requires making it real through enforcement, reporting, and oversight.

2. Prescription Drug Price Transparency Laws (Pre-2025)

Before Chapter 342, Massachusetts had already enacted transparency requirements that remain in effect and were expanded by the 2024 law:

- Manufacturer reporting requirements for price increases above set thresholds, including cost justification.

<https://www.stateregstoday.com/health/healthcare/prescription-drug-pricing-and-regulation-in-massachusetts>

- Public reporting requirements designed to track drug pricing trends and flag unfair or excessive increases.

<https://www.stateregstoday.com/health/prescription-drug/prescription-drug-price-transparency-laws-in-massachusetts>

Why this matters

These laws establish a longstanding precedent for transparency. The Care Stability Plan builds on this authority by calling for clearer timelines, standardized public reporting, and consistent enforcement.

3. Regulatory Oversight & Data Collection Authority

Health Policy Commission (HPC)

- The HPC has statutory authority to monitor health care cost trends, including prescription drug spending.
- The 2024 law formally established the Office of Pharmaceutical Policy and Analysis (OPPA) within HPC to focus on drug pricing and affordability.

HPC prescription drug cost work:

<https://masshpc.gov/rxdrug-cost>

Office of Pharmaceutical Policy and Analysis (OPPA):

<https://masshpc.gov/offices-and-task-forces/oppa>

Why this matters

Massachusetts already has the legal authority and infrastructure to collect, analyze, and publish drug pricing data. The remaining challenge is follow-through.

4. PBM Reporting & Regulation (CHIA)

Center for Health Information and Analysis (CHIA)

- Authorized under M.G.L. c. 12C § 10A (as amended by the 2024 Act) to collect PBM data.
- Oversees PBM reporting requirements through regulation.

PBM reporting information:

<https://www.chiamass.gov/pbm-pharmacy-benefit-manager-reporting>

Relevant regulation:

- **957 CMR 12.00 — Pharmacy Benefit Manager Data Reporting**

Why this matters

PBMs are a key driver of opaque cost increases. Existing law allows data collection, but public-facing transparency and enforcement remain limited.

Laws That Need Stronger Enforcement or Implementation

The Care Stability Plan focuses on making existing law effective, not expanding benefits.

1. Transparency & Reporting Enforcement

- **Agencies need clear statutory or budget-based deadlines for:**
 - rulemaking
 - data submission
 - public reporting
 - **Regular, standardized reports should clearly show:**
 - list price vs. net price
 - what insurers pay vs. what patients pay
 - administrative and intermediary fees
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2. PBM Accountability

- **Current law licenses PBMs and requires reporting, but:**
 - rebate flows
 - administrative fees
 - spread pricing

remain largely invisible to the public.

Care Stability Plan role: prioritize transparent middleman accounting using existing regulatory authority.

3. Public Transparency Tools

- Existing reporting authority could support:
 - quarterly public dashboards
 - clear comparisons of manufacturer prices, PBM practices, and patient costs

4. Enforcement Capacity

- Massachusetts law allows penalties for non-compliance, but enforcement is uneven.
- Oversight hearings, compliance audits, and public accountability measures can strengthen implementation without new statutory authority.

How the Care Stability Plan Fits the Existing Legal Framework

Care Stability Plan Component	Existing Legal Authority	Gap to Address
Enforcement & accountability	Chapter 342 (Acts of 2024)	Clear timelines, audits, oversight
Price transparency	Manufacturer & PBM reporting laws; HPC authority	Standardized public reports
PBM oversight	PBM licensing & CHIA reporting rules	Disclosure of fees and rebate flows
Pooled purchasing pilots	Not explicit in statute	Budget language or pilot authority

Summary

What already exists

- Comprehensive prescription drug reform enacted January 2025
- Longstanding drug price transparency authority
- Dedicated state agencies with data and oversight power

What your plan does

- Enforces timelines
- Makes reporting usable and public
- Shines light on middlemen
- Delivers affordability without expanding benefits or spending



MA Elder Care Laws the Care Stability Plan Builds On

This section outlines what Massachusetts already does to oversee elder care providers and manage closures, where the gaps are, and how an early warning system could be created through legislation.

