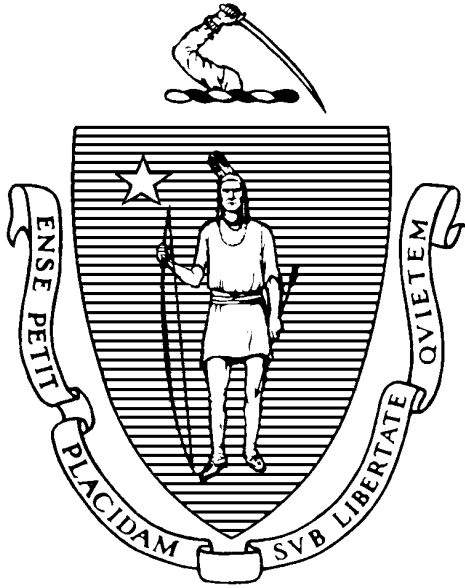




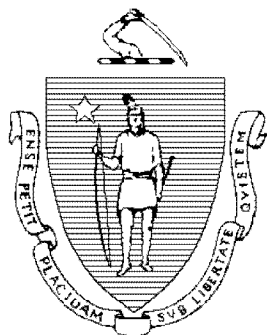
The

Massachusetts

Register

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THE COMMONWEALTH OF MASSACHUSETTS

Secretary of the Commonwealth - William Francis Galvin

The Massachusetts Register

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Notice of Expiration of Emergency Regulations

There are no Notices of Expiration.

Emergency Regulations

130 CMR	Division of Medical Assistance	
449.00	Correctional Facility Services - <i>Refile</i>	93
322 CMR	Division of Marine Fisheries	
6.00	Regulation of Catches	95
	<i>Reduces the recreational Gulf of Maine haddock size limit from 18" to 17"; adopts a recreational black sea bass season of May 16th through October 14th with a four-fish bag limit from May 16th through August 31st and a two-fish bag limit from September 1st through October 14th, and a 16" size limit; a recreational mackerel bag limit of 50-fish for anglers onboard a for-hire vessel and 25-fish for all other anglers; and a commercial mackerel limit that starts at 20,000 pounds and is reduced to 5,000 pounds and 2,500 pounds at certain quota use thresholds.</i>	

Permanent Regulations

101 CMR	Executive Office of Health and Human Services	
317.00	Rates for Medicine Services	97
	<i>Governs the payment rates used by all governmental units for medical services provided to publicly aided patients by eligible providers.</i>	
322 CMR	Division of Marine Fisheries	
4.00	Fishing and Shellfish Equipment	99
	<i>Modifies the maximum sea scallop dredge width for state waters so that it is 10.5" rather than 10" and aligns with federal rules. Also eliminates references to sub-Coastal Access Permit endorsements that are concurrently being eliminated at 322 CMR 7.00.</i>	
6.00	Regulation of Catches	101
	<i>Increases the recreational bluefish bag limit by two-fish and adjusts commercial sea bass, scup, and summer flounder limits to enhance harvest and quota utilization.</i>	
7.00	Permits	103
	<i>Eliminates outdated the regulated fishery permit endorsement for Sea Scallop Shucking and various sub-endorsements for the Coastal Access Permit.</i>	

840 CMR	Public Employee Retirement Administration Commission	
28.00	Electronic Signatures	105
	<i>Establishes policies and guidelines to allow retirement boards in the Commonwealth and PERAC to utilize electronic signatures for the processing of retirement system forms. Allows for the use of electronic signatures on forms that require witness signatures.</i>	
958 CMR	Health Policy Commission	
6.00	Registration of Provider Organizations	107
	<i>Governs the procedures and criteria for the registration of provider organizations program jointly administered by the Health Policy Commission and the Center for Health Information and Analysis, as required by M.G.L. c. 6D, § 11 and M.G.L. c. 12C. Specifies the criteria that determines which Provider Organizations must register, the manner of registration, and what information must be submitted to complete registration.</i>	
7.00	Notices of Material Change and Cost and Market Impact Reviews	109
	<i>Governs certain procedures for filing Notices of Material Change with the Health Policy Commission by Providers and Provider Organizations, as required by M.G.L. c. 6D. Specifies the procedures by which the Commission shall review Notices of Material Change and conduct Cost and Market Impact reviews.</i>	
9.00	Assessment on Certain Health Care Providers and Pharmacy Benefit Managers	111
	<i>Governs payments to the Health Policy Commission from Acute Hospitals, Ambulatory Surgical Centers, and Pharmacy Benefit Managers.</i>	
980 CMR	Energy Facilities Siting Board	
15.00	Cumulative Impact Analysis and Standards for Applying Site Suitability Criteria	113
	<i>Implements the provisions from M.G.L. c. 164, §§ 69G, 69H, 69J, 69J¼, 69T, 69U, and 69V regarding Cumulative Impact Analysis (“CIA”) and standards for applying Site Suitability criteria to guide Board decisions. See St. 2024, c. 239, §§ 5, 53, 60, 62, and 74. The purpose of the CIA provision is to evaluate existing environmental burdens and related public health consequences in a Specific Geographical Area proximate to a proposed Project location, to assess whether the Project would result in any Disproportionate Adverse Effects, including environmental and public health impacts or the effects of climate change, and for an Applicant to propose remedial actions to avoid, minimize, or mitigate Project Impacts. The purpose of the Site Suitability provision is to evaluate the suitability of sites for clean energy infrastructure facilities.</i>	

Acts 2026

CHAPTER NUMBER	BILL NUMBER	TITLE	DATE
37	H 4643	Authorizing the Massachusetts Department of Transportation to Convey a Certain Parcel of Land in the Town of Stoneham.	3/11/2026
38	H 4502	Amending the Town Manager Act of the Town of Arlington.	3/12/2006
39	H 3898	Amending the Charter of the Town of Natick.	3/12/2026
40	H 2275	Authorizing the City of Revere to Pay a Certain Sum of Money to Denise Mattera (Condelli), Widow of Former School Committee Member Anthony Mattera.	3/20/2026
41	H 4143	Authorizing the Town of Wellesley to Amend the Income Threshold for Senior Real Property Tax Deferrals.	3/20/2026
42	H 4292	Amending the Charter of the Town of Hopkinton to Incorporate Appointment Power of the Board of Library Trustees.	3/20/2026
43	H 4142	Directing the City of Boston Police Department to Waive the Maximum Age Requirement for Police Officers for Jason Deleon.	3/25/2026
44	H 4763	Validating the Results of the Annual Election Held in the Town of Bourne on May 20, 2025.	3/25/2026
45	H 2259	Authorizing the Cotuit Fire District to Raise and Appropriate Money for the Historical Society of Santuit and Cotuit, Inc.	3/25/2026
46	H 4007	Further Regulating the Composition of the Licensing Board for the City of Salem.	3/25/2026
47	H 2258	Enhancing Certain Powers of the Board of Water Commissioners of the Cotuit Fire District.	3/25/2026
48	H 4349	Directing the City of Boston Police Department to Waive the Maximum Age Requirement for Police Officers for Luis Cabral.	3/26/2026
49	H 4962	Establishing a Sick Leave Bank for Sally Desrosiers, an Employee of the Department of Correction.	3/26/2026
50	H 4740	Directing the City of Boston Police Department to Waive the Maximum Age Requirement for Police Officers for Ryan Cazeau.	3/30/2026
51	H 4572	Directing the City of Boston Police Department to Waive the Maximum Age Requirement for Police Officers for Doumy Pamera.	3/30/2026
52	H 3925	Directing the City of Boston Police Department to Waive the Maximum Age Requirement for Pierre Charles Darius.	3/30/2026
53	H 4768	Authorizing the Division of Capital Asset Management and Maintenance to Convey Certain Parcels of Land in the City of Brockton.	4/1/2026
54	H 4504	Making the Charter of the County of Nantucket Gender Neutral.	4/3/2026

Acts 2026

CHAPTER NUMBER	BILL NUMBER	TITLE	DATE
55	H 5384	Making Appropriations for the Fiscal Year 2026 to Provide for Supplementing Certain Existing Appropriations and for Certain Other Activities and Projects.	4/6/2026
56	H 4542	Making the Charter of the City of Chicopee Gender Neutral.	4/10/2026
57	H 2985	Exempting Stephen Justice from the Maximum Age Requirement for Appointment to the Position of Firefighter in the City of Haverhill.	4/10/2026
58	H 2986	Exempting Javier Vargas from the Maximum Age Requirement for the Position of Firefighter in the City of Haverhill.	4/10/2026
59	H 2987	Exempting Brittany Sproule from the Maximum Age Requirement for the Position of Firefighter in the City of Haverhill.	4/10/2026
60	H 2988	Exempting Freddy Castaneda from the Maximum Age Requirement for the Position of Police Officer in the City of Haverhill.	4/10/2026
61	H 4524	Changing the Name of the Board of Selectmen in the Town of Williamsburg to Select Board.	4/10/2026
62	H 4374	Designating a Certain Overpass in the Town of Sandwich as the United States Marine Corps Staff Sergeant Raymond G. Tourville Veterans Memorial Overpass.	4/10/2026
63	H 3213	Authorizing the City of Springfield to Appropriate Funds to Help Certain Residents Meet Their Local Tax Obligations.	4/16/2026
64	S 2859	Amending the Charter of the Town of Sandwich.	4/16/2026
65	H 5350	Modernizing the Commonwealth's Cannabis Laws.	4/19/2026
66	H 4621	Changing the Name of the Board of Selectmen in the Town of Boylston to Select Board.	4/19/2026
67	H 4225	Authorizing the Town of Marblehead to Establish a Means-Tested Senior Citizen Property Tax Exemption.	4/29/2026
68	H 4584	Further Regulating the Appointment of Special Police Officers in the City of Malden.	4/29/2026
69	H 4602	Increasing the Membership of the Select Board in the Town of Monson.	4/29/2026
70	H 4259	Designating the Weider Park Tennis Courts as the Kim O'Connell Tennis Courts.	4/30/2026

**BALLOT QUESTION TITLES AND YES/NO STATEMENTS FOR THE
2026 STATE ELECTION PREPARED JOINTLY BY THE OFFICE OF
THE ATTORNEY GENERAL AND SECRETARY OF THE COMMONWEALTH
AS REQUIRED BY MASSACHUSETTS
GENERAL LAWS CHAPTER 54, SECTION 53:**

No. (Letter)	Petition Name	Question Title	Yes/No
25-03 (Z)	Single Family Homes on Small Lots	Single Family Homes	<i>A YES VOTE</i> would allow single-family homes to be built on lots of 5,000 square feet or more in residential areas, subject to reasonable local regulation of certain aspects of those homes.
			<i>A NO VOTE</i> would make no change to the law relative to building single-family homes.
25-08 (Y)	Election Day Registration	Election Day Registration	<i>A YES VOTE</i> would permit eligible citizens to register to vote or to update their voter registration address at their polling place on Election Day.
			<i>A NO VOTE</i> would make no change to the laws governing voter registration.
25-10 (1E)	Regulating Marijuana	Prohibit Retail Sale of Adult Recreational Use Marijuana	<i>A YES VOTE</i> would prohibit the legalization, regulation, and taxation of the retail sale of adult recreational use marijuana, and change the penalties for possession of marijuana.
			<i>A NO VOTE</i> would make no change to the law relative to marijuana.
25-12 (A)	All-Party State Primaries	State Primary Elections	<i>A YES VOTE</i> would eliminate separate party primaries for state elections and require a single primary in which all candidates appear on one ballot, voters could vote for any candidate, and the top two candidates would advance to the general election.
			<i>A NO VOTE</i> would make no change to the laws governing primary elections.

No. (Letter)	Petition Name	Question Title	Yes/No
25-14 (B)	Access to Public Records	Expanding the Public Records Law	<i>A YES VOTE</i> would make most records held by the Legislature and the Office of the Governor public records under the Massachusetts Public Records Law.
			<i>A NO VOTE</i> would make no change to the Massachusetts Public Records Law.
25-15 (E)	Protect Water and Nature (Version A)	Natural Resource Conservation Fund	<i>A YES VOTE</i> would create a fund that could be utilized for natural resource conservation that would receive some state taxes collected on the sale and use of sporting goods and recreational vehicles, and the use of golf courses.
			<i>A NO VOTE</i> would not create this natural resource conservation fund or change how sales and use taxes are spent.
25-17 (7)	Tax Collection and Surplus	State Revenue Limit & Rebate	<i>A YES VOTE</i> would change the limit on state revenue collection, tying it to prior year collections plus average wage and salary growth, and provide for a rebate of revenue exceeding that limit.
			<i>A NO VOTE</i> would make no change in the law relative to state revenue collection.
25-18 (6)	Reduction of Personal Income Tax Rate	Reducing Personal Income Tax Rates	<i>A YES VOTE</i> would gradually lower to 4% the tax rates on interest and dividends and other personal taxable income such as wages and salaries.
			<i>A NO VOTE</i> would make no change in the law relative to the tax rate on interest and dividend and other personal taxable income such as wages and salaries.
25-21 (D)	Limit Rent Increases	Limiting Rent Increases	<i>A YES VOTE</i> would limit the annual rent increase for most residential units in Massachusetts to 5% or lower.

No. (Letter)	Petition Name	Question Title	Yes/No
			<i>A NO VOTE</i> would make no change to the law governing annual rent increases.
25-22 (K)	Labor Relations Policies for Committee for Public Counsel Services Employees	Collective Bargaining for CPCS Employees	<i>A YES VOTE</i> would specify that Committee for Public Counsel Services employees may form a union to collectively bargain with their employer.
			<i>A NO VOTE</i> would make no change to the law governing labor relations for Committee for Public Counsel Service employees.
25-37 (G)	Reform and Regulate Legislative Stipends	Regulation of Legislative Stipends	<i>A YES VOTE</i> would change the method for calculating the stipends that certain state legislators may be paid in addition to their base salaries.
			<i>A NO VOTE</i> would make no change to the law governing legislative stipends.
Ref.	Referendum on Existing Law: An Act Modernizing Firearm Laws	Firearms Regulation	<i>A YES VOTE</i> would keep in place the law, which increases the regulation of firearms, including ghost guns, machine guns, and assault-style weapons.
			<i>A NO VOTE</i> would repeal this law.



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**STATEMENTS OF FISCAL CONSEQUENCES FOR BALLOT QUESTIONS IN
2026 STATE ELECTION PREPARED BY THE EXECUTIVE OFFICE FOR ADMINISTRATION AND FINANCE AS
REQUIRED BY
MASSACHUSETTS GENERAL LAWS CHAPTER 54, SECTION 53**

Petition Z (AGO No. 25-03)

If the proposed law enables the growth of housing in communities, it could provide positive new growth revenues to municipalities. However, it is difficult to project the potential scale of new growth tied to the proposed law. The proposed law thus has no discernible material fiscal consequences for state and municipal government finances.

Petition Y (AGO No. 25-08)

The proposed law has no discernible material fiscal consequences for state and municipal government finances.

Petition 1E (AGO No. 25-10)

By repealing the laws that legalize and tax the retail sale of adult recreational use marijuana, the proposed law would reduce the amount that state and municipal governments receive from the taxation of those sales. In fiscal year 2025, taxation of the retail sale of adult recreational use marijuana raised approximately \$280 million in state revenue and \$50 million in local revenue. The state budget, which is supported by tax revenue, funds local aid for schools and municipal budgets.

Petition A (AGO No. 25-12)

The proposed law has no discernible material fiscal consequences for state and municipal government finances.

Petition B (AGO No. 25-14)

The proposed law has no discernible material fiscal consequences for state and municipal government finances.

Petition E (AGO No. 25-15)

The proposed law would have a significant impact on state and local budgets. While a full fiscal analysis is not feasible, it is estimated that, on an annual basis, the proposed law would automatically divert tens of millions of dollars of tax receipts that are currently supporting the state operating budget to the new fund. This proposed law would also have substantial implementation costs.

Petition 7 (AGO No. 25-17)

The proposed law would put stricter limits on allowable annual revenue growth available for budgeting. As a result, the proposal would reduce the amount of money available to support the state budget, which includes local aid for schools and municipal budgets. The proposal would also reduce the amounts available to build the state's Stabilization, or "rainy day," Fund -- a reserve of money set aside to help Massachusetts manage economic downturns or emergencies without raising taxes or making major spending cuts. Depending on future conditions, the proposal could change the frequency of statutorily-required refunds to taxpayers.

Petition 6 (AGO No. 25-18)

The proposed law would reduce state revenue by approximately \$700 million in year one, \$2.4 billion in year two, and \$5.5-6.5 billion annually at full implementation. The revenue loss, based on current budget levels, equates to roughly 10 percent of all state spending. The state budget includes local aid for schools and municipal budgets, which could be impacted by revenue loss. The proposal would also eliminate taxpayers' ability to reduce their state taxable income by deducting charitable donations beginning in 2028. In recent years, the charitable donation deduction has saved hundreds of millions of dollars for over 1 million taxpayers.

Petition D (AGO No. 25-21)

Similar policies in other jurisdictions have resulted in a decrease in the production of new homes and apartments. If this proposed law causes a similar reduction, it would significantly impact state and municipal finances. The state would collect less sales tax revenue from transactions resulting from housing production. Furthermore, municipal governments would see less new growth from new housing production and, as a result, would be more limited in their ability to alter or reduce their annual property tax levies on the basis of new growth under Proposition 2 ½.

Petition K (AGO No. 25-22)

The proposed law may have an impact on state finances. CPCS receives its funding, in part, from state government appropriations. The fiscal impact of the proposed law is difficult to project due to the uncertainty regarding the outcomes of any such collective bargaining by CPCS employees.

Petition G (AGO No. 25-37)

The proposed law has no discernible material fiscal consequences for state and municipal government finances.



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Administrative Bulletin 26-09

101 CMR 316.00: Rates for Surgery and Anesthesia Services

101 CMR 317.00: Rates for Medicine Services

101 CMR 318.00: Rates for Radiology Services

Effective January 1, 2026

2026 CPT/HCPCS Coding Updates

Summary

In accordance with 101 CMR 316.01(5) and (6), 101 CMR 317.01(5) and (6), and 101 CMR 318.01(5) and (6), the Executive Office of Health and Human Services (EOHHS) is adding new service codes and deleting outdated codes, effective for dates of service on and after January 1, 2026. The following tables specify the codes that have been added and deleted, followed by crosswalks identifying replacement codes for applicable deleted codes. For entirely new codes that require new pricing and have Medicare-assigned relative value units, rates are calculated according to the rate methodology used in setting physician rates. Rates for new codes with one-to-one crosswalks from deleted codes or to existing codes are set at the current payment rate of the deleted or existing codes. Rates for new codes with one-to-many crosswalks from deleted codes are calculated using the current rate-setting methodology in accordance with the regulations. All other codes listed in this bulletin that require pricing are paid at individual consideration (IC). Rates in this administrative bulletin are applicable until EOHHS issues revised rates. Deleted codes are not available for use for dates of service after December 31, 2025.

101 CMR 316:00: Surgery and Anesthesia—Added Codes

Code	Description
27458	Osteotomy(ies), femur, unilateral, with insertion of an externally controlled intramedullary lengthening device, including iliotibial band release when performed, imaging, alignment assessments, computations of adjustment schedules, and management of the intramedullary lengthening device
27713	Osteotomy(ies), tibia, including fibula when performed, unilateral, with insertion of an externally controlled intramedullary lengthening device, including imaging, alignment assessments, computations of adjustment schedules, and management of the intramedullary lengthening device
33882	Endovascular repair of the thoracic aorta by deployment of a branched endograft multipiece system involving an aorto-aortic tube device with a fenestration for the left subclavian artery stent graft(s) and all aortic tube endograft extension(s) placed from the level of the left common carotid artery to the celiac artery, including pre-procedure sizing and device selection, all target zone angioplasty, all nonselective catheterization(s) and left subclavian artery selective catheterization(s), and all associated radiological supervision and interpretation
35602	Bypass graft, with other than vein; carotid-contralateral carotid
37254	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, initial vessel
37255	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, each additional vessel (list separately in addition to code for primary procedure)
37256	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, initial vessel
37257	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, each additional vessel (list separately in addition to code for primary procedure)

Code	Description
37258	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel
37259	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel (list separately in addition to code for primary procedure)
37260	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel
37261	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel (list separately in addition to code for primary procedure)
37262	Intravascular lithotripsy(ies), iliac vascular territory, including all imaging guidance and radiological supervision and interpretation necessary to perform the intravascular lithotripsy(ies) within the same artery (list separately in addition to code for primary procedure)
37263	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, initial vessel

Code	Description
37264	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, each additional vessel (list separately in addition to code for primary procedure)
37265	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, initial vessel
37266	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, each additional vessel (list separately in addition to code for primary procedure)
37267	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel
37268	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel (list separately in addition to code for primary procedure)
37269	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel

Code	Description
37270	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel (list separately in addition to code for primary procedure)
37271	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel
37272	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel (list separately in addition to code for primary procedure)
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37275	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel

Code	Description
37276	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel (list separately in addition to code for primary procedure)
37277	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel
37278	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel (list separately in addition to code for primary procedure)
37279	Intravascular lithotripsy(ies), femoral and popliteal vascular territory, including all imaging guidance and radiological supervision and interpretation necessary to perform the intravascular lithotripsy(ies) within the same artery (list separately in addition to code for primary procedure)
37280	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, initial vessel
37281	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, each additional vessel (list separately in addition to code for primary procedure)

Code	Description
37282	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, initial vessel
37283	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, complex lesion, each additional vessel (list separately in addition to code for primary procedure)
37284	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel
37285	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel (list separately in addition to code for primary procedure)
37286	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel
37287	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel (list separately in addition to code for primary procedure)

Code	Description
37288	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel
37289	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel (list separately in addition to code for primary procedure)
37290	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel
37291	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel (list separately in addition to code for primary procedure)
37292	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel
37293	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel (list separately in addition to code for primary procedure)

Code	Description
37294	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel
37295	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel (list separately in addition to code for primary procedure)
37296	Revascularization, endovascular, open or percutaneous, inframalleolar vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, initial vessel
37297	Revascularization, endovascular, open or percutaneous, inframalleolar vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, each additional vessel (list separately in addition to code for primary procedure)
37298	Revascularization, endovascular, open or percutaneous, inframalleolar vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, initial vessel
37299	Revascularization, endovascular, open or percutaneous, inframalleolar vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, each additional vessel (list separately in addition to code for primary procedure)
43889	Gastric restrictive procedure, transoral, endoscopic sleeve gastropasty (ESG), including argon plasma coagulation, when performed
47384	Ablation, irreversible electroporation, liver, one or more tumors, including imaging guidance, percutaneous

Code	Description
52443	Cystourethroscopy with initial transurethral anterior prostate commissurotomy with a nondrug-coated balloon catheter followed by therapeutic drug delivery into the prostate by a drug-coated balloon catheter, including transrectal ultrasound and fluoroscopy, when performed
52597	Transurethral robotic-assisted waterjet resection of prostate, including intraoperative planning, ultrasound guidance, control of postoperative bleeding, complete, including vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy, when performed
55707	Biopsy, prostate, transrectal, ultrasound-guided (i.e., sextant, ultrasound-localized discrete lesion[s])
55708	Biopsy, prostate, transrectal, ultrasound-guided (i.e., sextant) with MRI-fusion-guidance, first targeted lesion
55709	Biopsy, prostate, transperineal, ultrasound-guided (i.e., sextant, ultrasound-localized discrete lesion[s])
55710	Biopsy, prostate, transperineal, ultrasound-guided (i.e., sextant) with MRI-fusion-guidance biopsy, first targeted lesion
55711	Biopsy, prostate, transrectal, MRI-ultrasound-fusion guided, targeted lesion(s) only, first targeted lesion
55712	Biopsy, prostate, transperineal, MRI-ultrasound-fusion guided, targeted lesion(s) only, first targeted lesion
55713	Biopsy, prostate, in-bore CT- or MRI-guided (i.e., sextant), with biopsy of additional targeted lesion(s), first targeted lesion
55714	Biopsy, prostate, in-bore CT- or MRI-guided targeted lesion(s) only, first targeted lesion
55715	Biopsy, prostate, each additional, MRI-ultrasound fusion or in-bore CT- or MRI-guided targeted lesion (list separately in addition to code for primary procedure)
55868	Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed; with lymph node biopsy(ies) (limited pelvic lymphadenectomy)
55869	Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes
55877	Ablation, irreversible electroporation, prostate, one or more tumors, including imaging guidance, percutaneous

Code	Description
62330	Decompression, percutaneous, with partial removal of the ligamentum flavum, including laminotomy for access, epidurography, and imaging guidance (i.e., CT or fluoroscopy), bilateral; one interspace, lumbar
62331	Decompression, percutaneous, with partial removal of the ligamentum flavum, including laminotomy for access, epidurography, and imaging guidance (i.e., CT or fluoroscopy), bilateral; additional interspace(s), lumbar (list separately in addition to code for primary procedure)
63032	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy, and/or excision of herniated intervertebral disc; with repair of annular defect by implantation of bone-anchored annular closure device, including all imaging guidance, one interspace, lumbar (list separately in addition to code for primary procedure)
64567	Percutaneous electrical nerve field stimulation, cranial nerves, without implantation
64654	Initial open implantation of baroreflex activation therapy (BAT) modulation system, including lead placement onto the carotid sinus, lead tunneling, connection to a pulse generator placed in a distant subcutaneous pocket (i.e., total system), and intraoperative interrogation and programming
64655	Revision or replacement of baroreflex activation therapy (BAT) modulation system, with intraoperative interrogation and programming; lead only
64656	Revision or replacement of baroreflex activation therapy (BAT) modulation system, with intraoperative interrogation and programming; pulse generator only
64657	Removal of baroreflex activation therapy (BAT) modulation system; total system, including lead and pulse generator
64658	Removal of baroreflex activation therapy (BAT) modulation system; lead only
64659	Removal of baroreflex activation therapy (BAT) modulation system; pulse generator only
64728	Decompression; median nerve at the carpal tunnel, percutaneous, with intracarpal tunnel balloon dilation, including ultrasound guidance

101 CMR 316.00: Surgery and Anesthesia—Deleted Codes

Code	Description
27445	Arthroplasty, knee, hinge prosthesis (e.g., Walldius type)
27468	Osteoplasty, femur; combined, lengthening and shortening with femoral segment transfer

Code	Description
33884	Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta (e.g., aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); each additional proximal extension (list separately in addition to code for primary procedure)
33889	Open subclavian to carotid artery transposition performed in conjunction with endovascular repair of descending thoracic aorta, by neck incision, unilateral
33891	Bypass graft, with other than vein, transcervical retropharyngeal carotid-carotid, performed in conjunction with endovascular repair of descending thoracic aorta, by neck incision
37220	Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty
37221	Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed
37222	Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (list separately in addition to code for primary procedure)
37223	Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (list separately in addition to code for primary procedure)
37224	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal angioplasty
37225	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed
37226	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed
37227	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed
37228	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal angioplasty

Code	Description
37229	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed
37230	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed
37231	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed
37232	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal angioplasty (list separately in addition to code for primary procedure)
37233	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel, when performed (list separately in addition to code for primary procedure)
37234	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (list separately in addition to code for primary procedure)
37235	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed (list separately in addition to code for primary procedure)
37500	Vascular endoscopy, surgical, with ligation of perforator veins, subfascial (SEPS)
52647	Laser coagulation of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included if performed)
55700	Biopsy, prostate; needle or punch, single or multiple, any approach

101 CMR 316.00: Surgery and Anesthesia—Crosswalk

Deleted Code	Crosswalk to Newly Added Codes	Crosswalk to Existing Codes
27445		27447, 27487
33884		33883
33889		35694
33891	35602	
37220	37254, 37256	
37221	37258, 37260	
37222	37255, 37257	
37223	37259, 37261	
37224	37263, 37265	
37225	37271, 37273	
37226	37267, 37269	
37227	37275, 37277	
37228	37280, 37282	
37229	37288, 37290	
37230	37284, 37286	
37231	37292, 37294	
37232	37281, 37283	
37233	37289, 37291	
37234	37285, 37287	
37235	37293, 37295	
55700	55707, 55708, 55709, 55710, 55711, 55712, 55714	55705

101 CMR 316.00: Surgery and Anesthesia Rates

Code	Non-Facility Fee	Facility Fee	Global	Professional Component Fee	Technical Component Fee
27458			\$1,285.67		
27713			\$1,300.20		
33882			\$1,272.60		
35602			\$671.01		
37254	\$1,624.95	\$239.74			
37255	\$395.26	\$96.87			
37256	\$1,897.22	\$351.24			
37257	\$447.03	\$125.22			
37258	\$2,807.40	\$286.13			
37259	\$946.21	\$129.03			
37260	\$6,678.09	\$413.50			
37261	\$2,664.79	\$137.12			
37262	\$2,708.58	\$97.60			
37263	\$4,301.20	\$254.17			
37264	\$1,729.97	\$97.21			
37265	\$5,406.00	\$343.48			
37266	\$1,931.68	\$129.36			
37267	\$4,120.74	\$286.39			
37268	\$2,665.62	\$120.92			
37269	\$9,157.87	\$480.87			
37270	\$2,769.04	\$162.32			

Code	Non-Facility Fee	Facility Fee	Global	Professional Component Fee	Technical Component Fee
37271	\$8,391.66	\$294.41			
37272	\$1,849.16	\$129.63			
37273	\$10,504.18	\$411.90			
37274	\$1,962.78	\$178.30			
37275	\$8,154.33	\$358.13			
37276	\$2,742.38	\$137.25			
37277	\$12,243.35	\$486.89			
37278	\$3,067.65	\$193.41			
37279	\$3,683.42	\$130.43			
37280	\$2,113.63	\$319.30			
37281	\$576.07	\$96.14			
37282	\$4,816.60	\$400.11			
37283	\$672.26	\$136.70			
37284	\$4,453.32	\$329.90			
37285	\$2,211.59	\$109.02			
37286	\$8,217.48	\$442.57			
37287	\$3,921.61	\$163.92			
37288	\$6,168.32	\$436.36			
37289	\$717.54	\$153.76			
37290	\$8,429.46	\$549.14			
37291	\$834.05	\$209.59			
37292	\$8,106.68	\$487.22			

Code	Non-Facility Fee	Facility Fee	Global	Professional Component Fee	Technical Component Fee
37293	\$2,775.12	\$214.45			
37294	\$12,057.46	\$583.96			
37295	\$4,756.71	\$270.21			
37296	\$2,377.25	\$357.73			
37297	\$645.82	\$128.37			
37298	\$2,668.78	\$441.90			
37299	\$697.74	\$159.79			
43889			\$532.15		
47384			\$309.44		
52443	\$4,697.82	\$126.15			
52597			\$405.24		
55707	\$264.60	\$100.36			
55708	\$324.11	\$124.74			
55709	\$453.90	\$119.84			
55710	\$508.36	\$138.37			
55711	\$284.60	\$99.87			
55712	\$474.22	\$116.21			
55713	\$597.24	\$135.68			
55714	\$583.45	\$123.49			
55715	\$61.39	\$34.24			
55868			\$812.80		
55869			\$973.63		

Code	Non-Facility Fee	Facility Fee	Global	Professional Component Fee	Technical Component Fee
55877			\$493.96		
62330			\$359.25		
62331			\$138.57		
63032			\$97.73		
64567	\$984.16	\$48.53			
64654			\$402.59		
64655			\$470.85		
64656			\$309.28		
64657			\$456.21		
64658			\$344.11		
64659			\$319.50		
64728	\$1,063.45	\$90.02			

101 CMR 317.00: Medicine—Added Codes

Code	Description
90382	Respiratory syncytial virus, monoclonal antibody, seasonal dose, 0.7 mL, for intramuscular use
90480	Immunization administration by intramuscular injection, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine; first or only component of each vaccine administered
90481	Immunization administration by intramuscular injection, severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine; each additional component administered (list separately in addition to code for primary procedure)
90482	Immunization counseling by physician or other qualified health care professional when immunization(s) is not administered by provider on the same date of service; 3 minutes up to 10 minutes

Code	Description
90483	Immunization counseling by physician or other qualified health care professional when immunization(s) is not administered by provider on the same date of service; greater than 10 minutes up to 20 minutes
90484	Immunization counseling by physician or other qualified health care professional when immunization(s) is not administered by provider on the same date of service; greater than 20 minutes
90624	Meningococcal pentavalent vaccine, Men B-4C recombinant proteins and outer membrane vesicle and conjugated Men A, C, W, Y-diphtheria toxoid carrier, for intramuscular use
90631	Influenza virus vaccine (IIV), H5, pandemic formulation, split virus, adjuvanted, for intramuscular use
90670	Pneumococcal conjugate vaccine, 13 valent (PCV13), for intramuscular use
90679	Respiratory syncytial virus vaccine, preF, recombinant, subunit, adjuvanted, for intramuscular use
91124	Rectal sensation, tone, and compliance study (e.g., barostat)
91125	Anorectal manometry, with rectal sensation and rectal balloon expulsion test, when performed
92288	Screening dark adaptation measurement (e.g., rod recovery intercept time), with interpretation and report
92634	Hearing aid fitting services, unilateral or bilateral, including device analysis, programming, verification, counseling, orientation, and training, and, when performed, hearing assistive device, supplemental technology fitting services; first 60 minutes
92635	Hearing aid fitting services, unilateral or bilateral, including device analysis, programming, verification, counseling, orientation, and training, and, when performed, hearing assistive device, supplemental technology fitting services; each additional 15 minutes (list separately in addition to code for primary procedure)
92638	Behavioral verification of amplification including aided thresholds, functional gain, speech-in-noise, when performed (list separately in addition to code for primary procedure)
92642	Hearing assistive device, supplemental technology fitting services (e.g., personal frequency modulation [FM]/digital modulation [DM] system, remote microphone, alerting devices)
92930	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed, single major coronary artery and/or its branch(es); two or more distinct coronary lesions with two or more coronary stents deployed in two or more coronary segments, or a bifurcation lesion requiring angioplasty and/or stenting in both the main artery and the side branch

Code	Description
92945	Percutaneous transluminal revascularization of chronic total occlusion, single coronary artery, coronary artery branch, or coronary artery bypass graft, and/or subtended major coronary artery branches of the bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; combined antegrade and retrograde approaches
93145	Interrogation device evaluation (in person), carotid sinus baroreflex activation therapy (BAT) modulation system including telemetric iterative communication with the implantable device to monitor device diagnostics and programmed therapy values, with interpretation and report (e.g., battery status, lead impedance, pulse amplitude, pulse width, therapy frequency, pathway mode, burst mode, therapy start/stop times each day); without programming
93146	Interrogation device evaluation (in person), carotid sinus baroreflex activation therapy (BAT) modulation system including telemetric iterative communication with the implantable device to monitor device diagnostics and programmed therapy values, with interpretation and report (e.g., battery status, lead impedance, pulse amplitude, pulse width, therapy frequency, pathway mode, burst mode, therapy start/stop times each day); with programming, including optimization of tolerated therapeutic level setting
97007	Mechanical scalp cooling, including individual cap supply with head measurement, fitting, and patient education
97008	Mechanical scalp cooling, including hair preparation, individual cap placement, therapy initiation, and precooling period
97009	Mechanical scalp cooling, provided after discontinuation of chemotherapy, each 30 minutes (list separately in addition to code for primary procedure)
98979	Remote therapeutic monitoring treatment management services, physician or other qualified health care professional time in a calendar month requiring at least one real-time interactive communication with the patient or caregiver during the calendar month; first 10 minutes
98984	Remote therapeutic monitoring (e.g., therapy adherence, therapy response, digital therapeutic intervention); device(s) supply for data access or data transmissions to support monitoring of respiratory system, 2–15 days in a 30-day period
98985	Remote therapeutic monitoring (e.g., therapy adherence, therapy response, digital therapeutic intervention); device(s) supply for data access or data transmissions to support monitoring of musculoskeletal system, 2–15 days in a 30-day period
98986	Remote therapeutic monitoring (e.g., therapy adherence, therapy response, digital therapeutic intervention); device(s) supply for data access or data transmissions to support monitoring of cognitive behavioral therapy, 2–15 days in a 30-day period
99445	Remote monitoring of physiologic parameter(s) (e.g., weight, blood pressure, pulse oximetry, respiratory flow rate); device(s) supply with daily recording(s) or programmed alert(s) transmission, 2–15 days in a 30-day period

Code	Description
99470	Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring one real-time interactive communication with the patient/caregiver during the calendar month; first 10 minutes
J0172	Injection, aducanumab-avwa, 2 mg
J0287	Injection, amphotericin B lipid complex, 10 mg
J0681	Injection, ceftobiprole medocartil sodium, 3 mg
J1742	Injection, ibutilide fumarate, 1 mg
J2545	Pentamidine isethionate, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, per 300 mg
J3389	Topical administration, prademagene zamikeracel, per treatment
J8565	Gefitinib, oral, 250 mg
J9184	Injection, gemcitabine HCl (Avyxa), 200 mg
J9282	Mitomycin, intravesical instillation, 1 mg
Q0161	Chlorpromazine HCl, 5 mg, oral, FDA-approved prescription antiemetic, for use as a complete therapeutic substitute for an IV antiemetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen
Q0180	Dolasetron mesylate, 100 mg, oral, FDA-approved prescription antiemetic, for use as a complete therapeutic substitute for an IV antiemetic at the time of chemotherapy treatment, not to exceed a 24-hour dosage regimen
Q4101	Apligraf, per sq cm (add-on, list separately in addition to primary procedure)
Q4102	Oasis wound matrix, per sq cm (add-on, list separately in addition to primary procedure)
Q4103	Oasis burn matrix, per sq cm (add-on, list separately in addition to primary procedure)
Q4104	Integra bilayer matrix wound dressing (BMWD), per sq cm (add-on, list separately in addition to primary procedure)
Q4107	GRAFTJACKET, per sq cm (add-on, list separately in addition to primary procedure)
Q4108	Integra matrix, per sq cm (add-on, list separately in addition to primary procedure)
Q4110	PriMatrix, per sq cm (add-on, list separately in addition to primary procedure)

Code	Description
Q4121	TheraSkin, per sq cm (add-on, list separately in addition to primary procedure)
Q4132	Grafix Core and GrafixPL Core, per sq cm (add-on, list separately in addition to primary procedure)
Q4133	Grafix PRIME, GrafixPL PRIME, Stravix and StravixPL, per sq cm (add-on, list separately in addition to primary procedure)
Q4151	AmnioBand or Guardian, per sq cm (add-on, list separately in addition to primary procedure)
Q4159	Affinity, per sq cm (add-on, list separately in addition to primary procedure)
Q4161	bio-ConneKt wound matrix, per sq cm (add-on, list separately in addition to primary procedure)
Q4163	WoundEx, BioSkin, per sq cm (add-on, list separately in addition to primary procedure)
Q4164	Helicoll, per sq cm (add-on, list separately in addition to primary procedure)
Q4196	PuraPly AM, per sq cm (add-on, list separately in addition to primary procedure)
Q4186	Epifix, per sq cm (add-on, list separately in addition to primary procedure)
Q4187	Epicord, per sq cm (add-on, list separately in addition to primary procedure)
Q4199	Cygnus matrix, per sq cm (add-on, list separately in addition to primary procedure)
Q4252	Vendaje, per sq cm (add-on, list separately in addition to primary procedure)
Q4253	Zenith Amniotic Membrane, per sq cm (add-on, list separately in addition to primary procedure)

101 CMR 317.00: Medicine—Deleted Codes

Code	Description
90377	Rabies immune globulin, heat- and solvent/detergent-treated (RIg-HT S/D), human, for intramuscular and/or subcutaneous use
90586	Bacillus Calmette-Guerin vaccine (BCG) for bladder cancer, live, for intravesical use
90653	Influenza vaccine, inactivated (IIV), subunit, adjuvanted, for intramuscular use

Code	Description
90656	Influenza virus vaccine, trivalent (IIV3), split virus, preservative free, 0.5 mL dosage, for intramuscular use
90657	Influenza virus vaccine, trivalent (IIV3), split virus, 0.25 mL dosage, for intramuscular use
90658	Influenza virus vaccine, trivalent (IIV3), split virus, 0.5 mL dosage, for intramuscular use
90660	Influenza virus vaccine, trivalent, live (LAIV3), for intranasal use
90661	Influenza virus vaccine, trivalent (ccIIV3), derived from cell cultures, subunit, antibiotic free, 0.5 mL dosage, for intramuscular use
90662	Influenza virus vaccine (IIV), split virus, preservative free, enhanced immunogenicity via increased antigen content, for intramuscular use
90671	Pneumococcal conjugate vaccine, 15 valent (PCV15), for intramuscular use
90673	Influenza virus vaccine, trivalent (RIV3), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use
90677	Pneumococcal conjugate vaccine, 20 valent (PCV20), for intramuscular use
90684	Pneumococcal conjugate vaccine, 21 valent (PCV21), for intramuscular use
90739	Hepatitis B vaccine (HepB), CpG-adjuvanted, adult dosage, 2 dose or 4 dose schedule, for intramuscular use
90743	Hepatitis B vaccine (HepB), adolescent, 2 dose schedule, for intramuscular use
90744	Hepatitis B vaccine (HepB), pediatric/adolescent dosage, 3 dose schedule, for intramuscular use
90759	Hepatitis B vaccine (HepB), 3-antigen (S, Pre-S1, Pre-S2), 10 mcg dosage, 3 dose schedule, for intramuscular use
91120	Rectal sensation, tone, and compliance test (i.e., response to graded balloon distention)
91122	Anorectal manometry
91319	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, 10 mcg/0.3 mL dosage, tris-sucrose formulation, for intramuscular use
91320	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, 30 mcg/0.3 mL dosage, tris-sucrose formulation, for intramuscular use

Code	Description
91321	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, 25 mcg/0.25 mL dosage, for intramuscular use
91322	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, 50 mcg/0.5 mL dosage, for intramuscular use
92921	Percutaneous transluminal coronary angioplasty; each additional branch of a major coronary artery (list separately in addition to code for primary procedure)
92925	Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; each additional branch of a major coronary artery (list separately in addition to code for primary procedure)
92929	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; each additional branch of a major coronary artery (list separately in addition to code for primary procedure)
92934	Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; each additional branch of a major coronary artery (list separately in addition to code for primary procedure)
92938	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; each additional branch subtended by the bypass graft (list separately in addition to code for primary procedure)
92944	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; each additional coronary artery, coronary artery branch, or bypass graft (list separately in addition to code for primary procedure)
92975	Thrombolysis, coronary; by intracoronary infusion, including selective coronary angiography
92977	Thrombolysis, coronary; by intravenous infusion
94662	Continuous negative pressure ventilation (CNP), initiation and management
0121A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, preservative free, 30 mcg/0.3 mL dosage, tris-sucrose formulation; single dose

Code	Description
0141A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, bivalent, preservative free, 25 mcg/0.25 mL dosage; first dose
0142A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, bivalent, preservative free, 25 mcg/0.25 mL dosage; second dose
0151A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; single dose
0171A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, preservative free, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; first dose
0172A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, preservative free, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; second dose
0173A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, preservative free, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; third dose
0174A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, preservative free, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; additional dose
Jo175	Injection, donanemab-azbt, 2 mg
Jo215	Injection, alefacept, 0.5 mg
Jo666	Injection, bupivacaine liposome, 1 mg
Jo715	Injection, ceftizoxime sodium, per 500 mg
Jo870	Injection, cyclaine
Jo889	Daprodustat, oral, 1 mg, (for ESRD on dialysis)
Jo901	Vadadustat, oral, 1 mg (for ESRD on dialysis)

Code	Description
J1171	Injection, hydromorphone, 0.1 mg
J1307	Injection, crovalimab-akkz, 10 mg
J1434	Injection, fosaprepitant (Focinvez), 1 mg
J1552	Injection, immune globulin (Alyglo), 500 mg
J1562	Injection, immune globulin (Vivaglobin), 100 mg
J1597	Injection, glycopyrrolate (Glyrx-PF), 0.1 mg
J1655	Injection, tinzaparin sodium, 1000 IU
J1710	Injection, hydrocortisone sodium phosphate, up to 50 mg
J2002	Injection, lidocaine HCl in 5% dextrose, 1 mg
J2267	Injection, mirikizumab-mrkz, 1 mg
J2290	Injection, myochrysine, up to 50 mg
J2428	Injection, paliperidone palmitate extended release (erzofri), 1 mg
J2802	Injection, romiplostim, 1 mcg
J2910	Injection, aurothioglucose, up to 50 mg
J2940	Injection, somatrem, 1 mg
J3247	Injection, secukinumab, IV, 1 mg
J7171	Injection, ADAMTS13, recombinant-krhn, 10 IU
J7309	Methyl aminolevulinate (MAL) for topical administration, 16.8%, 1 g
J7310	Ganciclovir, 4.5 mg, long-acting implant
J7355	Injection, travoprost, intracameral implant, 1 mcg
J7514	Mycophenolate mofetil (Myhibbin), oral suspension, 100 mg
J7601	Ensifentrine, inhalation suspension, FDA-approved final product, noncompounded, administered through DME, unit dose form, 3 mg
J8522	Capecitabine, oral, 50 mg

Code	Description
J8562	Fludarabine phosphate, oral, 10 mg
J9020	Injection, asparaginase, not otherwise specified, 10,000 units
J9026	Injection, tarlatamab-dlle, 1 mg
J9028	Injection, nogapendekin alfa inbakicept-pmln, for intravesical use, 1 mcg
J9076	Injection, cyclophosphamide (Baxter), 5 mg
J9212	Injection, interferon alfacon-1, recombinant, 1 mcg
J9289	Injection, nivolumab, 2 mg and hyaluronidase-nvhy
J9292	Injection, pemetrexed (Avyxa), not therapeutically equivalent to J9305, 10 mg
J9329	Injection, tislelizumab-jsgr, 1mg
J9382	Injection, zenocutuzumab-zbco, 1 mg
Q2017	Injection, teniposide, 50 mg
Q5099	Injection, ustekinumab-stba (steqeyma), biosimilar, 1 mg
Q5100	Injection, ustekinumab-kfce (yesintek), biosimilar, 1 mg
Q5109	Injection, infliximab-qbtx, biosimilar, (Ixifi), 10 mg
Q5133	Injection, tocilizumab-bavi (Tofidence), biosimilar, 1 mg
Q5135	Injection, tocilizumab-aazg (Tyenne), biosimilar, 1 mg
Q5146	Injection, trastuzumab-strf (Hercessi), biosimilar, 10 mg
Q9997	Injection, ustekinumab-ttwe (Pyzchiva), intravenous, 1 mg
Q9998	Injection, ustekinumab-aekn (Selarsdi), 1 mg
Q9999	Injection, ustekinumab-aaaz (otulfi), biosimilar, 1 mg
S0013	Esketamine, nasal spray, 1 mg

101 CMR 317.00: Medicine—Crosswalk

Deleted Code	Crosswalk to Newly Added Codes	Crosswalk to Existing Codes
91120	91124	
91122	91125	
92921		92920
92925		92924
92929	92930	92928
92934		92933
92938		92937
92975		93799
92977		93799
0121A	90480	
0141A	90480	
0142A	90480	
0151A	90480	
0171A	90480	
0172A	90480	
0173A	90480	
0174A	90480	

101 CMR 317.00: Medicine Rates

Code	Non-Facility Fee	Facility Fee	Global	Professional Component Fee	Technical Component Fee
90382			IC		
90480	\$18.23	\$7.58			
90481			IC		
90482	\$11.04	\$7.84			
90483	\$21.23	\$16.18			
90484	\$30.92	\$24.27			
90624			IC		
90631			IC		
90670			IC		
90679			IC		
91124			\$407.76	\$35.26	\$372.50
91125			\$215.28	\$64.35	\$150.93
92288			\$18.45	\$37.07	
92634			IC		
92635			IC		
92638			IC		
92642			IC		
92930			\$370.02		
92945			\$462.69		
93145	\$41.86	\$20.30			
93146	\$63.59	\$28.72			

Code	Non-Facility Fee	Facility Fee	Global	Professional Component Fee	Technical Component Fee
97007			\$1,352.00		
97008			\$7.92		
97009			\$5.06		
98979	\$20.26	\$8.29			
98984			\$37.73		
98985			\$31.88		
98986			IC		
99445			\$37.73		
99470	\$19.93	\$9.82			
J0172			IC		
J0287			IC		
J0681			IC		
J1742			IC		
J2545			IC		
J3389			IC		
J8565			IC		
J9184			IC		
J9282			IC		
Q0161			IC		
Q0180			IC		
Q4101			IC		
Q4102			IC		

Code	Non-Facility Fee	Facility Fee	Global	Professional Component Fee	Technical Component Fee
Q4103			IC		
Q4104			IC		
Q4107			IC		
Q4108			IC		
Q4110			IC		
Q4121			IC		
Q4132			IC		
Q4133			IC		
Q4151			IC		
Q4159			IC		
Q4161			IC		
Q4163			IC		
Q4164			IC		
Q4196			IC		
Q4186			IC		
Q4187			IC		
Q4199			IC		
Q4252			IC		
Q4253			IC		

101 CMR 318.00: Radiology—Added Codes

Code	Description
70471	Computed tomographic angiography (CTA), head and neck, with contrast material(s), including noncontrast images, when performed, and image postprocessing
70472	Computed tomographic (CT) cerebral perfusion analysis with contrast material(s), including image postprocessing performed with concurrent CT or CT angiography of the same anatomy (list separately in addition to code for primary procedure)
70473	Computed tomographic (CT) cerebral perfusion analysis with contrast material(s), including image postprocessing performed without concurrent CT or CT angiography of the same anatomy
75577	Quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, derived from augmentative software analysis of the data set from a coronary computed tomographic angiography, with interpretation and report by a physician or other qualified health care professional
77436	Surface radiation therapy; superficial or orthovoltage, treatment planning and simulation-aided field setting
77437	Surface radiation therapy; superficial, delivery, =150 kV, per fraction (e.g., electronic brachytherapy)
77438	Surface radiation therapy; orthovoltage, delivery, >150-500 kV, per fraction
77439	Surface radiation therapy; superficial or orthovoltage, image guidance, ultrasound for placement of radiation therapy fields for treatment of cutaneous tumors, per course of treatment (list separately in addition to code for primary procedure)

101 CMR 318.00: Radiology—Deleted Codes

Code	Description
75842	Venography, adrenal, bilateral, selective, radiological supervision and interpretation
75956	Endovascular repair of descending thoracic aorta (e.g., aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin, radiological supervision and interpretation

Code	Description
75957	Endovascular repair of descending thoracic aorta (e.g., aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); not involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin, radiological supervision and interpretation
75958	Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta (e.g., aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption), radiological supervision and interpretation
75959	Placement of distal extension prosthesis(s) (delayed) after endovascular repair of descending thoracic aorta, as needed, to level of celiac origin, radiological supervision and interpretation
77014	Computed tomography guidance for placement of radiation therapy fields
77385	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; simple
77386	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; complex
77401	Radiation treatment delivery, superficial and/or ortho voltage, per day

101 CMR 318.00: Radiology—Crosswalk

Deleted Code	Crosswalk to Newly Added Codes	Crosswalk to Existing Codes
77014		77387
77385		77402, 77407, 77412
77386		77402, 77407, 77412
77401	77436, 77437, 77438, 77439	

101 CMR 318.00: Radiology Rates

Code	Non-Facility Fee	Facility Fee	Global	Professional Component Fee	Technical Component Fee
70471			\$293.70	\$87.61	\$206.09
70472			\$122.44	\$26.95	\$95.49
70473			\$189.60	\$35.15	\$154.45
75577			\$811.47	\$30.83	\$780.65
77436			\$61.89	\$31.34	\$30.54
77437			\$94.69		
77438			\$95.76		
77439			\$12.10		



EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES
COMMONWEALTH OF MASSACHUSETTS
OFFICE OF MEDICAID
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Administrative Bulletin 26-11

101 CMR 345.00: Rates for Temporary Nursing Services

Effective April 24, 2026

Issuance of the Fiscal Year (FY) 2025 Temporary Nursing Services Cost Report, with Submission Deadline of June 1, 2026

Purpose and Reporting Period

In accordance with 101 CMR 345.05(1): *Temporary Nursing Service Cost Report*, the Executive Office of Health and Human Services (EOHHS) is issuing an administrative bulletin to inform temporary nursing agencies of issuance of the FY 2025 Temporary Nursing Services Cost Report. Temporary Nursing Services (TNS) agencies registered in Massachusetts must complete and file their FY 2025 TNS Cost Report by June 1, 2026. Agencies must also submit copies of financial statements and other external documentation supporting the accuracy of the data reported on the cost report.

The FY 2025 TNS Cost Report was deployed by the Center for Health Information and Analysis (CHIA) on April 1, 2026, and the deadline for agencies to complete and submit their cost reports is June 1, 2026.

The Cost Report Excel template, detailed instructions, and FAQs for filing agencies can also be accessed online at <https://www.chiamass.gov/tns>.

Exempt Temporary Nursing Agencies

An agency that meets any of the following criteria may request an exemption from filing:

- The agency was in business for less than 6 months during its FY 2025.
- The agency was owned by the current owner for less than 6 months during its FY 2025.
- The agency did not have any Massachusetts TNS business during its FY 2025.

- The agency only employed fixed-term employees as defined in 101 CMR 345.00: *Rates for Temporary Nursing Services*, during the cost report year.

If you believe the agency is exempt from filing for any of the above reasons, you must request an exemption using the FY 2025 TNS Exemption Request Form, available as a Word document at <https://www.chiamass.gov/tns>. Email the completed form to tnscostreports@chiamass.gov.

Requirements for Temporary Nursing Agencies Employing Only Fixed-Term Employees

In accordance with 101 CMR 345.05(1)(b), temporary nursing agencies that employed only fixed-term employees in FY 2025 must file a certified or audited financial statement using the process for submitting a TNS Cost Report provided above, which is due no later than the submission due date of the TNS Cost Report provided above.

Failure to File TNS Cost Report

In accordance with 101 CMR 345.05(6): *Failure to File Information*, a TNS agency that fails to submit timely and complete TNS Cost Report information may be subject to revocation of its registration as a TNS agency. An agency that is not registered, or whose registration has been revoked, may not provide Temporary Nursing Services in Massachusetts



EXECUTIVE OFFICE OF HEALTH AND HUMAN
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Administrative Bulletin 26-10

114.1 CMR 41.00: Rates of Payment for Services Provided to Industrial Accident Patients by Hospitals

Effective January 1, 2026

Publication of Payment on Account Factors for Hospital Services

The Executive Office of Health and Human Services (EOHHS), pursuant to 114.1 CMR 41.05(1) and (3) and in accordance with Section 123 of Chapter 224 of the Acts of 2012, is publishing the Payment on Account Factors (PAFs) for acute and non-acute hospital services provided to industrial accident patients, effective January 1, 2026. The PAFs were computed using data from each hospital's most recently completed cost report fiscal year.

The application of the PAFs to all billed charges payable pursuant to 114.1 CMR 41.00 results in the payment of the average percentage of charges paid by the private sector to each hospital for its services. This payment calculation shall be deemed to meet the test of reasonable cost of medical services prescribed by M.G.L. c. 152, the Workers' Compensation Act. No lesser amount will be paid unless agreed to by the provider, insurer, and employer.

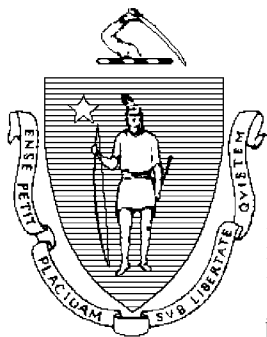
Below are the PAFs for acute and non-acute hospital services provided on or after January 1, 2026.

Acute Hospitals	PAF
Anna Jaques Hospital	45.32%
Athol Memorial Hospital	35.56%
Baystate Franklin Medical Center	43.23%
Baystate Medical Center	53.30%
Baystate Noble Hospital	43.87%
Baystate Wing Hospital	44.89%
Berkshire Medical Center	58.49%

Acute Hospitals	PAF
Beth Israel Deaconess Hospital - Milton	46.87%
Beth Israel Deaconess Hospital - Needham	52.31%
Beth Israel Deaconess Hospital - Plymouth	48.87%
Beth Israel Deaconess Medical Center	54.97%
Boston Medical Center	40.13%
Brigham and Women's Faulkner Hospital	43.98%
Brigham and Women's Hospital	42.40%
Cambridge Health Alliance	46.29%
Cape Cod Hospital	64.98%
Cooley Dickinson Hospital	52.75%
Dana-Farber Cancer Institute	43.09%
Emerson Hospital	45.26%
Fairview Hospital	61.91%
Falmouth Hospital	60.06%
Harrington Memorial Hospital	30.96%
HealthAlliance Clinton	30.15%
Heywood Hospital	43.71%
Holyoke Medical Center	38.13%
Lahey Health - Winchester Hospital	50.63%
Lahey Hospital and Medical Center	55.86%
Lawrence General Hospital	50.73%
Lowell General Hospital	45.09%
Marlborough Hospital	34.66%
Martha's Vineyard Hospital	72.38%
Massachusetts General Hospital	43.35%
Melrose Wakefield Hospital	51.87%
Mercy Medical Center	48.74%
MetroWest Medical Center	21.06%
Milford Regional Medical Center	54.66%
Morton Hospital - A Steward Family Hospital Inc.	56.62%
Mount Auburn Hospital	58.19%
Nantucket Cottage Hospital	65.24%
Nashoba Valley Medical Center - A Steward Family Hospital Inc.	47.61%
New England Baptist Hospital	71.20%
Newton-Wellesley Hospital	43.64%
North Adams Regional Hospital	52.70%
North Shore Medical Center	43.64%
Northeast Hospital	41.53%
Saint Vincent Hospital	23.59%
Signature Healthcare Brockton Hospital	35.98%

Acute Hospitals	PAF
South Shore Hospital	61.44%
Southcoast Hospitals Group	43.06%
Steward Carney Hospital Inc.	72.83%
Steward Good Samaritan Medical Center	49.81%
Steward Holy Family Hospital Inc.	48.16%
Steward Norwood Hospital Inc.	36.47%
Steward Saint Anne's Hospital Inc.	47.47%
Steward St. Elizabeth's Medical Center	55.99%
Sturdy Memorial Hospital	67.13%
Tufts Medical Center	51.04%
UMass Memorial Medical Center	39.22%
Acute Hospital Median PAF for Out-of-State and New Hospitals	47.54%

Non-acute Hospitals	PAF
Curahealth Stoughton	52.43%
Encompass Braintree Rehabilitation Hospital	49.05%
Encompass New England Rehabilitation Hospital	58.68%
Encompass Rehabilitation Hospital of Western Massachusetts	55.73%
Fairlawn Rehabilitation Hospital, an affiliate of Encompass Health	65.71%
Spaulding Hospital - Cambridge	48.09%
Spaulding Rehabilitation Hospital - Boston	43.87%
Spaulding Rehabilitation Hospital - Cape Cod	41.36%
Whittier Rehabilitation Hospital - Bradford	46.71%
Whittier Rehabilitation Hospital - Westborough	58.47%
Nonacute Hospital Median PAF for Out-of-State and New Hospitals	50.74%



THE COMMONWEALTH OF MASSACHUSETTS

Secretary of the Commonwealth - William Francis Galvin

NOTICES OF PUBLIC REVIEW OF PROSPECTIVE REGULATIONS PUBLISHED IN COMPLIANCE WITH M.G.L. c. 30A, §§ 2 AND 3

May 8, 2026

Fisheries & Wildlife, Division of	321 CMR 4.00	5/18/26 @ 6:00 P.M. Written comments accepted until 6/1/26 by 5:00 P.M.
Gaming Commission, Massachusetts	205 CMR 138.00 & 248.00	5/19/26 @ 9:30 A.M. Written comments accepted until 5/18/26 by 5:00 P.M.
Health and Human Services, Executive Office of	101 CMR 423.00 & 425.00	5/15/26 @ 9:30 A.M. (425.00) & 10:00 A.M. (423.00). Written testimony accepted until 5/15/26 by 5:00 P.M.
Marine Fisheries, Division of	322 CMR 6.00	5/19/26 @ 6:00 P.M. Written comment accepted until 5/22/26 by 5:00 P.M.
Medical Assistance, Division of	130 CMR 419.000	5/15/26 @ 12:00 P.M. Written testimony accepted until 5/15/26 by 5:00 P.M.
Public Utilities, Department of	220 CMR 274.00, 275.00, 276.00 & 277.00	6/8/26 @ 10:00 A.M., 6/11/26 @ 2:00 P.M.; Technical Session: 6/22/26 @ 10:00 A.M. Anticipate providing comments notice by 5/29/26. Written comments accepted until 6/1/26 by 5:00 P.M. Reply written comments accepted until 6/2/26 by 5:00 P.M.
State Lottery Commission	961 CMR 2.00	5/21/26 @ 11:00 A.M. Written comments received until 5/22/26 by 4:00 P.M.



DIVISION OF FISHERIES & WILDLIFE

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MASSWILDLIFE

COMMONWEALTH OF MASSACHUSETTS
DIVISION OF FISHERIES AND WILDLIFE
PUBLIC HEARING NOTICE
321 CMR 4.01

In accordance with M.G.L., Ch. 131, Sec. 5 and Ch. 30A, Sec. 2, NOTICE is hereby given that the Mass. Division of Fisheries and Wildlife will hold a public hearing on proposed regulatory amendments to 321 CMR 4.01 Taking of Certain Fish in Massachusetts, on Monday, May 18, 2026, at 6:00 p.m., via a Zoom video webinar with the Hearing Officer and MassWildlife staff, with the public joining via computer or phone line. The proposed amendments will simplify trout fishing regulations, revise American Eel regulations, and refine the definition of possession.

The proposed regulatory amendments relative to 321 CMR 4.01 and the link to register in advance to join the Zoom webinar are posted at Mass.gov/MassWildlife/Hearings, so that interested persons can review the proposed regulations and provide written comments prior to the hearing or oral comments during the virtual hearing.

Written public comments will be accepted until Monday, June 1, 2026, 5:00 p.m., via an online comment form; a link to the form can be found in the notice on the public hearings page given above.

Please see Mass.gov/MassWildlife/Hearings to find the address to submit comments by mail, to request reasonable accommodations for a disability, or to find information on real-time language interpretation offered at this hearing.

Everose Schlüter, Ph.D.
Director

MASSWILDLIFE

Small Business Impact Statement

(As required by M.G.L. c. 30A §§ 2, 3 & 5)

CMR No.: 321 CMR 4.00: Fishing

Estimate of the Number of Small Businesses Impacted by the Regulation: 0

Select Yes or No and Briefly Explain

Yes ☐	No ☒	Will small businesses have to create, file, or issue additional reports?
Yes ☐	No ☒	Will small businesses have to implement additional recordkeeping procedures?
Yes ☐	No ☒	Will small businesses have to provide additional administrative oversight?
Yes ☐	No ☒	Will small businesses have to hire additional employees in order to comply with the proposed regulation?
Yes ☐	No ☒	Does compliance with the regulation require small businesses to hire other professionals (e.g. a lawyer, accountant, engineer, etc.)?
Yes ☐	No ☒	Does the regulation require small businesses to purchase a product or make any other capital investments in order to comply with the regulation?
Yes ☐	No ☒	Are performance standards more appropriate than design/operational standards to accomplish the regulatory objective? (Performance standards express requirements in terms of outcomes, giving the regulated party flexibility to achieve regulatory objectives and design/operational standards specify exactly what actions regulated parties must take.)
Yes ☐	No ☒	Do any other regulations duplicate or conflict with the proposed regulation?
Yes ☐	No ☒	Does the regulation require small businesses to cooperate with audits, inspections or other regulatory enforcement activities?
Yes ☐	No ☒	Does the regulation require small businesses to provide educational services to keep up to date with regulatory requirements?
Yes ☐	No ☒	Is the regulation likely to <i>deter</i> the formation of small businesses in Massachusetts?

Yes ☐	No ☒	Is the regulation likely to <i>encourage</i> the formation of small businesses in Massachusetts?
Yes ☐	No ☒	Does the regulation provide for less stringent compliance or reporting requirements for small businesses?
Yes ☐	No ☒	Does the regulation establish less stringent schedules or deadlines for compliance or reporting requirements for small businesses?
Yes ☐	No ☒	Did the agency consolidate or simplify compliance or reporting requirements for small businesses?
Yes ☐	No ☒	Can performance standards for small businesses replace design or operational standards without hindering delivery of the regulatory objective?
Yes ☐	No ☒	Are there alternative regulatory methods that would minimize the adverse impact on small businesses?



Notice of Public Hearing

Notice is hereby provided that in accordance with G.L. c. 30A, § 2, the Massachusetts Gaming Commission (“Commission”) will convene a public hearing for purposes of gathering comments, ideas, and information relative to the proposed adoption of regulations. The regulations were promulgated pursuant to G.L. c. 23K, §§ 4(28) and 25(d) and G.L. c. 23N, § 4 as part of the Commission’s regulatory process, and concern the following regulations:

205 CMR 138.69: *Entertainment, Filming or Photography within the Gaming Area*

The proposed amendments would permit the gaming licensee to engage in or permit a wide range of activities involving entertainment, filming or photography, if such is outlined in their internal controls and approved by the IEB and Executive Director, while requiring the imposition of a series of limitations intended to protect patrons and uphold the integrity of gaming operations. The section is further being amended to add additional requirements regarding notice to the Commission of such activities.

205 CMR 248.12: *Account Withdrawals*

The proposed amendment to 205 CMR 248.12 would require operators to pay the patrons’ withdrawal via check if it is not technologically feasible to pay the funds in the manner in which the funds were deposited.

Scheduled hearing date and time:

Tuesday, May 19, 2026, at 9:30 AM EST

Pursuant to chapter 2 of the session acts of 2025, Governor Healey extended a limited relief from certain provisions of the Open Meeting Law to protect the health and safety of the public and individuals interested in attending public meetings during the global Coronavirus pandemic. In keeping with the guidance provided, the Commission will conduct this hearing utilizing remote collaboration technology.

**MICROSOFT TEAMS MEETING ID: 229 677 208 625 80 PASSCODE: tR7t3i8N
DIAL IN BY PHONE: (213) 631-9908 PHONE CONFERENCE ID: 924 199 313#**

A complete copy of the draft regulations referenced above may be downloaded by visiting www.massgaming.com, clicking on ‘Regulations and Compliance’ and selecting the ‘[Proposed Rulemaking](#)’ section. Anyone wishing to offer comments can email Jenna.Hentoff@massgaming.gov and request the virtual hearing link to appear and speak. Alternatively, written comments may also be submitted to the same email address with ‘Regulation Comment’ in the subject line. **Written comments must be received by 5:00 PM EST on May 18, 2026.**

Additionally, please find the Small Business Impact Statement in accordance with M.G.L. c. 30A, § 2 attached.

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Massachusetts Gaming Commission



SMALL BUSINESS IMPACT STATEMENT

The Massachusetts Gaming Commission (“Commission”) hereby files this Small Business Impact Statement in accordance with G.L. c. 30A, §2 relative to the proposed amendments to **205 CMR 138: Uniform Standards of Accounting Procedures and Internal Controls, specifically 205 CMR 138.69: Entertainment, Filming or Photography within the Gaming Area**. This regulation was developed as part of the process of promulgating regulations governing gaming in the Commonwealth. The amendments to the regulation govern the ability of gaming establishments to engage in or permit entertainment, filming and photography in the gaming area. The regulation amendments are authorized by G.L. c. 23K, §§ 4(28) and 25(d).

The regulation amendments apply directly to licensed gaming establishments in the Commonwealth. Accordingly, these proposed amendments are not likely to have an impact on small businesses. In accordance with G.L. c. 30A, § 2, the Commission offers the following responses:

1. Estimate of the number of small businesses subject to the proposed regulation:

While the amendments to this regulation will allow a gaming licensee to permit an individual, who may be operating as a small business, to engage in the covered activities, the gaming licensee is specifically governed by and required to comply with this regulation. Therefore, there are no small businesses that would be directly impacted by the amendments to this regulation.

2. State the projected reporting, recordkeeping and other administrative costs required for compliance with the proposed regulation:

There are no projected reporting, recordkeeping and other administrative costs created by the amendments to this regulation that would affect small businesses.

3. State the appropriateness of performance standards versus design standards:

The amendments to this regulation utilize performance standards to ensure licensee compliance with the requirements outlined in the regulation.

4. Identify regulations of the promulgating agency, or of another agency or department of the commonwealth, which may duplicate or conflict with the proposed regulation:



There are no conflicting regulations in 205 CMR, and the Commission is unaware of any conflicting or duplicating regulations of any other agency or department of the Commonwealth.

5. State whether the proposed regulation is likely to deter or encourage the formation of new businesses in the commonwealth:

The amendments to this regulation are unlikely to deter or encourage the formation of new businesses in the Commonwealth.

Massachusetts Gaming Commission
By:

/s/ Jenna Hentoff
Jenna Hentoff
Deputy General Counsel

Dated: April 9, 2026





SMALL BUSINESS IMPACT STATEMENT

The Massachusetts Gaming Commission (“Commission”) hereby files this Small Business Impact Statement in accordance with G.L. c. 30A, §2, relative to the proposed amendment to **205 CMR 248.00: *Sports Wagering Account Management***, specifically **205 CMR 248.12: *Account Withdrawals***. The regulation amendment is authorized by MGL c. 23N, § 4.

This regulation is being promulgated as part of the process of updating regulations governing sports wagering in the Commonwealth. It sets forth the account management requirements regarding account withdrawals.

The proposed amendment to 205 CMR 248.12 applies to entities licensed by the Commission under G.L. c. 23N. Accordingly, this regulation is unlikely to have an impact on small businesses. Under G.L. c. 30A, §2, the Commission offers the following responses to the statutory questions:

1. Estimate of the number of small businesses subject to the proposed regulation:

Small businesses are unlikely to be subject to this regulation.

2. State the projected reporting, recordkeeping, and other administrative costs required for compliance with the proposed regulation:

There are no projected reporting, recordkeeping, or other administrative costs required for small businesses to comply with this regulation.

3. State the appropriateness of performance standards versus design standards:

The standards set forth are design standards to encourage uniformity.

4. Identify regulations of the promulgating agency, or of another agency or department of the Commonwealth, which may duplicate or conflict with the proposed regulation:

There are no conflicting regulations in 205 CMR, and the Commission is unaware of any conflicting or duplicating regulations of any other agency or department of the Commonwealth.

5. State whether the proposed regulation is likely to deter or encourage the formation of new businesses in the Commonwealth:



This amendment is unlikely to have any impact on the formation of new businesses in the Commonwealth.

Massachusetts Gaming Commission
By:

/s/ Autumn Birarelli
Autumn Birarelli, Staff Attorney

Dated: April 9, 2026



**Commonwealth of Massachusetts
Executive Office of Health and Human Services**

NOTICE OF PUBLIC HEARING

Under the authority of M.G.L. c. 118E and in accordance with M.G.L. c. 30A, the Executive Office of Health and Human Services (EOHHS) will hold a remote public hearing on Friday, May 15, 2026, at the respective times listed below relative to the adoption of amendments to the following regulations.

Pursuant to M.G.L. Chapter 118E, Section 13D (f/k/a Chapter 257 of the Acts of 2008), EOHHS is required to establish by regulation and biennially review rates to be paid by governmental units to providers of social service programs. In accordance with this requirement, the rates for young parent support services and in-home basic living supports are being updated to include an increase by a cost adjustment factor (CAF) of 3.00%. The CAF was determined by using baseline and prospective Massachusetts Economic Indicator data from IHS Economics – Fall 2025 Forecast, baseline scenario data. The CAF reflects the period between the rates' base period (calendar year 2026 Q2) and the prospective period of fiscal years 2027 and 2028. The rates for these services have been updated with the weighted average expenses from the FY24 Uniform Financial Statements and Independent Auditor's Reports (UFRs) for services' programmatic costs where applicable. Staff salaries have been benchmarked to the Massachusetts Bureau of Labor Statistics (BLS) median wages as dated May 2024 at the 53rd percentile. The tax and fringe rate has been benchmarked to 24.97% and the administrative allocation has been benchmarked to 12%. The increase in spending in FY27 will be covered through the Chapter 257 Reserve Account.

The proposed regulations contain rates effective for dates of service on or after July 1, 2026. There is no fiscal impact on cities and towns.

1. 9:30 a.m.: 101 CMR 425.00: Rates for Certain Young Parent Support Programs

101 CMR 425.00 governs the payment rates for certain young parent support programs provided to publicly aided individuals by governmental units. These services are purchased by the Department of Transitional Assistance.

The total annualized cost to state government from the increase in rates amended by this regulation is \$330,178, which represents an increase of approximately 6.63% over FY25 spending of approximately \$4.98 million.

2. 10:00 a.m.: 101 CMR 423.00: Rates for Certain In-Home Basic Living Supports

101 CMR 423.00 governs the rates paid by governmental units for certain in-home basic living supports provided to publicly aided individuals. Services with rates established by this regulation are purchased by the Department of Developmental Services, the Massachusetts Commission for the Blind, and MassAbility.

The regulation is also being amended to include an assistive technology rate to help programs monitor staffing and clients remotely. At the same time, as requested by the Department of Developmental Services and agreed to by the other agencies, the number of rates is being reduced from 11 to four to improve cost utilizations.

The total estimated annualized cost to state government from the increase in rates established by this proposed amendment is \$8.2 million, which represents an increase of 8.53% over FY25 spending of approximately \$96.38 million.

To register to testify at the hearings and to get instructions on how to join the hearings online, go to www.mass.gov/info-details/executive-office-of-health-and-human-services-public-hearings. To join the hearings by phone, call (646) 558-8656 and enter meeting ID 935 397 8200# when prompted.

You may also submit written testimony instead of, or in addition to, live testimony. To submit written testimony, please email your testimony to ehs-regulations@mass.gov as an attached Word or PDF document or as text within the body of the email with the name of the regulation in the subject line. All written testimony must include the sender's full name, mailing address, and organization or affiliation, if any. Individuals who are unable to submit testimony by email should mail written testimony to EOHHS, c/o D. Briggs, 100 Hancock Street, 6th Floor, Quincy, MA 02171. Written testimony will be accepted through 5:00 p.m. on Friday, May 15, 2026. EOHHS specifically invites comments as to how the amendments may affect beneficiary access to care for MassHealth-covered services.

To review the current drafts of the proposed regulations, go to www.mass.gov/info-details/executive-office-of-health-and-human-services-public-hearings or request a copy in writing from MassHealth Publications, 100 Hancock Street, 6th Floor, Quincy, MA 02171. To view or download related supporting materials, go to www.mass.gov/info-details/proposed-regulations-supporting-materials.

Special accommodation requests may be directed to the Disability Accommodations Ombudsman by email at ADAAccommodations@mass.gov or by phone at (617) 847-3468 (TTY: (617) 847-3788 for people who are deaf, hard of hearing, or speech disabled). Please allow two weeks to schedule sign language interpreters.

EOHHS may adopt a revised version of the proposed regulations taking into account relevant comments and any other practical alternatives that come to its attention.

In case of inclement weather or other emergency, hearing cancellation announcements will be posted on the MassHealth website at www.mass.gov/info-details/executive-office-of-health-and-human-services-public-hearings.

April 24, 2026

Small Business Impact Statement

(As required by M.G.L. c. 30A §§ 2, 3 & 5)

CMR No and Title: 101 CMR 423.00: Rates for Certain In-Home Basic Living Supports

Estimate of the Number of Small Businesses Impacted by the Regulation: 168

Write Yes or No	Explain Briefly
No	Will small businesses have to create, file, or issue additional reports? No. Small businesses will not have to create, file, or issue additional reports as a result of the proposed regulation.
No	Will small businesses have to implement additional recordkeeping procedures? No. Small businesses will not have additional responsibilities to keep records as a result of the proposed regulation.
No	Will small businesses have to provide additional administrative oversight? No. Small businesses are not required by this regulation to provide additional administration oversight as a result of the proposed regulation.
No	Will small businesses have to hire additional employees in order to comply with the proposed regulation? No. This regulation does not require small businesses to hire additional employees to remain in compliance.
No	Does compliance with the regulation require small businesses to hire other professionals (e.g. a lawyer, accountant, engineer, etc.)? No. Small businesses are not required by this regulation to hire other professionals.
No	Does the regulation require small businesses to purchase a product or make any other capital investments in order to comply with the regulation? No. This regulation does not require small businesses to purchase any particular product or make any capital investments.
No	Are performance standards more appropriate than design/operational standards to accomplish the regulatory objective? (Performance standards express requirements in terms of outcomes, giving the regulated party flexibility to achieve regulatory objectives and design/operational standards specify exactly what actions regulated parties must take.) No. The regulation is required by statute under M.G.L. Chapter 118E, Section 13D, and establishes the rates to be paid by governmental units to providers of certain social service programs.
No	Do any other regulations duplicate or conflict with the proposed regulation? No regulations duplicate or conflict with this regulation.
Yes	Does the regulation require small businesses to cooperate with audits, inspections or other regulatory enforcement activities? Yes. The regulation requires providers to periodically file cost data to enable EOHHS to develop rates for certain social service programs. This cost reporting requirement is applied uniformly to all providers to enable EOHHS to develop accurate rates that reflect cost data from all providers.
No	Does the regulation require small businesses to provide educational services to keep up to date with regulatory requirements? No. This regulation does not require small businesses to provide educational services to keep up to date with the regulatory requirements.
No	Is the regulation likely to <i>deter</i> the formation of small businesses in Massachusetts? No. The regulation is not likely to deter or encourage the formation of small businesses in Massachusetts as this regulation establishes rates by which providers of certain social service programs are to be paid when services are purchased by governmental units.
No	Is the regulation likely to <i>encourage</i> the formation of small businesses in Massachusetts? No. The regulation is not likely to deter or encourage the formation of small businesses in Massachusetts as this regulation establishes rates by which providers of certain social service programs are to be paid when services are purchased by governmental units.

Write Yes or No	Explain Briefly
No	Does the regulation provide for less stringent compliance or reporting requirements for small businesses? No. The regulation contains requirements to report cost data to EOHHS to enable EOHHS to develop rates for certain social services. This cost reporting requirement is applied uniformly to all providers to enable EOHHS to develop accurate rates that reflect cost data from all providers.
No	Does the regulation establish less stringent schedules or deadlines for compliance or reporting requirements for small businesses? No. The regulation contains requirements to report cost data to EOHHS to enable EOHHS to develop rates for certain social services. The time frame for cost reporting is applied uniformly to all providers to enable EOHHS to timely develop accurate rates that reflect cost data from all providers.
No	Did the agency consolidate or simplify compliance or reporting requirements for small businesses? No. The agency did not consolidate or simplify compliance or reporting requirements for small businesses. The requirement to report cost data to EOHHS is applied uniformly to enable EOHHS to timely develop accurate rates that reflect cost data from all providers.
No	Can performance standards for small businesses replace design or operational standards without hindering delivery of the regulatory objective? No. The establishment of rates for certain social service providers by regulation is a statutory requirement under M.G.L. Chapter 118E, Section 13D.
No	Are there alternative regulatory methods that would minimize the adverse impact on small businesses? No. The regulation does not have an adverse impact on small businesses. The regulation establishes rates by which certain social service providers are to be paid when services are purchased by governmental units. The establishment of rates for these social services by regulation is a statutory requirement under M.G.L. Chapter 118E, Section 13D.

Small Business Impact Statement

(As required by M.G.L. c. 30A §§ 2, 3 & 5)

CMR No and Title: 101 CMR 425.00: Rates for Certain Young Parent Support Programs

Estimate of the Number of Small Businesses Impacted by the Regulation: 14

Write Yes or No	Explain Briefly
No	Will small businesses have to create, file, or issue additional reports? No. Small businesses will not have to create, file, or issue additional reports as a result of the proposed amendments to this regulation.
No	Will small businesses have to implement additional recordkeeping procedures? No. Small businesses will not have additional responsibilities to keep records as a result of the proposed amendments to this regulation.
No	Will small businesses have to provide additional administrative oversight? No. Small businesses are not required by this regulation to provide additional administrative oversight as a result of the proposed amendments to this regulation.
No	Will small businesses have to hire additional employees in order to comply with the proposed regulation? No. This regulation does not require small businesses to hire additional employees to remain in compliance.
No	Does compliance with the regulation require small businesses to hire other professionals (e.g. a lawyer, accountant, engineer, etc.)? No. Small businesses are not required by this regulation to hire other professionals.
No	Does the regulation require small businesses to purchase a product or make any other capital investments in order to comply with the regulation? No. This regulation does not require small businesses to purchase any particular product or make any capital investments.
No	Are performance standards more appropriate than design/operational standards to accomplish the regulatory objective? (Performance standards express requirements in terms of outcomes, giving the regulated party flexibility to achieve regulatory objectives and design/operational standards specify exactly what actions regulated parties must take.) No. The regulation is required by statute under M.G.L. Chapter 118E, Section 13D and establishes the rates to be paid by governmental units to providers of certain social service programs.
No	Do any other regulations duplicate or conflict with the proposed regulation? No regulations duplicate or conflict with this regulation.
Yes	Does the regulation require small businesses to cooperate with audits, inspections or other regulatory enforcement activities? Yes. The regulation requires providers to periodically file cost data to enable EOHHS to develop rates for certain social service programs. The requirement to report cost data to EOHHS is applied uniformly to enable EOHHS to timely develop accurate rates that reflect cost data from all providers.
No	Does the regulation require small businesses to provide educational services to keep up to date with regulatory requirements? No. This regulation does not require small businesses to provide educational services to keep up to date with the regulatory requirements. The requirement to report cost data to EOHHS is applied uniformly to enable EOHHS to timely develop accurate rates that reflect cost data from all providers.
No	Is the regulation likely to <i>deter</i> the formation of small businesses in Massachusetts? No. The regulation is not likely to deter or encourage the formation of small businesses in Massachusetts as this regulation establishes rates by which providers of certain social service programs are to be paid when services are purchased by governmental units.
No	Is the regulation likely to <i>encourage</i> the formation of small businesses in Massachusetts?

Write Yes or No	Explain Briefly
	No. The regulation is not likely to deter or encourage the formation of small businesses in Massachusetts as this regulation establishes rates by which providers of certain social service programs are to be paid when services are purchased by governmental units.
No	Does the regulation provide for less stringent compliance or reporting requirements for small businesses? No. The regulation contains requirements to report cost data to EOHHS to enable EOHHS to develop rates for certain social services. This cost reporting requirement is applied uniformly to all providers to enable EOHHS to develop accurate rates that reflect cost data from all providers.
No	Does the regulation establish less stringent schedules or deadlines for compliance or reporting requirements for small businesses? No. The regulation contains requirements to report cost data to EOHHS to enable EOHHS to develop rates for certain social services. The time frame for cost reporting is applied uniformly to all providers to enable EOHHS to timely develop accurate rates that reflect cost data from all providers.
No	Did the agency consolidate or simplify compliance or reporting requirements for small businesses? No. The agency did not consolidate or simplify compliance or reporting requirements for small businesses. The requirement to report cost data to EOHHS is applied uniformly to enable EOHHS to timely develop accurate rates that reflect cost data from all providers.
No	Can performance standards for small businesses replace design or operational standards without hindering delivery of the regulatory objective? No. The establishment of rates for certain social service providers by regulation is a statutory requirement under M.G.L. Chapter 118E, Section 13D.
No	Are there alternative regulatory methods that would minimize the adverse impact on small businesses? No. The regulation does not have an adverse impact on small businesses. The regulation establishes rates by which certain social service providers are to be paid when services are purchased by governmental units. The establishment of rates for these social services by regulation is a statutory requirement under M.G.L. Chapter 118E, Section 13D.



The Commonwealth of Massachusetts
Division of Marine Fisheries
(617) 626-1520 | mass.gov/MarineFisheries



Maura T. Healey
Governor

Kimberly Driscoll
Lt. Governor

Rebecca L. Tepper
Secretary

Thomas K. O'Shea
Commissioner

Daniel J. McKiernan
Director

April 24, 2026

Notice of Public Hearing and Comment Period:

Recreational Black Sea Bass, Recreational Gulf of Maine Haddock, and Commercial and Recreational Atlantic Mackerel Limits

Under the provisions of G.L. c. 30A, and pursuant to the authorities found at G.L. c. 130, §§ 17A and 21, the Division of Marine Fisheries (DMF) is taking public comment on a series of recently enacted emergency regulations at 322 CMR 6.00. These emergency regulations set the Commonwealth's recreational fishing limits for black sea bass and Gulf of Maine haddock and commercial and recreational limits for Atlantic mackerel consistent with recent actions taken by the Atlantic States Marine Fisheries Commission and the New England and Mid-Atlantic Fishery Management Councils. Full text of the regulations may be found on [DMF's website](#) along with additional background information.

Schedule for Public Comment Period and Hearing

DMF will accept written public comment through 5PM on Friday, May 22, 2026. Please submit written comments by email to marine.fish@mass.gov to the attention of Director McKiernan. DMF will also host a virtual public hearing on Tuesday, May 19, 2026 at 6PM. To attend this virtual public hearing, please register [here](#).

Public Hearing Proposals

1. Recreational Gulf of Maine Haddock (322 CMR 6.03). Reduce the size limit from 18" to 17". The existing open season (April 1–February 28) and bag limit (15-fish per angler) are maintained.
2. Recreational Black Sea Bass (322 CMR 6.28). Establish an open fishing season of May 16 through October 14 with a per angler bag limit of 4 fish during May 16–August 31 and 2 fish during September 1–October 14, and a minimum size of 16".
3. Atlantic Mackerel (322 CMR 6.44).
 - a. Increase the recreational per angler bag limit from 20 fish to 50 fish for anglers onboard a for-hire vessel during a for-hire trip and 25 fish for all other anglers.
 - b. Increase the commercial possession limit from 5,000 pounds reduced to 2,500 pounds when 80% of quota is taken to: 20,000 pounds reduced to 5,000 pounds when 1,100

metric tons of the quota remains and 2,500 pounds when 220 metric tons of the quota remains.