What Massachusetts Already Does

1. Nursing Home & Rest Home Closure Rules

M.G.L. c. 111 § 71 and 105 CMR 153.023 (Voluntary Closure)

- At least **120 days** before closing, a facility must notify DPH, residents, families, staff, unions, the Long-Term Care Ombudsman, local legislators, and town officials, and submit a draft closure plan.
- DPH holds a public hearing at least 90 days before closure; admissions freeze at least 60 days before closure once DPH approves the plan.
- DPH monitors the closure with the Long-Term Care Ombudsman; the facility is responsible for finding residents new placements.

DPH closure process and pending closures:

<https://www.mass.gov/info-details/information-about-nursing-home-closures>

Regulation text (105 CMR 153.023):

<https://www.law.cornell.edu/regulations/massachusetts/105-CMR-153-023>

- Federal rules separately require nursing homes to give at least 60 days' notice of closure to the state, the Ombudsman, and residents (42 CFR 483.70).
<https://www.law.cornell.edu/cfr/text/42/483.70>

Why this matters

Massachusetts already requires more notice than federal law — but the process starts only after an owner decides to close. It does not identify facilities sliding toward closure.

2. The 2024 Long-Term Care Oversight Law

Chapter 197 of the Acts of 2024 — An Act to Improve Quality and Oversight of Long-Term Care

<https://malegislature.gov/Laws/SessionLaws/Acts/2024/Chapter197>

What this law already does

- Requires DPH to review applicants' financial capacity, litigation history, and track record in Massachusetts and other states.

- Requires operators to notify DPH of any change in financial status — including bankruptcy, loan or lease defaults, receivership, or liens — “as soon as practicable and without unreasonable delay” (M.G.L. c. 111 § 71(i)).
<https://malegislature.gov/Laws/GeneralLaws/PartI/TitleXVI/Chapter111/Section71>
- Lets DPH appoint a temporary manager for at least three months at the owner's expense, and limit or revoke licenses for lack of financial capacity.
- Directs DPH to examine nursing home cost trends and financial performance.
- Creates the Long-Term Care Workforce and Capital Fund, supported in part by Attorney General penalties, including no-interest or forgivable capital loans.
<https://malegislature.gov/PressRoom/Detail?pressReleaseId=140>
- Created the Viability and Sustainability of Long-Term Care Facilities Task Force, whose 2025 report called adequate rates the most important issue for avoiding further closures and recommended better access to capital.
<https://dignityalliancema.org/wp-content/uploads/2025/08/LTC-Task-Force-Final-Report.pdf>

Why this matters

The law gives regulators the tools to act on financial distress. What is missing is a routine system that pulls these signals together and acts on them early.

3. New Long-Term Care Regulations (October 2026)

105 CMR 150.000 and 105 CMR 153.000 — approved by the Public Health Council on October 14, 2026

- Expand ownership reviews to management companies and related real estate companies.
- Require applicants, operators, and their owners to report any change in financial status — including bankruptcy, loan or lease defaults, receivership, or liens — **within 2 days** of the change. (The approved text says “2 days,” not “business days.”) Other changes must be reported within 30 days.
<https://www.mass.gov/doc/public-health-council-approved-regulation-105cmr153/download>
- Formal publication was expected in early November 2026; the state anticipated filing for the Massachusetts Register on November 6, 2026.
<https://www.mass.gov/info-details/proposed-amendments-to-standards-for-long-term-care-facilities-regulations>
https://www.statehousenews.com/news/healthcare/humanservices/new-rules-let-state-scrutinize-nursing-home-owners-finances-records/article_b15fa48e-9a6b-43e1-beb1-cfdeccfa01b9.html
<https://www.nixonpeabody.com/insights/alerts/2026/02/11/massachusetts-proposes-significant-revisions-to-long-term-care-facility-regulations>
- The rules followed a Boston Globe Spotlight investigation; DPH's commissioner told the Globe the department had not outright denied a nursing home license application since 2019.