Small Business Impact Statement <i>(As required by M.G.L. c. 30A §§ 2, 3 & 5)</i>		
CMR No.: 322 CMR 6.00		
Estimate of the Number of Small Businesses Impacted by the Regulation: For 2025, DMF issued 895 for-hire permits and 2,522 Atlantic mackerel permits. Each of these permit holders represents a small business that may be impacted by these regulations.		
Select Yes or No and Briefly Explain		
Yes ☐	No ☒	Will small businesses have to create, file, or issue additional reports? This rule adjusts the state's fishing limits for recreational black sea bass, cod, haddock, and mackerel and commercial mackerel for the 2026 Fishing Year (May 1, 2026 – April 30, 2027). This will not result in additional paperwork or reporting.
Yes ☐	No ☒	Will small businesses have to implement additional recordkeeping procedures? This rule adjusts the state's fishing limits for recreational black sea bass, cod, haddock, and mackerel and commercial mackerel for the 2026 Fishing Year (May 1, 2026 – April 30, 2027). This will not result in additional record keeping.
Yes ☐	No ☒	Will small businesses have to provide additional administrative oversight? This rule adjusts the state's fishing limits for recreational black sea bass, cod, haddock, and mackerel and commercial mackerel for the 2026 Fishing Year (May 1, 2026 – April 30, 2027). This will not result in additional administrative oversight.
Yes ☐	No ☒	Will small businesses have to hire additional employees in order to comply with the proposed regulation? This rule adjusts the state's recreational fishing limits for recreational black sea bass, cod, haddock, and mackerel and commercial mackerel for the 2026 Fishing Year (May 1, 2026 – April 30, 2027). This will not result in having to hire additional employees for purposes of compliance.
Yes ☐	No ☒	Does compliance with the regulation require small businesses to hire other professionals (e.g. a lawyer, This rule adjusts the state's recreational fishing limits for recreational black sea bass, cod, haddock, and mackerel and commercial mackerel for the 2026 Fishing Year (May 1, 2026 – April 30, 2027). This will not result in having to hire professional services for purposes of compliance.
Yes ☐	No ☒	Does the regulation require small businesses to purchase a product or make any other capital investments in order to comply with the regulation? This rule adjusts the state's recreational fishing limits for recreational black sea bass, cod, haddock, and mackerel and commercial mackerel for the 2026 Fishing Year (May 1, 2026 – April 30, 2027). This will not require capital investment.

Yes ☐	No ☒	Are performance standards more appropriate than design/operational standards to accomplish the regulatory objective? (Performance standards express requirements in terms of outcomes, giving the regulated party flexibility to achieve regulatory objectives and design/operational standards specify exactly what actions regulated parties must take.) Not applicable. The prescribed regulations are designed to complement federal and interstate actions consistent with federal law at 16 U.S.C. 1856 and 16 U.S.C. 5100.
Yes ☐	No ☒	Do any other regulations duplicate or conflict with the proposed regulation? No. There are no other duplicative or conflicting state regulations.
Yes ☐	No ☒	Does the regulation require small businesses to cooperate with audits, inspections or other regulatory enforcement activities? All audits and inspections are done in accordance with M.G.L. c. 130. No additional inspections are required under this emergency amendment.
Yes ☐	No ☒	Does the regulation require small businesses to provide educational services to keep up to date with regulatory requirements? This rule adjusts the state's recreational fishing limits for recreational black sea bass, cod, haddock, and mackerel and commercial mackerel for the 2026 Fishing Year (May 1, 2026 – April 30, 2027). This will not result in having to provide educational services.
Yes ☐	No ☒	Is the regulation likely to <i>deter</i> the formation of small businesses in Massachusetts? Recreational fishing limits are one of a number of limiting factors that may impact the formation of new for-hire fishing businesses in Massachusetts. Accordingly, this action alone does not discourage or encourage the formation of new for-hire businesses.
Yes ☐	No ☒	Is the regulation likely to <i>encourage</i> the formation of small businesses in Massachusetts? Recreational fishing limits are one of a number of limiting factors that may impact the formation of new for-hire fishing businesses in Massachusetts. Accordingly, this action alone will not discourage or encourage the formation of new for-hire businesses.
Yes ☐	No ☒	Does the regulation provide for less stringent compliance or reporting requirements for small businesses?

		Not applicable. The prescribed regulations are designed to complement federal and interstate actions consistent with federal law at 16 U.S.C. 1856 and 16 U.S.C. 5100.
Yes ☐	No ☒	Does the regulation establish less stringent schedules or deadlines for compliance or reporting requirements for small businesses? Not applicable. The prescribed regulations are designed to complement federal and interstate actions consistent with federal law at 16 U.S.C. 1856 and 16 U.S.C. 5100.
Yes ☐	No ☒	Did the agency consolidate or simplify compliance or reporting requirements for small businesses? Not applicable. The prescribed regulations are designed to complement federal and interstate actions consistent with federal law at 16 U.S.C. 1856 and 16 U.S.C. 5100.
Yes ☐	No ☒	Can performance standards for small businesses replace design or operational standards without hindering delivery of the regulatory objective? Not applicable. The prescribed regulations are designed to complement federal and interstate actions consistent with federal law at 16 U.S.C. 1856 and 16 U.S.C. 5100.
Yes ☐	No ☒	Are there alternative regulatory methods that would minimize the adverse impact on small businesses? Not applicable. The prescribed regulations are designed to complement federal and interstate actions consistent with federal law at 16 U.S.C. 1856 and 16 U.S.C. 5100.

Division of Medical Assistance
Commonwealth of Massachusetts
Office of Medicaid

NOTICE OF PUBLIC HEARING

Under the authority of M.G.L. c. 6A, section 16 and in accordance with M.G.L. c. 30A, the Division of Medical Assistance (the Division) will hold a remote public hearing on Friday, 5/15/2026, at 12:00 p.m. relative to the adoption of amendments to the following regulation.

130 CMR 419.000: *Day Habilitation Center Services*

The proposed regulation is planned to go into effect no sooner than 8/28/2026. There is no fiscal impact on cities and towns.

The proposed amendments to 130 CMR 419.000 update and clarify day habilitation program regulations to:

- Add definitions pertaining to accessible egress, evacuation safety plan, accreditation requirements, and interdisciplinary team membership
- Clarify eligibility requirements for day habilitation services
- Revise the criteria for Significant Change Prior Authorizations to ensure that member acuity is consistently and accurately reflected by their PA level
- Revise the timeline for completing the required Service Needs Assessment to provide additional flexibility for providers while maintaining process integrity
- Clarify staff training requirements, delineating which trainings are required and the frequency by which they should be completed
- Specifically remind providers that all assessments must be signed by a Registered Nurse
- Clarify that staffing ratios must be determined based on member acuity and meeting all member needs
- Clarify staff and member tuberculosis testing requirements while ensuring consistency with state/federal guidance
- Revise physical site requirements related to operation of any programs not on ground level and toilets.

To register to testify at the hearing and to get instructions on how to join the hearing online, go to www.mass.gov/info-details/masshealth-public-hearings. To join the hearing by phone, call (646) 558-8656 and enter meeting ID 935 397 8200# when prompted.

You may also submit written testimony instead of, or in addition to, live testimony. To submit written testimony, please email your testimony to masshealthpublicnotice@mass.gov as an attached Word or PDF document or as text within the body of the email with the name of the regulation in the subject line. All written

testimony must include the sender's full name, mailing address, and organization or affiliation, if any. Individuals who are unable to submit testimony by email should mail written testimony to EOHHS, c/o D. Briggs, 100 Hancock Street, 6th Floor, Quincy, MA 02171. Written testimony will be accepted through 5:00 p.m. on May 15, 2025. The Division specifically invites comments as to how the amendments may affect beneficiary access to care.

To review the current draft of the proposed regulation, go to www.mass.gov/info-details/masshealth-public-hearings or request a copy in writing from MassHealth Publications, 100 Hancock Street, 6th Floor, Quincy, MA 02171.

Special accommodation requests may be directed to the Disability Accommodations Ombudsman by email at ADAAccommodations@mass.gov or by phone at (617) 847-3468 (TTY: (617) 847-3788 for people who are deaf, hard of hearing, or speech disabled). Please allow two weeks to schedule sign language interpreters.

The Division may adopt a revised version of the proposed regulation taking into account relevant comments and any other practical alternatives that come to its attention.

In case of inclement weather or other emergency, hearing cancellation announcements will be posted on the MassHealth website at www.mass.gov/info-details/masshealth-public-hearings.

April 24, 2026

Small Business Impact Statement

(As required by M.G.L. c. 30A §§ 2, 3 & 5)

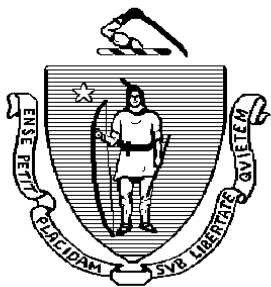
CMR No and Title: 130 CMR 419.000: *Day Habilitation Center Services*

Estimate of the Number of Small Businesses Impacted by the Regulation: 150 Day Habilitation Programs

Write Yes or No	Explain Briefly
No	Will small businesses have to create, file, or issue additional reports? No. Small businesses will not have to create, file, or issue additional reports as a result of the proposed amendments to this regulation.
No	Will small businesses have to implement additional recordkeeping procedures? No. Small businesses will not have additional responsibilities to keep records as a result of the proposed amendments to this regulation.
No	Will small businesses have to provide additional administrative oversight? No. Small businesses are not required by this regulation to provide additional administrative oversight as a result of the proposed amendments to this regulation.
No	Will small businesses have to hire additional employees in order to comply with the proposed regulation? No. This regulation does not require small businesses to hire additional employees to remain in compliance.
No	Does compliance with the regulation require small businesses to hire other professionals (e.g. a lawyer, accountant, engineer, etc.)? No. Small businesses are not required by this regulation to hire other professionals.
No	Does the regulation require small businesses to purchase a product or make any other capital investments in order to comply with the regulation? No. This regulation does not require small businesses to purchase any particular product or make any capital investments.
No	Are performance standards more appropriate than design/operational standards to accomplish the regulatory objective? (Performance standards express requirements in terms of outcomes, giving the regulated party flexibility to achieve regulatory objectives and design/operational standards specify exactly what actions regulated parties must take.) No. The purpose of the regulation is to establish MassHealth provider eligibility, member eligibility, clinical authorization process and criteria for MassHealth payment, and conditions of payment for day habilitation (DH) services.
No	Do any other regulations duplicate or conflict with the proposed regulation? No regulations duplicate or conflict with this regulation.

Write Yes or No	Explain Briefly
Yes	Does the regulation require small businesses to cooperate with audits, inspections or other regulatory enforcement activities? Yes, this regulation does require small businesses to cooperate with audits, inspections, or other regulatory enforcement activities. This requirement is applied uniformly to all providers to enable EOHHS and MassHealth to ensure program integrity and efficient and appropriate provision of services.
No	Does the regulation require small businesses to provide educational services to keep up to date with regulatory requirements? No. This regulation does not require small businesses to provide educational services to keep up to date with the regulatory requirements.
No	Is the regulation likely to <i>deter</i> the formation of small businesses in Massachusetts? No. The regulation is not likely to deter the formation of small businesses in Massachusetts, as it establishes MassHealth provider eligibility, member eligibility, clinical authorization process and criteria for MassHealth payment, and conditions of payment for DH services.
No	Is the regulation likely to <i>encourage</i> the formation of small businesses in Massachusetts? No. The regulation is not likely to encourage the formation of small businesses in Massachusetts, as it establishes MassHealth provider eligibility, member eligibility, clinical authorization process and criteria for MassHealth payment, and conditions of payment for DH services.
No	Does the regulation provide for less stringent compliance or reporting requirements for small businesses? N/A. This regulation establishes MassHealth provider eligibility, member eligibility, clinical authorization process and criteria for MassHealth payment, and conditions of payment for DH services. Any compliance and reporting requirements are applied uniformly to all providers to enable EOHHS and MassHealth to ensure program integrity and efficient and appropriate provision of services.
No	Does the regulation establish less stringent schedules or deadlines for compliance or reporting requirements for small businesses? N/A. This regulation establishes MassHealth provider eligibility, member eligibility, clinical authorization process and criteria for MassHealth payment, and conditions of payment for DH services. Any schedules or deadlines for compliance or reporting requirements are applied uniformly to all providers to enable EOHHS and MassHealth to ensure program integrity and efficient and appropriate provision of services.
No	Did the agency consolidate or simplify compliance or reporting requirements for small businesses? N/A. This regulation establishes MassHealth provider eligibility, member eligibility, clinical authorization process and criteria for MassHealth payment, and conditions of payment for DH services. Compliance and reporting requirements are applied uniformly to all providers to enable EOHHS and MassHealth to ensure program integrity and efficient and appropriate provision of services.
No	Can performance standards for small businesses replace design or operational standards without hindering delivery of the regulatory objective? N/A. This regulation establishes MassHealth provider eligibility, member eligibility, clinical authorization process and criteria for MassHealth payment, and conditions of payment for DH services.

Write Yes or No	Explain Briefly
No	Are there alternative regulatory methods that would minimize the adverse impact on small businesses? No. The regulation does not have an adverse impact on small businesses. The regulation establishes MassHealth provider eligibility, member eligibility, clinical authorization process and criteria for MassHealth payment, and conditions of payment for DH services. This regulation is applied uniformly to all providers to enable EOHHS and MassHealth to ensure program integrity and efficient and appropriate provision of services.



The Commonwealth of Massachusetts

DEPARTMENT OF PUBLIC UTILITIES

NOTICE OF PUBLIC HEARING AND REQUEST FOR COMMENTS

D.P.U. 26-90

April 24, 2026

Investigation by the Department of Public Utilities, on its own motion, instituting a rulemaking pursuant to the G.L. c. 30A, § 2; G.L. c. 25, § 2; and 220 CMR 2.00 to amend the Transportation Network Companies regulations at 220 CMR 274.00, and to promulgate Suitability Standards for Transportation Network Drivers at 220 CMR 275.00, Transportation Network Company Practice and Procedures at 220 CMR 276.00, and Transportation Network Vehicle Electrification at 220 CMR 277.00.

On April 24, 2026, the Department of Public Utilities (“Department”), issued an Order commencing a rulemaking proceeding, pursuant to G.L. c. 30A, § 2, and 220 CMR 2.00, to approve proposed regulations to amend the Transportation Network Companies regulations at 220 CMR 274.00, and to promulgate Suitability Standards for Transportation Network Drivers at 220 CMR 275.00, Transportation Network Company Practice and Procedures at 220 CMR 276.00, and Transportation Network Vehicle Electrification at 220 CMR 277.00. Specifically, the Department proposes to amend its Transportation Network Company Regulations to implement the greenhouse gas emission reduction provisions of Chapter 179 of the Acts of 2022, An Act Driving Clean Energy and Offshore Wind (“2022 Clean Energy Act”), as well as additional changes for administrative clarification. The Department docketed this matter as D.P.U. 26-90.

A copy of the Department’s Order and Proposed Transportation Network Company Regulations will be available on the Department’s website as soon as practicable at <https://eeaonline.eea.state.ma.us/DPU/Fileroom/dockets/bynumber> (enter “26-90”).

The Department will conduct two public hearings. Both hearings will be in-person and on Zoom. Following the public hearings, a technical session will take place. An agenda for the technical session will be issued at a later date.

First Public Hearing on Monday, June 8, 2026, at 10:00 a.m.

First in-person meeting location: One South Station, Third Floor, Large Hearing Room, Boston, MA 02110. Building security requires a government-issued photo ID. Nearby transit station: South Station (Red Line).

Remote attendees: join by using this link - <https://us06web.zoom.us/j/81631765167> from a computer, tablet, or smart device. For audio-only participation attendees can dial in at +1 646 558 8656 (not a toll-free number) and then enter the Webinar ID: 816 3176 51 67.

Second Public Hearing on Thursday, June 11, 2026, at 2:00 p.m.

Second in person meeting location: Lawrence Public Library, Sargent Auditorium, 51 Lawrence Street, Lawrence, MA 01841.

Remote attendees: join by using this link - <https://us06web.zoom.us/j/83458201524> from a computer, tablet, or smart device. For audio-only participation attendees can dial in at +1 646 558 8656 (not a toll-free number) and then enter the Webinar ID: 834 5820 1524.

The Department will provide interpretation at the public hearings in Spanish, Portuguese, Chinese (Mandarin + Cantonese), Haitian Creole, and Vietnamese.

A Technical Session will be held on Monday, June 22, 2026 at 10:00 a.m.

Technical Session meeting location: One South Station, Third Floor, Large Hearing Room, Boston, MA 02110. Building security requires a government-issued photo ID. Nearby transit station: South Station (Red Line).

Remote attendees: join by using this link - <https://us06web.zoom.us/j/84613545139> from a computer, tablet, or smart device. For audio-only participation attendees can dial in at + 1 646 558 8656 (not a toll-free number) and then enter the Webinar ID: 846 1354 5139

For Zoom technical assistance call or text (857) 200-0065.

If you anticipate providing comments via Zoom during the public hearing, please send an email by **Friday, May 29, 2026**, to zachary.caunter@mass.gov with your name, email address, and mailing address.

Any person who desires to provide written comments on this matter may submit their comments to the Department no later than the close of business (5:00 p.m.) on **Monday, June 1, 2026**, and reply written comments no later than close of business (5:00 p.m.) on **Thursday, July 2, 2026**. Written comments from the public may be sent by email to dpu.efiling@mass.gov and zachary.caunter@mass.gov. Please note that in the interest of transparency, any comments are posted to our website as received and without redacting personal information, such as addresses, telephone numbers, or email addresses. As such, consider the extent of information that you wish to share when submitting public comments. The Department strongly encourages public comments to be submitted by email. If, however, a member of the public is unable to send written comments by email, a paper copy may be sent to Peter Ray, Secretary, Department of Public Utilities, One South Station, Boston, Massachusetts 02110.

All documents should be submitted to the Department in **.pdf** format by email attachment to dpu.efiling@mass.gov and zachary.caunter@mass.gov. The text of the email must specify: (1) the docket number of the proceeding (D.P.U. 26-90); (2) the name of the person or company submitting the filing; and (3) a brief descriptive title of the document. The email must also include the name, title, and telephone number of a person to contact in the event of questions about the filing. The electronic file name should identify the document but should not exceed 50 characters in length. Importantly, all large files submitted must be separated into electronic files that do not exceed 20 MB. All documents submitted in electronic format will be posted on the Department's website: <https://eeaonline.eea.state.ma.us/DPU/Fileroom> (enter "26-90").

The Department welcomes specific recommended language changes to the Proposed Transportation Network Company Regulations. Additionally, the Department seeks comments on the following topics, as noted in the Order Opening the Rulemaking at 31-33.

To request materials in accessible formats for people with disabilities (Braille, large print, electronic files, audio format), contact the Department's ADA coordinator at Jenyka.Spitz-Gassnola2@mass.gov.

By Order of the Department,

/s/

Peter Ray, Secretary

This document contains important information. Please have it translated immediately.	Questo documento contiene informazioni importanti. La preghiamo di tradurlo immediatamente.	ខេត្តសានស៊ីបប៊ី ប័ណ្ណខ្ញុំម្នាក់ទៀត។ រាល់អ្នកទាំងឡាយខេត្តសានស៊ីបប៊ីប្រែប្រួល យ៉ាងយឺតយ៉ាវ។
В данном документе содержится важная информация. Вам необходимо срочно сделать перевод документа.	Este documento contém informações importantes. Por favor, traduza-lo imediatamente.	ឯកសារនេះមានន័យសំខាន់ណាស់ ។
Este documento contiene información importante. Por favor, consiga una traducción inmediatamente.	此文件含有重要信息。請立即找人翻譯。	សូមបកប្រែជាបន្ទាន់ ។
تحتوي هذه الوثيقة على معلومات هامة. يرجى ترجمتها فوراً.	본 문서에는 중요한 정보가 포함되어 있습니다. 본 문서를 즉시 번역하도록 하십시오.	Ce document contient des informations importantes. Veuillez le faire traduire au plus tôt.
Docikman sa gen enfòmasyon enpòtan. Tanpri fè yon moun tradwi l touswit.	Tài liệu này có chứa thông tin quan trọng. Vui lòng dịch tài liệu này ngay.	

Small Business Impact Statement <i>(As required by M.G.L. c. 30A §§ 2, 3 & 5)</i>		
CMR No: 220 CMR 274.00, 275.00, 276.00 & 277.00		
Estimate of the Number of Small Businesses Impacted by the Regulation: There are currently five permitted Transportation Network Companies, with only three companies completing fewer than 100,000 rides annually.		
Select Yes or No and Briefly Explain		
Yes ☒	No ☐	Will small businesses have to create, file, or issue additional reports? Amendments to 220 CMR 274.00 will require all TNCs to include reporting requirements consistent with St. 2022, c. 176, § 23.
Yes ☒	No ☐	Will small businesses have to implement additional recordkeeping procedures? Amendments to 220 CMR 274.00 will mandate all TNCs follow additional record retention and data collection requirements on TNCs.
Yes ☒	No ☐	Will small businesses have to provide additional administrative oversight? The amendments to 220 CMR 274.00 may require TNCs to provide additional administrative oversight to comply with the new provisions.
Yes ☐	No ☒	Will small businesses have to hire additional employees in order to comply with the proposed regulation? It is unlikely that the amendments to 220 CMR 274.00 will require TNCs to hire additional employees to comply with the proposed regulation.
Yes ☐	No ☒	Does compliance with the regulation require small businesses to hire other professionals (e.g. a lawyer, accountant, engineer, etc.)? It is unlikely that the amendments to 220 CMR 274.00 will require TNCs to hire other professionals.
Yes ☐	No ☒	Does the regulation require small businesses to purchase a product or make any other capital investments in order to comply with the regulation? It is unlikely that the amendments to 220 CMR 274.00 will require TNCs to purchase a product or make any other capital investments in order to comply with the regulation.
Yes ☐	No ☒	Are performance standards more appropriate than design/operational standards to accomplish the regulatory objective? (Performance standards express requirements in terms of outcomes, giving the regulated party flexibility to achieve regulatory objectives and design/operational standards specify exactly what actions regulated parties must take.)

Yes	No X	Do any other regulations duplicate or conflict with the proposed regulation?
Yes X	No	Does the regulation require small businesses to cooperate with audits, inspections or other regulatory enforcement activities? TNCs are expected to cooperate with regulatory enforcement activities.
Yes X	No	Does the regulation require small businesses to provide educational services to keep up to date with regulatory requirements? TNCs must comply with the amended regulation, which requires driver education training.
Yes	No X	Is the regulation likely to <i>deter</i> the formation of small businesses in Massachusetts?
Yes	No X	Is the regulation likely to <i>encourage</i> the formation of small businesses in Massachusetts?
Yes X	No	Does the regulation provide for less stringent compliance or reporting requirements for small businesses? Amendments to 220 CMR 274 may provide for less stringent compliance or reporting requirements for small businesses.
Yes X	No	Does the regulation establish less stringent schedules or deadlines for compliance or reporting requirements for small businesses? Amendments to 220 CMR 274.00 may establish less stringent schedules or deadlines for compliance or reporting requirements for small businesses.
Yes	No X	Did the agency consolidate or simplify compliance or reporting requirements for small businesses? DPU did not consolidate or simplify compliance or reporting requirement for small businesses in establishing 220 CMR 274.00
Yes	No X	Can performance standards for small businesses replace design or operational standards without hindering delivery of the regulatory objective?
Yes	No X	Are there alternative regulatory methods that would minimize the adverse impact on small businesses? There are no alternative regulatory methods that would minimize the adverse impact on small businesses.



NOTICE OF PUBLIC HEARING

Notice is hereby provided that in accordance with M.G.L. c. 30A, § 2, the Massachusetts State Lottery Commission will hold a public hearing for purposes of gathering comments relative to proposed amendments to 961 CMR 2.00: Rules and Regulations. The amendments are authorized by M.G.L. c. 10, §24.

The amendments will permit the Lottery to offer products for sale online via its iLottery platform. These regulations are governed by M.G.L. c. 10, §24 and M.G.L. c. 30A.

The Massachusetts State Lottery Commission will hold this public hearing remotely on **Thursday, May 21, 2026, at 11:00 a.m.** To participate in the remote public hearing by telephone, call 1-(972) 301-8269 and enter conference ID number 125 571 952# when prompted.

A copy of the proposed amendments referenced above may be downloaded by visiting www.masslottery.com. Anyone wishing to offer comments may participate in the remote public hearing at the designated date and time above or submit written comments. Those who wish to receive a written copy of the proposed amendments, or to submit written comments, may do so by sending an email to cporche@masslottery.com, or by mail to Cecelia Porche, Massachusetts State Lottery Commission, 150 Mount Vernon Street, Dorchester, MA 02125. Written comments must be received by 4:00 p.m. on May 22, 2026.

Additionally, attached please find the accompanying Small Business Impact Statement in accordance with M.G.L. c. 30A, §2.





SMALL BUSINESS IMPACT STATEMENT

The Massachusetts State Lottery Commission (“Commission”) hereby files this small business impact statement in accordance with G.L. c.30A, §2 relative to the proposed amendments in 961 CMR 2.00: Rules and Regulations; notice of which was filed this day with the Secretary of the Commonwealth.

The amendments will permit the Lottery to offer products for sale online via its iLottery platform. These regulations are governed by M.G.L. c. 10, §24.

These amendments should not adversely impact small businesses as these products will be sold online. In accordance with G.L. c.30A, §2, the Commission offers the following responses:

1. Estimate of the number of small businesses subject to the proposed regulation:

There are approximately 6926 licensed Lottery agents, approximately 5604 of whom would be considered a small business. The Lottery will engage in promotional activities to encourage the purchase of lottery tickets at Lottery agent locations. Aside from that, there is minimal impact caused by these regulations as Lottery agents will continue to conduct ongoing Lottery business.

2. State the projected reporting, recordkeeping and other administrative costs required for compliance with the proposed regulation:

There are no projected additional reporting, recordkeeping or administrative costs created by these regulations that would affect small businesses. Lottery agents will conduct ongoing Lottery business.

3. State the appropriateness of performance standards versus design standards:

These regulations do not implicate a design or performance standard that would affect small businesses. Lottery agents will conduct ongoing Lottery business.

4. Identify regulations of the promulgating agency, or of another agency or department of the commonwealth, which may duplicate or conflict with the proposed regulation:



The Commission is not aware of duplicate or conflicting regulations.

5. State whether the proposed regulation is likely to deter or encourage the formation of new businesses in the commonwealth:

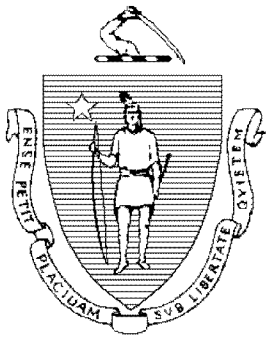
These regulations are not likely to deter or encourage the formation of new businesses in the Commonwealth.

MASSACHUSETTS STATE LOTTERY COMMISSION,

By: /s/ Gregory M. Polin
GREGORY M. POLIN
GENERAL COUNSEL

Date: April 23, 2026





THE COMMONWEALTH OF MASSACHUSETTS

Secretary of the Commonwealth - William Francis Galvin

2026 CUMULATIVE TABLE TO THE MASSACHUSETTS REGISTER 1565 - 1573

The Cumulative Tables lists all regulations and amendments thereto published in the Massachusetts Register during the current year. The Table is published in each Register.

State agencies are listed in the Table as they appear in the Code of Massachusetts Regulations (CMR or Code) in CMR numerical order which is based on the cabinet structure. For example, all Human Service agencies are prefaced by the number "1" and are designated as 101 CMR through 130 CMR.

The Cumulative Tables published in the last issue of previous years will have a listing of all regulations published for that year. These Registers are:

April 6, 1976 - 1977	Register: # 88	Date: 2004	Register: #1016
1978	138	2005	1042
1979	193	2006	1068
1980	241	2007	1094
1981	292	2008	1120
1982	344	2009	1146
1983	396	2010	1172
1984	448	2011	1198
1985	500	2012	1224
1986	546	2013	1250
1987	572	2014	1276
1988	598	2015	1302
1989	624	2016	1329
1990	650	2017	1355
1991	676	2018	1381
1992	702	2019	1407
1993	729	2020	1433
1994	755	2021	1459
1995	871	2022	1485
1996	Supp. # 2 807	2023	1511
1997	833	2024	1537
1998	859	2025	1563
1999	885		
2000	911		
2001	937		
2002	963		
2003	989		

		<i>Issue</i>	<i>Effective Date</i>
101 CMR	Executive Office of Health and Human Services		
204.00	Rates of Payment to Resident Care Facilities		
	- <i>Emergency Refile</i> (MA Reg. # 1563)	1569	12/5/25
	- <i>Compliance</i> (MA Reg. # 1563)	1572	12/5/25
206.00	Standard Payments to Nursing Facilities		
	- <i>Emergency Refile</i> (MA Reg. # 1559)	1564	10/1/25
		1567	2/13/26
307.00	Rates for Psychiatric Day Treatment Center Services	1569	3/13/26
317.00	Rates for Medicine Services - <i>Emergency Refile</i> (MA Reg. # 1561) . .	1567	11/7/25
		1573	5/8/26
322.00	Rates for Durable Medical Equipment, Oxygen and Respiratory Therapy Equipment.	1568	3/1/26
327.00	Rates for Ambulance and Wheelchair Van Services		
	- <i>Emergency Refile</i> (MA Reg. # 1557)	1564	9/26/25
	- <i>Compliance</i> (MA Reg. # 1557)	1570	9/26/25
	- <i>Correction</i> (MA Reg. # 1557)	1571	9/26/25
347.00	Rates for Freestanding Ambulatory Surgery Center Services	1572	4/24/26
349.00	Rates for Early Intervention Program Services		
	- <i>Future Effective Regulation</i>	1565	7/1/26
355.00	Rates for Freestanding Birth Center Services.	1567	2/13/26
417.00	Rates for Certain Elder Care Services	1570	3/27/26
614.00	Health Safety Net Payments and Funding		
	- <i>Emergency Refile</i> (MA Reg. # 1559)	1564	9/30/25
		1569	3/13/26
105 CMR	Department of Public Health		
125.000	Licensing of Radiologic Technologists	1564	1/2/26
	- <i>Correction</i> (MA Reg. # 1564)	1567	1/2/26
775.000	Certified Medication Aides in Long-term Care Facilities	1567	2/13/26
110 CMR	Department of Children and Families		
2.00	Glossary	1571	4/10/26
7.000	Services - <i>Emergency</i>	1564	12/12/25
	- <i>Compliance</i> (MA Reg. # 1564)	1570	12/12/25
124 CMR	Massachusetts Office for Victim Assistance		
2.00	Compensation for Victims of Violent Crimes		
	- <i>Compliance</i> (MA Reg. # 1554)	1564	8/4/25
	- <i>Correction</i> (MA Reg. # 1564)	1565	8/4/25

		<i>Issue</i>	<i>Effective Date</i>
130 CMR	Division of Medical Assistance		
449.000	Correctional Facility Services - <i>Emergency Refile</i> (MA Reg. # 1561).	1567	11/7/25
	- <i>Emergency Refile</i> (MA Reg. # 1561)	1573	11/7/25
501.000	Health Care Reform: MassHealth: General Policies	1567	2/13/26
502.000	Health Care Reform: MassHealth: The Eligibility Process	1567	2/13/26
503.000	Health Care Reform: MassHealth: Universal Eligibility Requirements	1567	2/13/26
505.000	Health Care Reform: MassHealth: Coverage Types.	1567	2/13/26
506.000	MassHealth: Financial Requirements	1566	1/30/26
	- <i>Correction</i> (MA Reg. # 1566)	1568	1/30/26
515.000	MassHealth: General Policies	1567	2/13/26
516.000	MassHealth: The Eligibility Process	1567	2/13/26
	- <i>Correction</i> (MA Reg. # 1567)	1569	2/13/25
517.000	MassHealth: Universal Eligibility Requirements	1567	2/13/26
519.000	MassHealth: Coverage Types	1567	2/13/26
522.000	MassHealth: Other Division Programs	1567	2/13/26
205 CMR	Massachusetts Gaming Commission		
3.00	Harness Horse Racing - <i>Emergency</i>	1571	3/27/26
101.00	M.G.L. c. 23K Adjudicatory Proceedings	1572	4/24/26
116.00	Persons Required to Be Licensed or Qualified.	1569	3/13/26
134.00	Licensing and Registration of Employees, Vendors, Junket Enterprises and Representatives, and Labor Organizations	1572	4/24/26
138.00	Uniform Standards of Accounting Procedures and Internal Controls - <i>Correction</i> (MA Reg. # 1492)	1571	3/9/23
149.00	Race Horse Development Fund	1572	4/24/26
234.00	Sports Wagering Vendors - <i>Compliance</i> (MA Reg. # 1560)	1564	10/24/25
238.00	Additional Uniform Standards of Accounting Procedures and Internal Controls for Sports Wagering.	1569	3/13/26
	- <i>Correction</i> (MA Reg. # 1569)	1571	3/13/26
		1572	4/24/26
239.00	Continuing Disclosure and Reporting Obligations of Sports Wagering Licensees - <i>Correction</i> (MA Reg. # 1558)	1571	10/10/25
	- <i>Correction</i> (MA Reg. # 1558)	1572	10/10/25
247.00	Uniform Standards of Sports Wagering	1572	4/24/26
248.00	Sports Wagering Account Management.	1572	4/24/26
250.00	Protection of Minors and Underage Youth from Sports Wagering . . .	1571	4/10/26
211 CMR	Division of Insurance		
157.00	Licensing and Regulation of Pharmacy Benefit Managers	1569	3/13/26

		<i>Issue</i>	<i>Effective Date</i>
220 CMR	Department of Public Utilities		
29.00	Billing Procedures for Residential Rental Property Owners Cited for Violation of the State Sanitary Code 105 CMR 410.200	1568	2/27/26
	- <i>Correction</i> (MA Reg. # 1568)	1569	2/27/26
34.00	Intervenor Support Grant Program	1568	2/27/26
225 CMR	Department of Energy Resources		
29.00	Small Clean Energy Infrastructure Facility Siting and Permitting	1568	2/27/26
250 CMR	Board of Registration of Professional Engineers and Land Surveyors		
2.00	General Provisions, Board Procedures and Definitions	1568	2/27/26
3.00	The Registration Process	1568	2/27/26
5.00	Professional Practice.	1568	2/27/26
7.00	Enforcement and Discipline	1568	2/27/26
266 CMR	Board of Registration of Home Inspectors		
2.00	Definitions	1567	2/13/26
3.00	Procedure for Registration	1567	2/13/26
4.00	Associate Home Inspector Training Program Requirements	1567	2/13/26
6.00	Standards of Practice	1567	2/13/26
11.00	Insurance Requirements for Limited Liability Corporations and Limited Liability Partnerships	1567	2/13/26
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41.00	Toxic or Hazardous Substance List - <i>Correction</i> (MA Reg. # 1563). .	1568	12/19/25
309 CMR	Board of Registration of Hazardous Waste Site Cleanup Professionals		
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3.00	Hunting - Emergency	1564	12/19/25
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322 CMR	Division of Marine Fisheries		
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9.00	Qualified Data Centers	1570	3/27/26
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603 CMR	Department of Elementary and Secondary Education		
23.00	Student Records	1568	2/27/26
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830 CMR	Department of Revenue		
62C.00	Administrative Provisions Relative to State Taxation - <i>Emergency</i> . .	1568	2/5/26
840 CMR	Public Employee Retirement Administration Commission		
28.00	Electronic Signatures	1573	5/8/26
935 CMR	Cannabis Control Commission		
500.000	Adult Use of Marijuana	1564	1/2/26
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501.000	Medical Use of Marijuana	1564	1/2/26
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		1570	3/27/26
	- <i>Correction</i> (MA Reg. #1570).	1572	3/27/26
945 CMR	Office of the Inspector General		
4.00	Owner's Representative for Major Contracts under M.G.L. c. 30, § 39M½.	1565	1/16/25
5.00	Owner's Representative for Major Contracts under M.G.L. c. 149A, § 15½	1565	1/16/25
957 CMR	Center for Health Information and Analysis		
3.00	Assessment on Certain Health Care Providers and Surcharge Payers - <i>Emergency</i>	1566	1/16/26
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5.00	Health Care Claims, Case Mix and Charge Data Release Procedures .	1568	2/27/26
6.00	Cost Reporting Requirements.	1568	2/27/26
7.00	Nursing Facility Cost Reporting Requirements	1568	2/27/26
9.00	Financial Data Reporting Requirements for Health Care Entities and Affiliated Entities	1565	1/16/26
12.00	Pharmacy Benefit Manager Reporting	1566	1/30/26

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958 CMR	Health Policy Commission		
6.00	Registration of Provider Organizations	1573	5/8/26
7.00	Notices of Material Change and Cost and Market Impact Reviews. . .	1573	5/8/26
9.00	Assessment on Certain Health Care Providers and Pharmacy Benefit Managers	1573	5/8/26
960 CMR	Office of the State Treasurer and Receiver General		
6.00	Massachusetts Defined Contribution CORE Plan	1564	1/2/26
961 CMR	State Lottery Commission		
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980 CMR	Energy Facilities Siting Board		
1.00	Rules for the Conduct of Adjudicatory Proceedings	1568	2/27/26
2.00	General Information and Conduct of Board Business	1568	2/27/26
4.00	Freedom of Information; Protection of Trade Secrets	1568	2/27/26
5.00	Environmental Assessment and Environmental Impact Energy Facilities Siting Counsel.	1568	2/27/26
7.00	Long Range Forecasts and Supplements	1568	2/27/26
8.00	Notices to Construct an Oil Facility	1568	2/27/26
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13.00	Consolidated Permits for Clean Energy Infrastructure Facilities. . . .	1568	2/27/26
14.00	De Novo Adjudications of Consolidated Local Permit Applications. .	1568	2/27/26
15.00	Cumulative Impact Analysis and Standards for Applying Site Suitability Criteria	1573	5/8/26
16.00	Pre-filing Consultation and Engagement Requirements.	1568	2/27/26

**THE COMMONWEALTH OF MASSACHUSETTS****William Francis Galvin**

Secretary of the Commonwealth

Regulation Filing*To be completed by filing agency*CHAPTER NUMBER: **130 CMR 449.000**CHAPTER TITLE: **Correctional Facility Services**AGENCY: **Division of Medical Assistance**SUMMARY OF REGULATION: *State the general requirements and purposes of this regulation.*

The proposed emergency regulation is a standalone provider regulation that establishes a new correctional facility provider type and sets forth the requirements, conditions, and limitations for MassHealth-covered correctional facility services.

REGULATORY AUTHORITY: **M.G.L. c. 118E, §§ 7 and 12**AGENCY CONTACT: **Deborah M. Briggs, MassHealth PHONE: 617-847-3302**
PublicationsADDRESS: **100 Hancock Street, 6th Floor, Quincy, MA 02171****Compliance with M.G.L. c. 30A**EMERGENCY ADOPTION - *if this regulation is adopted as an emergency, state the nature of the emergency.*

This is an emergency re-file. To comply with Section 5121 of the Consolidated Appropriations Act of 2023, which requires MassHealth to provide certain services to eligible members who are incarcerated.

PRIOR NOTIFICATION AND/OR APPROVAL - *If prior notification to and/or approval of the Governor, Legislature or others was required, list each notification, and/or approval and date, including notice to the Local Government Advisory Commission.***Executive Order 145 notifications: October 31, 2025****Regulatory Review approval: October 29, 2025**PUBLIC REVIEW - *M.G.L. c. 30A sections 2 and/or 3 requires notice of the hearing or comment period, including a small business impact statement, be filed with the Secretary of the Commonwealth, published in appropriate newspapers, and sent to persons to whom specific notice must be given at least 21 days prior to such hearing or comment period.*

Date of public hearing or comment period: _____

FISCAL EFFECT - *Estimate the fiscal effect of the public and private sectors.*

For the first and second year: **The estimated aggregate annual fiscal impact of the proposed amendments is \$108,000.**

For the first five years:

No fiscal effect:

SMALL BUSINESS IMPACT - *M.G.L. c. 30A section 5 requires each agency to file an amended small business impact statement with the Secretary of the Commonwealth prior to the adoption of a proposed regulation. If the purpose of this regulation is to set rates for the state, this section does not apply.*

Date amended small business impact statement was filed: **N/A**

CODE OF MASSACHUSETTS REGULATIONS INDEX - *List key subjects that are relevant to this regulation:*

PROMULGATION - *State the action taken by this regulation and its effect on existing provisions of the Code of Massachusetts Regulations (CMR) or repeal, replace or amend. List by CMR number:*

Adopts 130 CMR 449.000: Correctional Facility Services.

ATTESTATION - *The regulation described herein and attached hereto is a true copy of the regulation adopted by this agency.* ATTEST:

SIGNATURE: SIGNATURE ON FILE DATE: **Apr 24 2026**

Publication - *To be completed by the regulations Division*

MASSACHUSETTS REGISTER NUMBER: **1573** DATE: **5/8/26**

EFFECTIVE DATE: **11/7/25**

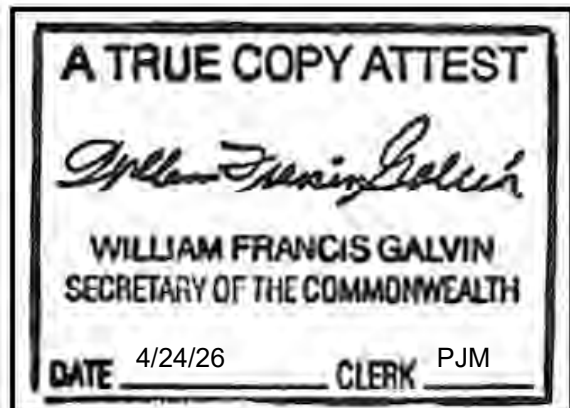
CODE OF MASSACHUSETTS REGULATIONS

Remove these Pages:

This is an emergency regulation.

Insert these Pages:

There are no replacement pages.



130 CMR 449.000: CORRECTIONAL FACILITY SERVICES

Section

- 449.401: Introduction
- 449.402: Definition
- 449.403: Qualifying Individuals
- 449.404: Participating Correctional Facility Eligibility
- 449.405: Participating Correctional Facility Enrollment Process
- 449.406: Services Provided Under a Contract
- 449.407: Reporting Requirements
- 449.408: Revocation of Enrollment and Sanctions
- 449.409: In-state Providers: Maximum Allowable Fees
- 449.410: Site Inspections
- 449.411: Covered Services
- 449.412: Staffing Requirements
- 449.413: Supervision, Training, and Other Staff Requirements
- 449.414: Recordkeeping Requirements
- 449.415: Administration
- 449.416: Service Limitations
- 449.417: Severability

449.401: Introduction

130 CMR 449.000 establishes the requirements for correctional facilities participating in MassHealth that provide services required for eligible individuals by the Consolidated Appropriations Act, 2023 (CAA 2023). All participating correctional facilities must also comply with MassHealth regulations including, but not limited to, 130 CMR 450.000: *Administrative and Billing Regulations*.

449.402: Definitions

The following terms used in 130 CMR 449.000 have the meanings given in 130 CMR 449.402 unless the context clearly requires a different meaning. Eligibility for reimbursement of services defined in 130 CMR 449.000 is not determined by these definitions, but by application of 130CMR 449.000 and 130 CMR 450.000: *Administrative and Billing Regulations*.

Adjudication. The court process that determines if an individual committed the act for which they are charged.

Adverse Incident. An occurrence that represents actual or potential serious harm to the wellbeing of a member or to others under the care of a participating provider. Adverse incidents may be the result of the actions of a member served, actions of a staff member providing services, or incidents that compromise the health and safety of the member, or operations of the provider.

Clinical Laboratory. As defined in 130 CMR 401.402: *Clinical Laboratory*.

Consolidated Appropriations Act (CAA, 2023). The Consolidated Appropriations Act of 2023 that was signed into law by Congress on December 29th, 2022, thereby amending 42 U.S.C. 1396(a)(84), 42 U.S.C. 1396a(nn)(3), 42 U.S.C. 1396d(a), 42 U.S.C. 1397bb, 42 U.S.C. 1397jj(b).

Correctional Facility. Any building, enclosure, space or structure used for the custody, control and rehabilitation of committed offenders and of such other persons as may be placed in custody therein in accordance with law.

Former Foster Care Youth. Youth who meet the eligibility criteria for former foster care children, including individuals younger than age 26 who meet the criteria for the group upon attaining either age 18 or a higher age (up to 21).

449.402: continued

Inmate. A committed offender or such other person as is placed in custody in a correctional facility in accordance with law.

Inmate of a Participating Correctional Facility. A committed offender or such other person as is placed in custody in a participating correctional facility in accordance with law.

ORP Provider. A provider who orders, refers, or prescribes a covered service to a MassHealth member.

Participating Correctional Facility (Facility). Any correctional facility that is enrolled as a MassHealth provider, that is not an institution of mental diseases as defined in 42 CFR 435.1010: *Definitions* relating to institutional status, and that is either

- (1) a Department of Corrections state prison, or
- (2) a county jail or house of correction, or
- (3) a Department of Youth Services hardware-secure or staff-secure track 1 facility or unit.

Post-adjudication. The time period following adjudication.

Rendering Provider. A Massachusetts licensed practitioner providing covered services to MassHealth members.

Warm Hand-off. A continuity of care tool to transition case management activities from a pre-release case management to a post-release case manager. Warm hand-offs should include a meeting between the individual, and both the pre-release and post-release case manager. It should also include a review of the person-centered care plan and the next steps to ensure continuity of case management and follow-up as the individual transitions into the community.

449.403: Qualifying Individuals

(A) In order to qualify to receive covered services (further defined in 449.414), the individual must meet each of the following criteria:

- (1) meet the definition of an inmate of a participating correctional facility;
- (2) be eligible for MassHealth;
- (3) be held post-adjudication; and
- (4) be an individual younger than 21 years old or a former foster care youth from 18 up to, but not including, 26 years old.

(B) For information on member eligibility and coverage types, see 130 CMR 450.107: *Eligible Members and the MassHealth Card*.

449.404: Participating Correctional Facility Eligibility

(A) A correctional facility is eligible to enroll as a participating correctional facility only if the correctional facility meets all provider participation requirements in 130 CMR 449.000 and 450.000: *Administrative and Billing Regulations*.

(B) Clinical Laboratory Services by Eligible Facility. In addition to meeting the requirements in 130 CMR 449.404(A), a participating facility or partnering contractor that operates a clinical laboratory must be certified as a clinical laboratory by the Centers for Medicare & Medicaid Services, based on the criteria set forth in 130 CMR 401.404(A)(2). 42 CFR Part 493: *Laboratory Requirements* sets forth the conditions of the Clinical Laboratory Improvement Amendments of Commonwealth of Massachusetts

(CLIA). A participating facility that conducts CLIA-waived testing only must obtain a CLIA Certificate of Waiver by meeting the exemption conditions under 42 CFR Part 493 Subpart B: Certificate of Waiver and submitting an application for a Certificate of Waiver. Participating facilities that conduct laboratory testing that is not CLIA waived must be in compliance with the Certificate of Waiver, Certificate of Compliance, Certificate for PPM procedures, or Certificate of Accreditation applicable to the category of examinations or procedures performed by the laboratory.

449.404: continued

(C) Radiology Services by Eligible Facility. In addition to meeting the requirements in 130 CMR 449.404(A) and (B), a participating facility or partnering contractor that provides radiologic services must meet the conditions under 42 CFR 482.26: Condition of participation: Radiologic services and under 42 CFR 483.50: Laboratory, radiology, and other diagnostic services.

449.405: Participating Correctional Facility Enrollment Process

(A) The applicant must submit the appropriate provider enrollment application to the MassHealth agency. The MassHealth agency may request additional information or perform a site inspection to evaluate the applicant's compliance with the regulations in 130 CMR 449.000.

(1) Based on the information in the enrollment application, information known to the MassHealth agency about the applicant, and the findings from any site inspection deemed necessary, the MassHealth agency will determine whether the applicant is eligible for enrollment.

(2) The MassHealth agency will notify the applicant of the determination in writing within 60 days of the MassHealth agency receiving a completed application. An application will not be considered complete until the applicant has responded to all MassHealth requests for additional information, and MassHealth has completed any required site inspection.

(B) If the MassHealth agency determines that the applicant is not eligible for enrollment, the notice will contain a statement of the reasons for that determination, including but not limited to incomplete application materials and recommendations for corrective action, if appropriate, so that the applicant may reapply for enrollment once corrective action has been completed.

(C) Enrollment is valid only for the facility or facilities described in the application and is not transferable. Any additional facility established by the applicant at another location must apply for enrollment and be enrolled with the MassHealth agency to receive payment.

449.406: Services Provided Under a Contract

(A) Introduction. A participating facility may provide covered services directly or through contractual arrangements made by the participating facility. If a participating facility provides services via contractual arrangements, the contractor must also meet the requirements outlined in 130 CMR 449.000. Whether the services are provided directly or through contracts, the participating facility is responsible for submitting claims for services and for meeting the requirements in 130 CMR 449.000 and all other applicable state and federal requirements. A participating facility may provide services through contracts in the following situations.

(1) when a participating facility, in order to be approved to participate in MassHealth, makes arrangements with another agency or organization to provide some or all of the covered services that it does not provide directly; or

(2) when a participating facility that is already approved for participation in MassHealth makes arrangements with others to provide services it does not provide.

(B) Contract Requirements.

(1) If the participating facility contracts with another provider participating in MassHealth (e.g., hospital, independent clinical laboratory, independent diagnostic testing facility, or pharmacy), a written contract must document the services to be provided and the corresponding financial arrangements.

(2) If the participating facility contracts with a provider that does not participate in MassHealth, the written contract must include

(a) a description of the services to be provided;

(b) the duration of the agreement and how frequently it is to be reviewed;

(c) a description of how personnel are supervised;

(d) a statement that the contracting organization will provide its services in accordance with any plan of care established for the member with the correctional facility's staff;

(e) a description of the contracting organization's standards for personnel, including qualifications, functions, supervision, and in-service training;

449.406: continued

- (f) a description of the method of determining reasonable costs and payments by the participating facility for the specific services to be provided by the contracting organization; and
- (g) an assurance that the contracting organization will comply with Title VI of the Civil Rights Act and all relevant MassHealth provider requirements.

449.407: Reporting Requirements

Each participating facility must comply with the reporting requirements that pertain to the practice, facility, policies or staffing of the participating facility as directed by the MassHealth agency, and in compliance with 130 CMR 450.000: *Administrative and Billing Regulations* and 130 CMR 449.000.

449.408: Revocation of Enrollment and Sanctions

(A) The MassHealth agency has the right to review a participating facility's continued compliance with the conditions for enrollment referred to in 130 CMR 449.404 and the reporting requirements in 130 CMR 449.408 upon reasonable notice and at any reasonable time during the participating facility's hours of operation. The MassHealth agency has the right to revoke the enrollment, subject to any applicable provisions of 130 CMR 450.000: *Administrative and Billing Regulations*, if such review reveals that the participating facility has failed to or ceased to meet such conditions.

(B) If the MassHealth agency determines that there exists good cause for the imposition of a lesser sanction than revocation of enrollment, it may withhold payment, temporarily suspend the participating facility from participation in MassHealth, or impose some other lesser sanction as the MassHealth agency sees fit, pursuant to the processes set forth in 130 CMR 450.000: *Administrative and Billing Regulations*, as applicable.

449.409: In-state Providers: Maximum Allowable Fees

(A) The Executive Office of Health and Human Services (EOHHS) determines the payment rate for covered services in accordance with 101 CMR 317.00: *Rates for Medicine Services*, 101 CMR 314.00: *Rates for Dental Services*; 101 CMR 316.00: *Rates for Surgery and Anesthesia Services*; 101 CMR 318.00: *Rates for Radiology Services*; 101 CMR 320.00: *Rates for Clinical Laboratory Services*; and 101 CMR 444.00: *Rates for Certain Substance Use Disorder Services*. Payment is subject to the conditions, exclusions, and limitations set forth in 130 CMR 449.000 and 130 CMR 450.000: *Administrative and Billing Regulations*.

(B) Administrative Operations. Payment by the MassHealth agency for covered services includes payment for administrative operations and for all aspects of service delivery not explicitly included in 130 CMR 449.000, such as, but not limited to

- (1) staff supervision or consultation with another staff member;
- (2) providing information for the coordination of referrals; and
- (3) recordkeeping.

449.410: Site Inspections

(A) The MassHealth agency, and their agents and designated contractors may, at any time, conduct announced or unannounced site inspections of any and all participating facility locations to determine compliance with applicable regulations, which can include auditing activities in accordance with 130 CMR 450.000: *Administrative and Billing Regulations*. Such site inspections need not pertain to any actual or suspected deficiency in compliance with the regulations.

(B) After any site inspection where deficiencies are observed, the MassHealth agency will prepare a written site inspection report. The site inspection report will include the deficiencies found, and the period within which the deficiency must be corrected. The participating facility must submit a corrective action plan, within the timeframe set forth by the MassHealth agency, for each of the deficiencies cited in the report, including the specific corrective steps to be taken

449.410: continued

a timetable for these steps, and the date by which full compliance will be achieved. The MassHealth agency will review the corrective action plan and will accept the corrective action plan only if it conforms to these requirements.

449.411: Covered Services

(A) Participating facilities that provide covered services must meet the staff requirements outlined in 130 CMR 449.415 and as more fully described in provider bulletins and other guidance that may be issued by the MassHealth agency.

(B) Legal Basis.

(1) In accordance with federal law, and notwithstanding any limitations implied or expressed elsewhere in MassHealth regulations or other publications, the MassHealth agency has established the correctional facility provider type to deliver the services required for eligible individuals by CAA 2023.

(2) Any participating facility may provide covered services; however, in delivering covered services, providers must follow the requirements of 130 CMR 449.414(C).

(C) Covered services include:

(1) Targeted Case Management (TCM).

(a) The TCM service must be provided during the 30 days prior to the individual's release.

(b) The TCM service must include the following elements:

1. Comprehensive assessment and periodic reassessment of individual needs, to determine the need for any medical, educational, social, or other services, including:
 - a. taking client history;
 - b. identifying the individual's needs and completing related documentation; and
 - c. gathering information from other sources such as family members, medical providers, social workers, and educators (if necessary), to form a complete assessment of the eligible individual.
2. Development (and periodic revision) of a specific person-centered care plan based on the information collected through the assessment that
 - a. specifies the goals and actions to address the medical, social, educational, and other services needed by the individual;
 - b. includes activities such as ensuring the active participation of the eligible individual, and working with the individual (or the individual's authorized health care decision maker) and others to develop those goals; and
 - c. identifies a course of action to respond to the assessed needs of the eligible individual.
3. Referral and related activities, including but not limited to referrals to appropriate care and services available in the geographic region of the home or residence of the eligible individual, (such as scheduling appointments for the individual) to help the eligible individual obtain needed services, including activities that help link the individual with medical, social, and educational providers or other programs and services that can provide needed services to address identified needs and achieve goals specified in the care plan.
4. A warm hand-off to a post-release case manager to transition case management and support continuity of care of needed services that are documented in the person-centered care plan.

(2) Screening and Diagnostics.

(a) Screenings and diagnostics must be provided in the 30 days before the individual's release, as follows:

(b) Screenings for individuals younger than 21 years of age must include

1. services indicated as medically necessary in accordance with the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) requirements in 130 CMR 450.140; and
2. any additional screenings required by EOHHS as announced in sub-regulatory guidance, including but not limited to a behavioral health screening.

449.411: continued

- (c) Screenings for Former Foster Care Youth ages 21 through 25 must include the screenings required by EOHHS as announced in sub-regulatory guidance, including but not limited to a behavioral health screening.
- (d) Diagnostics must include any diagnostics indicated as medically necessary based upon the required screenings that are feasible for the participating facility to provide.

449.412: Staffing Requirements

- (A) Rendering providers working within participating facilities may provide covered services.
- (B) Rendering providers must
 - (1) be licensed, registered, certified, or otherwise appropriately credentialed or recognized practitioners under Massachusetts state scope of practice statutes; and
 - (2) have the necessary experience and receive appropriate training, as applicable to a given carceral facility.
- (C) ORP providers must be enrolled in MassHealth, pursuant to 130 CMR 450.000 and regulations governing the ORP provider's provider type. ORP providers may enroll in MassHealth as a non-billing provider as described in 130 CMR 450.212(E) or as a billing provider.
 - (1) The following types of providers are ORP providers: certified nurse midwife, certified nurse practitioner, certified registered nurse anesthetist, clinical nurse specialist, dentist, licensed independent clinical social worker, optometrist, pharmacist (if authorized to prescribe), physician, physician assistant, podiatrist, psychiatric clinical nurse specialist, or psychologist.
 - (2) Claims for services listed in 130 CMR 449.415(C)(2) require an order, referral, or prescription from a MassHealth-enrolled ORP provider. Claims for the following services listed in 130 CMR 449.415(C)(2)(a) through (q) that do not have an order, referral, or prescription from a MassHealth-enrolled ORP provider will be denied.
 - (a) any service that requires a Primary Care Clinician referral (*see* 130 CMR 450.118(J));
 - (b) any service that requires a Primary Care ACO Participating Primary Care Provider referral (*see* 130 CMR 450.119(I));
 - (c) Adult Day Health;
 - (d) Adult Foster Care;
 - (e) Continuous Skilled Nursing;
 - (f) Durable Medical Equipment;
 - (g) Eyeglasses;
 - (h) Group Adult Foster Care;
 - (i) Home Health;
 - (j) Independent Nurse;
 - (k) Labs and Diagnostic Tests;
 - (l) Medications;
 - (m) Orthotics;
 - (n) Oxygen/Respiratory Equipment;
 - (o) Prosthetics;
 - (p) Psychological Testing;
 - (q) Therapy (Physical, Occupational, or Speech and Language).
- (D) Case Manager Qualifications. The case manager must have, or work under the supervision of an individual with, at minimum, a bachelor's degree in a related field or two years of professional or paraprofessional experience in human services, criminal justice, social work, social casework, guidance, vocational counseling, employment counseling, educational counseling or correctional facility work.

449.413: Supervision, Training, and Other Staff Requirements

(A) Staff Supervision Requirements. Each staff member must receive supervision appropriate to the staff member's skills and level of professional development. Supervision must occur in accordance with the program's policies and procedures and must include review of specific member issues, as well as a review of general principles and practices related to mental health, substance use disorder, and medical conditions.

(B) Staff Training. The participating facility must ensure that staff receive training to enhance and broaden their skills. Recommended training topics include but are not limited to:

- (1) common diagnoses across medical and behavioral healthcare;
- (2) engagement and outreach skills and strategies;
- (3) service coordination skills and strategies;
- (4) behavioral health and medical services, community resources, and natural supports;
- (5) principles of recovery and wellness;
- (6) cultural competence;
- (7) managing professional relationships with members including but not limited to boundaries, confidentiality, and peers as CSP workers;
- (8) service termination;
- (9) motivational interviewing;
- (10) accessibility and accommodations;
- (11) trauma-informed care;
- (12) traumatic brain injuries; and
- (13) safety protocols.

(C) Staff Professional Standards. Any staff, of any discipline, operating in the participating facility must comport with the standards and scope of practice delineated in their professional licensure and be in good standing with their board of professional licensure, as applicable. Each participating facility must notify the MassHealth agency of any staff who are sanctioned by the Department of Public Health or sanctioned by their board of licensure, as applicable.

(D) Staffing Plan. The participating facility must maintain a staffing plan that includes policies and procedures to ensure all staffing and supervision requirements pursuant to 130 CMR 449.000 are met. The staffing plan must include a safety protocol outlining how adverse incidents are documented and addressed.

(E) Conflict of Interest. The participating facility must ensure appropriate protections against conflicts of interest in the service planning and delivery of covered services.

449.414: Recordkeeping Requirements

(A) Release of Information. Each participating facility must obtain written authorization from each member or the member's legal guardian to release information obtained by the participating facility, to other community-based providers, federal and state regulatory agencies, and, when applicable, referral providers or other relevant parties to the extent necessary to carry out the purposes of the program and to meet regulatory requirements. All such information must be released on a confidential basis and in accordance with all applicable requirements.

(B) Member Records.

- (1) Participating facilities must maintain member records in accordance with 130 CMR 450.000: *Administrative and Billing Regulations*. When a member is referred to any other provider, the program must maintain the original member record and forward a copy of the information in 130 CMR 449.414(C) and (D) to the other provider.
- (2) Member records must be complete, accurate, and properly organized.

(C) Participating facilities must maintain case records that document for all individuals receiving TCM the following:

- (1) the name of the individual;
- (2) the dates of the case management services;
- (3) the name of the provider agency (if relevant) and the person providing the case management service;

449.419: continued

- (4) the nature, content, units of the case management services received and whether goals specified in the care plan have been achieved;
 - (5) whether the individual has declined services in the care plan;
 - (6) the need for, and occurrences of, coordination with other case managers;
 - (7) a timeline for obtaining needed services; and
 - (8) a timeline for reevaluation of the plan.
- (D) The member's record must include at least the following information:
- (1) the member's name and case number, MassHealth identification number, gender identity, date of birth, marital status, next of kin, and date of initial contact;
 - (2) the place of service;
 - (3) the member's description of the problem, and any additional information from other sources, including the referral source, if any;
 - (4) written documentation that the member receiving services meets the clinical standards published by the MassHealth agency;
 - (5) the relevant medical, psychosocial, educational, and vocational history;
 - (6) a needs assessment of the member;
 - (7) short- and long-range goals that are realistic and obtainable and a time frame for their achievement;
 - (8) the member's service plan, updates, and related participating facility service planning meetings, including a schedule of activities and services necessary to achieve the member's goals, signed by both the participating facility staff person and the member;
 - (9) written record of all services provided, including face-to-face, virtual, and collateral contacts, with progress notes;
 - (10) a written record of the reassessments that includes recommendations for revision of the service plan, when indicated, and the names of the reviewers;
 - (11) the name(s) of the participating facility staff person(s) responsible for providing services to the member;
 - (12) reports on all collateral consultations and collaborations with family, friends, and outside professionals, including probation, parole or correctional institution staff, who are involved in the member's treatment;
 - (13) all information and correspondence to and from other involved agencies, including appropriately signed and dated consent forms;
 - (14) when discharged, a discharge summary, including a summary of the member's services, a brief summary of the member's condition and response to services on discharge, achievement of goals, and recommendations for appropriate services that should be provided in subsequent programs by the same or other agencies to accomplish the member's long-range goals, and the program's future responsibility for the member's care; and
 - (15) if the member fails to keep appointments or to adequately participate in the service plan, participating facility staff must make every effort to encourage the member to do so, and these follow-up efforts must be documented in the member's record.
 - (16) if the member is receiving TCM, all of the documentation listed in 130 CMR 449.417(C).
- (E) Program Records. The participating facility must retain documentation reflecting compliance with the requirements of 130 CMR 449.000, including 130 CMR 449.403.
- (F) Other Records and Reports as Directed by EOHHS. The participating facility must maintain other records and reports as directed by EOHHS.
- (G) Availability of Records. Any and all health records must be made available to the MassHealth agency upon request.

449.415: Administration

- (A) Organization. The participating facility must maintain an organizational chart showing major operating programs of the organization, the personnel in charge of each program, and the lines of authority,

449.415: continued

(B) Staff Development and Supervision. Each staff member must receive supervision appropriate to the person's skills and level of professional development. Supervision must be documented and must occur within the context of a formalized relationship that provides frequent and regularly scheduled individual or group personal contact with the supervisor.

449.416: Service Limitations

Funding Availability. Reimbursement for MassHealth services is subject to limitations based on the availability of full federal financial participation, and any other applicable federal statute, regulation, or payment limit.

449.417: Severability

The provisions of 130 CMR 449.000 are severable. If any provision of 130 CMR 449.000 or application of any provision to an applicable individual, entity, or circumstance is held invalid or unconstitutional, that holding will not be construed to affect the validity or constitutionality of any remaining provisions of 130 CMR 449.000 or application of those provisions to applicable individuals, entities, or circumstances.

REGULATORY AUTHORITY

130 CMR 449.000: M.G.L. c. 118E, §§ 7 and 12.

NON-TEXT PAGE

**THE COMMONWEALTH OF MASSACHUSETTS****William Francis Galvin**

Secretary of the Commonwealth

Regulation Filing*To be completed by filing agency*CHAPTER NUMBER: **322 CMR 6.00**CHAPTER TITLE: **Regulation of Catches**AGENCY: **Division of Marine Fisheries**SUMMARY OF REGULATION: *State the general requirements and purposes of this regulation.*

This emergency regulation reduces the recreational Gulf of Maine haddock size limit from 18" to 17"; adopts a recreational black sea bass season of May 16 - October 14 with a 4-fish bag limit from May 16 - August 31 and a 2-fish bag limit from September 1 - October 14, and a 16" size limit; a recreational mackerel bag limit of 50-fish for anglers onboard a for-hire vessel and 25-fish for all other anglers; and a commercial mackerel limit that starts at 20,000 pounds and is reduced to 5,000 pounds and 2,500 pounds at certain quota use thresholds.

REGULATORY AUTHORITY: **G.L. c. 130, s. 17A and 21.**AGENCY CONTACT: **Jared A. Silva** PHONE: **617-634-9573**ADDRESS: **Division of Marine Fisheries
837 S. Rodney French Blvd., New Bedford, MA 02747****Compliance with M.G.L. c. 30A**EMERGENCY ADOPTION - *if this regulation is adopted as an emergency, state the nature of the emergency.*

Emergency regulations are necessary for the general welfare of the Commonwealth as it ensures state regulations are implemented in advance of the 2026 fishing seasons for these species so as to prevent negative economic impacts, enhance enforcement and compliance, and conform to federal law.

PRIOR NOTIFICATION AND/OR APPROVAL - *If prior notification to and/or approval of the Governor, Legislature or others was required, list each notification, and/or approval and date, including notice to the Local Government Advisory Commission.*

DFG - 3/20/26

EOEEA - 4/3/26

ANF/GOV - 4/15/26

PUBLIC REVIEW - *M.G.L. c. 30A sections 2 and/or 3 requires notice of the hearing or comment period, including a small business impact statement, be filed with the Secretary of the Commonwealth, published in appropriate newspapers, and sent to persons to whom specific notice must be given at least 21 days prior to such hearing or comment period.*

Date of public hearing or comment period: **N/A Emergency Regulations**

FISCAL EFFECT - *Estimate the fiscal effect of the public and private sectors.*

For the first and second year: Commensurate with increased access to recreational fisheries.

For the first five years: No fiscal impact expected beyond two years as rules are routinely revised.

No fiscal effect: No fiscal impact expected beyond two years as rules are routinely revised.

SMALL BUSINESS IMPACT - *M.G.L. c. 30A section 5 requires each agency to file an amended small business impact statement with the Secretary of the Commonwealth prior to the adoption of a proposed regulation. If the purpose of this regulation is to set rates for the state, this section does not apply.*

Date amended small business impact statement was filed: N/A - Emergency regulation

CODE OF MASSACHUSETTS REGULATIONS INDEX - *List key subjects that are relevant to this regulation:*

PROMULGATION - *State the action taken by this regulation and its effect on existing provisions of the Code of Massachusetts Regulations (CMR) or repeal, replace or amend. List by CMR number: Amends 322 CMR 6.03(2)(b)(3); 322 CMR 6.28(3); and 322 CMR 6.44(1), (2), and (3)(d).*

ATTESTATION - *The regulation described herein and attached hereto is a true copy of the regulation adopted by this agency.* ATTEST:

SIGNATURE: _____ SIGNATURE ON FILE _____ DATE: Apr 24 2026

Publication - *To be completed by the regulations Division*

MASSACHUSETTS REGISTER NUMBER: 1573 DATE: 5/8/26

EFFECTIVE DATE: 4/24/26

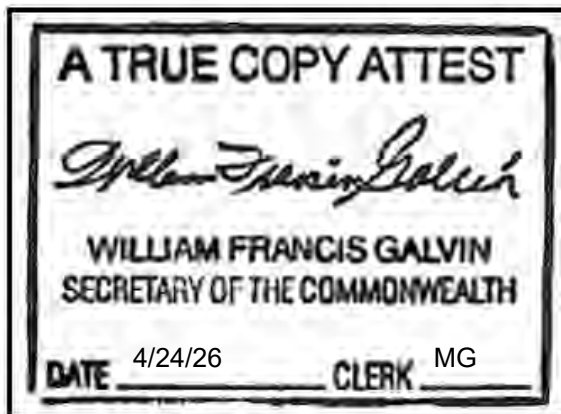
CODE OF MASSACHUSETTS REGULATIONS

Remove these Pages:

This is an Emergency Regulation.

Insert these Pages:

There are no Replacement Pages.



6.03: continued

Commercial Fisher means any person permitted in accordance with M.G.L. c. 130, § 80 and 322 CMR 7.01(2) to retain, possess, or land multi-species groundfish for purpose of sale, barter, or exchange or who keeps for personal or family use any regulated multi-species groundfish taken under the authority of said permit.

For-hire Vessel means a vessel permitted in accordance with 322 CMR 7.10(5)(a): *Permit Categories* to carry paying customers for the purpose of recreational fishing.

Gonads means sex glands commonly known as ovaries or testes or any portions thereof removed from fish and retained for purposes of sale.

Gulf of Maine Groundfish Management Area means those waters under the jurisdiction of the Commonwealth north of 42° 00' including waters of Cape Cod Bay and the Cape Cod Canal that is bounded to the west by a line drawn from the Massachusetts Maritime Academy to the Bell's Neck Road Tidal Flats Recreation Area. This area also includes all estuaries and salt ponds that drain to these waters.

Haddock means that species of fish known as *Melanogrammus aegleinus*.

Halibut means that species of fish known as *Hippoglossus hippoglossus*.

Land means to transfer or offload any regulated multi-species groundfish onto any vessel, boat, watercraft, land, dock, pier, wharf or other artificial structure used for the purpose of receiving fish.

Maximum Retention Electronic Monitoring Program means the federal program established pursuant to Amendment 23 to the New England Fishery Management Council's Northeast Multi-Species Fishery Management Plan and authorized pursuant to 50 CFR Part 648, for vessels permitted by NOAA Fisheries to participate in the federal sector program for the regulated multi-species groundfish fishery and whereby all eligible trips are electronically monitored; fish must be handled in view of cameras; allowed discarding must occur at controlled points in view of cameras; all allocated regulated multi-species groundfish must be retained; electronic monitoring is used to verify compliance; and offloads are subject to observation by dockside monitors.

Monkfish means the species of fish known as *Lophius americanus*.

Monkfish Tail means the section between the first, short, slender spine of the dorsal fin (fourth cephalic spine) and the end of the tail (caudal fin).

Monkfish Whole Weight means tail weight multiplied by 2.91 conversion factor.

Ocean Pout means the species of fish known as *Macrozoarces americanus*.

Pollock means that species of fish known as *Pollachius virens*.

Recreational Fisher means any person who harvests or attempts to harvest fish for personal or family use, sport or pleasure, and which are not sold, bartered, or exchanged.

Recreational Fishing means fishing with hand-held gear other than nets for a purpose or use other than sale, exchange or barter.

Redfish means that species of fish known as *Sebastes fasciatus*.

Regulated Multi-species Groundfish means inclusively, American plaice, cod, haddock, halibut, monkfish, ocean pout, pollock, redfish, windowpane flounder, winter flounder, witch flounder, wolfish and yellowtail flounder.

6.03: continued

Southern New England Cod Stock Area means those waters under the jurisdiction of the Commonwealth that are south and west of Cape Cod and west of the 70th meridian.

Southern New England Groundfish Management Area means those waters under the jurisdiction of the Commonwealth south of 42°00' excluding waters of Cape Cod Bay, but including Pleasant Bay and Nauset Harbor and all connecting embayments in the County of Barnstable as well as all estuaries and salt ponds that drain to these waters.

Total Length means the greatest straight line length as measured on a fish with its mouth closed from the anterior most tip of the jaw or snout to the farthest end of the tail. For fish with forked tails, the upper and lower fork may be squeezed together to measure the tail extremity.

Trip means the time period that begins when a fishing vessel departs from a dock, berth, beach, seawall, ramp or port to carry out commercial fishing operations and that terminates with a return to a dock, berth, seawall, ramp or port.

Western Gulf of Maine Cod Stock Area means those waters under the jurisdiction of the Commonwealth that are north and east Cape Cod, inclusive of the Cape Cod Canal bounded to the west by a line drawn from the Massachusetts Maritime Academy to the Bell's Neck Road Tidal Flats Recreation Area, east of Cape Cod, and south of Cape Cod east of the 70th meridian.

Windowpane Flounder means that species of fish *Scophthalmus aquosus*.

Winter Flounder means that species of fish known commonly as blackback *Pseudopleuronectes americanus*.

Witch Flounder means gray sole or that species of fish known as *Glyptocephalus cynoglossus*.

Wolffish means that species of fish known as *Anarhichas lupus*.

Yellowtail Flounder means that species of fish known as *Limanda ferruginea*.

(2) Size Limits. Except as authorized at 322 CMR 6.03(13)(a), it shall be unlawful to retain, possess or land multispecies groundfish of a total length as set forth below::

(a) Commercial Fishing. For commercial fishers and dealers:

1. Cod: less than 19 inches;
2. Dabs: less than 12 inches;
3. Haddock: less than 16 inches;
4. Pollock: less than 19 inches;
5. Yellowtail Flounder: less than 12 inches;
6. Halibut: less than 41 inches;
7. Monkfish: less than 17 inches in total length or monkfish tails less than 11 inches in total length;
8. Windowpane Flounder: less than 12 inches;
9. Winter Flounder: less than 12 inches;
10. Witch Flounder: less than 13 inches; and
11. Redfish: less than seven inches.

(b) Recreational Fishing. For recreational fishers:

1. Cod: less than 23 inches in the Western Gulf of Maine Cod Stock Area
2. Dabs: less than 14 inches;
3. Haddock:
 - a. less than 17 inches in the Gulf of Maine Groundfish Management Area;
 - b. less than 18 inches in the Southern New England Groundfish Management Area.
4. Yellowtail Flounder: less than 13 inches;
5. Halibut: less than 41 inches;
6. Windowpane Flounder: less than 12 inches; and
7. Winter Flounder: less than 12 inches.

(3) Method of Measurement.

(a) Minimum Size. The minimum sizes established in 322 CMR 6.03(2) shall be determined by the greatest straight line length in inches as measured on a fish with its mouth closed from the anterior most tip of the jaw or snout to the farthest extremity of the tail. For fish with forked tails, the upper and lower fork may be squeezed together to measure the tail extremity.

6.28: continued

(c) Possession and Landing Limits. It shall be unlawful for any commercial fisherman to retain, possess, land or sell, barter, or exchange black sea bass, except as authorized at 322 CMR 6.28(2)(c)1. through 5.:

1. Winter Catch Allowance. From January 1st through March 31st, it shall be unlawful for a commercial fisherman to possess or land more than 100 pounds of black sea bass.
2. Weirs. From April 1st through December 31st, commercial fisherman permitted in accordance with 322 CMR 7.01(4)(a): *Regulated Fishery Permit Endorsement* to operate a fish weir, shall not be subject to daily possession limits or closed commercial fishing days for black sea bass caught in fish weirs. The weir fishery shall close when all permitted weir fishermen have combined to land 24,000 pounds of black sea bass or the commercial black sea bass quota is taken and the fishery is closed in accordance with 322 CMR 6.28(2)(c)6.
3. Black Sea Bass Bycatch Allowance for Trawlers. Beginning on April 23rd commercial fishermen using trawl gear may retain, possess, or land up to 100 pounds of black sea bass during any calendar day or trip, whichever period of time is longer.
4. Summertime Black Sea Bass Pot Fishery.
 - a. Beginning on July 1st, it shall be unlawful for commercial fishermen permitted to fish black sea bass pots to retain, possess, and land more than 500 pounds of black sea bass taken by black sea bass pots during any calendar day or trip, whichever period of time is longer.
 - b. Provided DMF projects more than 15% of the quota remains available on September 15th, during the period of September 15th through December 31st, it shall be unlawful for commercial fishermen to permitted to fish black sea bass pots to retain, possess, or land more than 600 pounds of black sea bass taken by black sea bass pot during any calendar day or trip, whichever period of time is longer. If DMF projects 15% of the quota or less remains on September 15th, the limits provided at 322 CMR 6.28(2)(c)4.a. shall apply.
 - c. During the period of July 1st through September 14th, it shall be unlawful for commercial fishermen using black sea bass pots to retain, possess, or land black sea bass on Fridays and Saturdays.
 - d. Beginning on September 15th, commercial fishermen using black sea bass pots may retain, possess, and land black sea bass seven days per week.
5. Other Gear Types.
 - a. Beginning on July 1st, it shall be unlawful for commercial fishermen using all other authorized gear types, including but not limited to hook and line, to retain, possess, and land more than 250 pounds of black sea bass caught during any calendar day or trip, whichever period of time is longer.
 - b. Provided DMF projects more than 15% of the quota remains on September 15th, during the period of September 15th through December 31st, it shall be unlawful for commercial fishermen using all other authorized gear types, including but not limited to hook and line, to retain, possess, or land more than 300 pounds of black sea bass caught during any calendar day or trip, whichever period of time is longer. If DMF projects 15% of the quota or less remains on September 15th, the limits provided at 322 CMR 6.28(2)(c)5.a. shall apply.
 - c. During the period of July 1st through September 14th, it shall be unlawful for commercial fishermen using all other authorized gear types, including but not limited to hook and line, to retain, possess, or land black sea bass on Fridays and Saturdays.
 - d. Beginning September 15th, commercial fishermen using all other authorized gear types, including but not limited to hook and line, may retain, possess, and land black sea bass seven days per week.
 - e. The regulations set for that 322 CMR 6.28(2)(c)5. shall not apply to commercial fishermen fishing with weirs, trawls, and black sea bass pots regulated pursuant to 322 CMR 6.28(2)(c)2. through 4.
6. Quota Closure. It shall be unlawful for commercial fishermen to possess or land black sea bass once the Director has determined that 100% of the annual commercial black sea bass quota has been reached. The quota closure will be enacted and announced in accordance with the procedure set forth at 322 CMR 6.41(2)(c).

6.28: continued

(3) Recreational Fishery Regulations.

(a) Minimum Size. It shall be unlawful for any recreational fisher to retain, possess, or land black sea bass measuring less than 16 inches in total length not including the tail tendril.

(b) Open Season and Bag Limits.

1. During the period of May 16th through August 31st, it shall be unlawful for any recreational fisher to retain, possess, or land more than four black sea bass per day.

2. During the period of September 1st through October 14th, it shall be unlawful for any recreational fisher to retain, possess, or land more than two black sea bass per day.

(c) Closed Season. During the period of October 15th through May 15th, it shall be unlawful for any recreational fisher to retain, possess, or land any black sea bass.

6.29: Acushnet River Estuary Fisheries Closures

(1) Definitions. For purposes of 322 CMR 6.30, the following words shall have the following meanings:

Area 1 means all waters north of the Hurricane Dike in New Bedford, including all of New Bedford Harbor and the Acushnet River. This area corresponds to Area I described in 105 CMR 260.000: *Prohibition against Certain Fishing in New Bedford Harbor*.

Area 2 means all waters encompassed by an imaginary straight line beginning at the southernmost part of Ricketsons Point in Dartmouth; thence in an easterly direction to the southernmost part of Wilbur Point in Sconticut Neck, Fairhaven; thence along the western shoreline of Sconticut Neck in a northerly direction along the Fairhaven shoreline; thence along the Hurricane Dike to the New Bedford shoreline; thence in a southerly direction to Clarks Point and along the shoreline of Clarks Cove to the starting point. This area corresponds to Area II described in 105 CMR 260.000: *Prohibition against Certain Fishing in New Bedford Harbor*.

(2) Area 1 and 2 Prohibitions. It is unlawful to harvest, catch, or take lobster from Areas 1 and 2.

6.30: American Eels

(1) Definitions. The following words and terms shall have the following meanings:

American Eel means that species of eel known as *Anguilla rostrata*.

Commercial Fisher means any person fishing for American eels under the authority of a commercial fishing permit issued in accordance with M.G.L. c. 130, § 80 and 322 CMR 7.01(2) and (4).

6.43: continued

2. Pursuant to the authority at M.G.L. c. 130, § 80 and 322 CMR 7.01(7), the Director may establish permit conditions as necessary or appropriate for conservation and management. This may include adopting a trip limit in excess of 6,000 pounds of Atlantic menhaden for commercial fishers who have been issued a regulated Atlantic menhaden fishery permit endorsement, provided said trip limit does not exceed 120,000 pounds of Atlantic menhaden.
 3. All commercial fishers participating in the Episodic Event Set Aside Fishery shall only harvest menhaden from the waters under the jurisdiction of the Commonwealth and shall only land in Massachusetts ports.
 4. All commercial fishers participating in the Episodic Event Set Aside Fishery shall be subject to the daily catch reporting requirements set forth at 322 CMR 6.43(7).
 5. It shall be unlawful for a commercial fisher to use a purse seine that exceeds 450 feet long by 48 feet deep.
 6. Storage Requirement. All Atlantic menhaden shall be brought onboard the vessel, and upon retention, be immediately stored in level filled barrels or fish totes. A level filled fish tote shall be the equivalent of 117 pounds of Atlantic menhaden; a level filled barrel shall be the equivalent of 350 pounds of Atlantic menhaden; and 51-level filled fish totes or 17-level filled barrels of Atlantic menhaden shall be the equivalent of 6,000 pounds of Atlantic menhaden.
- (7) Catch Reporting.
- (a) Electronic Catch Reporting. Beginning in 2024, all commercial fishers who have been issued a regulated Atlantic menhaden fishery permit endorsement shall report their catch electronically daily prior to landing through an electronic reporting application approved by the Division.
 - (b) Bait Dealer Reporting for Quota Monitoring. All commercial fishers who hold a regulated Atlantic menhaden fishery permit endorsement and all commercial fishers participating in the Episodic Event Set Aside Fishery shall obtain a Bait Dealer permit, as defined at 322 CMR 7.01(3): *Bait Dealer*, and report to the Division of Marine Fisheries their commercial Atlantic menhaden landings in the Commonwealth on a daily basis on forms provided by the Director.

6.44: Atlantic Mackerel Management

- (1) Definitions. For the purposes of 322 CMR 6.44, the following terms shall have the following meanings:

Atlantic Mackerel means that species known as *Scomber scombrus*.

Commercial Fisher means any person who retains, possess, or lands Atlantic mackerel for the purpose of sale, barter, or exchange or keeps for personal or family use Atlantic mackerel taken under the authority of a commercial fishing permit and regulated fishery permit for Atlantic mackerel issued in accordance with M.G.L. c. 130, § 80 and 322 CMR 7.01: *Form, Use and Contents of Permits*.

Director means the Director of the Division of Marine Fisheries

Division means the Division of Marine Fisheries

For-hire Vessel means any vessel that holds a for-hire permit, issued in accordance with M.G.L. c. 130, § 17C and 322 CMR 7.01(5) that is carrying paying customers for the purpose of recreational fishing.

Quota means the annual coastwide commercial quota for Atlantic mackerel set by the Mid-Atlantic Fishery Management Council and monitored by NOAA Fisheries.

Recreational Fisher means any person who harvests or attempts to harvest fish for personal or family use, sport or pleasure, and which are not sold, bartered, or exchanged.

Recreational Fishing means the non-commercial harvest or attempted harvest of fish for personal or family use, sport or pleasure, and which are not sold, traded, or bartered.

6.44: continued

(2) Recreational Fishing Limit.

(a) It shall be unlawful for any recreational fisher fishing from a private vessel or shore to harvest more than 25 Atlantic mackerel per calendar day or possess more than 25 Atlantic mackerel while recreationally fishing.

(b) It shall be unlawful for any recreational fisher fishing onboard a for-hire vessel during a for-hire trip to harvest more than 50 Atlantic mackerel per calendar day or possess more than 50 Atlantic mackerel while recreationally fishing.

(3) Commercial Fishing.

(a) Permit Requirement. To retain, possess, or land Atlantic mackerel in excess of the recreational fishing limit set forth at 322 CMR 6.44(2), a person shall obtain a commercial fishing permit and regulated fishery permit endorsement for Atlantic mackerel.

(b) Commercial fishers may retain, possess, and land Atlantic mackerel for use as bait in other commercial fisheries in quantities that exceed the recreational fishing limit set forth at 322 CMR 6.44(2).

(c) If a commercial fisher is recreationally fishing from shore, a private vessel, or charter vessel, it shall be unlawful to retain, possess, or land Atlantic mackerel in quantities exceeding the recreational fishing limit set forth at 322 CMR 6.44(2).

(d) State Waters Trip Limit. Within the waters under the jurisdiction of the Commonwealth, it shall be unlawful for any commercial fisher to retain, possess, or land more than 20,000 pounds of Atlantic mackerel during any trip or calendar day, whichever period of time is longer.

Once NOAA Fisheries determines 1,100 metric tons of the annual domestic harvest limit remains, it shall be unlawful for any commercial fisher fishing in the waters under the jurisdiction of the Commonwealth to retain, possess, or land more than 5,000 pounds of Atlantic mackerel.

Once NOAA Fisheries determines 220 metric tons of the annual domestic harvest limit remains, it shall be unlawful for any commercial fisher fishing in the waters under the jurisdiction of the Commonwealth to retain, possess, or land more than 2,500 pounds of Atlantic mackerel.

1. Exemptions to State Waters Trip Limit.

a. Federal Permit Holders. Vessels permitted by NOAA Fisheries to commercially harvest and land Atlantic mackerel may possess and land more than the state waters trip limit in Massachusetts provided the fish was lawfully caught outside of the waters under the jurisdiction of the Commonwealth; the vessel transits directly through the waters under the jurisdiction of the Commonwealth for the purposes of landing Atlantic mackerel; the vessel's gear is out of the water and stowed properly onboard while within the waters under the jurisdiction of the Commonwealth; and the vessel makes no stops upon entering the waters under the jurisdiction of the Commonwealth prior to landing unless so directed by law enforcement or authorized in writing by the Division.

b. Fish Weirs. Commercial fishers permitted in accordance with 322 CMR 7.01: *Form, Use and Contents of Permit* and M.G.L. c. 130, § 29 to operate a fish weir are exempt from this trip limit when retaining, possessing, or landing Atlantic mackerel caught in their permitted fish weirs.