<https://www.bostonglobe.com/2026/09/29/metro/massachusetts-nursing-homes-spotlight/>

Why this matters

Financial-distress reports will now reach DPH within days. An early warning system makes sure someone is responsible for analyzing them alongside other signals and acting on them.

4. Receivership & Temporary Management

M.G.L. c. 111 §§ 72N–72O

- DPH or the Attorney General may ask the Superior Court to appoint a receiver to operate a nursing facility; a receiver can fix violations and manage operations.
<https://malegislature.gov/Laws/GeneralLaws/PartI/TitleXVI/Chapter111/Section72N>

Why this matters

Receivership is a last resort that usually comes after residents have already been harmed. Early warning moves intervention upstream.

5. The 2026 Home Care Licensing Law

Chapter 180 of the Acts of 2026 — An Act to Improve Massachusetts Home Care (approved August 6, 2026)

<https://malegislature.gov/Laws/SessionLaws/Acts/2026/Chapter180>

What this law already does

- Creates Massachusetts' first statewide license for home care agencies that provide non-medical help such as bathing, dressing, and meals, overseen by EOHHS with the Executive Office of Aging & Independence and DPH.
- Requires background checks, ownership-suitability and financial-capacity reviews, training standards, and an online list of licensed agencies.
- Requires annual reporting on quality and “any significant changes related to home care agency finances,” advance notice to clients for changes of ownership, and a future statewide home care market analysis.
- Takes effect November 4, 2026. Temporary-license rules are due by May 3, 2027, and full licensing rules by November 4, 2027; agencies must then be licensed by a date the state sets within one year after that.

<https://www.polsinelli.com/home-health-home-care-hospice/publications/massachusetts-home-care-licensing-law-effective-this-fall>

<https://malegislature.gov/PressRoom/Detail?pressReleaseId=1459>

<https://www.mass.gov/news/governor-healey-signs-bill-strengthening-safety-quality-and-oversight-of-home-care>

Why this matters

For the first time, the state will know who is providing home care and will receive financial information from agencies. The law does not include a closure-notice requirement — a gap this plan would fill.

6. Home Health Agencies

M.G.L. c. 111 § 51K — enacted in the FY2018 state budget (2017)

- The law requires a DPH license to operate a home health agency providing skilled nursing or therapy at home, with fines of up to \$10,000 for violations and authority to charge license fees.
<https://malegislature.gov/Laws/GeneralLaws/PartI/TitleXVI/Chapter111/Section51K>
- DPH never issued the regulations needed to carry it out. The Home Care Alliance noted in 2018 that it was unclear when rulemaking would begin, and a 2025 Boston Globe letter reported the law has never been implemented.
<https://blog.thinkhomecare.org/tag/governor-baker/>
<https://www.bostonglobe.com/2025/12/15/opinion/letters-unregulated-home-care-work/>
- DPH's own pages still say it does not license home health agencies and that “you don’t have to apply to the Department to open a home health business.” Agencies that bill Medicare or Medicaid are overseen through federal certification.
<https://www.mass.gov/how-to/apply-for-home-health-agency-medicare-certification>

Why this matters

The law is already on the books — it just needs a deadline. Setting one would bring skilled home health agencies into early warning and closure-continuity standards without passing a new licensing law.