REGULATORY AUTHORITY

322 CMR 6.00: M.G.L. c. 130, §§ 2, 17A, 80, 100A and 104.

**THE COMMONWEALTH OF MASSACHUSETTS****William Francis Galvin**

Secretary of the Commonwealth

Regulation Filing*To be completed by filing agency*CHAPTER NUMBER: **101 CMR 317.00**CHAPTER TITLE: **Rates for Medicine Services**AGENCY: **Executive Office of Health and Human Services**SUMMARY OF REGULATION: *State the general requirements and purposes of this regulation.***This Regulation governs the payment rates used by all governmental units for medical services provided to publicly aided patients by eligible providers.**REGULATORY AUTHORITY: **M.G.L. c. 118E**AGENCY CONTACT: **Deborah Briggs, MassHealth Publications** PHONE: **617-847-3302**ADDRESS: **100 Hancock Street, 6th Floor, Quincy, MA 02171****Compliance with M.G.L. c. 30A****EMERGENCY ADOPTION** - *if this regulation is adopted as an emergency, state the nature of the emergency.***PRIOR NOTIFICATION AND/OR APPROVAL** - *If prior notification to and/or approval of the Governor, Legislature or others was required, list each notification, and/or approval and date, including notice to the Local Government Advisory Commission.***Executive Order 145 notifications: October 31, 2025****Regulatory Review approval: April 14, 2026****PUBLIC REVIEW** - *M.G.L. c. 30A sections 2 and/or 3 requires notice of the hearing or comment period, including a small business impact statement, be filed with the Secretary of the Commonwealth, published in appropriate newspapers, and sent to persons to whom specific notice must be given at least 21 days prior to such hearing or comment period.*Date of public hearing or comment period: **12/01/2025**

FISCAL EFFECT - *Estimate the fiscal effect of the public and private sectors.*

For the first and second year: **The estimated aggregate annual fiscal impact of the proposed amendments is \$108,000.**

For the first five years:

No fiscal effect:

SMALL BUSINESS IMPACT - *M.G.L. c. 30A section 5 requires each agency to file an amended small business impact statement with the Secretary of the Commonwealth prior to the adoption of a proposed regulation. If the purpose of this regulation is to set rates for the state, this section does not apply.*

Date amended small business impact statement was filed: **N/A**

CODE OF MASSACHUSETTS REGULATIONS INDEX - *List key subjects that are relevant to this regulation:*

PROMULGATION - *State the action taken by this regulation and its effect on existing provisions of the Code of Massachusetts Regulations (CMR) or repeal, replace or amend. List by CMR number:*

Adopts 101 CMR 317.00: Rates for Medicine Services.

ATTESTATION - *The regulation described herein and attached hereto is a true copy of the regulation adopted by this agency.* ATTEST:

SIGNATURE: SIGNATURE ON FILE DATE: **Apr 24 2026**

Publication - *To be completed by the regulations Division*

MASSACHUSETTS REGISTER NUMBER: **1573** DATE: **5/8/26**

EFFECTIVE DATE: **5/8/26**

CODE OF MASSACHUSETTS REGULATIONS

Remove these Pages:

**2.3 & 2.4
721 - 750.2.12**

Insert these Pages:

**2.3 & 2.4
721 - 750.2.14**

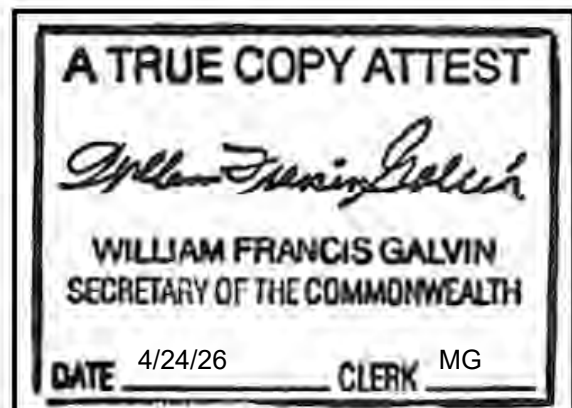


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101 CMR 317.00: RATES FOR MEDICINE SERVICES

Section

- 317.01: General Provisions
- 317.02: General Definitions
- 317.03: General Rate Provisions
- 317.04: Maximum Allowable Fees – Medical Services
- 317.05: Severability

317.01: General Provisions

- (1) Scope and Purpose. 101 CMR 317.00 governs the payment rates used by all governmental units for medical services provided to publicly aided patients. Rates for services provided to individuals covered by the Workers' Compensation Act, M.G.L. c. 152, are not set forth in 101 CMR 317.00, but are at 114.3 CMR 40.00: *Rates for Services under M.G.L. c. 152, Worker's Compensation Act.*
- (2) Applicable Dates of Service. Rates contained in 101 CMR 317.00 apply for dates of service on or after January 1, 2026, except as otherwise noted.
- (3) Coverage.
 - (a) Payment rates in 101 CMR 317.00 are used to pay for medical services rendered to patients in a private medical office, licensed clinic, hospital, or other inpatient or outpatient facility or department, independent diagnostic testing facility, patient's residence, or other appropriate setting by an individual eligible provider, when an eligible provider bills for the medical services rendered and no other payment method applies.
 - (b) The rates of payment under 101 CMR 317.00 are full compensation for patient care rendered to publicly aided patients as well as for any related administrative or supervisory duties in connection with patient care. The rates of payment also reimburse all overhead expenses associated with the service provided, without regard to where the care is rendered.
- (4) Disclaimer of Authorization of Services. 101 CMR 317.00 is not authorization for or approval of the procedures for which rates are determined pursuant to 101 CMR 317.00. Governmental units that purchase care are responsible for the definition, authorization, coverage policies, and approval of care and services provided to publicly aided patients.
- (5) Coding Updates and Corrections. EOHHS may publish procedure code updates and corrections in the form of an administrative bulletin. Updates may reference coding systems including, but not limited to, the American Medical Association's *Current Procedural Terminology* (CPT).
 - (a) The publication of such updates and corrections will list
 1. codes for which the code numbers change, with the corresponding cross references between the new codes and the codes being replaced. Rates for such updated codes are set at the rate of the code that is being replaced;
 2. deleted codes for which there are no corresponding new codes; and
 3. codes for entirely new services that require pricing. EOHHS will list these codes and apply Individual Consideration (IC) reimbursement for these codes until appropriate rates can be developed.
 - (b) For entirely new codes that require new pricing and have Medicare assigned relative value units (RVUs) (or, for applicable services, Medicare rates), EOHHS may list these codes and price them according to the rate methodology used in setting physician rates. When Medicare RVUs (or, for applicable services, Medicare rates) are not available, EOHHS may apply Individual Consideration in reimbursing for these new codes until appropriate rates can be developed.
- (6) Administrative Bulletins. EOHHS may issue Administrative Bulletins to add, delete, or otherwise update codes or modifiers, and to clarify its policy on and understanding of substantive provisions of 101 CMR 317.00. EOHHS may also issue Administrative Bulletins to clarify to which duly licensed or certified health care professionals or students the rate methods in this regulation apply, including in the event that the Department of Public Health issues an Order pursuant to M.G.L. c. 94C, and 105 CMR 700.003(H).

317.02: General Definitions

The five-digit procedure codes, and two-digit modifier codes included in 101 CMR 317.00, and their corresponding descriptions, utilize the Healthcare Common Procedure Code System (HCPCS) for Level I and Level II coding. Level I CPT-4 codes are obtained from the Physicians' 2023 *Current Procedural Terminology* (CPT), copyright 2022 by the American Medical Association (AMA), unless otherwise specified. Level II codes are obtained from the 2023 HCPCS, maintained jointly by the Centers for Medicare & Medicaid Services (CMS), the Blue Cross and Blue Shield Association, and the Health Insurance Association of America. HCPCS is a listing of descriptive terms and identifying codes and modifiers for reporting medical services and procedures performed by physicians and other health care professionals, as well as associated nonphysician services. No fee schedules, basic unit value, relative value guides, conversion factors, or scales are included in any part of the Physicians' *Current Procedure Terminology*. For code descriptions, *see* the medicine services code spreadsheet at www.mass.gov/regulations/101-CMR-31700-medicine.

In addition, terms used in 101 CMR 317.00 have the meanings set forth in 101 CMR 317.02.

Child and Adolescent Needs and Strengths (CANS). A tool that provides a standardized way to organize information gathered during a psychiatric diagnostic assessment and is a treatment and service decision support tool for children and adolescents younger than 21 years old.

CMS. Centers for Medicare & Medicaid Services.

Correctional Facility. Any building, enclosure, space or structure used for the custody, control and rehabilitation of committed offenders and of such other persons as may be placed in custody therein in accordance with law.

Early and Periodic Screening, Diagnostic and Treatment (EPSDT). A program of health screening and other medical services for publicly assisted individuals younger than 21 years old as required by federal law.

Eligible Provider. The rates established in 101 CMR 317.00 apply in accordance with 101 CMR 317.01 to the following types of providers who meet conditions of participation of the governmental unit purchasing such services, and to the extent specified by such governmental unit. Eligible providers must provide such services in accordance with generally accepted professional standards and in accordance with state licensing requirements and certification by national credentialing bodies as required by law.

- (a) A licensed physician (other than an intern, resident, fellow, or house officer), licensed podiatrist, licensed dentist, licensed chiropractor, and licensed optometrist.
- (b) A provider of diagnostic medical services. Such medical diagnostic services may be rendered by eligible providers such as, but not limited to, independent diagnostic testing facilities (IDTFs). These eligible providers must be physically and financially independent of a hospital or a physician's office.
- (c) A provider of radiation oncology services. Radiation oncology services may be rendered by eligible providers such as, but not limited to, independent radiation oncology centers. These eligible providers must be physically and financially independent of a hospital or a physician's office.
- (d) A clinic licensed by the Massachusetts Department of Public Health in accordance with 105 CMR 140.000: *Licensure of Clinics* to provide medical diagnostic services.
- (e) A freestanding birth center facility that is not operating under a hospital's license, and is licensed as a birth center by the Massachusetts Department of Public Health pursuant to 105 CMR 140.000: *Licensure of Clinics*.
- (f) An advanced practice registered nurse who is authorized by the Board of Registration in Nursing to practice as a certified nurse practitioner, certified nurse midwife, clinical nurse specialist, psychiatric clinical nurse specialist, or a certified registered nurse anesthetist (CRNA).
- (g) A licensed physician assistant who is authorized by the Board of Registration for Physician Assistants to practice as a physician assistant.
- (h) A registered nurse providing tobacco cessation services.
- (i) A tobacco cessation counselor who has completed appropriate training in tobacco cessation counseling according to the qualification criteria established by the purchasing governmental unit.

317.02: continued

- (j) A pharmacist who is registered by the Board of Registration in Pharmacy.
- (k) An acupuncturist who is licensed by the Board of Registration in Medicine to practice acupuncture.
- (l) A correctional facility operating in the Commonwealth of Massachusetts.

Eligible Provider for Administration of Vaccines. A licensed physician, certified nurse practitioner, certified nurse midwife, clinical nurse specialist, psychiatric clinical nurse specialist, physician assistant, registered pharmacist, correctional facility, or other health care professional certified in accordance with 105 CMR 700.000: *Implementation of M.G.L. c. 94C*, and any home health agency certified as a provider of home health services under the Medicare Health Insurance Program for the Aged (Title XVIII) is eligible to administer vaccines, if it otherwise meets such conditions of participation and coverage set forth by a purchasing governmental unit. Any other providers authorized by the Massachusetts Department of Public Health to possess and administer vaccines are also eligible if they otherwise meet such conditions of participation and coverage set forth by a purchasing governmental unit.

EOHHS. The Executive Office of Health and Human Services established under M.G.L. c. 6A.

Facility Setting Fee. Payments for services provided by an individual eligible provider in a hospital (including, without limitation, a hospital inpatient department, outpatient department, emergency department, and hospital licensed health center), or skilled nursing facility or freestanding ambulatory surgical center (ASC), will be made according to a facility setting fee when an applicable facility setting fee has been established for that procedure.

Governmental Unit. The Commonwealth, any department, agency, board or commission of the Commonwealth and any political subdivision of the Commonwealth.

Individual Consideration. Medical services that are authorized but not listed in 101 CMR 317.00, medical services performed in unusual circumstances, and services designated "IC" are Individually Considered items. The governmental unit or purchaser analyzes the eligible provider's report of services rendered and charges submitted under the appropriate unlisted services or procedures category. The governmental unit or purchaser determines appropriate payment for procedures designated IC in accordance with the following standards and criteria:

- (a) the amount of time required to perform the service;
- (b) the degree of skill required to perform the service;
- (c) the severity or complexity of the patient's disease, disorder, or disability;
- (d) any applicable relative-value studies;
- (e) any complications or other circumstances that may be deemed relevant;
- (f) the policies, procedures, and practices of other third-party insurers;
- (g) the payment rate for prescribed drugs as set forth in 101 CMR 331.00: *Prescribed Drugs*; and
- (h) a copy of the current invoice from the supplier.

Modifiers. Listed services may be modified under certain circumstances. When applicable, the modifying circumstances should be identified by the addition of the appropriate two-digit number or letters.

Participating Correctional Facility (Facility). Any correctional facility that is a Department of Corrections state prison, county jail or house of correction, or a Department of Youth Services hardware secure or staff secure track 1 facility or unit that is not an institution of mental diseases as defined in 42 CFR 435.1010: *Definitions relating to institutional status*, and that is enrolled as a MassHealth provider.

Physical Medicine. The physical medicine procedure codes apply only when

- (a) the physician prescribed the needed therapy; and
- (b) the services are provided by the physician or a licensed physical or occupational therapist employed by the physician.

Primary Care Clinician (PCC) Plan. A managed care option administered by the MassHealth agency through which enrolled members receive primary care and certain other medical services.

317.02: continued

Publicly Aided Individual (or Publicly Aided Patient). A person who receives health care and services for which a governmental unit is in whole or in part liable under a statutory program of public assistance.

Referral. The transfer of the total or specific care from one eligible provider to another.

Separate Procedure. Some of the listed procedures are commonly carried out as an integral part of a total service, and as such do not warrant a separate identification. When, however, such a procedure is performed independently of, and is not immediately related to, other services, it may be listed as a separate procedure in the procedure description. Thus, when a procedure that is ordinarily a component of a larger procedure is performed alone for a specific purpose, it may be considered to be a separate procedure.

Unlisted Procedure or Service. A service or procedure may be provided that is not listed in 101 CMR 317.04. When reporting such a service, the appropriate "Unlisted Procedure" code may be used to indicate the service.

317.03: General Rate Provisions

(1) Rate Determination. Rates of payment for services for which 101 CMR 317.00 applies are the lowest of

- (a) the eligible provider's usual fee to patients other than publicly aided individuals;
- (b) the eligible provider's actual charge submitted; or
- (c) 1. the schedule of allowable fees set forth in 101 CMR 317.04(4), taking into account appropriate modifiers and any other applicable rate provision(s) in accordance with 101 CMR 317.03 or 317.04(1); or
- 2. for drugs, vaccines, and immune globulins administered in a physician's office, the fee specified in 101 CMR 317.04(1)(a), taking into account any other applicable rate provision(s) in accordance with 101 CMR 317.04(1).

(2) Supplemental Payment.

(a) Eligibility. An eligible provider who is a physician, certified nurse practitioner, physician assistant, or CRNA is eligible for a supplemental payment for services to publicly aided individuals eligible under Titles XIX and XXI of the Social Security Act if the following conditions are met:

- 1. the eligible provider is employed by a nonprofit group practice that was established in accordance with St. 1997, c. 163 and is affiliated with a Commonwealth-owned medical school;
- 2. such nonprofit group practice must have been established on or before January 1, 2000, in order to support the purposes of a teaching hospital affiliated with and appurtenant to a Commonwealth-owned medical school; and
- 3. the services are provided at a teaching hospital affiliated with and appurtenant to a Commonwealth-owned medical school.

(b) Payment Method. This supplemental payment may not exceed the difference between

- 1. payments to the eligible provider made pursuant to the rates applicable under 101 CMR 316.03(1): *Rate Determination*, 101 CMR 317.03(1), and 101 CMR 318.03(1): *Rate Determination*; and
- 2. the federal upper payment limit established by the Centers for Medicare & Medicaid Services.

(3) Rate Variations Based on Practice Site. Payments for certain services provided by individual eligible providers that can be routinely furnished in physicians' offices are reduced when such services are furnished in facility settings. 101 CMR 317.04 establishes facility setting fees applied to services rendered in a facility when a practice site differential is warranted.

(4) The sum of the professional and technical components of an individual procedure will not be greater than the allowable global fee set forth in 101 CMR 317.04(4).

317.03: continued

(5) Allowable Fee for Certain Eligible Providers. Payment for services provided by eligible providers who are certified nurse practitioners, psychiatric clinical nurse specialists, clinical nurse specialists, physician assistants, registered nurses, tobacco cessation counselors, pharmacies that utilize pharmacists, or other health care professionals certified in accordance with 105 CMR 700.000: *Implementation of M.G.L. c. 94C*, and home health agencies as specified in 101 CMR 317.02 is 85% of the fees contained in 101 CMR 317.04. 101 CMR 317.03(5) does not apply to the EPSDT add-on code S0302 described in 101 CMR 317.03(7) or for tobacco cessation services, for medical nutrition therapy (97802, 97803, 97804, G0270, G0271), for diabetes self-management training (G0108, G0109), for the administration of behavioral health or developmental screenings (96110, 96127, and related modifiers), or for the perinatal depression screening (S3005 and related modifiers) services listed in 101 CMR 317.04(4). The rates listed in 101 CMR 317.04(4) for tobacco cessation services performed by certain eligible providers already reflect the appropriate rate and no further rate adjustment applies (*see* codes 99407, 99407-SA, -TD, -TF, -HQ, -U1, -U2, and -U3).

(6) Behavioral Health and Developmental Screening Services. Payment for the administration and scoring of standardized behavioral health and developmental screening tools is available to certain eligible providers (physicians, certified nurse midwives, certified nurse practitioners, physician assistants, community health centers, hospital outpatient departments, or such eligible providers employed by a physician or community health center if authorized by the governmental unit) and is allowed for MassHealth purchase only when accompanied by a modifier. Appropriate codes and related modifiers for the standardized behavioral health screening tools are listed in a separate fee table in 101 CMR 317.04(4). For purposes of these modifiers, "Behavioral health need identified" or "Developmental services need identified" means the provider administering the screening tool, in her or his professional judgment, identifies a child with a potential behavioral health or developmental services need.

(7) Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Add-on Code. To identify a completed well child office visit including all age-appropriate components of the EPSDT schedule, use code S0302 in addition to the appropriate preventive medicine service in 101 CMR 317.04(4). S0302 is always performed in addition to the primary procedure and must never be reported as a stand-alone code.

(8) Services and Payments Covered under Other Regulations. Rules and reimbursement rates for the Medicine service codes listed in the chart below are contained in other EOHHS regulations, except when an eligible provider that is a licensed physician is billing those codes in conjunction with a medical (nonroutine) diagnosis code.

Regulation Title	Regulation Number	Affected Services
Rates for Hearing Services	101 CMR 323.00	Audiologic Codes 92590 to 92595
Rates for Vision Care Services and Ophthalmic Materials	101 CMR 315.00	Ophthalmological Service Codes 92002, 92004, 92012, 92014, 92015; Spectacle Service Codes 92340-92342, 92370 and Screening Code 99173

(9) CPT Category III Codes. All medicine related CPT category III codes are included as a part of 101 CMR 317.00 and have an assigned fee of IC.

(10) PCC Plan Enhanced Fee. Primary Care Clinicians (PCCs) receive an enhanced rate for certain types of primary and preventive care visits provided to PCC Plan members enrolled with the PCC on the date of service. The enhanced fee specified in 101 CMR 353.03: *General Payment Provisions* is added to the rate for the procedure code billed. The MassHealth agency pays PCCs an enhanced fee for delivering primary care services in accordance with the terms of the PCC provider contract.

317.03: continued

(11) Child and Adolescent Needs and Strengths (CANS): Psychiatric Diagnostic Interview Examination for Children and Adolescents Younger than 21 Years Old. Psychiatrists or psychiatric clinical nurse specialists who complete the CANS for a MassHealth child or adolescent younger than 21 years old during a Psychiatric Diagnostic Interview Examination should bill using procedure code 90791 accompanied by modifier HA.

317.04: Maximum Allowable Fees – Medical Services(1) Drugs, Medications, Supplies, and Laboratory Specimen Collections.

(a) Payment rates for drugs, vaccines, and immune globulins administered in a physician's office are equal to the fee listed in the Quarterly Average Sales Price (ASP) Medicare Part B Drug Pricing File. For drugs, vaccines, and immune globulins administered in a physician's office that are not listed in the Quarterly ASP Medicare Part B Drug Pricing File, codes are listed in 101 CMR 317.04(4) with payment set by IC, which will apply until such time as the code is listed in the Quarterly ASP Medicare Part B Drug Pricing File.

(b) Supplies and materials used in preparation for or as part of a procedure (*e.g.*, bandages, laboratory kits, syringes, or disposable gloves) are not reimbursed separately, but are included in the office visit rate. In addition, no supplemental charge can be submitted nor payment allowed for routine specimen collection in a physician's office and preparation for clinical laboratory analysis (and activities related thereto), *e.g.*, venipuncture, urine, fecal and sputum samples, culturing, swabbing, and scraping for removal of tissues.

(c) Where applicable, payments for drugs, medicines, supplies, and related materials dispensed to patients are in accordance with rates that are the subject matter of other regulations that may be in effect and germane to the item in question (*e.g.*, laboratory, pharmacy, medical supplies, *etc.*). In other instances where the use of another regulation is not appropriate, certain supplies and materials (except eyeglasses) provided by the physician over and above those usually included with the office visit or other services rendered should be billed under code 99070.

(d) Payment for drugs and/or biologicals may be claimed in addition to an office visit. Drugs that are considered routine and integral to the delivery of a physician's professional services in the course of diagnosis or treatment are not reimbursable. Such drugs are commonly provided without charge or are included in the physician's fee for the service. Drugs and/or biologicals available free of charge from the Massachusetts Department of Public Health are not payable items. When an immunization or injection is the primary purpose of an office or other outpatient visit, the provider may bill only for the injectable material and its administration. Payment for both vaccine administration and an office visit is allowable only when the vaccine administration is a medically necessary, separately identifiable service.

(e) Allowable Fee for COVID-19 Treatment. The allowable fees for monoclonal antibodies and their administration for the treatment of COVID-19 are 100% of the corresponding Medicare Part B payment rates, without geographic adjustment. Payment for the administration of monoclonal antibodies provided by eligible providers who are certified nurse practitioners, psychiatric clinical nurse specialists, clinical nurse specialists, physician assistants, registered nurses, pharmacies that utilize pharmacists, or other health care professionals certified in accordance with 105 CMR 700.000: *Implementation of M.G.L. c. 94C*, and home health agencies as specified in 101 CMR 317.02 is 85% of the allowable fee.

(f) Allowable Fee for COVID-19 Vaccine and Vaccine Administration. The allowable fees for COVID-19 vaccines and their administration are 100% of the corresponding Medicare Part B payment rates, without geographic adjustment. Payment for administration of the COVID-19 vaccine provided by eligible providers who are certified nurse practitioners, psychiatric clinical nurse specialists, clinical nurse specialists, physician assistants, registered nurses, pharmacies that utilize pharmacists, or other health care professionals certified in accordance with 105 CMR 700.000: *Implementation of M.G.L. c. 94C*, and home health agencies as specified in 101 CMR 317.02 is 85% of the allowable fee.

(2) Unless otherwise specified, guidelines, notes, and definitions provided in the 2023 CPT Coding Handbook are applicable to the use of the procedure codes and modifiers listed below, as well as their corresponding descriptions. For code descriptions, *see* the medicine services code spreadsheet at www.mass.gov/regulations/101-CMR-31700-medicine.

317.04: continued

(3) Modifiers.

(a) 24: Unrelated Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional during Postoperative Period.

(b) 25: Significant, Separately Identifiable Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional on the Same Day of the Procedure or Other Service. Modifier 25 is used to facilitate billing of evaluation and management services on the day of a procedure for which separate payment may be made. The physician or other qualified health care professional may indicate that on the day a procedure or service code was performed, the patient's condition required a significant, separately identifiable evaluation and management service above and beyond the usual preoperative and postoperative care associated with the procedure or service that was performed.

(c) 26: Professional Component. The component of a service or procedure representing the physician's or other qualified health care professional's work interpreting or performing the service or procedure. (When the physician or other qualified health care professional component is reported separately, the addition of modifier 26 to the appropriate procedure code will allow payment of the professional component allowable fee (PC Fee) contained in 101 CMR 317.04(4), adjusted by 101 CMR 317.03 as applicable.)

(d) 50: Bilateral Procedures. Payment for bilateral procedures performed at the same operative session must be identified by the appropriate service code and modifier 50. Only one claim line is billed for both procedures. (The addition of modifier 50 to the bilateral code will allow payment of 150% of the allowable fee contained in 101 CMR 317.04(4), adjusted by 101 CMR 317.03 as applicable, to the eligible provider for performance of both bilateral procedures.)

(e) 51: Multiple Procedures. This modifier must be used to report multiple procedures performed at the same session. The service code for the major procedure or service must be reported without a modifier. The secondary, additional, or lesser procedure(s) must be identified by adding modifier 51 to the end of the service code for the secondary procedure(s). (The addition of modifier 51 to the second and subsequent procedure codes allows payment of 50% of the allowable fee contained in 101 CMR 317.04(4), adjusted by 101 CMR 317.03 as applicable, to the eligible provider. Note: This modifier should not be used with designated "add-on" codes or with codes in which the narrative begins with "each additional.")

(f) 52: Reduced Services. Under certain circumstances a service or procedure is partially reduced or eliminated at the physician's or other qualified health care professional's election. Under these circumstances, the service provided can be identified by its usual procedure number and addition of modifier 52 signifying that the service is reduced. This provides a means of reporting reduced services without disturbing the identification of the basic service.

(g) 57: Decision for Surgery.

(h) 59: Distinct Procedural Service. To identify a procedure distinct or independent from other services performed on the same day add modifier 59 to the end of the appropriate service code. Modifier 59 is used to identify services/procedures that are not normally reported together, but are appropriate under certain circumstances, for example, different site or organ system. However, when another already established modifier is appropriate, it should be used rather than modifier 59.

(i) GO: Services Delivered Personally by an Occupational Therapist or under an Outpatient Occupational Therapy Plan of Care.

(j) GP: Services Delivered Personally by a Physical Therapist or under an Outpatient Physical Therapy Plan of Care.

(k) HA: Child and Adolescent Needs and Strengths (CANS): Psychiatric Diagnostic Interview Examination for Children and Adolescents Younger than 21 Years Old. This modifier should only be applied to service code 90791 billed by psychiatrists or psychiatric clinical nurse specialists to identify a Psychiatric Diagnostic Interview Examination for a MassHealth child or adolescent younger than 21 years old using the CANS.

(l) LM: Left Main Coronary Artery.

(m) PA: Surgical or Other Invasive Procedure Performed on the Wrong Body Part. This modifier is applied to report Provider Preventable Conditions in accordance with 42 CFR 447.26, and results in nonpayment for services.

(n) PB: Surgical or Other Invasive Procedure Performed on the Wrong Patient. This modifier is applied to report Provider Preventable Conditions in accordance with 42 CFR 447.26, and results in nonpayment for services.

317.04: continued

- (o) PC: Wrong Surgical or Other Invasive Procedure Performed on a Patient. This modifier is applied to report Provider Preventable Conditions in accordance with 42 CFR 447.26, and results in nonpayment for services.
- (p) RI: Ramus Intermedius Coronary Artery.
- (q) SA: Nurse Practitioner Rendering Service in Collaboration with a Physician. This modifier is to be applied to service codes billed by a physician that were performed by a certified nurse practitioner employed by the physician (the physician employer must be practicing as an individual and not practicing as a professional corporation or as a member of a group practice). A certified nurse practitioner billing under his or her own individual provider number, or a group practice, should not use this modifier.
- (r) SL: State Supplied Vaccine. This modifier is to be applied to the vaccine code to identify the administration of vaccines provided at no cost by the Massachusetts Department of Public Health for individuals younger than 18 years old, including those administered under the Vaccine for Children Program (VFC).
- (s) TC: Technical Component. The component of a service or procedure representing the cost of rent, equipment, utilities, supplies, administrative and technical salaries and benefits, and other overhead expenses of the service or procedures, excluding the physician’s or other qualified health care professional’s professional component. (When the technical component is reported separately, the addition of modifier TC to the procedure code will allow payment of the technical component allowable fee (TC Fee) contained in 101 CMR 317.04(4), as adjusted by 101 CMR 317.03 as applicable.)
- (t) XE: Separate Encounter. A service that is distinct because it occurred during a separate encounter.
- (u) XS: Separate Structure. A service that is distinct because it was performed on a separate organ/structure.
- (v) XP: Separate Practitioner. A service that is distinct because it was performed by a different practitioner.
- (w) XU: Unusual Non-overlapping Service. The use of a service that is distinct because it does not overlap usual components of the main service.

- (4) Fee Schedule.
 - (a) NFAC – “Nonfacility”. These amounts apply when the service is performed in a nonfacility setting.
 - (b) FAC – “Facility”. These amounts, also known as the Facility Setting Fee, apply when the service is performed in a facility setting.
 - (c) Global Fee. These amounts apply when no site of service differential rate is specified.

Code	NFAC	FAC	Global	PC	TC	Description (see medicine services code spreadsheet at www.mass.gov/regulations/101-CMR-31700-medicine)
0121A	-	-	IC	-	-	
0141A	-	-	IC	-	-	
0142A	-	-	IC	-	-	
0151A	-	-	IC	-	-	
0171A	-	-	IC	-	-	
0172A	-	-	IC	-	-	
0173A	-	-	IC	-	-	
0174A	-	-	IC	-	-	
90281	-	-	IC	-	-	
90283	-	-	IC	-	-	
90284	-	-	IC	-	-	
90287	-	-	IC	-	-	
90288	-	-	IC	-	-	
90291	-	-	IC	-	-	
90296	-	-	IC	-	-	

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

317.04: continued

Code	NFAC	FAC	Global	PC	TC	Description (<i>see</i> medicine services code spreadsheet at www.mass.gov/regulations/101-CMR-31700-medicine)
90377	-	-	IC	-	-	
90378	-	-	IC	-	-	
90384	-	-	IC	-	-	
90385	-	-	IC	-	-	
90386	-	-	IC	-	-	
90389	-	-	IC	-	-	
90393	-	-	IC	-	-	
90396	-	-	IC	-	-	
90399	-	-	IC	-	-	
90460	-	-	\$20.45	-	-	
90461	-	-	\$9.84	-	-	
90471	-	-	\$20.45	-	-	
90472	-	-	\$9.84	-	-	
90473	-	-	\$20.45	-	-	
90474	-	-	\$9.84	-	-	
90476	-	-	IC	-	-	
90477	-	-	IC	-	-	
90581	-	-	IC	-	-	
90586	-	-	IC	-	-	
90587	-	-	IC	-	-	
90589	-	-	IC	-	-	
90619	-	-	IC	-	-	
90620	-	-	IC	-	-	
90621	-	-	IC	-	-	
90623	-	-	IC	-	-	
90625	-	-	IC	-	-	
90626	-	-	IC	-	-	
90627	-	-	IC	-	-	
90630	-	-	IC	-	-	
90633	-	-	IC	-	-	
90634	-	-	IC	-	-	
90636	-	-	\$122.36	-	-	
90644	-	-	IC	-	-	
90647	-	-	IC	-	-	
90648	-	-	IC	-	-	
90649	-	-	IC	-	-	
90650	-	-	IC	-	-	
90651	-	-	IC	-	-	
90653	-	-	IC	-	-	
90654	-	-	IC	-	-	
90655	-	-	IC	-	-	
90656	-	-	IC	-	-	
90657	-	-	IC	-	-	
90658	-	-	IC	-	-	
90660	-	-	IC	-	-	
90661	-	-	IC	-	-	
90664	-	-	IC	-	-	
90666	-	-	IC	-	-	

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

317.04: continued

Code	NFAC	FAC	Global	PC	TC	Description (<i>see</i> medicine services code spreadsheet at www.mass.gov/regulations/101-CMR-31700-medicine)
90667	-	-	IC	-	-	
90668	-	-	IC	-	-	
90671	-	-	IC	-	-	
90672	-	-	IC	-	-	
90673	-	-	IC	-	-	
90674	-	-	IC	-	-	
90676	-	-	IC	-	-	
90677	-	-	IC	-	-	
90678	-	-	IC	-	-	
90680	-	-	IC	-	-	
90681	-	-	IC	-	-	
90682	-	-	IC	-	-	
90683	-	-	IC	-	-	
90685	-	-	IC	-	-	
90687	-	-	IC	-	-	
90689	-	-	IC	-	-	
90690	-	-	IC	-	-	
90694	-	-	IC	-	-	
90696	-	-	IC	-	-	
90697	-	-	IC	-	-	
90698	-	-	IC	-	-	
90700	-	-	IC	-	-	
90702	-	-	IC	-	-	
90707	-	-	IC	-	-	
90710	-	-	IC	-	-	
90713	-	-	IC	-	-	
90716	-	-	IC	-	-	
90717	-	-	IC	-	-	
90723	-	-	IC	-	-	
90733	-	-	IC	-	-	
90734	-	-	IC	-	-	
90736	-	-	IC	-	-	
90738	-	-	IC	-	-	
90739	-	-	IC	-	-	
90743	-	-	IC	-	-	
90744	-	-	IC	-	-	
90748	-	-	IC	-	-	
90749	-	-	IC	-	-	
90750	-	-	IC	-	-	
90756	-	-	IC	-	-	
90758	-	-	IC	-	-	
90759	-	-	IC	-	-	
90785	\$10.96	\$9.62	-	-	-	
90791	\$128.70	\$109.68	-	-	-	
90792	\$144.56	\$125.28	-	-	-	
90832	\$55.55	\$48.32	-	-	-	
90833	\$51.05	\$45.16	-	-	-	
90834	\$73.46	\$64.08	-	-	-	

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

317.04: continued

Code	NFAC	FAC	Global	PC	TC	Description (<i>see</i> medicine services code spreadsheet at www.mass.gov/regulations/101-CMR-31700-medicine)
90836	\$64.73	\$57.23	-	-	-	
90837	\$108.09	\$94.16	-	-	-	
90838	\$85.64	\$76.00	-	-	-	
90839	\$103.82	\$90.96	-	-	-	
90840	\$51.45	\$45.56	-	-	-	
90845	\$69.49	\$60.92	-	-	-	
90846	\$69.54	\$69.27	-	-	-	
90847	\$72.52	\$72.26	-	-	-	
90849	\$27.97	\$21.27	-	-	-	
90853	\$19.67	\$16.99	-	-	-	
90863	\$18.71	\$17.64	-	-	-	
90865	\$122.02	\$89.88	-	-	-	
90867	-	-	IC	-	-	
90868	-	-	IC	-	-	
90869	-	-	IC	-	-	
90870	\$130.44	\$76.87	-	-	-	
90875	\$43.64	\$43.10	-	-	-	
90876	\$76.58	\$68.54	-	-	-	
90880	\$77.05	\$63.66	-	-	-	
90882	-	-	IC	-	-	
90885	-	-	\$35.13	-	-	
90887	\$63.68	\$53.50	-	-	-	
90889	-	-	IC	-	-	
90899	-	-	IC	-	-	
90901	\$31.67	\$13.99	-	-	-	
90912	\$61.94	\$31.41	-	-	-	
90913	\$24.29	\$17.86	-	-	-	
90935	-	-	\$52.43	-	-	
90937	-	-	\$74.69	-	-	
90940	-	-	IC	-	-	
90945	-	-	\$63.23	-	-	
90947	-	-	\$89.67	-	-	
90951	-	-	\$861.41	-	-	
90952	-	-	IC	-	-	
90953	-	-	IC	-	-	
90954	-	-	\$738.30	-	-	
90955	-	-	\$383.14	-	-	
90956	-	-	\$256.16	-	-	
90957	-	-	\$565.67	-	-	
90958	-	-	\$368.30	-	-	
90959	-	-	\$239.78	-	-	
90960	-	-	\$260.54	-	-	
90961	-	-	\$216.95	-	-	
90962	-	-	\$149.93	-	-	
90963	-	-	\$446.55	-	-	
90964	-	-	\$383.43	-	-	
90965	-	-	\$367.46	-	-	
90966	-	-	\$216.68	-	-	

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

317.04: continued

Code	NFAC	FAC	Global	PC	TC	Description (<i>see</i> medicine services code spreadsheet at www.mass.gov/regulations/101-CMR-31700-medicine)
90967	-	-	\$12.99	-	-	
90968	-	-	\$12.74	-	-	
90969	-	-	\$12.50	-	-	
90970	-	-	\$7.02	-	-	
90989	-	-	IC	-	-	
90993	-	-	IC	-	-	
90997	-	-	\$64.39	-	-	
90999	-	-	IC	-	-	
91010	-	-	\$174.09	\$47.27	\$126.82	
91013	-	-	\$20.14	\$6.75	\$13.39	
91020	-	-	\$216.71	\$53.20	\$163.51	
91022	-	-	\$133.68	\$53.20	\$80.48	
91030	-	-	\$113.21	\$33.80	\$79.41	
91034	-	-	\$151.77	\$36.47	\$115.30	
91035	-	-	\$366.69	\$59.54	\$307.14	
91037	-	-	\$132.62	\$35.80	\$96.82	
91038	-	-	\$325.44	\$40.59	\$284.85	
91040	-	-	\$420.41	\$36.13	\$384.28	
91065	-	-	\$66.90	\$7.24	\$59.66	
91110	-	-	\$592.39	\$82.50	\$509.90	
91111	-	-	\$685.67	\$33.28	\$652.39	
91112	-	-	\$1,318.43	\$77.66	\$1,240.77	
91113	-	-	\$726.59	\$89.00	\$637.59	
91117	-	-	\$100.28	-	-	
91120	-	-	\$407.76	\$35.26	\$372.50	
91122	-	-	\$215.28	\$64.35	\$150.93	
91132	-	-	\$356.43	\$19.29	\$337.14	
91133	-	-	\$374.86	\$24.33	\$350.53	
91200	-	-	\$23.75	\$7.75	\$16.00	
91299	-	-	IC	-	-	
91318	-	-	IC	-	-	
91319	-	-	IC	-	-	
91320	-	-	IC	-	-	
91321	-	-	IC	-	-	
91322	-	-	IC	-	-	
92002	\$65.87	\$34.00	-	-	-	
92004	\$114.47	\$69.74	-	-	-	
92012	\$69.13	\$37.52	-	-	-	
92014	\$96.90	\$56.46	-	-	-	
92018	-	-	\$102.85	-	-	
92019	-	-	\$53.23	-	-	
92020	\$21.04	\$15.15	-	-	-	
92025	-	-	\$27.99	\$14.39	\$13.59	
92060	-	-	\$48.63	\$27.27	\$21.36	
92065	-	-	\$30.91	\$24.28	\$6.63	
92066	-	-	\$20.56	-	-	
92071	\$27.39	\$23.91	-	-	-	
92072	\$95.78	\$69.80	-	-	-	

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

317.04: continued

Code	NFAC	FAC	Global	PC	TC	Description (<i>see</i> medicine services code spreadsheet at www.mass.gov/regulations/101-CMR-31700-medicine)
92081	-	-	\$25.69	\$11.83	\$13.86	
92082	-	-	\$36.17	\$15.35	\$20.82	
92083	-	-	\$48.53	\$19.94	\$28.59	
92100	\$66.49	\$23.91	-	-	-	
92132	-	-	\$24.35	\$12.10	\$12.25	
92133	-	-	\$28.14	\$15.89	\$12.25	
92134	-	-	\$30.97	\$18.45	\$12.52	
92136	-	-	\$36.12	\$22.53	\$13.59	
92145	-	-	\$9.81	\$3.99	\$5.82	
92201	\$18.50	\$16.62	-	-	-	
92202	\$11.66	\$10.85	-	-	-	
92227	-	-	\$13.32	-	-	
92228	-	-	\$22.43	\$12.32	\$10.11	
92229	-	-	\$36.09	-	-	
92230	\$88.08	\$25.67	-	-	-	
92235	-	-	\$107.69	\$31.42	\$76.27	
92240	-	-	\$149.95	\$34.85	\$115.10	
92242	-	-	\$204.25	\$40.40	\$163.85	
92250	-	-	\$28.67	\$15.62	\$13.06	
92260	\$15.27	\$7.78	-	-	-	
92265	-	-	\$67.11	\$33.96	\$33.14	
92270	-	-	\$84.98	\$31.01	\$53.97	
92273	-	-	\$99.45	\$27.01	\$72.45	
92274	-	-	\$69.44	\$24.51	\$44.93	
92283	-	-	\$42.60	\$6.51	\$36.09	
92284	-	-	\$36.89	-	-	
92285	-	-	\$18.23	\$2.23	\$16.00	
92286	-	-	\$30.01	\$15.89	\$14.13	
92287	-	-	\$114.38	\$27.67	\$86.71	
92310	\$76.65	\$42.10	-	-	-	
92311	\$81.28	\$38.43	-	-	-	
92312	\$94.26	\$44.44	-	-	-	
92313	\$77.37	\$31.83	-	-	-	
92314	\$67.51	\$24.93	-	-	-	
92315	\$64.79	\$15.50	-	-	-	
92316	\$79.79	\$23.28	-	-	-	
92317	\$68.27	\$15.50	-	-	-	
92325	-	-	\$36.09	-	-	
92326	-	-	\$31.00	-	-	
92352	\$34.37	\$13.21	-	-	-	
92353	\$39.02	\$18.13	-	-	-	
92354	-	-	\$10.65	-	-	
92355	-	-	\$16.54	-	-	
92358	-	-	\$8.77	-	-	
92371	-	-	\$9.31	-	-	
92499	-	-	IC	-	-	
92502	-	-	\$71.11	-	-	
92504	\$22.82	\$7.02	-	-	-	

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

317.04: continued

Code	NFAC	FAC	Global	PC	TC	Description (<i>see</i> medicine services code spreadsheet at www.mass.gov/regulations/101-CMR-31700-medicine)
92507	-	-	\$57.81	-	-	
92508	-	-	\$18.19	-	-	
92511	\$93.14	\$28.32	-	-	-	
92512	\$49.09	\$20.16	-	-	-	
92516	\$55.52	\$16.95	-	-	-	
92517	\$59.76	\$31.37	-	-	-	
92518	\$61.90	\$31.64	-	-	-	
92519	\$103.30	\$47.59	-	-	-	
92520	\$66.04	\$29.61	-	-	-	
92521	-	-	\$100.51	-	-	
92522	-	-	\$83.77	-	-	
92523	-	-	\$172.36	-	-	
92524	-	-	\$82.70	-	-	
92526	-	-	\$64.41	-	-	
92531	-	-	IC	-	-	
92532	-	-	IC	-	-	
92533	-	-	IC	-	-	
92534	-	-	IC	-	-	
92537	-	-	\$30.63	\$22.93	\$7.70	
92538	-	-	\$17.12	\$11.83	\$5.29	
92540	-	-	\$82.99	\$57.62	\$25.38	
92541	-	-	\$19.03	\$15.62	\$3.41	
92542	-	-	\$21.80	\$18.38	\$3.41	
92544	-	-	\$13.44	\$10.56	\$2.88	
92545	-	-	\$12.68	\$9.80	\$2.88	
92546	-	-	\$100.64	\$11.05	\$89.59	
92547	-	-	\$8.57	-	-	
92548	-	-	\$36.02	\$24.84	\$11.18	
92549	-	-	\$49.56	\$33.29	\$16.27	
92550	-	-	\$16.81	-	-	
92551	-	-	\$9.57	-	-	
92552	-	-	\$28.32	-	-	
92553	-	-	\$34.75	-	-	
92555	-	-	\$21.89	-	-	
92556	-	-	\$33.95	-	-	
92557	\$27.95	\$23.66	-	-	-	
92558	\$7.04	\$6.24	-	-	-	
92562	-	-	\$38.23	-	-	
92563	-	-	\$26.45	-	-	
92565	-	-	\$16.00	-	-	
92567	\$12.60	\$8.04	-	-	-	
92568	\$11.52	\$11.25	-	-	-	
92570	\$24.31	\$21.63	-	-	-	
92571	-	-	\$24.04	-	-	
92572	-	-	\$37.70	-	-	
92575	-	-	\$59.59	-	-	
92576	-	-	\$31.80	-	-	
92577	-	-	\$16.27	-	-	

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

317.04: continued

Code	NFAC	FAC	Global	PC	TC	Description (<i>see</i> medicine services code spreadsheet at www.mass.gov/regulations/101-CMR-31700-medicine)
92579	\$34.15	\$27.72	-	-	-	
92582	-	-	\$65.55	-	-	
92583	-	-	\$43.32	-	-	
92584	-	-	\$87.96	-	-	
92587	-	-	\$16.47	\$13.32	\$3.15	
92588	-	-	\$25.65	\$21.43	\$4.22	
92596	-	-	\$58.59	-	-	
92597	-	-	\$54.15	-	-	
92601	\$122.87	\$91.53	-	-	-	
92602	\$78.16	\$51.92	-	-	-	
92603	\$114.95	\$88.97	-	-	-	
92604	\$69.71	\$49.62	-	-	-	
92605	\$67.81	\$63.26	-	-	-	
92606	\$59.45	\$50.34	-	-	-	
92607	-	-	\$94.31	-	-	
92608	-	-	\$37.09	-	-	
92609	-	-	\$78.78	-	-	
92610	\$64.50	\$52.45	-	-	-	
92611	-	-	\$69.50	-	-	
92612	\$154.16	\$49.44	-	-	-	
92613	-	-	\$27.29	-	-	
92614	\$114.19	\$48.83	-	-	-	
92615	-	-	\$24.26	-	-	
92616	\$174.45	\$73.48	-	-	-	
92617	\$30.32	\$30.05	-	-	-	
92618	\$23.68	\$23.41	-	-	-	
92620	\$66.85	\$59.09	-	-	-	
92621	\$16.54	\$13.86	-	-	-	
92622	\$60.24	\$49.28	-	-	-	
92623	\$15.47	\$13.06	-	-	-	
92625	\$51.46	\$45.56	-	-	-	
92626	\$65.88	\$55.70	-	-	-	
92627	\$15.51	\$13.10	-	-	-	
92630	-	-	IC	-	-	
92633	-	-	IC	-	-	
92640	\$83.27	\$69.87	-	-	-	
92650	-	-	\$21.52	-	-	
92651	-	-	\$65.19	-	-	
92652	-	-	\$86.54	-	-	
92653	-	-	\$64.67	-	-	
92700	-	-	IC	-	-	
92920	-	-	\$374.88	-	-	
92921	-	-	IC	-	-	
92924	-	-	\$447.76	-	-	
92925	-	-	IC	-	-	
92928	-	-	\$417.83	-	-	
92929	-	-	IC	-	-	
92933	-	-	\$468.25	-	-	

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

317.04: continued

Code	NFAC	FAC	Global	PC	TC	Description (<i>see</i> medicine services code spreadsheet at www.mass.gov/regulations/101-CMR-31700-medicine)
92934	-	-	IC	-	-	
92937	-	-	\$417.32	-	-	
92938	-	-	IC	-	-	
92941	-	-	\$468.87	-	-	
92943	-	-	\$469.21	-	-	
92944	-	-	IC	-	-	
92950	\$249.10	\$132.32	-	-	-	
92953	-	-	\$0.71	-	-	
92960	\$117.99	\$79.69	-	-	-	
92961	-	-	\$175.61	-	-	
92970	-	-	\$133.61	-	-	
92971	-	-	\$71.69	-	-	
92972	-	-	\$105.80	-	-	
92973	-	-	\$124.70	-	-	
92974	-	-	\$114.23	-	-	
92975	-	-	\$266.55	-	-	
92977	-	-	\$41.50	-	-	
92978	-	-	-	\$67.48	-	
92979	-	-	-	\$53.85	-	
92986	-	-	\$949.60	-	-	
92987	-	-	\$982.07	-	-	
92990	-	-	\$785.14	-	-	
92997	-	-	\$454.34	-	-	
92998	-	-	\$225.95	-	-	
93000	-	-	\$10.99	-	-	
93005	-	-	\$5.02	-	-	
93010	-	-	\$5.97	-	-	
93015	-	-	\$54.25	-	-	
93016	-	-	\$15.50	-	-	
93017	-	-	\$28.52	-	-	
93018	-	-	\$10.22	-	-	
93024	-	-	\$84.35	\$40.16	\$44.19	
93025	-	-	\$94.96	\$27.07	\$67.90	
93040	-	-	\$9.70	-	-	
93041	-	-	\$4.75	-	-	
93042	-	-	\$4.94	-	-	
93050	-	-	\$12.06	\$5.97	\$6.09	
93150	\$77.57	\$31.30	-	-	-	
93151	\$67.52	\$29.54	-	-	-	
93152	\$121.09	\$69.20	-	-	-	
93153	\$40.18	\$15.84	-	-	-	
93224	-	-	\$57.02	-	-	
93225	-	-	\$14.66	-	-	
93226	-	-	\$28.86	-	-	
93227	-	-	\$13.50	-	-	
93228	-	-	\$18.71	-	-	
93229	-	-	\$670.79	-	-	
93241	-	-	\$209.90	-	-	

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

317.04: continued

Code	NFAC	FAC	Global	PC	TC	Description (<i>see</i> medicine services code spreadsheet at www.mass.gov/regulations/101-CMR-31700-medicine)
93242	-	-	\$9.57	-	-	
93243	-	-	\$183.13	-	-	
93244	-	-	\$17.20	-	-	
93245	-	-	\$221.04	-	-	
93246	-	-	\$9.57	-	-	
93247	-	-	\$192.51	-	-	
93248	-	-	\$18.96	-	-	
93260	-	-	\$59.04	\$30.99	\$28.06	
93261	-	-	\$54.34	\$26.55	\$27.79	
93264	\$38.09	\$25.77	-	-	-	
93268	-	-	\$141.29	-	-	
93270	-	-	\$6.63	-	-	
93271	-	-	\$116.98	-	-	
93272	-	-	\$17.69	-	-	
93278	-	-	\$22.32	\$9.00	\$13.32	
93279	-	-	\$52.67	\$23.01	\$29.66	
93280	-	-	\$61.77	\$27.29	\$34.48	
93281	-	-	\$65.74	\$30.72	\$35.02	
93282	-	-	\$62.52	\$30.72	\$31.80	
93283	-	-	\$76.03	\$41.28	\$34.75	
93284	-	-	\$81.96	\$44.80	\$37.16	
93285	-	-	\$47.35	\$18.76	\$28.59	
93286	-	-	\$36.14	\$10.76	\$25.38	
93287	-	-	\$41.68	\$16.31	\$25.38	
93288	-	-	\$44.14	\$15.01	\$29.13	
93289	-	-	\$56.33	\$26.93	\$29.39	
93290	-	-	\$41.93	\$15.48	\$26.45	
93291	-	-	\$38.92	\$13.28	\$25.64	
93292	-	-	\$39.79	\$15.21	\$24.57	
93293	-	-	\$35.58	\$10.47	\$25.11	
93294	-	-	\$21.92	-	-	
93295	-	-	\$26.95	-	-	
93296	-	-	\$17.88	-	-	
93297	-	-	\$18.89	-	-	
93298	-	-	\$19.16	-	-	
93303	-	-	\$172.97	\$44.95	\$128.02	
93304	-	-	\$122.41	\$26.40	\$96.02	
93306	-	-	\$153.05	\$50.21	\$102.85	
93307	-	-	\$107.02	\$31.90	\$75.13	
93308	-	-	\$77.25	\$18.20	\$59.06	
93312	-	-	\$183.13	\$77.74	\$105.39	
93313	-	-	\$8.11	-	-	
93314	-	-	\$176.79	\$64.97	\$111.82	
93315	-	-	-	\$92.24	\$397.67	
93316	-	-	\$18.44	-	-	
93317	-	-	-	\$64.19	-	
93318	-	-	-	\$74.33	\$397.67	
93319	\$42.77	\$17.60	-	-	-	

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

317.04: continued

Code	NFAC	FAC	Global	PC	TC	Description (<i>see</i> medicine services code spreadsheet at www.mass.gov/regulations/101-CMR-31700-medicine)
93320	-	-	\$39.43	\$12.99	\$26.45	
93321	-	-	\$19.68	\$5.21	\$14.46	
93325	-	-	\$18.59	\$2.25	\$16.34	
93350	-	-	\$144.62	\$50.21	\$94.41	
93351	-	-	\$180.91	\$60.39	\$120.52	
93352	-	-	\$26.48	-	-	
93355	-	-	\$163.15	-	-	
93356	\$29.04	\$8.42	-	-	-	
93451	-	-	\$687.51	\$93.45	\$594.06	
93452	-	-	\$707.11	\$167.96	\$539.16	
93453	-	-	\$898.18	\$224.56	\$673.61	
93454	-	-	\$709.76	\$169.54	\$540.23	
93455	-	-	\$789.85	\$197.66	\$592.19	
93456	-	-	\$882.25	\$220.96	\$661.29	
93457	-	-	\$960.55	\$248.10	\$712.45	
93458	-	-	\$814.18	\$209.13	\$605.05	
93459	-	-	\$874.71	\$237.26	\$637.45	
93460	-	-	\$971.40	\$265.65	\$705.75	
93461	-	-	\$1,071.17	\$293.51	\$777.67	
93462	-	-	\$149.50	-	-	
93463	-	-	\$71.12	-	-	
93464	-	-	\$170.21	\$64.22	\$106.00	
93503	-	-	\$63.28	-	-	
93505	-	-	\$503.03	\$162.21	\$340.82	
93563	-	-	\$37.26	-	-	
93564	-	-	\$39.19	-	-	
93565	-	-	\$19.19	-	-	
93566	-	-	\$19.06	-	-	
93567	-	-	\$26.97	-	-	
93568	-	-	\$33.65	-	-	
93569	-	-	\$27.53	-	-	
93571	-	-	-	\$51.64	-	
93572	-	-	-	\$37.39	-	
93573	-	-	\$45.88	-	-	
93574	-	-	\$50.65	-	-	
93575	-	-	\$67.76	-	-	
93580	-	-	\$692.85	-	-	
93581	-	-	\$939.34	-	-	
93582	-	-	\$469.27	-	-	
93583	-	-	\$526.06	-	-	
93584	-	-	\$42.77	-	-	
93585	-	-	\$40.26	-	-	
93586	-	-	\$50.92	-	-	
93587	-	-	\$75.13	-	-	
93588	-	-	\$75.89	-	-	
93590	-	-	\$775.77	-	-	
93591	-	-	\$639.81	-	-	
93592	-	-	\$282.00	-	-	

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

317.04: continued

Code	NFAC	FAC	Global	PC	TC	Description (<i>see</i> medicine services code spreadsheet at www.mass.gov/regulations/101-CMR-31700-medicine)
93593	-	-	-	\$137.73	-	
93594	-	-	-	\$215.10	-	
93595	-	-	-	\$193.85	-	
93596	-	-	-	\$236.03	-	
93597	-	-	-	\$312.83	-	
93598	-	-	-	\$51.06	-	
93600	-	-	-	\$84.54	-	
93602	-	-	-	\$82.34	-	
93603	-	-	-	\$82.34	-	
93609	-	-	-	\$197.42	-	
93610	-	-	-	\$116.34	-	
93612	-	-	-	\$114.41	-	
93613	-	-	\$210.50	-	-	
93615	-	-	-	\$27.09	-	
93616	-	-	-	\$42.68	-	
93618	-	-	-	\$156.53	-	
93619	-	-	-	\$277.46	-	
93620	-	-	-	\$446.44	-	
93621	-	-	-	\$59.27	-	
93622	-	-	-	\$122.32	-	
93623	-	-	-	\$61.81	-	
93624	-	-	-	\$177.95	-	
93631	-	-	-	\$282.12	-	
93640	-	-	-	\$126.70	-	
93641	-	-	-	\$222.16	-	
93642	-	-	\$247.13	\$181.25	\$65.88	
93644	-	-	\$144.40	\$104.02	\$40.38	
93650	-	-	\$421.65	-	-	
93653	-	-	\$604.45	-	-	
93654	-	-	\$728.43	-	-	
93655	-	-	\$221.80	-	-	
93656	-	-	\$685.45	-	-	
93657	-	-	\$221.80	-	-	
93660	-	-	\$123.00	\$67.03	\$55.97	
93662	-	-	-	\$54.27	-	
93668	-	-	\$11.45	-	-	
93701	-	-	\$21.09	-	-	
93702	-	-	\$102.71	-	-	
93724	-	-	\$212.01	\$174.85	\$37.16	
93740	-	-	\$5.72	-	-	
93745	-	-	IC	-	-	
93750	\$37.64	\$29.07	-	-	-	
93770	-	-	\$5.72	-	-	
93784	-	-	\$35.35	-	-	
93786	-	-	\$17.88	-	-	
93788	-	-	\$4.22	-	-	
93790	-	-	\$13.25	-	-	
93792	-	-	\$55.97	-	-	

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

317.04: continued

Code	NFAC	FAC	Global	PC	TC	Description (<i>see</i> medicine services code spreadsheet at www.mass.gov/regulations/101-CMR-31700-medicine)
93793	-	-	\$8.62	-	-	
93797	\$12.91	\$6.48	-	-	-	
93798	\$19.58	\$9.93	-	-	-	
93799	-	-	IC	-	-	
93880	-	-	\$150.89	\$27.95	\$122.93	
93882	-	-	\$97.88	\$17.39	\$80.48	
93886	-	-	\$214.05	\$33.53	\$180.52	
93888	-	-	\$102.90	\$18.40	\$84.50	
93890	-	-	\$220.00	\$37.07	\$182.93	
93892	-	-	\$127.79	\$43.29	\$84.50	
93893	-	-	\$128.25	\$43.95	\$84.30	
93895	-	-	IC	-	-	
93922	-	-	\$64.91	\$8.80	\$56.11	
93923	-	-	\$101.27	\$15.70	\$85.57	
93924	-	-	\$124.59	\$17.46	\$107.13	
93925	-	-	\$190.33	\$27.22	\$163.11	
93926	-	-	\$101.03	\$16.52	\$84.50	
93930	-	-	\$154.57	\$27.62	\$126.95	
93931	-	-	\$97.54	\$16.79	\$80.75	
93970	-	-	\$149.04	\$24.23	\$124.81	
93971	-	-	\$94.44	\$15.57	\$78.88	
93975	-	-	\$210.12	\$40.58	\$169.54	
93976	-	-	\$112.39	\$27.89	\$84.50	
93978	-	-	\$142.11	\$27.48	\$114.63	
93979	-	-	\$92.45	\$16.79	\$75.66	
93980	-	-	\$89.46	\$43.46	\$46.00	
93981	-	-	\$54.90	\$15.59	\$39.30	
93985	-	-	\$196.35	\$27.34	\$169.00	
93986	-	-	\$101.63	\$17.12	\$84.50	
93990	-	-	\$101.29	\$16.79	\$84.50	
93998	-	-	IC	-	-	
94002	-	-	\$66.59	-	-	
94003	-	-	\$46.73	-	-	
94004	-	-	\$34.66	-	-	
94005	-	-	\$67.39	-	-	
94010	-	-	\$20.90	\$5.97	\$14.93	
94011	-	-	\$62.39	-	-	
94012	-	-	\$101.17	-	-	
94013	-	-	\$13.78	-	-	
94014	-	-	\$42.53	-	-	
94015	-	-	\$24.57	-	-	
94016	-	-	\$17.95	-	-	
94060	-	-	\$30.16	\$7.46	\$22.70	
94070	-	-	\$47.16	\$20.18	\$26.98	
94150	-	-	\$19.52	\$2.72	\$16.81	
94200	-	-	\$11.53	\$1.96	\$9.57	
94375	-	-	\$29.69	\$10.47	\$19.22	
94450	-	-	\$64.43	\$14.48	\$49.95	

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

317.04: continued

Code	NFAC	FAC	Global	PC	TC	Description (<i>see</i> medicine services code spreadsheet at www.mass.gov/regulations/101-CMR-31700-medicine)
94452	-	-	\$37.99	\$10.20	\$27.79	
94453	-	-	\$51.84	\$13.41	\$38.43	
94610	-	-	\$41.25	-	-	
94617	-	-	\$67.83	\$23.23	\$44.59	
94618	-	-	\$25.48	\$16.17	\$9.31	
94619	-	-	\$59.67	\$16.42	\$43.25	
94621	-	-	\$118.06	\$49.49	\$68.56	
94625	\$45.24	\$12.29	-	-	-	
94626	\$60.04	\$19.87	-	-	-	
94640	-	-	\$7.16	-	-	
94642	-	-	IC	-	-	
94644	-	-	\$47.61	-	-	
94645	-	-	\$12.52	-	-	
94660	\$48.20	\$27.04	-	-	-	
94662	-	-	\$25.43	-	-	
94664	-	-	\$13.59	-	-	
94667	-	-	\$18.61	-	-	
94668	-	-	\$29.06	-	-	
94669	-	-	\$15.40	-	-	
94680	-	-	\$41.18	\$9.18	\$32.00	
94681	-	-	\$36.83	\$6.97	\$29.86	
94690	-	-	\$37.74	\$2.72	\$35.02	
94726	-	-	\$42.59	\$8.71	\$33.88	
94727	-	-	\$34.09	\$8.71	\$25.38	
94728	-	-	\$30.87	\$8.98	\$21.89	
94729	-	-	\$44.69	\$6.46	\$38.23	
94760	-	-	\$1.81	-	-	
94761	-	-	\$2.88	-	-	
94762	-	-	\$20.29	-	-	
94772	-	-	IC	-	-	
94774	-	-	IC	-	-	
94775	-	-	IC	-	-	
94776	-	-	IC	-	-	
94777	-	-	IC	-	-	
94780	\$39.87	\$17.37	-	-	-	
94781	\$15.88	\$5.97	-	-	-	
94799	-	-	IC	-	-	
95004	-	-	\$3.12	-	-	
95012	-	-	\$14.93	-	-	
95017	\$6.73	\$2.72	-	-	-	
95018	\$15.68	\$5.23	-	-	-	
95024	\$6.34	\$0.71	-	-	-	
95027	-	-	\$3.93	-	-	
95028	-	-	\$10.11	-	-	
95044	-	-	\$3.95	-	-	
95052	-	-	\$5.02	-	-	
95056	-	-	\$40.58	-	-	
95060	-	-	\$29.93	-	-	

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

317.04: continued

Code	NFAC	FAC	Global	PC	TC	Description (<i>see</i> medicine services code spreadsheet at www.mass.gov/regulations/101-CMR-31700-medicine)
95065	-	-	\$22.16	-	-	
95070	-	-	\$27.45	-	-	
95076	\$92.57	\$54.27	-	-	-	
95079	\$63.65	\$49.99	-	-	-	
95115	-	-	\$7.97	-	-	
95117	-	-	\$9.31	-	-	
95120	-	-	IC	-	-	
95125	-	-	IC	-	-	
95130	-	-	IC	-	-	
95131	-	-	IC	-	-	
95132	-	-	IC	-	-	
95133	-	-	IC	-	-	
95134	-	-	IC	-	-	
95144	\$13.19	\$2.47	-	-	-	
95145	\$26.31	\$2.20	-	-	-	
95146	\$48.54	\$2.20	-	-	-	
95147	\$46.93	\$2.20	-	-	-	
95148	\$69.43	\$2.20	-	-	-	
95149	\$91.93	\$2.20	-	-	-	
95165	\$11.85	\$2.47	-	-	-	
95170	\$8.90	\$2.20	-	-	-	
95180	\$103.85	\$75.46	-	-	-	
95199	-	-	IC	-	-	
95249	-	-	\$48.47	-	-	
95250	-	-	\$115.97	-	-	
95251	-	-	\$25.44	-	-	
95700	-	-	IC	-	-	
95705	-	-	IC	-	-	
95706	-	-	IC	-	-	
95707	-	-	IC	-	-	
95708	-	-	IC	-	-	
95709	-	-	IC	-	-	
95710	-	-	IC	-	-	
95711	-	-	IC	-	-	
95712	-	-	IC	-	-	
95713	-	-	IC	-	-	
95714	-	-	IC	-	-	
95715	-	-	IC	-	-	
95716	-	-	IC	-	-	
95717	\$74.94	\$74.14	-	-	-	
95718	\$99.30	\$97.42	-	-	-	
95719	\$116.42	\$114.82	-	-	-	
95720	\$153.54	\$150.60	-	-	-	
95721	\$153.08	\$149.86	-	-	-	
95722	\$186.22	\$182.47	-	-	-	
95723	\$187.05	\$183.30	-	-	-	
95724	\$235.52	\$231.24	-	-	-	
95725	\$214.07	\$209.25	-	-	-	

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

317.04: continued

Code	NFAC	FAC	Global	PC	TC	Description (<i>see</i> medicine services code spreadsheet at www.mass.gov/regulations/101-CMR-31700-medicine)
95726	\$299.51	\$293.62	-	-	-	
95782	-	-	\$752.45	\$90.44	\$662.01	
95783	-	-	\$796.98	\$98.61	\$698.37	
95800	-	-	\$116.83	\$29.65	\$87.18	
95801	-	-	\$71.83	\$29.65	\$42.18	
95803	-	-	\$108.88	\$31.28	\$77.61	
95805	-	-	\$330.75	\$41.70	\$289.05	
95806	-	-	\$70.84	\$32.14	\$38.70	
95807	-	-	\$305.46	\$43.12	\$262.34	
95808	-	-	\$434.30	\$60.68	\$373.62	
95810	-	-	\$478.75	\$86.52	\$392.24	
95811	-	-	\$500.82	\$89.77	\$411.05	
95812	-	-	\$273.38	\$41.44	\$231.95	
95813	-	-	\$338.88	\$62.74	\$276.14	
95816	-	-	\$303.38	\$41.44	\$261.94	
95819	-	-	\$352.40	\$41.44	\$310.96	
95822	-	-	\$329.90	\$41.71	\$288.19	
95824	-	-	-	\$28.56	-	
95829	-	-	\$1,400.03	\$242.03	\$1,157.99	
95830	\$550.37	\$67.19	-	-	-	
95836	-	-	\$77.79	-	-	
95851	\$16.44	\$5.72	-	-	-	
95852	\$13.61	\$3.96	-	-	-	
95857	\$48.33	\$21.01	-	-	-	
95860	-	-	\$87.18	\$37.16	\$50.02	
95861	-	-	\$124.21	\$59.46	\$64.75	
95863	-	-	\$161.69	\$72.56	\$89.12	
95864	-	-	\$181.36	\$77.24	\$104.12	
95865	-	-	\$115.37	\$60.27	\$55.11	
95866	-	-	\$98.03	\$46.94	\$51.09	
95867	-	-	\$83.55	\$30.59	\$52.96	
95868	-	-	\$108.37	\$45.50	\$62.87	
95869	-	-	\$75.82	\$14.55	\$61.27	
95870	-	-	\$65.64	\$14.28	\$51.36	
95872	-	-	\$149.65	\$109.81	\$39.84	
95873	-	-	\$56.67	\$14.35	\$42.32	
95874	-	-	\$60.95	\$14.35	\$46.60	
95875	-	-	\$106.41	\$42.46	\$63.95	
95885	-	-	\$48.68	\$13.32	\$35.35	
95886	-	-	\$75.69	\$33.37	\$42.32	
95887	-	-	\$65.06	\$27.29	\$37.77	
95905	-	-	\$27.34	\$1.96	\$25.38	
95907	-	-	\$68.88	\$38.68	\$30.20	
95908	-	-	\$85.71	\$48.28	\$37.43	
95909	-	-	\$102.94	\$58.02	\$44.93	
95910	-	-	\$134.60	\$77.09	\$57.52	
95911	-	-	\$162.25	\$96.16	\$66.09	
95912	-	-	\$189.55	\$115.23	\$74.32	

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

317.04: continued

Code	NFAC	FAC	Global	PC	TC	Description (<i>see</i> medicine services code spreadsheet at www.mass.gov/regulations/101-CMR-31700-medicine)
95913	-	-	\$218.66	\$136.57	\$82.09	
95919	-	-	\$11.77	\$7.29	\$4.49	
95921	-	-	\$67.50	\$32.75	\$34.75	
95922	-	-	\$74.79	\$33.68	\$41.11	
95923	-	-	\$96.16	\$32.75	\$63.41	
95924	-	-	\$116.54	\$63.91	\$52.63	
95925	-	-	\$140.71	\$20.72	\$119.99	
95926	-	-	\$122.63	\$20.05	\$102.58	
95927	-	-	\$131.20	\$19.78	\$111.42	
95928	-	-	\$184.50	\$57.95	\$126.55	
95929	-	-	\$187.51	\$57.75	\$129.77	
95930	-	-	\$52.09	\$13.59	\$38.50	
95933	-	-	\$64.19	\$23.01	\$41.18	
95937	-	-	\$82.54	\$25.29	\$57.25	
95938	-	-	\$288.89	\$33.11	\$255.78	
95939	-	-	\$430.72	\$86.55	\$344.17	
95940	-	-	\$23.79	-	-	
95941	-	-	IC	-	-	
95954	-	-	\$316.16	\$78.79	\$237.37	
95955	-	-	\$151.35	\$38.92	\$112.42	
95957	-	-	\$214.80	\$74.45	\$140.34	
95958	-	-	\$524.64	\$164.40	\$360.24	
95961	-	-	\$240.69	\$117.09	\$123.61	
95962	-	-	\$207.07	\$125.78	\$81.29	
95965	-	-	-	\$302.54	-	
95966	-	-	-	\$154.60	-	
95967	-	-	-	\$135.46	-	
95970	\$13.92	\$13.65	-	-	-	
95971	\$35.76	\$28.53	-	-	-	
95972	\$42.48	\$29.62	-	-	-	
95976	\$29.45	\$28.65	-	-	-	
95977	\$38.87	\$38.34	-	-	-	
95980	-	-	\$33.03	-	-	
95981	\$29.70	\$13.10	-	-	-	
95982	\$44.56	\$26.62	-	-	-	
95983	\$37.14	\$36.33	-	-	-	
95984	\$32.17	\$31.90	-	-	-	
95990	-	-	\$71.51	-	-	
95991	\$85.94	\$29.42	-	-	-	
95992	\$32.56	\$26.66	-	-	-	
95999	-	-	IC	-	-	
96000	-	-	\$61.34	-	-	
96001	-	-	\$81.22	-	-	
96002	-	-	\$15.93	-	-	
96003	-	-	\$12.21	-	-	
96004	-	-	\$79.90	-	-	
96020	-	-	-	\$116.25	-	

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

317.04: continued

Code	NFAC	FAC	Global	PC	TC	Description (<i>see</i> medicine services code spreadsheet at www.mass.gov/regulations/101-CMR-31700-medicine)
96040	-	-	\$38.83	-	-	
96105	-	-	\$72.97	-	-	
96110	-	-	\$10.27	-	-	
96112	\$93.34	\$92.27	-	-	-	
96113	\$44.33	\$41.39	-	-	-	
96116	\$68.84	\$58.66	-	-	-	
96121	\$55.79	\$48.83	-	-	-	
96125	-	-	\$77.38	-	-	
96127	-	-	\$10.27	-	-	
96130	\$88.52	\$79.41	-	-	-	
96131	\$63.79	\$55.76	-	-	-	
96132	\$96.29	\$77.27	-	-	-	
96133	\$73.43	\$55.76	-	-	-	
96136	\$32.35	\$17.08	-	-	-	
96137	\$29.94	\$13.07	-	-	-	
96138	-	-	\$26.98	-	-	
96139	-	-	\$27.79	-	-	
96146	-	-	\$1.81	-	-	
96156	\$70.03	\$61.46	-	-	-	
96158	\$47.82	\$41.66	-	-	-	
96159	\$16.46	\$14.32	-	-	-	
96160	-	-	\$2.14	-	-	
96161	-	-	\$2.14	-	-	
96164	\$7.22	\$6.41	-	-	-	
96165	\$3.25	\$2.98	-	-	-	
96167	\$50.81	\$44.11	-	-	-	
96168	\$17.95	\$15.54	-	-	-	
96170	\$58.01	\$54.26	-	-	-	
96171	\$20.99	\$19.65	-	-	-	
96202	\$17.49	\$15.88	-	-	-	
96203	-	-	\$4.48	-	-	
96360	-	-	\$25.52	-	-	
96361	-	-	\$9.90	-	-	
96365	-	-	\$50.40	-	-	
96366	-	-	\$15.86	-	-	
96367	-	-	\$22.53	-	-	
96368	-	-	\$15.34	-	-	
96369	-	-	\$111.20	-	-	
96370	-	-	\$11.84	-	-	
96371	-	-	\$45.00	-	-	
96372	-	-	\$10.79	-	-	
96373	-	-	\$14.00	-	-	
96374	-	-	\$29.18	-	-	
96375	-	-	\$12.02	-	-	
96376	-	-	IC	-	-	
96377	-	-	\$14.27	-	-	
96379	-	-	IC	-	-	
96380	-	-	\$17.56	-	-	

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

317.04: continued

Code	NFAC	FAC	Global	PC	TC	Description (<i>see</i> medicine services code spreadsheet at www.mass.gov/regulations/101-CMR-31700-medicine)
96381	-	-	\$15.31	-	-	
96401	-	-	\$57.37	-	-	
96402	-	-	\$26.48	-	-	
96405	\$65.76	\$21.57	-	-	-	
96406	\$102.75	\$33.11	-	-	-	
96409	-	-	\$79.66	-	-	
96411	-	-	\$43.46	-	-	
96413	-	-	\$103.34	-	-	
96415	-	-	\$21.93	-	-	
96416	-	-	\$101.62	-	-	
96417	-	-	\$50.67	-	-	
96420	-	-	\$81.43	-	-	
96422	-	-	\$125.35	-	-	
96423	-	-	\$57.73	-	-	
96425	-	-	\$134.39	-	-	
96440	\$597.89	\$99.70	-	-	-	
96446	\$150.39	\$18.08	-	-	-	
96450	\$127.58	\$56.33	-	-	-	
96521	-	-	\$100.02	-	-	
96522	-	-	\$92.25	-	-	
96523	-	-	\$20.20	-	-	
96542	\$101.52	\$31.08	-	-	-	
96547	-	-	IC	-	-	
96548	-	-	IC	-	-	
96549	-	-	IC	-	-	
96567	-	-	\$112.69	-	-	
96570	-	-	\$39.57	-	-	
96571	-	-	\$18.28	-	-	
96573	-	-	\$183.57	-	-	
96574	-	-	\$223.20	-	-	
96900	-	-	\$19.48	-	-	
96902	\$16.33	\$14.72	-	-	-	
96904	-	-	\$56.18	-	-	
96910	-	-	\$94.41	-	-	
96912	-	-	\$80.55	-	-	
96913	-	-	\$122.00	-	-	
96920	\$122.17	\$47.17	-	-	-	
96921	\$134.01	\$53.39	-	-	-	
96922	\$181.71	\$86.36	-	-	-	
96931	-	-	\$135.22	-	-	
96932	-	-	\$102.51	-	-	
96933	-	-	\$32.71	-	-	
96934	-	-	\$93.33	-	-	
96935	-	-	\$62.41	-	-	
96936	-	-	\$30.93	-	-	
96999	-	-	IC	-	-	
97010	-	-	\$4.88	-	-	

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

317.04: continued

Code	NFAC	FAC	Global	PC	TC	Description (<i>see</i> medicine services code spreadsheet at www.mass.gov/regulations/101-CMR-31700-medicine)
97012	-	-	\$10.87	-	-	
97014	-	-	\$9.43	-	-	
97016	-	-	\$8.89	-	-	
97018	-	-	\$4.35	-	-	
97022	-	-	\$13.20	-	-	
97024	-	-	\$5.69	-	-	
97026	-	-	\$5.15	-	-	
97028	-	-	\$6.44	-	-	
97032	-	-	\$10.87	-	-	
97033	-	-	\$15.14	-	-	
97034	-	-	\$10.97	-	-	
97035	-	-	\$10.97	-	-	
97036	-	-	\$27.14	-	-	
97037	-	-	IC	-	-	
97039	-	-	IC	-	-	
97110	-	-	\$22.47	-	-	
97112	-	-	\$25.83	-	-	
97113	-	-	\$28.29	-	-	
97116	-	-	\$22.47	-	-	
97124	-	-	\$23.23	-	-	
97129	\$16.73	\$16.46	-	-	-	
97130	-	-	\$15.97	-	-	
97139	-	-	IC	-	-	
97140	-	-	\$20.64	-	-	
97150	-	-	\$13.46	-	-	
97151	-	-	IC	-	-	
97152	-	-	IC	-	-	
97153	-	-	IC	-	-	
97154	-	-	IC	-	-	
97155	-	-	IC	-	-	
97156	-	-	IC	-	-	
97157	-	-	IC	-	-	
97158	-	-	IC	-	-	
97161	-	-	\$76.54	-	-	
97162	-	-	\$76.54	-	-	
97163	-	-	\$76.54	-	-	
97164	-	-	\$53.23	-	-	
97165	-	-	\$76.54	-	-	
97166	-	-	\$76.54	-	-	
97167	-	-	\$76.54	-	-	
97168	-	-	\$52.96	-	-	
97169	-	-	IC	-	-	
97170	-	-	IC	-	-	
97171	-	-	IC	-	-	
97172	-	-	IC	-	-	
97530	-	-	\$28.65	-	-	
97533	-	-	\$49.72	-	-	

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

317.04: continued

Code	NFAC	FAC	Global	PC	TC	Description (<i>see</i> medicine services code spreadsheet at www.mass.gov/regulations/101-CMR-31700-medicine)
97535	-	-	\$25.15	-	-	
97537	-	-	\$24.27	-	-	
97542	-	-	\$24.27	-	-	
97545	-	-	IC	-	-	
97546	-	-	IC	-	-	
97550	-	-	\$39.97	-	-	
97551	\$19.79	\$18.19	-	-	-	
97552	-	-	\$17.31	-	-	
97597	\$78.44	\$25.95	-	-	-	
97598	\$34.33	\$18.00	-	-	-	
97602	-	-	IC	-	-	
97605	\$32.68	\$18.22	-	-	-	
97606	\$39.26	\$19.71	-	-	-	
97607	\$292.13	\$15.99	-	-	-	
97608	\$292.89	\$18.35	-	-	-	
97610	\$355.78	\$13.21	-	-	-	
97750	-	-	\$25.95	-	-	
97755	-	-	\$29.24	-	-	
97760	-	-	\$37.62	-	-	
97761	-	-	\$32.26	-	-	
97763	-	-	\$41.42	-	-	
97799	-	-	IC	-	-	
97802	\$27.91	\$24.43	-	-	-	
97803	\$24.34	\$20.59	-	-	-	
97804	\$12.75	\$11.68	-	-	-	
97810	\$28.88	\$22.72	-	-	-	
97811	\$21.61	\$19.20	-	-	-	
97813	\$34.39	\$24.75	-	-	-	
97814	\$27.93	\$20.96	-	-	-	
98925	\$23.58	\$17.15	-	-	-	
98926	\$33.72	\$25.68	-	-	-	
98927	\$43.59	\$33.68	-	-	-	
98928	\$53.53	\$42.81	-	-	-	
98929	\$62.79	\$51.28	-	-	-	
98940	\$20.84	\$16.28	-	-	-	
98941	\$29.91	\$25.08	-	-	-	
98942	\$38.71	\$33.88	-	-	-	
98943	\$19.56	\$16.88	-	-	-	
98960	-	-	\$23.17	-	-	
98961	-	-	\$11.18	-	-	
98962	-	-	\$8.24	-	-	
98966	\$9.80	\$8.20	-	-	-	
98967	\$17.73	\$16.12	-	-	-	
98968	\$24.66	\$22.78	-	-	-	
98970	-	-	\$8.46	-	-	
98971	\$14.99	\$14.72	-	-	-	
98972	\$22.92	\$22.65	-	-	-	
98975	-	-	\$15.13	-	-	

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

317.04: continued

Code	NFAC	FAC	Global	PC	TC	Description (<i>see</i> medicine services code spreadsheet at www.mass.gov/regulations/101-CMR-31700-medicine)
98976	-	-	\$39.57	-	-	
98977	-	-	\$39.57	-	-	
98978	-	-	IC	-	-	
98980	\$37.41	\$22.68	-	-	-	
98981	\$29.66	\$22.16	-	-	-	
99000	-	-	IC	-	-	
99001	-	-	IC	-	-	
99002	-	-	IC	-	-	
99024	-	-	IC	-	-	
99026	-	-	IC	-	-	
99027	-	-	IC	-	-	
99050	-	-	IC	-	-	
99051	-	-	IC	-	-	
99053	-	-	IC	-	-	
99056	-	-	IC	-	-	
99058	-	-	IC	-	-	
99060	-	-	IC	-	-	
99070	-	-	IC	-	-	
99071	-	-	IC	-	-	
99075	-	-	IC	-	-	
99078	-	-	IC	-	-	
99080	-	-	IC	-	-	
99082	-	-	IC	-	-	
99091	-	-	\$39.78	-	-	
99100	-	-	IC	-	-	
99116	-	-	IC	-	-	
99135	-	-	IC	-	-	
99140	-	-	IC	-	-	
99151	\$46.79	\$17.86	-	-	-	
99152	\$39.33	\$9.06	-	-	-	
99153	-	-	\$8.70	-	-	
99155	-	-	\$59.63	-	-	
99156	-	-	\$54.98	-	-	
99157	-	-	\$45.39	-	-	
99170	\$124.80	\$62.39	-	-	-	
99172	-	-	IC	-	-	
99174	-	-	\$4.75	-	-	
99175	-	-	\$24.04	-	-	
99177	-	-	\$3.68	-	-	
99183	-	-	\$77.48	-	-	
99184	-	-	\$157.16	-	-	
99188	-	-	\$28.00	-	-	
99190	-	-	IC	-	-	
99191	-	-	IC	-	-	
99192	-	-	IC	-	-	
99195	-	-	\$77.27	-	-	
99199	-	-	IC	-	-	

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

317.04: continued

Code	NFAC	FAC	Global	PC	TC	Description (<i>see</i> medicine services code spreadsheet at www.mass.gov/regulations/101-CMR-31700-medicine)
99202	\$59.34	\$38.76	-	-	-	
99203	\$84.36	\$60.79	-	-	-	
99204	\$128.18	\$99.46	-	-	-	
99205	\$164.48	\$133.14	-	-	-	
99211	\$18.35	\$7.10	-	-	-	
99212	\$42.98	\$26.11	-	-	-	
99213	\$68.11	\$48.56	-	-	-	
99214	\$96.15	\$71.77	-	-	-	
99215	\$134.43	\$105.50	-	-	-	
99221	-	-	\$60.92	-	-	
99222	-	-	\$95.65	-	-	
99223	-	-	\$127.59	-	-	
99231	-	-	\$36.39	-	-	
99232	-	-	\$58.20	-	-	
99233	-	-	\$87.54	-	-	
99234	-	-	\$72.39	-	-	
99235	-	-	\$117.14	-	-	
99236	-	-	\$153.34	-	-	
99238	-	-	\$59.82	-	-	
99239	-	-	\$84.70	-	-	
99242	\$57.31	\$41.50	-	-	-	
99243	\$85.38	\$65.29	-	-	-	
99244	\$121.76	\$99.80	-	-	-	
99245	\$157.82	\$133.18	-	-	-	
99252	-	-	\$52.65	-	-	
99253	-	-	\$73.87	-	-	
99254	-	-	\$102.94	-	-	
99255	-	-	\$137.48	-	-	
99281	-	-	\$8.53	-	-	
99282	-	-	\$30.39	-	-	
99283	-	-	\$52.15	-	-	
99284	-	-	\$87.75	-	-	
99285	-	-	\$127.50	-	-	
99288	-	-	IC	-	-	
99291	\$204.56	\$155.81	-	-	-	
99292	\$88.42	\$78.24	-	-	-	
99304	-	-	\$59.55	-	-	
99305	-	-	\$98.56	-	-	
99306	-	-	\$134.56	-	-	
99307	-	-	\$29.46	-	-	
99308	-	-	\$55.26	-	-	
99309	-	-	\$79.14	-	-	
99310	-	-	\$113.60	-	-	
99315	-	-	\$60.42	-	-	
99316	-	-	\$96.95	-	-	
99341	-	-	\$36.00	-	-	
99342	-	-	\$57.27	-	-	
99344	-	-	\$106.01	-	-	

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

317.04: continued

Code	NFAC	FAC	Global	PC	TC	Description (<i>see</i> medicine services code spreadsheet at www.mass.gov/regulations/101-CMR-31700-medicine)
99345	-	-	\$149.55	-	-	
99347	-	-	\$33.01	-	-	
99348	-	-	\$56.27	-	-	
99349	-	-	\$94.21	-	-	
99350	-	-	\$137.34	-	-	
99358	\$67.76	\$66.69	-	-	-	
99359	-	-	\$31.82	-	-	
99360	-	-	\$43.10	-	-	
99366	\$30.25	\$29.45	-	-	-	
99367	-	-	\$39.85	-	-	
99368	-	-	\$25.93	-	-	
99374	\$50.83	\$39.85	-	-	-	
99375	\$75.43	\$62.30	-	-	-	
99377	\$50.83	\$39.85	-	-	-	
99378	\$75.43	\$62.30	-	-	-	
99379	\$50.83	\$39.85	-	-	-	
99380	\$75.43	\$62.30	-	-	-	
99381	\$86.71	\$59.30	-	-	-	
99382	\$90.60	\$63.35	-	-	-	
99383	\$94.36	\$67.12	-	-	-	
99384	\$106.53	\$79.29	-	-	-	
99385	\$103.30	\$76.05	-	-	-	
99386	\$119.26	\$92.30	-	-	-	
99387	\$129.72	\$99.28	-	-	-	
99391	\$78.16	\$54.40	-	-	-	
99392	\$83.15	\$59.30	-	-	-	
99393	\$82.86	\$59.30	-	-	-	
99394	\$90.89	\$67.12	-	-	-	
99395	\$93.08	\$69.03	-	-	-	
99396	\$99.00	\$75.23	-	-	-	
99397	\$106.53	\$79.29	-	-	-	
99401	\$29.43	\$17.64	-	-	-	
99402	\$47.16	\$35.37	-	-	-	
99403	\$64.53	\$53.01	-	-	-	
99404	\$82.02	\$70.50	-	-	-	
99406	\$11.10	\$8.69	-	-	-	
99407	\$58.08	\$54.04	-	-	-	
99408	\$25.82	\$23.41	-	-	-	
99409	\$49.23	\$46.82	-	-	-	
99411	\$15.66	\$5.48	-	-	-	
99412	\$19.38	\$9.20	-	-	-	
99415	-	-	\$14.93	-	-	
99416	-	-	\$6.90	-	-	
99417	\$22.97	\$22.16	-	-	-	
99418	-	-	\$28.94	-	-	
99421	\$11.07	\$9.47	-	-	-	