7. Assisted Living Residences

M.G.L. c. 19D, as amended by Chapter 197 of the Acts of 2024

- Certified by the Executive Office of Aging & Independence. After a large Boston assisted living residence closed in 2022 with 80 residents, the state raised the closure-notice requirement from 90 to 120 days through emergency regulations.
<https://malegislature.gov/Bills/193/SD2616.pdf>
- The 120-day rule is now permanent: the final 651 CMR 12.03(11), published in the Massachusetts Register on July 31, 2026, requires 120 days’ written notice to residents and their representatives, to the Executive Office of Aging & Independence, and to the Long-Term Care Ombudsman.
<https://www.mass.gov/doc/651-cmr-12-certification-procedures-and-standards-for-assisted-living-residences/download>
- The state’s public guidance page on closing an assisted living residence still describes a 90-day notice and should be updated.
<https://www.mass.gov/info-details/closing-an-assisted-living-residence>

- The state's Assisted Living Commission reported that the agency would begin notifying the Ombudsman of closures, ownership changes, and serious findings by April 1, 2026.
<https://www.mass.gov/doc/alr-commission-final-report/download>

8. Adult Day Health Programs

130 CMR 404.411 (MassHealth provider regulations)

- A MassHealth adult day health provider must give MassHealth and members at least **90 days'** notice before withdrawing, stop new MassHealth admissions, and keep serving members until they are placed elsewhere.
<https://www.mass.gov/doc/adult-day-health-regulations/download>
- MassHealth paused enrollment of new adult day health providers for six months starting May 19, 2026, citing program-integrity concerns; more than 151 providers were operating.
<https://www.mass.gov/info-details/aca-program-integrity-provisions>

Why this matters

Strong protections exist for MassHealth members, but they are written into payment rules rather than a uniform standard for every family a program serves.

9. Data the State Already Collects

- CHIA collects annual cost reports from nursing facilities and their related real estate and management companies (957 CMR 7.00), and publishes a facility-level dashboard on finances, quality, and use.
<https://www.chiamass.gov/requesting-submitting-data/submitting-data/skilled-nursing-facility-snf-cost-report-data-submissions/>
<https://www.chiamass.gov/insights-analysis/health-care-settings-providers/massachusetts-skilled-nursing-facilities/>
- Chapter 343 of the Acts of 2024 created a state health resource planning process whose inventory includes skilled nursing, assisted living, long-term care, and home health resources, and expanded reporting on private equity and real estate investors.
<https://malegislature.gov/Laws/SessionLaws/Acts/2024/Chapter343>

Why this matters

Most of the data needed for an early warning system already exists. The gap is combining it, analyzing it on a regular schedule, and acting on it.

Gaps to Address

The Care Stability Plan focuses on making existing law effective, not expanding benefits.

1. No Unified Early Warning System

- Financial, staffing, quality, and ownership signals are spread across DPH, MassHealth, CHIA, the Executive Office of Aging & Independence, and the Ombudsman.
- We found no Massachusetts statute or published state program that combines these signals into a routine, provider-level early warning. Chapter 197 directs DPH to study industry-wide cost trends, not to flag individual providers at risk.
- The closest existing tools look backward or start late: CHIA's facility dashboard is built from annual cost reports (the January 2026 release runs through 2024), and DPH's enhanced monitoring, as with RegalCare, begins once serious problems are already known.

<https://www.mass.gov/info-details/dph-nursing-home-actions>

2. Uneven Closure Protections

Setting	Current closure protection	Gap
Nursing & rest homes	120-day state notice; public hearing; DPH-approved plan	Starts only after closure decision; no regional capacity check
Assisted living	120-day notice to residents, the state, and Ombudsman (permanent since July 2026)	Update public guidance still listing 90 days; connect to early warning
Home care agencies	New license (2026); ownership-change notice	No closure-notice requirement in statute
Home health agencies	Licensing law enacted 2017, never implemented; federal certification only	Deadline for licensing rules; add closure and transfer plan
Adult day programs	90-day notice to MassHealth members	Extend to every participant

3. Data Exists but Isn't Public or Regional

- Families and Councils on Aging cannot easily see regional capacity — beds that are actually staffed, home care hours that go undelivered, or adult day openings.