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

317.04: continued

Code	NFAC	FAC	Global	PC	TC	Description (<i>see</i> medicine services code spreadsheet at www.mass.gov/regulations/101-CMR-31700-medicine)
99422	\$21.88	\$18.67	-	-	-	
99423	\$34.98	\$29.63	-	-	-	
99424	\$60.27	\$54.11	-	-	-	
99425	\$43.29	\$37.40	-	-	-	
99426	\$45.64	\$35.99	-	-	-	
99427	\$35.46	\$25.55	-	-	-	
99429	-	-	IC	-	-	
99437	\$44.63	\$37.13	-	-	-	
99439	\$35.62	\$25.71	-	-	-	
99441	\$42.58	\$25.71	-	-	-	
99442	\$68.11	\$48.56	-	-	-	
99443	\$95.75	\$71.37	-	-	-	
99446	-	-	\$13.12	-	-	
99447	-	-	\$26.11	-	-	
99448	-	-	\$39.76	-	-	
99449	-	-	\$52.82	-	-	
99450	-	-	IC	-	-	
99451	-	-	\$26.24	-	-	
99452	-	-	\$24.37	-	-	
99453	-	-	\$15.13	-	-	
99454	-	-	\$39.57	-	-	
99455	-	-	IC	-	-	
99456	-	-	IC	-	-	
99457	\$36.90	\$22.16	-	-	-	
99458	\$29.66	\$22.16	-	-	-	
99459	-	-	\$18.19	-	-	
99460	-	-	\$100.99	-	-	
99461	\$69.28	\$45.17	-	-	-	
99462	-	-	\$43.82	-	-	
99463	-	-	\$125.76	-	-	
99464	-	-	\$53.46	-	-	
99465	-	-	\$160.43	-	-	
99466	-	-	\$170.09	-	-	
99467	-	-	\$85.93	-	-	
99468	-	-	\$656.51	-	-	
99469	-	-	\$284.11	-	-	
99471	-	-	\$568.08	-	-	
99472	-	-	\$287.98	-	-	
99473	-	-	\$10.11	-	-	
99474	\$11.57	\$6.48	-	-	-	
99475	-	-	\$409.16	-	-	
99476	-	-	\$246.71	-	-	
99477	-	-	\$248.89	-	-	
99478	-	-	\$97.92	-	-	
99479	-	-	\$89.19	-	-	
99480	-	-	\$85.93	-	-	
99483	\$205.02	\$142.88	-	-	-	

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

317.04: continued

Code	NFAC	FAC	Global	PC	TC	Description (<i>see</i> medicine services code spreadsheet at www.mass.gov/regulations/101-CMR-31700-medicine)
99484	\$32.34	\$21.63	-	-	-	
99485	-	-	\$54.26	-	-	
99486	-	-	\$46.82	-	-	
99487	\$100.29	\$66.81	-	-	-	
99489	\$52.94	\$36.87	-	-	-	
99490	\$46.78	\$37.13	-	-	-	
99491	\$63.10	\$55.60	-	-	-	
99492	\$114.05	\$68.25	-	-	-	
99493	\$107.23	\$74.56	-	-	-	
99494	\$43.51	\$29.85	-	-	-	
99495	\$154.70	\$103.01	-	-	-	
99496	\$209.49	\$140.38	-	-	-	
99497	\$61.49	\$55.60	-	-	-	
99498	\$52.88	\$52.62	-	-	-	
99499	-	-	IC	-	-	
99500	-	-	IC	-	-	
99501	-	-	IC	-	-	
99502	-	-	IC	-	-	
99503	-	-	IC	-	-	
99504	-	-	IC	-	-	
99505	-	-	IC	-	-	
99506	-	-	IC	-	-	
99507	-	-	IC	-	-	
99509	-	-	IC	-	-	
99510	-	-	IC	-	-	
99511	-	-	IC	-	-	
99512	-	-	IC	-	-	
99600	-	-	IC	-	-	
99601	-	-	IC	-	-	
99602	-	-	IC	-	-	
99605	-	-	IC	-	-	
99606	-	-	IC	-	-	
99607	-	-	IC	-	-	
A9593	-	-	IC	-	-	
A9594	-	-	IC	-	-	
A9595	-	-	IC	-	-	
A9596	-	-	IC	-	-	
A9800	-	-	IC	-	-	
G0108	-	-	\$41.05	-	-	
G0109	-	-	\$11.68	-	-	
G0270	\$24.34	\$20.59	-	-	-	
G0271	\$12.75	\$11.68	-	-	-	
G0310	\$29.43	\$17.64	-	-	-	
G0311	\$47.16	\$35.37	-	-	-	
G0312	\$29.43	\$17.64	-	-	-	
G0313	\$47.16	\$35.37	-	-	-	
G0314	\$47.16	\$35.37	-	-	-	
G0315	\$29.43	\$17.64	-	-	-	

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

317.04: continued

Code	NFAC	FAC	Global	PC	TC	Description (<i>see</i> medicine services code spreadsheet at www.mass.gov/regulations/101-CMR-31700-medicine)
G0399	-	-	IC	-	-	
S0302	-	-	IC	-	-	
S3005-U1	-	-	\$10.27	-	-	
S3005-U2	-	-	\$10.27	-	-	
T1023	-	-	IC	-	-	
T2023	-	-	\$241.88	-	-	
T2023-U1	-	-	\$269.99	-	-	
J0131	-	-	IC	-	-	
J0134	-	-	IC	-	-	
J0135	-	-	IC	-	-	
J0136	-	-	IC	-	-	
J0172	-	-	IC	-	-	
J0173	-	-	IC	-	-	
J0177	-	-	IC	-	-	
J0179	-	-	IC	-	-	
J0184	-	-	IC	-	-	
J0208	-	-	IC	-	-	
J0215	-	-	IC	-	-	
J0217	-	-	IC	-	-	
J0219	-	-	IC	-	-	
J0222	-	-	IC	-	-	
J0223	-	-	IC	-	-	
J0224	-	-	IC	-	-	
J0225	-	-	IC	-	-	
J0282	-	-	IC	-	-	
J0283	-	-	IC	-	-	
J0291	-	-	IC	-	-	
J0364	-	-	IC	-	-	
J0391	-	-	IC	-	-	
J0400	-	-	IC	-	-	
J0401	-	-	IC	-	-	
J0402	-	-	IC	-	-	
J0491	-	-	IC	-	-	
J0565	-	-	IC	-	-	
J0567	-	-	IC	-	-	
J0570	-	-	IC	-	-	
J0571	-	-	IC	-	-	
J0572	-	-	IC	-	-	
J0573	-	-	IC	-	-	
J0574	-	-	IC	-	-	
J0575	-	-	IC	-	-	
J0576	-	-	IC	-	-	
J0577	-	-	IC	-	-	
J0578	-	-	IC	-	-	
J0584	-	-	IC	-	-	
J0593	-	-	IC	-	-	
J0599	-	-	IC	-	-	
J0604	-	-	IC	-	-	

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

317.04: continued

Code	NFAC	FAC	Global	PC	TC	Description (<i>see</i> medicine services code spreadsheet at www.mass.gov/regulations/101-CMR-31700-medicine)
J0611	-	-	IC	-	-	
J0636	-	-	IC	-	-	
J0650	-	-	IC	-	-	
J0651	-	-	IC	-	-	
J0652	-	-	IC	-	-	
J0687	-	-	IC	-	-	
J0688	-	-	IC	-	-	
J0689	-	-	IC	-	-	
J0691	-	-	IC	-	-	
J0692	-	-	IC	-	-	
J0695	-	-	IC	-	-	
J0699	-	-	IC	-	-	
J0701	-	-	IC	-	-	
J0703	-	-	IC	-	-	
J0706	-	-	IC	-	-	
J0714	-	-	IC	-	-	
J0715	-	-	IC	-	-	
J0716	-	-	IC	-	-	
J0720	-	-	IC	-	-	
J0739	-	-	IC	-	-	
J0741	-	-	IC	-	-	
J0742	-	-	IC	-	-	
J0750	-	-	IC	-	-	
J0751	-	-	IC	-	-	
J0799	-	-	IC	-	-	
J0841	-	-	IC	-	-	
J0872	-	-	IC	-	-	
J0873	-	-	IC	-	-	
J0877	-	-	IC	-	-	
J0878	-	-	IC	-	-	
J0879	-	-	IC	-	-	
J0883	-	-	IC	-	-	
J0884	-	-	IC	-	-	
J0889	-	-	IC	-	-	
J0890	-	-	IC	-	-	
J0891	-	-	IC	-	-	
J0892	-	-	IC	-	-	
J0893	-	-	IC	-	-	
J0898	-	-	IC	-	-	
J0899	-	-	IC	-	-	
J1010	-	-	IC	-	-	
J1094	-	-	IC	-	-	
J1096	-	-	IC	-	-	
J1097	-	-	IC	-	-	
J1105	-	-	IC	-	-	
J1130	-	-	IC	-	-	
J1201	-	-	IC	-	-	
J1202	-	-	IC	-	-	

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

317.04: continued

Code	NFAC	FAC	Global	PC	TC	Description (<i>see</i> medicine services code spreadsheet at www.mass.gov/regulations/101-CMR-31700-medicine)
J1203	-	-	IC	-	-	
J1246	-	-	IC	-	-	
J1260	-	-	IC	-	-	
J1290	-	-	IC	-	-	
J1301	-	-	IC	-	-	
J1302	-	-	IC	-	-	
J1304	-	-	IC	-	-	
J1305	-	-	IC	-	-	
J1306	-	-	IC	-	-	
J1320	-	-	IC	-	-	
J1322	-	-	IC	-	-	
J1323	-	-	IC	-	-	
J1324	-	-	IC	-	-	
J1412	-	-	IC	-	-	
J1413	-	-	IC	-	-	
J1426	-	-	IC	-	-	
J1427	-	-	IC	-	-	
J1428	-	-	IC	-	-	
J1429	-	-	IC	-	-	
J1437	-	-	IC	-	-	
J1438	-	-	IC	-	-	
J1444	-	-	IC	-	-	
J1445	-	-	IC	-	-	
J1448	-	-	IC	-	-	
J1455	-	-	IC	-	-	
J1456	-	-	IC	-	-	
J1554	-	-	IC	-	-	
J1562	-	-	IC	-	-	
J1573	-	-	IC	-	-	
J1574	-	-	IC	-	-	
J1595	-	-	IC	-	-	
J1596	-	-	IC	-	-	
J1599	-	-	IC	-	-	
J1610	-	-	IC	-	-	
J1611	-	-	IC	-	-	
J1628	-	-	IC	-	-	
J1631	-	-	IC	-	-	
J1643	-	-	IC	-	-	
J1655	-	-	IC	-	-	
J1700	-	-	IC	-	-	
J1710	-	-	IC	-	-	
J1726	-	-	IC	-	-	
J1741	-	-	IC	-	-	
J1744	-	-	IC	-	-	
J1746	-	-	IC	-	-	
J1790	-	-	IC	-	-	
J1812	-	-	IC	-	-	
J1814	-	-	IC	-	-	

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

317.04: continued

Code	NFAC	FAC	Global	PC	TC	Description (<i>see</i> medicine services code spreadsheet at www.mass.gov/regulations/101-CMR-31700-medicine)
J1815	-	-	IC	-	-	
J1823	-	-	IC	-	-	
J1826	-	-	IC	-	-	
J1830	-	-	IC	-	-	
J1840	-	-	IC	-	-	
J1850	-	-	IC	-	-	
J1890	-	-	IC	-	-	
J1939	-	-	IC	-	-	
J1941	-	-	IC	-	-	
J1943	-	-	IC	-	-	
J1951	-	-	IC	-	-	
J1952	-	-	IC	-	-	
J1956	-	-	IC	-	-	
J1990	-	-	IC	-	-	
J2021	-	-	IC	-	-	
J2060	-	-	IC	-	-	
J2062	-	-	IC	-	-	
J2170	-	-	IC	-	-	
J2182	-	-	IC	-	-	
J2183	-	-	IC	-	-	
J2184	-	-	IC	-	-	
J2186	-	-	IC	-	-	
J2212	-	-	IC	-	-	
J2246	-	-	IC	-	-	
J2247	-	-	IC	-	-	
J2249	-	-	IC	-	-	
J2250	-	-	IC	-	-	
J2251	-	-	IC	-	-	
J2265	-	-	IC	-	-	
J2272	-	-	IC	-	-	
J2277	-	-	IC	-	-	
J2281	-	-	IC	-	-	
J2311	-	-	IC	-	-	
J2326	-	-	IC	-	-	
J2327	-	-	IC	-	-	
J2354	-	-	IC	-	-	
J2356	-	-	IC	-	-	
J2358	-	-	IC	-	-	
J2401	-	-	IC	-	-	
J2402	-	-	IC	-	-	
J2403	-	-	IC	-	-	
J2404	-	-	IC	-	-	
J2406	-	-	IC	-	-	
J2425	-	-	IC	-	-	
J2426	-	-	IC	-	-	
J2427	-	-	IC	-	-	
J2440	-	-	IC	-	-	
J2460	-	-	IC	-	-	

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

317.04: continued

Code	NFAC	FAC	Global	PC	TC	Description (<i>see</i> medicine services code spreadsheet at www.mass.gov/regulations/101-CMR-31700-medicine)
J2468	-	-	IC	-	-	
J2470	-	-	IC	-	-	
J2471	-	-	IC	-	-	
J2502	-	-	IC	-	-	
J2506	-	-	IC	-	-	
J2508	-	-	IC	-	-	
J2561	-	-	IC	-	-	
J2679	-	-	IC	-	-	
J2680	-	-	IC	-	-	
J2760	-	-	IC	-	-	
J2777	-	-	IC	-	-	
J2779	-	-	IC	-	-	
J2782	-	-	IC	-	-	
J2786	-	-	IC	-	-	
J2793	-	-	IC	-	-	
J2794	-	-	IC	-	-	
J2798	-	-	IC	-	-	
J2799	-	-	IC	-	-	
J2801	-	-	IC	-	-	
J2840	-	-	IC	-	-	
J2910	-	-	IC	-	-	
J2919	-	-	IC	-	-	
J2940	-	-	IC	-	-	
J2941	-	-	IC	-	-	
J2998	-	-	IC	-	-	
J3030	-	-	IC	-	-	
J3031	-	-	IC	-	-	
J3032	-	-	IC	-	-	
J3055	-	-	IC	-	-	
J3110	-	-	IC	-	-	
J3145	-	-	IC	-	-	
J3241	-	-	IC	-	-	
J3244	-	-	IC	-	-	
J3245	-	-	IC	-	-	
J3263	-	-	IC	-	-	
J3302	-	-	IC	-	-	
J3303	-	-	IC	-	-	
J3316	-	-	IC	-	-	
J3360	-	-	IC	-	-	
J3371	-	-	IC	-	-	
J3372	-	-	IC	-	-	
J3393	-	-	IC	-	-	
J3394	-	-	IC	-	-	
J3397	-	-	IC	-	-	
J3398	-	-	IC	-	-	
J3401	-	-	IC	-	-	
J3424	-	-	IC	-	-	
J3425	-	-	IC	-	-	

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

317.04: continued

Code	NFAC	FAC	Global	PC	TC	Description (<i>see</i> medicine services code spreadsheet at www.mass.gov/regulations/101-CMR-31700-medicine)
J3470	-	-	IC	-	-	
J3471	-	-	IC	-	-	
J3472	-	-	IC	-	-	
J3490	-	-	IC	-	-	
J3590	-	-	IC	-	-	
J3591	-	-	IC	-	-	
J7131	-	-	IC	-	-	
J7165	-	-	IC	-	-	
J7168	-	-	IC	-	-	
J7175	-	-	IC	-	-	
J7177	-	-	IC	-	-	
J7178	-	-	IC	-	-	
J7179	-	-	IC	-	-	
J7181	-	-	IC	-	-	
J7192	-	-	IC	-	-	
J7202	-	-	IC	-	-	
J7203	-	-	IC	-	-	
J7207	-	-	IC	-	-	
J7209	-	-	IC	-	-	
J7210	-	-	IC	-	-	
J7211	-	-	IC	-	-	
J7212	-	-	IC	-	-	
J7294	-	-	IC	-	-	
J7295	-	-	IC	-	-	
J7296	-	-	IC	-	-	
J7297	-	-	IC	-	-	
J7298	-	-	IC	-	-	
J7301	-	-	IC	-	-	
J7304	-	-	IC	-	-	
J7307	-	-	IC	-	-	
J7309	-	-	IC	-	-	
J7310	-	-	IC	-	-	
J7314	-	-	IC	-	-	
J7315	-	-	IC	-	-	
J7318	-	-	IC	-	-	
J7320	-	-	IC	-	-	
J7322	-	-	IC	-	-	
J7328	-	-	IC	-	-	
J7329	-	-	IC	-	-	
J7331	-	-	IC	-	-	
J7332	-	-	IC	-	-	
J7340	-	-	IC	-	-	
J7342	-	-	IC	-	-	
J7345	-	-	IC	-	-	
J7351	-	-	IC	-	-	
J7352	-	-	IC	-	-	
J7353	-	-	IC	-	-	
J7354	-	-	IC	-	-	

317.04: continued

Code	NFAC	FAC	Global	PC	TC	Description (<i>see</i> medicine services code spreadsheet at www.mass.gov/regulations/101-CMR-31700-medicine)
J7402	-	-	IC	-	-	
J7501	-	-	IC	-	-	
J7599	-	-	IC	-	-	
J7633	-	-	IC	-	-	
J7665	-	-	IC	-	-	
J7669	-	-	IC	-	-	
J7676	-	-	IC	-	-	
J7677	-	-	IC	-	-	
J7699	-	-	IC	-	-	
J7799	-	-	IC	-	-	
J7999	-	-	IC	-	-	
J8499	-	-	IC	-	-	
J8562	-	-	IC	-	-	
J8611	-	-	IC	-	-	
J8612	-	-	IC	-	-	
J8670	-	-	IC	-	-	
J8999	-	-	IC	-	-	
J9015	-	-	IC	-	-	
J9020	-	-	IC	-	-	
J9021	-	-	IC	-	-	
J9022	-	-	IC	-	-	
J9023	-	-	IC	-	-	
J9025	-	-	IC	-	-	
J9034	-	-	IC	-	-	
J9037	-	-	IC	-	-	
J9046	-	-	IC	-	-	
J9048	-	-	IC	-	-	
J9049	-	-	IC	-	-	
J9052	-	-	IC	-	-	
J9057	-	-	IC	-	-	
J9061	-	-	IC	-	-	
J9070	-	-	IC	-	-	
J9072	-	-	IC	-	-	
J9073	-	-	IC	-	-	
J9074	-	-	IC	-	-	
J9075	-	-	IC	-	-	
J9118	-	-	IC	-	-	
J9144	-	-	IC	-	-	
J9145	-	-	IC	-	-	
J9172	-	-	IC	-	-	
J9173	-	-	IC	-	-	
J9176	-	-	IC	-	-	
J9177	-	-	IC	-	-	
J9198	-	-	IC	-	-	
J9203	-	-	IC	-	-	
J9205	-	-	IC	-	-	
J9210	-	-	IC	-	-	
J9212	-	-	IC	-	-	

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

317.04: continued

Code	NFAC	FAC	Global	PC	TC	Description (<i>see</i> medicine services code spreadsheet at www.mass.gov/regulations/101-CMR-31700-medicine)
J9213	-	-	IC	-	-	
J9215	-	-	IC	-	-	
J9216	-	-	IC	-	-	
J9219	-	-	IC	-	-	
J9223	-	-	IC	-	-	
J9227	-	-	IC	-	-	
J9229	-	-	IC	-	-	
J9247	-	-	IC	-	-	
J9248	-	-	IC	-	-	
J9249	-	-	IC	-	-	
J9255	-	-	IC	-	-	
J9258	-	-	IC	-	-	
J9259	-	-	IC	-	-	
J9262	-	-	IC	-	-	
J9268	-	-	IC	-	-	
J9269	-	-	IC	-	-	
J9272	-	-	IC	-	-	
J9273	-	-	IC	-	-	
J9274	-	-	IC	-	-	
J9281	-	-	IC	-	-	
J9286	-	-	IC	-	-	
J9295	-	-	IC	-	-	
J9296	-	-	IC	-	-	
J9298	-	-	IC	-	-	
J9302	-	-	IC	-	-	
J9304	-	-	IC	-	-	
J9316	-	-	IC	-	-	
J9317	-	-	IC	-	-	
J9318	-	-	IC	-	-	
J9319	-	-	IC	-	-	
J9320	-	-	IC	-	-	
J9321	-	-	IC	-	-	
J9322	-	-	IC	-	-	
J9323	-	-	IC	-	-	
J9324	-	-	IC	-	-	
J9325	-	-	IC	-	-	
J9331	-	-	IC	-	-	
J9332	-	-	IC	-	-	
J9333	-	-	IC	-	-	
J9334	-	-	IC	-	-	
J9340	-	-	IC	-	-	
J9348	-	-	IC	-	-	
J9349	-	-	IC	-	-	
J9352	-	-	IC	-	-	
J9353	-	-	IC	-	-	
J9356	-	-	IC	-	-	
J9358	-	-	IC	-	-	
J9371	-	-	IC	-	-	

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

317.04: continued

Code	NFAC	FAC	Global	PC	TC	Description (<i>see</i> medicine services code spreadsheet at www.mass.gov/regulations/101-CMR-31700-medicine)
J9376	-	-	IC	-	-	
J9380	-	-	IC	-	-	
J9393	-	-	IC	-	-	
J9394	-	-	IC	-	-	
J9999	-	-	IC	-	-	
Q0220	-	-	IC	-	-	
Q0240	-	-	IC	-	-	
Q0243	-	-	IC	-	-	
Q0244	-	-	IC	-	-	
Q0245	-	-	IC	-	-	
Q0247	-	-	IC	-	-	
Q0249	-	-	IC	-	-	
Q0516	-	-	IC	-	-	
Q0517	-	-	IC	-	-	
Q0518	-	-	IC	-	-	
Q2009	-	-	IC	-	-	
Q2017	-	-	IC	-	-	
Q2028	-	-	IC	-	-	
Q2036	-	-	IC	-	-	
Q2038	-	-	IC	-	-	
Q2041	-	-	IC	-	-	
Q2042	-	-	IC	-	-	
Q2049	-	-	IC	-	-	
Q2053	-	-	IC	-	-	
Q2054	-	-	IC	-	-	
Q2055	-	-	IC	-	-	
Q2056	-	-	IC	-	-	
Q4101	-	-	IC	-	-	
Q4103	-	-	IC	-	-	
Q4104	-	-	IC	-	-	
Q4108	-	-	IC	-	-	
Q4110	-	-	IC	-	-	
Q4161	-	-	IC	-	-	
Q4162	-	-	IC	-	-	
Q4163	-	-	IC	-	-	
Q4164	-	-	IC	-	-	
Q4165	-	-	IC	-	-	
Q4183	-	-	IC	-	-	
Q4184	-	-	IC	-	-	
Q4185	-	-	IC	-	-	
Q4187	-	-	IC	-	-	
Q4188	-	-	IC	-	-	
Q4189	-	-	IC	-	-	
Q4190	-	-	IC	-	-	
Q4191	-	-	IC	-	-	
Q4192	-	-	IC	-	-	
Q4193	-	-	IC	-	-	
Q4194	-	-	IC	-	-	

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

317.04: continued

Code	NFAC	FAC	Global	PC	TC	Description (<i>see</i> medicine services code spreadsheet at www.mass.gov/regulations/101-CMR-31700-medicine)
Q4197	-	-	IC	-	-	
Q4198	-	-	IC	-	-	
Q4199	-	-	IC	-	-	
Q4200	-	-	IC	-	-	
Q4201	-	-	IC	-	-	
Q4202	-	-	IC	-	-	
Q4203	-	-	IC	-	-	
Q4204	-	-	IC	-	-	
Q4205	-	-	IC	-	-	
Q4206	-	-	IC	-	-	
Q4208	-	-	IC	-	-	
Q4209	-	-	IC	-	-	
Q4210	-	-	IC	-	-	
Q4211	-	-	IC	-	-	
Q4212	-	-	IC	-	-	
Q4213	-	-	IC	-	-	
Q4214	-	-	IC	-	-	
Q4215	-	-	IC	-	-	
Q4216	-	-	IC	-	-	
Q4217	-	-	IC	-	-	
Q4218	-	-	IC	-	-	
Q4219	-	-	IC	-	-	
Q4220	-	-	IC	-	-	
Q4221	-	-	IC	-	-	
Q4222	-	-	IC	-	-	
Q4226	-	-	IC	-	-	
Q4251	-	-	IC	-	-	
Q4252	-	-	IC	-	-	
Q4253	-	-	IC	-	-	
Q4262	-	-	IC	-	-	
Q4263	-	-	IC	-	-	
Q4264	-	-	IC	-	-	
Q4279	-	-	IC	-	-	
Q4287	-	-	IC	-	-	
Q4288	-	-	IC	-	-	
Q4289	-	-	IC	-	-	
Q4290	-	-	IC	-	-	
Q4291	-	-	IC	-	-	
Q4292	-	-	IC	-	-	
Q4293	-	-	IC	-	-	
Q4294	-	-	IC	-	-	
Q4295	-	-	IC	-	-	
Q4296	-	-	IC	-	-	
Q4297	-	-	IC	-	-	
Q4298	-	-	IC	-	-	
Q4299	-	-	IC	-	-	
Q4300	-	-	IC	-	-	
Q4301	-	-	IC	-	-	

317.04: continued

Code	NFAC	FAC	Global	PC	TC	Description (<i>see</i> medicine services code spreadsheet at www.mass.gov/regulations/101-CMR-31700-medicine)
Q4302	-	-	IC	-	-	
Q4303	-	-	IC	-	-	
Q4304	-	-	IC	-	-	
Q5101	-	-	IC	-	-	
Q5107	-	-	IC	-	-	
Q5109	-	-	IC	-	-	
Q5112	-	-	IC	-	-	
Q5113	-	-	IC	-	-	
Q5114	-	-	IC	-	-	
Q5115	-	-	IC	-	-	
Q5116	-	-	IC	-	-	
Q5117	-	-	IC	-	-	
Q5118	-	-	IC	-	-	
Q5119	-	-	IC	-	-	
Q5121	-	-	IC	-	-	
Q5122	-	-	IC	-	-	
Q5123	-	-	IC	-	-	
Q5125	-	-	IC	-	-	
Q5126	-	-	IC	-	-	
Q5131	-	-	IC	-	-	
Q5132	-	-	IC	-	-	
Q9950	-	-	IC	-	-	
Q9980	-	-	IC	-	-	
S0013	-	-	IC.	-	-	

Behavioral Health and Developmental Screening Services

Code	NFAC	FAC	Global	PC	TC	Description (<i>see</i> medicine services code spreadsheet at www.mass.gov/regulations/101-CMR-31700-medicine)
96110 U1	-	-	\$10.27	-	-	
96110 U2	-	-	\$10.27	-	-	
96127 U1	-	-	\$10.27	-	-	
96127 U2	-	-	\$10.27	-	-	

Tobacco Cessation Codes

Code	NFAC	FAC	Description (<i>see</i> medicine services code spreadsheet at www.mass.gov/regulations/101-CMR-31700-medicine)
99407	\$58.08	\$54.04	
99407 SA	\$58.08	\$54.04	
99407 TD	\$49.37	\$45.93	
99407 U1	\$49.37	\$45.93	
99407 TF	\$87.12	\$81.06	
99407 U2	\$74.05	\$68.90	
99407 HQ	\$37.03	\$34.45	
99407 U3	\$31.47	\$29.28	

317.05: Severability

The provisions of 101 CMR 317.00 are severable. If any provision of 101 CMR 317.00 or application of any provision to an applicable individual, entity, or circumstance is held invalid or unconstitutional, that holding will not be construed to affect the validity or constitutionality of any remaining provisions of 101 CMR 317.00 or application of those provisions to applicable individuals, entities, or circumstances.

REGULATORY AUTHORITY

101 CMR 317.00: M.G.L. c. 118E.

NON-TEXT PAGE

**THE COMMONWEALTH OF MASSACHUSETTS****William Francis Galvin**

Secretary of the Commonwealth

Regulation Filing*To be completed by filing agency*CHAPTER NUMBER: **322 CMR 4.00**CHAPTER TITLE: **Fishing and Shellfishing Equipment**AGENCY: **Division of Marine Fisheries**SUMMARY OF REGULATION: *State the general requirements and purposes of this regulation.*

This final regulation modifies the maximum sea scallop dredge width for state waters so that it is 10.5' rather than 10' and aligns with federal rules. It also eliminates references to sub-Coastal Access Permit endorsements that are concurrently being eliminated at 322 CMR 7.00.

REGULATORY AUTHORITY: **G.L. c. 130, s. 17A**AGENCY CONTACT: **Jared A Silva** PHONE: **617-634-9573**ADDRESS: **Division of Marine Fisheries
837 South Rodney French Blvd., New Bedford, MA 02747****Compliance with M.G.L. c. 30A**EMERGENCY ADOPTION - *if this regulation is adopted as an emergency, state the nature of the emergency.*PRIOR NOTIFICATION AND/OR APPROVAL - *If prior notification to and/or approval of the Governor, Legislature or others was required, list each notification, and/or approval and date, including notice to the Local Government Advisory Commission.***MFAC - 3/17/26****DFG - 3/20/26****EOEEA - 4/13/26****ANF/GOV - 4/15/26**PUBLIC REVIEW - *M.G.L. c. 30A sections 2 and/or 3 requires notice of the hearing or comment period, including a small business impact statement, be filed with the Secretary of the Commonwealth, published in appropriate newspapers, and sent to persons to whom specific notice must be given at least 21 days prior to such hearing or comment period.*Date of public hearing or comment period: **PH: 2/26/26**

FISCAL EFFECT - *Estimate the fiscal effect of the public and private sectors.*

For the first and second year: Reduces regulatory and permitting burden by streamlining requirements.

For the first five years: Reduces regulatory and permitting burden by streamlining requirements.

No fiscal effect: N/A. Fiscal impact expected.

SMALL BUSINESS IMPACT - *M.G.L. c. 30A section 5 requires each agency to file an amended small business impact statement with the Secretary of the Commonwealth prior to the adoption of a proposed regulation. If the purpose of this regulation is to set rates for the state, this section does not apply.*

Date amended small business impact statement was filed: 4/22/26

CODE OF MASSACHUSETTS REGULATIONS INDEX - *List key subjects that are relevant to this regulation:*

PROMULGATION - *State the action taken by this regulation and its effect on existing provisions of the Code of Massachusetts Regulations (CMR) or repeal, replace or amend. List by CMR number:*

322 CMR 4.06(5) and (6)

ATTESTATION - *The regulation described herein and attached hereto is a true copy of the regulation adopted by this agency.* ATTEST:

SIGNATURE: _____ SIGNATURE ON FILE _____ DATE: Apr 24 2026

Publication - *To be completed by the regulations Division*

MASSACHUSETTS REGISTER NUMBER: 1573 DATE: 5/8/26

EFFECTIVE DATE: 5/8/26

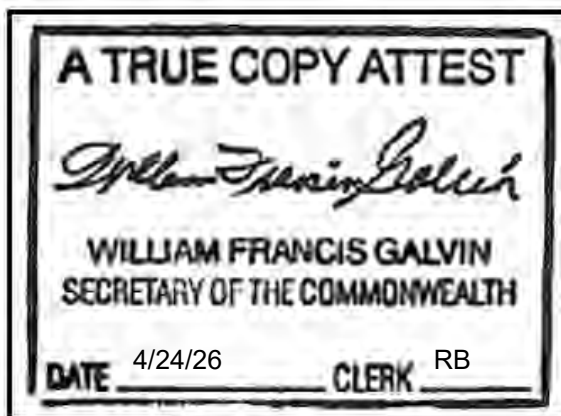
CODE OF MASSACHUSETTS REGULATIONS

Remove these Pages:

28.1 - 28.4

Insert these Pages:

28.1 - 28.4



4.06: continued

5. Municipal Shellfish Fisheries. The seasonal mobile gear closure areas shall not apply to vessels fishing within municipal waters in a shellfish fishery regulated by the municipality.

(3) Night Closures. Within the waters under the jurisdiction of the Commonwealth, it shall be unlawful for any vessel using mobile gear to conduct any night fishing.

(4) Trawl Gear General Provisions.

(a) Minimum Trawl Net Mesh Size and Method of Measurement. Except as authorized at 322 CMR 4.06(5), all vessels fishing with trawl gear within the waters under the jurisdiction of the Commonwealth shall only possess fish taken with nets that have a minimum mesh size opening that measures at least 6½ inches throughout the cod end and six inches throughout the remainder of the net.

The mesh size shall be measured by the inside stretch of the net. The mesh size will be determined by the average of measurements of any series of 20 consecutive meshes. The mesh in the cod end will be measured at least ten meshes from the lacings beginning at the after end and running parallel to the long axis.

This minimum net mesh size is measured in accordance with 322 CMR 4.06(4)(a), by using a wedge-shaped gauge having a taper of two centimeters (0.79 inches) in eight centimeters (3.15 inches), and a thickness of 2.33 millimeters (0.09 inches), inserted into the meshes under a pressure or pull of eight kilograms (17.64 pounds).

(b) Trawl Net Modifications.

1. It shall be unlawful to use any device or material including, but not limited to, nets, net strengtheners, ropes, lines or chafing gear on the top of the trawl net, except that one splitting strap and one bull rope (if present), consisting of line and rope no more than three inches in diameter, may be used if such a splitting strap or bull rope does not constrict in any manner the size of the meshes on the top of the trawl net, as required at 322 CMR 4.06(4)(a).

2. All trawl nets not made on a braiding machine, whether of braided or twisted twine, whether machine made or hand-made, shall use only one knot: the weavers knot. This shall include the sheet bend or knot by another name that is the weavers knot.

3. The ends of the twine, called the bars, that exit the knot are constructed so their lay does not cross or twist.

4. One splitting strap or one bull rope consisting of line or rope no more than two inches in diameter may be used if such splitting strap or bull rope does not obstruct the meshes of the net or otherwise diminish the sizes of the net mesh.

5. Canvas, netting or other material may be attached to the underside of the cod end to reduce wear and prevent damage provided that no more than 25% of the meshes in the cod end are obstructed.

6. It shall be unlawful to use trawl nets that utilize disks, rollers or rock-hoppers greater than 12 inches.

(5) Exempted Small Mesh Trawl Fisheries. To authorize commercial trawl fishermen to seasonally target valuable finfish species that cannot be caught in commercially viable quantities without the use of small mesh trawls, the following exemptions to 322 CMR 4.06(4) apply.

(a) Small Mesh Trawl Squid Fishery. It shall be lawful to fish with small mesh trawls for squid in accordance with the following requirements:

1. Permitting. The vessel holds a Coastal Access Permit issued in accordance with M.G.L. c. 130, § 80, and 322 CMR 7.01(4)(a): *Regulated Fishery Permit Endorsement*.

2. Season. The vessel is fishing within the Small Mesh Squid Trawl Exempted Area during the period of April 23rd through June 9th. The Director may issue permit conditions to extend the small mesh trawl squid fishery season in accordance with M.G.L. c. 130, § 80, and 322 CMR 7.01(7): *Conditions*.

3. Net Mesh Size and Method of Measurement. The vessel uses small mesh trawls with meshes measuring at least 1⅞-inch diamond or square throughout the cod end.

4.06: continued

This standard shall be applied throughout the cod end for at least 150 continuous meshes forward of the terminus of the net. For cod ends with less than 150 meshes forward of the terminus of the net, this minimum mesh size shall be applied to a minimum of $\frac{1}{3}$ of the net measured from the terminus of the cod end to the head rope. Meshes shall be measured using a wedge-shaped gauge having a taper of two centimeters (0.79 inches) in eight centimeters (3.15 inches), and a thickness of 2.33 millimeters (0.09 inches), inserted into the meshes under a pressure or pull of five kilograms (11.02 pounds).

4. Modifications to Strengthen the Net. The vessel shall not use any device, gear or material applied to the top of the trawl net, except the following:

- a. Splitting straps and or bull ropes or wire around the entire circumference of the cod end, provided these materials do not obstruct or constrict the top of the trawl net while it is being towed.
- b. Net strengtheners or net covers that do not have a mesh opening of at least five inches diamond or square, as measured by the methods described at 322 CMR 4.06(4)(a).
- c. A line may be used to close the opening created by the rings in the aftermost portion of the net, provided the liner extends no more than ten meshes forward of the aftermost portion of the net, the inside webbing of the cod end shall be the same circumference or less than any strengthener and the liner is no more than two feet longer than any net strengthener.

5. Catch Restrictions. Vessels fishing with or in possession of any net that does not comply with the minimum trawl net mesh size at 322 CMR 4.06(4)(a) are prohibited from retaining, possessing or landing more than 100 pounds of winter flounder, yellowtail flounder or summer flounder, in any combination.

(b) Area 1A and Upper Cape Cod Raised Foot Rope Trawl Fisheries for Whiting Fishery. It shall be lawful to fish with small mesh raised footrope trawls for whiting in accordance with the following requirements:

1. Permitting. The vessel holds a Coastal Access Permit issued in accordance with M.G.L. c. 130 § 80, and 322 CMR 7.01(4)(a): *Regulated Fishery Permit Endorsement*.

2. Season.

a. Area 1A. The vessel is fishing within Area 1A, as described at 322 CMR 4.06(2)(a)(1)(a), during the period of September 1st through September 30th.

b. Upper Cape Cod. The vessel is fishing within the Upper Cape Cod Whiting Area during the period of September 1st through November 20th.

3. Trawl Specifications. The trawl used by the vessel shall conform to the gear specifications below:

a. Minimum Net Mesh Size and Method of Measurement. The net meshes shall measure at least 2½-inch diamond or square throughout the cod end. Minimum mesh size is measured by the inside stretch of the net. Meshes shall be measured using a wedge-shaped gauge having a taper of two centimeters (0.79 inches) in eight centimeters (3.15 inches), and a thickness of 2.33 millimeters (0.09 inches), inserted into the meshes under a pressure or pull of five kilograms (11.02 pounds).

b. Headrope. The trawl shall be configured with a headrope that conforms to the following requirements:

i. The headrope is rigged with floats that measure at least eight inches in diameter.

ii. The floats are attached along the entire length of the headrope with a maximum spacing of four feet between each float.

c. Groundgear. The trawl shall be configured with groundgear that conforms to the following requirements:

i. All bare wire groundgear that is not larger than $\frac{1}{2}$ inch in diameter for the top leg, $\frac{5}{8}$ inch in diameter for the bottom leg and not larger than $\frac{3}{4}$ inch diameter for the ground cables.

4.06: continued

- ii. The top legs shall be at least as long as the bottom legs.
 - iii. The total length of ground cables shall not be greater than 40 fathoms (240 feet) from the trawl doors to the wing ends.
 - d. Footrope. The trawl shall be configured with a footrope that conforms to the following requirements:
 - i. The footrope is longer than the headrope, but by no more than 20 feet longer than the headrope.
 - ii. The footrope is rigged so it does not touch the ocean floor when towed.
 - e. Drop Chains. The trawl shall be configured with drop chains that conform to the following requirements:
 - i. The drop chains are at least 42 inches in length.
 - ii. The maximum size of the drop chain stock shall be $\frac{5}{16}$ inch when a sweep is used and $\frac{3}{8}$ inch when no sweep is used.
 - iii. Only bare chain shall be used. The use of additional weights on the drop chains is prohibited.
 - iv. Drop chains shall be hung from the center of the footrope and the corners (the junction of the bottom wing to the belly at the foot rope).
 - v. Drop chains shall be hung at eight-foot intervals along the footrope from the corners to the wing ends.
 - f. Sweep Specifications. The use of a chain sweep is not required. However, if a chain sweep is used it must conform to the following requirements.
 - i. The sweep shall be bare chain measuring no greater than $\frac{5}{16}$ inch chain stock.
 - ii. The sweep shall be the same length as the foot rope.
 - iii. The sweep shall be attached to the ends of the drop chains and the center of the sweep must be attached to the drop chain from the center of the footrope.
 - iv. The points where each drop chain is attached on the sweep and the foot rope must be the same distance from the center drop chain attachments.
 - v. The ends of the sweeps shall be attached to the drop chains at the center of the footrope.
 - 4. Bycatch Restrictions. The vessel does not retain, possess or land any cod, haddock, pollock, redfish, white hake, yellowtail flounder, winter flounder, American plaice, witch flounder, summer flounder, skates, monkfish, ocean pout, sculpin, sea raven, lobsters or crabs.
- (6) Sea Scallop Dredge Gear.
- (a) Dredge Width. It shall be unlawful to possess a sea scallop dredge or retain sea scallops caught by a dredge whereby the dredge or a combination of dredges has an effective fishing width greater than ten feet six inches while fishing within the waters under the jurisdiction of the Commonwealth.
 - (b) Dredge Rings.
 - 1. Minimum Size. It shall be unlawful to possess a sea scallop dredge or retain sea scallops caught by a dredge with rings less than four inches.
 - 2. Method of Measurement. The minimum ring size shall be determined by measuring the length of the shortest straight line passing through the center of the ring from one inside edge to the opposite inside edge. The measurement shall not include normal welds from ring manufacturing or links. The rings to be measured shall be at least five rings away from the mouth of the dredge and at least two rings away from the other rigid portions of the dredge.
 - (c) Twine Top.
 - 1. Minimum Twine Top Net Mesh Size. It shall be unlawful to possess a sea scallop dredge or retain sea scallops caught by a dredge using twine top with a net mesh of less than ten inches square or diamond.
 - 2. Twine Top Configuration. It shall be unlawful to configure or construct the twine top in any manner that obstructs the net mesh so that it is less than ten inches square or diamond.
- (7) Use of Purse Seines.
- (a) Permitting Requirements.