4. Implementation Lag

- Ownership rules under the 2024 law were approved more than two years after enactment; home care licensing will phase in through at least late 2027; home health licensing has waited since 2017.

How This Could Be Solved Legislatively

Proposed bill: An Act Establishing an Elder Care Early Warning and Continuity System
(to be filed early in the 2027–2028 legislative session)

Section-by-section outline

1. **Early warning system.** Directs EOHHS to establish an interagency early warning system with DPH, the Executive Office of Aging & Independence, MassHealth, CHIA, and the Long-Term Care Ombudsman; authorizes data sharing among them; defines core financial, ownership, staffing, quality, and access indicators.
2. **Coverage.** Applies to nursing homes, rest homes, assisted living residences, home health agencies, licensed home care agencies, and adult day programs.
3. **Tiered response and rapid-response teams.** Modeled on Florida’s early warning statute: monitoring, technical assistance, and on-site rapid-response teams before temporary management or receivership.
4. **Confidentiality and public reporting.** Protects individual provider risk scores while the state is working with a provider; requires a quarterly public regional capacity dashboard and an annual report to the Joint Committee on Elder Affairs, the Joint Committee on Health Care Financing, and House and Senate Ways and Means.
5. **Closure continuity.** Adds closure-notice and client-transfer requirements for home care and home health agencies; extends adult day closure protections to every participant; requires a regional capacity review before DPH approves a nursing or rest home closure plan; requires notice to local Councils on Aging.
6. **Bridge stabilization.** Authorizes short-term loans from the existing Long-Term Care Workforce and Capital Fund to keep a provider open through a transition or a sale to a suitable operator.
7. **Home health licensing deadline.** Requires DPH to issue regulations carrying out the 2017 home health licensing law (M.G.L. c. 111 § 51K) by a fixed date.
8. **Implementation reporting.** Requires agencies to report publicly on implementation of the 2024 long-term care law, the 2026 home care law, and home health licensure, including suitability reviews, denials, and enforcement actions.
9. **Cost controls.** Directs EOHHS to build the system from existing data, to seek available federal administrative matching funds, and to report its operating cost annually.

Other pathways that don’t require a new law

- **Budget language** directing EOHHS and CHIA to combine existing data into a pilot early warning report for nursing and rest homes.
- **Oversight hearings** through the Joint Committee on Elder Affairs on implementation timelines.
- **Regulation:** much of the closure-continuity standard could be adopted by agencies under existing licensing authority, with legislation as a backstop.

How the Care Stability Plan Fits the Existing Legal Framework

Care Stability Plan Component	Existing Legal Authority	Gap to Address
Elder care early warning system	Chapter 197 (2024) financial-distress notice; new 105 CMR 153 rules; CHIA cost reports	Statutory system that combines signals and acts early
Regional capacity dashboard	CHIA dashboard; Chapter 343 health resource planning	Quarterly, regional, public, all settings
Closure continuity standards	105 CMR 153.023; 130 CMR 404.411; Chapter 180 (2026)	Consistent notice and transfer rules in every setting
Bridge stabilization	Long-Term Care Workforce and Capital Fund	Authority for short-term transition loans
Implementation accountability	Chapter 197 (2024); Chapter 180 (2026); c. 111 § 51K	Deadlines, public reporting, oversight

Summary

What already exists

- A 120-day closure notice for nursing homes, rest homes, and assisted living
- A 2024 oversight law requiring financial-distress reporting, now backed by new regulations
- A brand-new 2026 home care licensing law and a 2017 home health licensing law awaiting regulations
- Cost reports, inspection data, and dashboards already collected by the state

What your plan does

- Connects the warning signs into one early warning system
- Steps in before a provider fails
- Gives families consistent notice in every elder care setting
- Keeps care available and local without expanding benefits, at a modest administrative cost