4.06: continued

1. Use of Purse Seine Gear within Inshore Restricted Waters. Pursuant to 322 CMR 4.02 and 7.01(4), an Inshore Net Permit regulated fishery permit endorsement is required for any commercial fisher to set, fish, or haul a purse seine within inshore restricted waters defined at 322 CMR 4.02.
2. Use of Purse Seine Gear Seaward of Inshore Restricted Waters. Pursuant to 322 CMR 7.01(4), a Coastal Access Permit or Coastal Access Permit Purse Seine is required for any commercial fisher to set, fish, or haul a purse seine within waters under the jurisdiction of the Commonwealth seaward of inshore restricted waters defined at 322 CMR 4.02.
- (b) Restrictions on Use of Purse Seine Gear.
 1. Waters under the Jurisdiction of the Commonwealth. It shall be unlawful to set, fish, or haul a purse seine within waters under the jurisdiction of the Commonwealth:
 - a. On Saturdays, Sundays, Memorial Day, the 4th of July, and Labor Day.
 - b. From ½ hour after sunset to ½ hour before sunrise during the period of March 1st through October 31st or from 6:00 P.M. to 6:00 A.M. during the period of November 1st through the last day of February.
 - c. within the waters of Cape Cod Bay shoreward of an imaginary straight line drawn from western breakwater at Sesuit Harbor in Dennis, thence in a northerly direction to the #1 buoy on Billingsgate Shoal, thence in a northeasterly direction to the southernmost tip of Jeremy Point in Wellfleet.
 2. Within Inshore Restricted Waters. Within the inshore restricted waters defined at 322 CMR 4.02, it shall be unlawful to set, fish, or haul a purse seine:
 - a. year-round within the waters of Buzzards Bay, as defined at 322 CMR 4.02.
 - b. on Fridays within the waters of Beverly Harbor, as defined at 322 CMR 4.02.
 3. Within Boston Harbor. Within the inshore restricted waters of Boston Harbor, as defined at 322 CMR 4.02, it shall be unlawful to set, fish, or haul a purse seine:
 - a. within the waters of the Charles River upstream of an imaginary straight line drawn from Pier 4 in Charlestown to the easternmost Coast Guard Pier in Boston.
 - b. within the waters of the Mystic River upstream of an imaginary straight line drawn from the end of the Massport concrete pier to the white storage tanks at the Exxon Terminal.
 - c. within the waters of the Chelsea River upstream of the Andrew McCardle Bridge.
 - d. within the waters of Dorchester Bay shoreward of an imaginary straight line drawn from UMASS Boston to the Corita Gas Tank.
 - e. within the waters of the Neponset River upstream of the Southeast Expressway.
 - f. within the waters of Marina Bay in Quincy shoreward of the breakwater.
 - g. within the waters of the Weir River upstream of Red Nun "8".
 - h. within the waters of Winthrop Harbor shoreward of an imaginary straight line beginning at the southern end of Cottage Park Yacht Club in Winthrop south to the "1" day marker and then east to Coughlin Park, Winthrop.
 - i. within any area designated as an "A Anchorage Area" described on NOAA Chart #13270

Exception: A commercial fisher may fish with purse seines within the "Anchorage Area A" on NOAA Chart #13270 off Merrymount in Quincy.
 4. Permit Conditions. Pursuant to the authority at M.G.L. c. 130, § 80 and 322 CMR 7.01(7), the Director may establish permit conditions affecting the use of purse seines as necessary and appropriate for purposes of conservation and management or to protect the public health, welfare and safety.
- (8) Experimental Fisheries. The Director may, at their discretion, authorize the use of nonconforming mobile gear. This will be done to collect data to determine if certain gear modifications may be appropriate. Permit holders must request and obtain a Letter of Authorization to participate in any authorized experimental fishery.
- (9) Declaration of Temporary Mobile Gear Closures. The Director may declare temporary mobile gear closures within the waters under the jurisdiction of the Commonwealth, if the Director has determined that the closure is necessary to immediately resolve gear conflicts due to high densities of fixed fishing gear or to protect high densities of molted lobsters.
 - (a) Procedure for Declaring Temporary Mobile Gear Closures. The declaration of a temporary closure is not effective until:

**THE COMMONWEALTH OF MASSACHUSETTS****William Francis Galvin**

Secretary of the Commonwealth

Regulation Filing*To be completed by filing agency*CHAPTER NUMBER: **322 CMR 6.00**CHAPTER TITLE: **Regulation of Catches**AGENCY: **Division of Marine Fisheries**SUMMARY OF REGULATION: *State the general requirements and purposes of this regulation.***This final regulation increases the recreational bluefish bag limit by two-fish and adjusts commercial sea bass, scup, and summer flounder limits to enhance harvest and quota utilization.**REGULATORY AUTHORITY: **G.L. c. 130, s. 17A and 21.**AGENCY CONTACT: **Jared A. Silva** PHONE: **617-634-9573**ADDRESS: **Division of Marine Fisheries
837 South Rodney French Blvd., New Bedford, MA 02747****Compliance with M.G.L. c. 30A****EMERGENCY ADOPTION** - *if this regulation is adopted as an emergency, state the nature of the emergency.***PRIOR NOTIFICATION AND/OR APPROVAL** - *If prior notification to and/or approval of the Governor, Legislature or others was required, list each notification, and/or approval and date, including notice to the Local Government Advisory Commission.***MFAC - 3/17/26****DFG - 3/20/26****EOEEA - 4/13/26****ANF/GOV - 4/15/26****PUBLIC REVIEW** - *M.G.L. c. 30A sections 2 and/or 3 requires notice of the hearing or comment period, including a small business impact statement, be filed with the Secretary of the Commonwealth, published in appropriate newspapers, and sent to persons to whom specific notice must be given at least 21 days prior to such hearing or comment period.*Date of public hearing or comment period: **PH: 2/26/26**

FISCAL EFFECT - *Estimate the fiscal effect of the public and private sectors.*

For the first and second year: Commensurate with increased access to recreational and commercial fisheries.

For the first five years: Commensurate with increased access to recreational and commercial fisheries.

No fiscal effect: N/A. Fiscal impact is expected.

SMALL BUSINESS IMPACT - *M.G.L. c. 30A section 5 requires each agency to file an amended small business impact statement with the Secretary of the Commonwealth prior to the adoption of a proposed regulation. If the purpose of this regulation is to set rates for the state, this section does not apply.*

Date amended small business impact statement was filed: 4/22/26

CODE OF MASSACHUSETTS REGULATIONS INDEX - *List key subjects that are relevant to this regulation:*

PROMULGATION - *State the action taken by this regulation and its effect on existing provisions of the Code of Massachusetts Regulations (CMR) or repeal, replace or amend. List by CMR number:*

322 CMR 6.18(1); 322 CMR 6.22(2); 322 CMR 6.27(1) and (2); and 322 CMR 6.28(1) and (2)

ATTESTATION - *The regulation described herein and attached hereto is a true copy of the regulation adopted by this agency.* ATTEST:

SIGNATURE: _____ SIGNATURE ON FILE _____ DATE: Apr 24 2026

Publication - *To be completed by the regulations Division*

MASSACHUSETTS REGISTER NUMBER: 1573 DATE: 5/8/26

EFFECTIVE DATE: 5/8/26

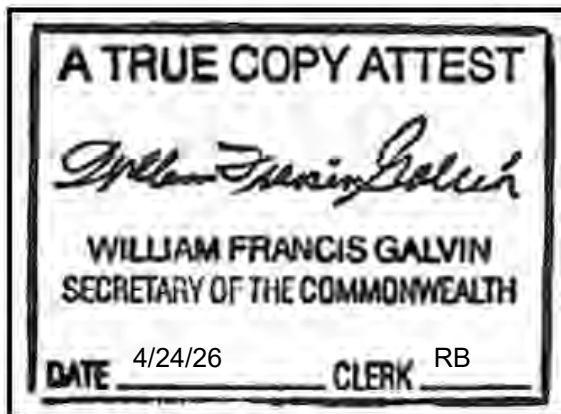
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57 - 58.8.2
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53 & 54
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322 CMR: DIVISION OF MARINE FISHERIES

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e. Violations. Except as authorized by 322 CMR 6.17(3)(b)2.d., it shall be *prima facie* evidence of a violation of the river herring harvest moratorium at 322 CMR 6.17(3)(a) if:

- i. An individual is harvesting or attempting to harvest river herring from an open spawning run without a valid annual harvest permit issued to them by the managing entity for that spawning run.
- ii. An individual is in possession of river herring and fails to produce or does not hold a valid annual harvest permit.
- iii. An individual is in possession of river herring and fails to produce or does not hold a valid annual harvest permit and daily harvest receipt issued by the same managing entity for the same open spawning run.
- iv. The annual harvest permit holder is in possession of river herring after the three week expiration date contained in the daily harvest receipt.
- v. An individual is in possession of river herring in a quantity that exceeds the harvest limit for an open spawning run identified in the daily harvest receipt and established in accordance with the ASMFC-approved Sustainable Harvest Plan for the spawning run. Individuals may store or possess a quantity of river herring that exceeds the established harvest limit provided that the number of river herring stored or possessed does not exceed the aggregate harvest limit of river herring allowed by the valid daily harvest receipts.
- vi. The daily harvest receipt has been rendered illegible.

(c) By-catch Tolerance for Bait Fisheries Conducted in Federal Waters. A person may possess or land a batch of bait fish that comprises up to 5% of river herring, by count, provided the bait fish is caught in federal waters. Notwithstanding the foregoing, the operator of a vessel, as defined by 322 CMR 7.01(1): *Vessel*, that lands sea herring, or a wholesale dealer, as defined by 322 CMR 7.01(3)(a): *Wholesale Dealer*, that processes sea herring, may possess a batch of bait fish that exceeds 5% of river herring, by count, if said batch has been sorted and graded after the bait fish has landed.

(4) Shad Possession Limits.

(a) Merrimack and Connecticut Rivers. No fisherman may possess more than three shad taken from the Connecticut or Merrimack River.

(b) All Other Waters of the Commonwealth. It shall be unlawful for any fishermen to possess any American shad taken from any waters other than the Connecticut and Merrimack Rivers. All fishing for American shad in these waters shall be limited to catch and release only.

6.18: Bluefish Limits (*Pomatomus Salatrix*)

(1) Recreational Bag Limit. It shall be unlawful for any recreational fishermen:

- (a) fishing from shore or a private vessel to retain, land or possess more than five bluefish per calendar day, and
- (b) fishing from a for-hire vessel during a for-hire trip to retain, land or possess more than seven bluefish per calendar day.

(2) Commercial Bluefish Limits.

a. Minimum Size. It shall be unlawful for a commercial fisherman to retain, possess, or land a bluefish less than 16 inches in total length.

b. Trip Limit. It shall be unlawful for a commercial fisherman to retain, possess, or land more than 5,000 pounds of bluefish, per calendar day or per trip, whichever period of time is longer.

c. Quota Closure. It shall be unlawful for a commercial fisherman to retain, possess, or land bluefish once the Director has determined 100% of the bluefish quota has been reached. The quota closure will be enacted and announced in accordance with the procedure set forth at 322 CMR 6.41(2)(c).

(3) Use of Gillnets for Taking Bluefish for Commercial Purposes.

(a) Management Areas. There is established the following management areas:

6.18: continued

2. Southern Area shall be those territorial waters of the Commonwealth south of straight line extending from the east entrance of the Cape Cod Canal through Race Point Light, Provincetown to the marine boundary of the Commonwealth, including all waters of Buzzards Bay, Vineyard Sound, and Nantucket Sound.
- (b) Authorization. The following permits and conditions shall apply in the following areas:
 1. In the northern and southern areas a regulated fishery permit shall be required to harvest, catch or take bluefish by any net as a directed fishing effort. Directed fishing effort is defined as any consecutive 30 day catch of which 50% or more is bluefish.
 2. In the southern area a regulated fishery permit shall be required to harvest, catch or take bluefish by means of a gillnet in the southern area and shall be issued only to those individuals who held a valid bluefish gillnet regulated fishery permit in 1982 as determined by the licensing records of the Division.
 3. Dealers may not purchase bluefish from commercial fishermen without written authorization from the Director.
 4. Commercial fishermen shipping bluefish to dealers outside the Commonwealth shall be required to become authorized dealers pursuant to 322 CMR 6.18(2)(b)3. 322 CMR 6.18(2)(b)4. shall not apply if the out of state dealer is licensed and authorized to purchase bluefish in Massachusetts.
- (c) Restrictions. The following restrictions on the use of gillnets for the harvesting, catching or taking of bluefish in the southern area shall apply:
 1. the total length of any net to be set by each permittee and/or vessel may not exceed 1500 feet.
 2. all nets are to be conspicuously marked with high flyers or floats at both ends;
 3. each high flyer or float shall be conspicuously and legibly marked at both ends with the regulated fishery permit number of the individual operating the gear;
 4. minimum mesh size of gillnets to be used for taking bluefish may be no less than five inches stretched measure;
 5. nets are to be tended by the individual permittee or his/her authorized agent at all times; and
 6. harvesting, catching or taking or attempting to harvest, catch or take bluefish by means of a gillnet is prohibited during the night time, defined as ½ after sunset to ½ hour before sunrise.
- (d) Closures.
 1. Permanent Closure. The following area is closed to any fishing for bluefish by means of a gillnet: all waters within an area bounded by an imaginary line beginning at the westernmost tip of the southern entrance jetty at Pamet Harbor to the Number 1 buoy on Billingsgate Shoal, thence southerly to the Number 1 gong off Sesuit Harbor, thence to the northernmost tip of the east entrance jetty off Sesuit Harbor, thence along the shoreline of Dennis, Orleans, Eastham, Wellfleet and Truro to the westernmost tip of the southern entrance jetty at Pamet Harbor.
 2. Contingency Closures. If the Director determines that gear conflicts are occurring or are likely to occur he may, as provided for in 322 CMR 6.18, close areas to gillnetting.
 3. Contingency Closure Procedure. An area closure shall not be effective until:
 - a. it has been approved by a majority of the members of the Marine Fisheries Advisory Commission;
 - b. a notice of closure has been filed with the *Massachusetts Register*; and
 - c. a copy of the notice of closure has been mailed to all gillnet regulated fishery permit holders.
- (e) Prohibitions. It is unlawful for any person to harvest, catch or take or attempt to harvest, catch or take any bluefish by means of a gillnet in the southern area;
 1. without a valid regulated fishery permit;
 2. between ½ hour after sunset to ½ hour before sunrise;
 3. with greater than 1500 feet of net;
 4. with any net which is unmarked by high flyers or floats, or which has not been legibly marked with the regulated fishery permit number;
 5. with any net which has a stretched mesh opening of less than five inches;
 6. with any net that is left unattended;
 7. having failed to file a timely and accurate catch report or having falsified a catch report;
 8. when the gillnet fishery has been closed by a notice of closure; or
 9. when an area has been closed by the Director pursuant to 322 CMR 6.18(3)(d).

- (4) Penalties. Violation of 322 CMR 6.18 shall be governed by the provisions of M.G.L. c. 130, §§ 2 and 80.

6.21: continued

(b) Minimum Chute Gauge Width and Chute Gauge Specifications. The chute gauge used to determine the legal size for knobbed and channeled whelks shall measure at least six inches length and by 1½" height. The internal width of the chute gauge shall be: 3⅛" through April 14, 2027; 3¼" during the period of April 15, 2027 through April 14, 2030; 3⅜" during the period of April 15, 2030 through April 14, 2033; 3½" during the period of April 15, 2033 through April 14, 2036, and 3⅝" on or after April 15, 2036. No person shall modify the chute gauge in any manner that may affect the gauging of knobbed or channeled whelks. It shall be *prima facie* evidence of a violation of 322 CMR 6.21(2)(c) if a commercial fisher is not in possession of a chute gauge meeting these minimum specifications when fishing for or in possession of knobbed or channeled whelk.

(c) Methodology of Determining Legal Sized Whelk with the Chute Gauge. Knobbed and channeled whelks shall be oriented to the chute gauge with its operculum facing down and laying as flat on the chute gauge as possible. It shall be unlawful to retain, possess, or land a knobbed or channeled whelk if it can pass through the chute gauge in this required orientation with its siphonal canal at any angle to the side walls of the gauge. The required orientation of the knobbed or channeled whelk to the chute gage is depicted in the image below:



1. Exemptions for Dealers. Notwithstanding the requirements of 322 CMR 6.21(2)(c), a dealer permitted in accordance with 322 CMR 7.01(3): *Dealer Permits* may obtain, possess and process knobbed and channeled whelks that are not legal sized if such knobbed or channeled whelks were lawfully harvested in the jurisdiction of another state. All containers of such knobbed and channeled whelks shall bear a shellfish tag, as required by M.G.L. c. 130, §§ 81 and 82.

(d) Tagging of Knobbed and Channeled Whelks by Commercial Fishers. Because knobbed and channeled whelks are shellfish as defined in M.G.L. c. 130, § 2, commercial fishers who retain such whelks harvested in accordance with the requirements of 322 CMR 6.21(2)(c) shall place them in containers that bear a shellfish harvester tag as required by 322 CMR 16.00: *Shellfish Harvest and Handling*.

(e) Prohibitions. Except as provided in 322 CMR 6.21(2)(c)1., it shall be unlawful for:

1. any person to possess a knobbed or channeled whelk that is less than the legal size as determined in accordance with 322 CMR 6.21(2)(b) and (c) for longer than it is necessary for immediate measurement and return to the sea.
2. any person to modify the chute gauge specified in 322 CMR 6.21(2)(b) in any manner that may affect the method of measurement of knobbed and channeled whelks.
3. any person to manipulate the orientation of a knobbed or channeled whelk to the chute gauge so that it is measured in a manner other than the method of measurement prescribed at 322 CMR 6.21(2)(c).
4. any commercial fisher to not possess on their vessel a chute gauge meeting the specifications in 322 CMR 6.21(2)(b) when fishing for or in possession of knobbed or channeled whelk.
5. to possess any knobbed or channeled whelk in a condition other than whole in-shell, except by a dealer licensed in accordance with 322 CMR 7.01(3): *Dealer Permits*.
6. to process whelks at any location other than at a facility of a dealer licensed in accordance with 322 CMR 7.01(3): *Dealer Permits* for that purpose.

(3) Possession Limit.

(a) Coastal Access Permit Holders. For commercial fishers fishing with mobile gear under the authority of a Coastal Access Permit regulated fishery permit endorsement, issued in accordance with 322 CMR 7.05: *Coastal Access Permit (CAP)*, it shall be unlawful to take,

6.21: continued

possess or land more than 1,000 pounds of channeled whelk and knobbed whelk combined during any single fishing trip or 24-hour day, whichever period of time is longer.

(b) Scuba or Hand Harvest. For commercial fishers fishing with Scuba or hand harvest gear, it shall be unlawful to take, possess or land a combination of channeled and knobbed whelk that exceeds one level filled standard fish tote.

(c) Recreational Fishing Limit. It shall be unlawful for any person engaged in recreational fishing to possess or land more than 15 channeled or knobbed whelk combined during any calendar day.

6.22: Summer Flounder (Fluke) Restrictions

(1) Definitions. For the purposes of 322 CMR 6.22, the following terms shall have the following meanings.

Commercial Fisher means any person permitted in accordance with M.G.L. c. 130, § 80 and 322 CMR 7.01(2) to retain, possess, and land summer flounder for purpose of sale, barter, or exchange or who keeps for personal or family use any summer flounder taken under the authority of said permit.

Dealer means any wholesale or retail seafood dealer permitted by the Director pursuant to M.G.L. c. 130, § 80, and 322 CMR 7.01(3): *Dealer Permits*.

Director means the Director of the Division of Marine Fisheries.

Land means to transfer or attempt to transfer the catch of summer flounder from any vessel to any other vessel or onto any land, pier, wharf, dock or other artificial structure, or for a fishing vessel with any summer flounder onboard to tie-up to any pier, wharf, dock, or artificial structure.

Period I means the commercial fishery for summer flounder occurring between January 1st and April 22nd.

Period II means the commercial fishery for summer flounder occurring between April 23rd and December 31st.

Quota means the Commonwealth's share of the annual commercial summer flounder quota adopted by the Atlantic States Marine Fisheries Commission.

Recreational Fisher means any person who harvests or attempts to harvest fish for personal or family use, sport or pleasure, which are not to be sold, bartered, or exchanged.

Summer Flounder means fluke or that species of fish known as *Paralichthys dentatus*.

Trip means that period of time that begins when a fishing vessel departs from a dock, berth, beach, seawall, ramp or port to carry out commercial fishing operations and that ends with a return to a dock, berth seawall, ramp or port.

Trip Limit means the maximum lawful amount of summer flounder that a commercial fisher may retain, possess, or land within the waters under the jurisdiction of the Commonwealth or sell, barter or exchange or offer for sale, barter, or exchange. Trip limits apply per trip or per calendar day, whichever period of time is longer and are applied to the vessel named on the commercial fishing permit regardless of the number of commercial fishing permits or letters of authorization carried on board the vessel.

(2) Commercial Fishery.

(a) Minimum Size. It shall be unlawful for any commercial fisher to retain, possess, or land summer flounder less than 14 inches in total length.

6.22: continued

(b) Seasonal Quota Allocations. Annually, the quota shall be allocated between the Period I fishery and the Period II fishery. In accordance with 322 CMR 6.22(2)(b)(1) and (2), the allocation shall be set annually based on the magnitude of the quota. Any unused portion of the quota from Period I may be re-allocated to Period II. Overharvest of either period allocation may be deducted from the corresponding period in the following year.

1. If the quota is 750,000 pounds or greater, the Period I fishery shall be allocated 30% of the quota and the Period II fishery shall be allocated 70% of the quota.
2. If the quota is less than 750,000 pounds, the Period I fishery shall be allocated 15% of the quota and the Period II fishery shall be allocated 85% of the quota.

(c) Period I (January 1st through April 22nd).

1. Beginning on January 1st the trip limit shall be 5,000 pounds. This trip limit shall remain in effect through April 22nd or until DMF determines that 100% of the Period I quota allocation, as established at 322 CMR 6.22(2)(b), has been reached, whichever occurs sooner.
2. Should DMF determine that the Period I quota allocation, as set forth at 322 CMR 6.22(2)(b) has been reached on or before April 22nd, the trip limit for all commercial fishers shall be 100 pounds. This trip limit shall become effective on the calendar day immediately following the determination.
3. Annual Authorization of Multi-State Program and Exception to Trip Limit. Subject to an annual authorization from the Director, vessels landing in Massachusetts may possess summer flounder in quantities exceeding the limits at 322 CMR 6.22(2)(c)(1) through (3), provided the non-conforming fish is to be landed in another state, is clearly labeled identifying the state it is to be landed in, and it remains on the vessel while the Massachusetts limit is being landed.

(d) Period II (April 23rd through December 31st).

1. Trip Limits for Commercial Fishers Using Nets from April 23rd through September 30th. During the period of April 23rd through September 30th, the initial trip limit for any commercial fisher using nets shall be 600 pounds. In accordance with 322 CMR 6.22(2)(d)(1)(a) through (c), this trip limit may be adjusted in season based on quota utilization:

- a. Should DMF determine that 75% of the quota is taken on or before August 15th, then the trip limit for any commercial fisher using nets shall be reduced to 400 pounds. This trip limit shall become effective on the calendar day immediately following the determination.
- b. Should DMF determine that 90% of the quota is taken on or before September 1st, then the trip limit for any commercial fisher using nets shall be reduced to 200 pounds. This trip limit shall become effective on the calendar day immediately following the determination.
- c. Should DMF determine that more than 20% of the quota will remain available after August 31st, then the trip limit for any commercial fisher using nets shall be increased to 1,000 pounds effective September 1st.

2. Trip Limits for Commercial Fishers Using Hook and Line Gear from April 23rd through September 30th. During the period of April 23rd through September 30th, the initial trip limit for a commercial fisher using hook and line gear shall be 600 pounds. In accordance with 322 CMR 6.22(2)(d)(2)(a) through (c), this trip limit may be adjusted in season based on quota utilization:

- a. Should DMF determine that 75% of the quota is taken on or before August 15th, then the trip limit for a commercial fisher using hook and line gear shall be reduced to 200 pounds. This trip limit shall become effective on the calendar day immediately following the determination.
- b. Should DMF determine that 90% of the quota is taken on or before September 1st, then the trip limit for commercial fishers using hook and line gear shall be reduced to 200 pounds. This trip limit shall become effective on the calendar day immediately following the determination.
- c. Should DMF determine that more than 20% of the quota remains on August 31st, then the trip limit for a commercial fisher using hook and line gear shall be increased to 1,000 pounds effective September 1st.

6.22: continued

3. Trip Limits for Commercial Fishers from October 1st through December 31st.
 - a. During the period of October 1st through October 31st, the summer flounder trip limit shall be set based on the utilization of the annual quota through September 30th. Should DMF determine that 10% or less of the quota remains on September 30th, then the trip limit for all commercial fishers shall be 1,000 pounds effective October 1st. However, should DMF determine that more than 10% of the quota will remain available after September 30th, then the trip limit for all commercial fishers shall be 5,000 pounds.
 - b. During the period of November 1st through December 31st, the summer flounder trip limit shall be set based on the utilization of the annual quota through October 31st. Should DMF determine 20% or less of the quota remains on October 31st, then the trip limit for all commercial fishers shall be 5,000 pounds. However, should DMF determine that more than 20% the quota will remain available after October 31st, then the trip limit for all commercial fishers shall be 10,000 pounds.
 - c. Annual Authorization of Multi-State Program and Exception to Trip Limit. Subject to an annual authorization from the Director, vessels landing in Massachusetts may possess summer flounder in quantities exceeding the limits in 322 CMR 6.22(2)(d)(3), provided the non-conforming fish is to be landed in another state, is clearly labeled identifying the state it is to be landed in, and it remains on the vessel while the Massachusetts limit is being landed.
 4. Summer Flounder Limits for Vessels Fishing with Small Mesh Trawls. The trip limit shall be 100 pounds for any commercial fisher fishing with trawl gear and using a net with net mesh less than 5.5" diamond or 6" square throughout the cod end of the net.
 - (e) Quota Closure. It shall be unlawful for any commercial fisher to retain, possess, land, sell, barter, or exchange or offer for sale, barter, or exchange any summer flounder once the Director has determined that 100% of the commercial summer flounder quota has been reached. The quota closure will be enacted and announced in accordance with the procedure set forth at 322 CMR 6.41(2)(c).
 - (f) Offloading Prohibition. It is unlawful for commercial fisher to offload or attempt to offload summer flounder from 10:00 P.M. through 6:00 A.M.
 - (g) Inspection. Commercial fishers shall keep all summer flounder separate from the rest of the vessel's catch and readily available for immediate inspection by the Office of Law Enforcement.
 - (h) Requirements for Dealers. All dealers authorized as primary buyers permitted in accordance with M.G.L. c. 130, 322 CMR 7.01(3): *Dealer Permits* and 322 CMR 7.07: *Dealers Acting as Primary Buyers* shall obtain a federal dealer permit from the National Marine Fisheries Service to purchase summer flounder directly from commercial fishers during the Period I commercial summer flounder fishery.
- (3) Permitting Requirements. A regulated fishery permit endorsement, issued by the Director pursuant to 322 CMR 7.01(4)(a): *Regulated Fishery Permit Endorsement*, is required to retain, possess, land, sell, barter, or exchange or offer for sale, barter, or exchange any summer flounder in accordance with summer flounder commercial fishery regulations at 322 CMR 6.22(2).
- (4) Recreational Fishery Season and Limits.
- (a) Minimum Size. It shall be unlawful for any recreational fisher to retain, possess, or land a summer flounder measuring less than:
 1. 17.5 inches total length when fishing from a vessel.
 2. 16.5 inches total length when fishing from shore.
 - (b) Open Season. During the period of May 24th through September 23rd, it shall be unlawful for any recreational fisher to retain, possess, or land more than five summer flounder per day.
 - (c) Closed Season. From September 24th through May 23rd, it shall be unlawful for any fisher to retain, possess, or land any summer flounder.

6.23: Rainbow Smelt (*Osmerus Mordax*) Restrictions(1) Definitions.

Coastal Waters means those waters as established by M.G.L. c. 130, § 1.

Rainbow Smelt means that species of fish known as *Osmerus mordax*.

6.23: continued

- (2) Possession Limits. It is unlawful for any fisherman to fish for and retain more than 50 smelt taken from coastal waters of the Commonwealth per 24-hour day.
- (3) Prohibitions. It is unlawful for any person:
- (a) to fish for and retain smelt in any other manner than by hook-and-line as established by M.G.L. c. 130, § 35.
 - (b) to fish for and retain smelt between March 15th and June 15th as established by M.G.L. c. 130, § 34.
 - (c) to fail to release immediately any smelt unlawfully taken back into the waters from which they were taken.

6.24: Sea Urchin Management

(1) Definitions.

Batch means all sea urchins in each separate container.

Container means any bag, box, cage or other receptacle containing loose urchins which may be separated from the entire load or shipment.

Effective Fishing Width means the width of the sea bottom from which a dredge collects sea urchins, including the inside width of the opening or frame or other structures which affect the overall width of the path from which sea urchins are taken.

Sea Urchin means that species of echinoderm known as *Strongylocentrotus droebachiensis*.

(2) Minimum Size.

- (a) No person shall take or possess sea urchins measuring less than two inches in the longest diameter, exclusive of the spines, to the amount of more than 5% of any batch.
- (b) Sublegal sea urchins shall be culled immediately after capture, and returned immediately to the sea.

(3) Closed Season.

- (a) It is unlawful for any person using mobile gear including urchin dredges to take or possess for commercial purposes sea urchins from waters under the jurisdiction of the Commonwealth during the period March 1st through October 31st.
- (b) It is unlawful for any person using SCUBA or any method other than mobile gear including urchin dredges to take or possess for commercial purposes sea urchins from waters under the jurisdiction of the Commonwealth during the period May 1st through August 31st.

(4) Gear Restrictions.

- (a) No person shall dredge for sea urchins in any area(s) closed to mobile gear fishing unless a single dredge meeting the following specifications is used:
 - 1. The effective fishing width of the dredge is 48 inches or less.
 - 2. The frame or bale is constructed of ¾ inch or smaller stock (bar or rod) with skids no longer than three feet in length.
 - 3. The chain sweep section behind the bale shall be constructed of ¼ inch or smaller chain in a single layer square mesh pattern no longer than 4½ feet.
 - 4. The twine codend, measured from where the chain section ends shall be no longer than five feet in length.
 - 5. Chafing gear to protect the codend shall be traditional twine chafing gear or a rubber mat five feet or less in length and four feet or less in width.
 - 6. The dredge specified for areas closed to mobile gear may only be towed with wire or cable of ¾ inch or smaller diameter or rope of 5/8 inch or smaller diameter.

((5) Closed Areas. Reserved)

(6) Permits.

- (a) No person shall take or possess for commercial purposes sea urchins from waters under the jurisdiction of the Commonwealth unless he or she is in possession of a valid regulated fishery permit endorsed for sea urchins, issued by the Director pursuant to 322 CMR 7.01(4)(a): *Regulated Fishery Permit Endorsement*.
- (b) No person shall be issued a regulated fishery permit endorsed for the harvest of sea urchins unless he or she is a *bona fide* resident of Massachusetts or is a resident of a state which grants equal access to Massachusetts residents.

6.24: continued

(c) Each individual SCUBA diver must be in possession of both a Commercial Fisherman Permit and a Regulated Fishery Permit endorsed for sea urchins, issued by the Director pursuant to 322 CMR 7.01(4)(a): *Regulated Fishery Permit Endorsement*.

(d) Each diver tender boat must be in possession of a Commercial Fisherman Permit (boat) and a regulated fisherman permit endorsed for sea urchins unless each person on board is in possession of a Commercial Fisherman Permit (individual) and a regulated fisherman permit endorsed for sea urchins, issued by the Director pursuant to 322 CMR 7.01(4)(a): *Regulated Fishery Permit Endorsement*.

(e) Each dredge boat must be in possession of a Commercial Fisherman Permit (boat) and a regulated fishery permit endorsed for sea urchins unless each person on board holds a Commercial Fisherman Permit (individual) and a Regulated Fishery Permit endorsed for sea urchins, issued by the Director pursuant to 322 CMR 7.01(4)(a): *Regulated Fishery Permit Endorsement*.

(f) Each dredge boat fishing for sea urchins in waters open to mobile gear fishing with a dredge or combination of dredges greater than 48 inches must also possess a valid Coastal Access Permit. Boats fishing with a single sea urchin dredge of 48 inches or less are exempted from the requirements for a Coastal Access Permit, and may fish in areas closed to mobile gear fishing under other sections of 322 CMR 6.00.

(7) Prohibitions.

(a) It shall be unlawful for any vessel fishing in areas closed to mobile gear fishing under the exception provided in 322 CMR 6.24(5)(f) to conduct fishing operations during the period ½ hour after sunset to ½ hour before sunrise at Boston, MA.

(b) It shall be unlawful for any person fishing under the authority of a Regulated Fishery Permit endorsed for sea urchins to retain any bycatch of regulated species, including any lobsters, finfish, or shellfish.

(c) It shall be unlawful for any person to dredge for sea urchins in areas defined in 322 CMR 8.09: *Spawning Area Closures* during the period February 1st through April 30th.

6.25: Lobster Landing Window

(1) Definition.

To Land means to transfer the catch of any lobster from any vessel onto any land or dock, pier, wharf, or other artificial structure.

(2) It is unlawful during the period February 1st through April 30th, for commercial fishermen to land from 8:00 P.M. through 6:00 A.M. any lobsters caught with nets, pots, or any other fishing gear capable of catching lobster.

6.26: Bycatch Lobster Landing/Possession Limits

(1) Definitions. For the purposes of 322 CMR 6.26:

Bottom or Sink Gillnet means a gillnet, anchored or otherwise, that is designed to be, capable of being, or is fished on or near the bottom in the lower third of the water column.

Day means any 24-hour period.

1-day Fishing Trip means a trip 24 hours or less.

2-day Fishing Trip means a trip greater than 24 hours up to 48 hours.

3-day Fishing Trip means a trip greater than 48 hours up to 72 hours.

4-day Fishing Trip means a trip greater than 72 hours up to 96 hours.

5-day Fishing Trip means a trip greater than 96 hours up to 120 hours.

6.26: continued

Lobster Car means any container, enclosure or any other container or contrivance designed to hold and store lobster away from the vessel.

Lobster Crate means a covered container with a volume equal to or less than 3.9 cubic feet.

Mobile Gear means any movable or encircling fishing gear or nets which are set, towed, hauled or dragged through the water for the harvest of fish, squid, and shellfish including but not limited to otter trawls, beam trawls, mid-water trawls, bottom and mid-water pair trawls, Scottish seines, Danish seines, pair seines, purse seines, shellfish dredges, and sea scallop dredges.

Net Hauler means any device capable of pulling all or portions of gillnets out of the sea for the purpose of removing catches of lobster and fish.

Rigged for Netting means a vessel having a trawl net and doors on board.

Trips Greater than Five Days means a trip greater than 120 hours.

(2) Bycatch Limits in Commercial Fisheries.

(a) Non-lobster Commercial Permit Holders. It is unlawful for any person without a commercial lobster permit to land or possess any lobsters.

(b) Mobile Gear. It is unlawful for any person with either an offshore lobster permit or coastal lobster permit fishing or seen fishing with mobile gear to land or possess:

1. any lobsters harvested in waters under the jurisdiction of the Commonwealth; or
2. more than 100-lobsters harvested from federal waters per 24-hour day, provided the vessel they are fishing aboard is properly permitted by NOAA Fisheries to take lobster from federal waters, not to exceed more than 500 lobsters for any fishing trip five days or longer. When the duration of a trip in number of hours, cannot be documented for the Office of Environmental Law Enforcement, the 100-lobster commercial limit shall apply.

(c) Bottom or Sink Gillnets. It is unlawful for any person with an offshore lobster permit or a coastal lobster permit to land or possess more than:

1. 100 lobsters per 24-hour day when fishing or seen fishing with gillnets exclusively in waters outside of the Outer Cape Cod Lobster Conservation Management Area.
2. an amount of lobsters exceeding the capacity of two lobster crates, not to exceed 100 lobsters, per 24-hour day when fishing or seen fishing with gillnets in waters within the Outer Cape Cod Lobster Conservation Management Area (OCCLCMA), or authorized to fish with gillnets in the OCCLCMA. All lobsters retained in accordance with 322 CMR 6.26(2)(c)1. shall be separated from the rest of the catch and stored in lobster crates or placed in lobster crates immediately upon request of law enforcement.

(d) Presumption. It is a rebuttable presumption that a vessel:

1. rigged for netting or equipped with a net hauler, and
2. having both lobster and fish in possession, caught the lobsters with gear other than pots or traps and is thereby subject to the lobster limits described in 322 CMR 6.26.

(3) Duration of Fishing Trips. A vessel landing lobsters taken by any gear other than pots or traps during any fishing trip shall document the hourly duration of the fishing trip through vessel reports or through any other method prescribed by the Director. Such records shall be kept on board the vessel and made available for inspection by any agent of the Director.

(4) Exception. It is lawful for a vessel possessing lobsters caught by mobile gear or gillnets to exceed the daily possession limit as defined by 322 CMR 6.26(2)(b) and (c)1.:

- (a) lobsters are held separate from the fishing vessel in holding cars in locations subject to approval of the Director;
- (b) the landing limit described in 322 CMR 6.26(2) is not exceeded for any trip;
- (c) prior to carrying lobsters, fishermen notify the Office of Environmental Law Enforcement of their intent to carry lobster and the location of the holding cars;
- (d) not more than the daily authorized landing/possession limit are in possession for each day of fishing following notification;
- (e) not more than 500 lobsters are in possession at any one time; and
- (f) fishermen provide accurate records of their daily fishing activities and amounts of lobster carried each day.

6.26: continued

(5) Prohibitions. It is unlawful for any commercial fisherman or vessel fishing gillnets in the Outer Cape Cod Lobster Conservation Management Area (OCCLCMA), or authorized to fish in the OCCLCMA, to store lobster in any lobster car in waters under the jurisdiction of the Commonwealth.

6.27: Scup Fishery Management(1) Definitions.

Commercial Fisher means any person fishing under the authority of a permit issued in accordance 322 CMR 7.01(2): *Commercial Fisherman Permits* for the purposes of sale, barter, or exchange, or to keep for personal use or family use any fish or shellfish caught under the authority of the commercial fisherman permit.

Dealer means any wholesale or retail seafood dealer permitted by the Director pursuant to M.G.L. c. 130, § 80, and 322 CMR 7.01(3): *Dealer Permits*.

Director means the Director of the Division of Marine Fisheries.

For-hire Vessel means any vessel that holds a for-hire permit, issued in accordance with M.G.L. c. 130, § 17C, and 322 CMR 7.10(5): *Permit Requirements Applicable to For-hire Vessels*, that is carrying paying customers for the purpose of recreational fishing.

Quota means the Commonwealth's share of the annual commercial scup quota adopted by the Atlantic States Marine Fisheries Commission.

Recreational Fisher means any person who harvesters or attempts to harvest fish for personal or family use, sport or pleasure, and which are not sold, bartered or exchanged.

Scup means that species of fish known as *Stenotomus chrysops*.

Scup Pot means any pot or trap that has six sides and at least two unobstructed escape vents or openings in the parlor section that are at least 3¹/₁₀ inches in diameter or 2¹/₄ inches square, and is set on the bottom of the ocean and designed to capture scup.

Total Length means the greatest straight line length, in inches, measured on a fish with its mouth closed from the anterior most tip of the jaw or snout to the farthest extremity of the tail. For fish with a forked tail, the upper and lower fork may be squeezed together to measure the tail extremity.

(3) Commercial Fishery Management.

(a) Permit Requirements. A regulated fishery permit endorsement, issued by the Director pursuant to 322 CMR 7.01(4)(a): *Regulated Fishery Permit Endorsement*, is required to sell scup, or to fish for, retain, possess or land scup in accordance with scup commercial fishery regulations at 322 CMR 6.27(2).

(b) Minimum Size. It is unlawful for any commercial fisher or dealer to possess scup less than nine inches in total length.

(c) Winter I and Winter II Fishery. During the Winter I period of January 1st through April 30th and the Winter II period of October 1st through December 31st, it shall be unlawful for any vessel fishing within the waters under the jurisdiction of the Commonwealth to possess, retain, or land more than 2,000 pounds of scup per trip, or per calendar day. Vessels with federal permits allowing the taking of scup from federal waters, may exceed this state limit, provided:

1. the scup were lawfully taken while fishing in federal waters;
2. the vessel is transiting through the waters under the jurisdiction of the Commonwealth and makes no stops, except to land fish in a Massachusetts port, unless otherwise directed to do so by authorized law enforcement personnel, without limitation the Office of Law Enforcement and the United States Coast Guard;

6.27: continued

3. all fishing gear is out of the water and properly stowed onboard the vessel; and
 4. the vessel, crew, gear, and catch are otherwise in compliance with all applicable federal regulations
- (d) Summertime Fishery. The summertime fishery occurs during the period of May 1st through September 30th and is subject to the Commonwealth's commercial scup quota. This quota is managed through gear type specific trip limits, seasons and fishing days.
1. Weirs. During this period commercial fishers, permitted in accordance with 322 CMR 7.01(4)(a): *Regulated Fishery Permit Endorsement* to operate a fish weir, shall not be subject to daily possession limits or closed commercial fishing days for scup caught in fish weirs. The weir fishery shall close when the aggregate landings among all permitted weir fishers reach 300,000 pounds of scup.
 2. Trawlers. During this period, commercial fishers, permitted in accordance with 322 CMR 7.01(4)(a): *Regulated Fishery Permit Endorsement* to fish for scup with trawl gear may retain, possess and land scup seven days per week. Trawlers shall not land more than 10,000 pounds of scup per calendar week or possess more than 10,000 pounds of scup at any one time. The calendar week shall begin on Sunday at 12:01 A.M. and end on the following Saturday at 11:59 P.M.
 3. All Other Gear Types. Commercial fishers, permitted in accordance with 322 CMR 7.01(4)(a): *Regulated Fishery Permit Endorsement* to fish for scup with any other gear type including, but not limited to, hook and line and scup pots, are subject to the following seasonal limits:
 - a. May 1st through June 30th. During this period, these commercial fishers may retain, possess and land scup Sundays through Thursdays and shall not retain, possess or land more than 800 pounds of scup per calendar day or per fishing trip, whichever period is longer. The retention, possession and landing of scup is prohibited on Fridays and Saturdays.
 - c. July 1st through September 30th. During this period, these commercial fishers may retain, possess and land scup seven days per week and shall not retain, possess or land more than 1,500 pounds of scup per calendar day or per fishing trip.
 4. Quota Closure. It shall be unlawful for commercial fishers to retain, possess or land scup once the Director has determined that 100% of the annual commercial scup quota has been reached. The quota closure will be enacted and announced in accordance with the procedure set forth at 322 CMR 6.41(2)(c).
- (e) Trip Limit Restrictions on Trawl Vessels. Notwithstanding the state waters trawl mesh minimum size restrictions at 322 CMR 4.06: *Use of Mobile Gear*, vessels using trawls shall not possess more than 1,000 pounds of scup from October 1st through April 14th, more than 2,000 pounds of scup from April 15th through June 15th, nor more than 200 pounds of scup from June 16th through September 30th, unless fishing with nets that have a minimum mesh size of five inches diamond applied throughout the cod end of the net for at least 75 continuous meshes forward of the terminus of the net and all other nets are stowed and not available for immediate use.
- (3) Recreational Fishery Regulations.
- (a) Minimum Size. It is unlawful for any recreational fisher to retain, possess, or land a scup measuring less than:
 1. 11 inches in total length when fishing from a vessel.
 2. Nine and one-half inches total length when fishing from shore.
 - (b) Possession and Landing Limits. From May 1st through December 31st, it shall be unlawful for any recreational fisher to retain, possess or land more than 30 scup per day. If there are six or more recreational fishers onboard any vessel, the aggregate number of scup possessed by all recreational fishers onboard the vessel shall not exceed 150 fish.
 - (c) Exemptions for For-hire Vessels. For-hire vessels carrying patrons are provided the following exemptions to the possession and landing limits set forth at 322 CMR 6.27(3)(b):
 1. Bonus Season. During the period of May 1st through June 30th, any recreational fishers fishing as a patron onboard a for-hire vessel may retain up to 40 scup per day.
 2. Vessel Limit. The vessel limit of 150 scup per day shall not apply.
 - (d) Closed Season. During the period of January 1st through April 30th, it shall be unlawful for any recreational fishers to retain, possess, or land any scup.

6.28: Black Sea Bass Fishery Management(1) Definitions.

Black Sea Bass means that species of fish known as *Centropristis striata*.

Black Sea Bass Pot means any pot or trap that has six sides and at least two unobstructed escape vents or openings in the parlor section that are at least 2½ inches diameter, two inches square or 1⅜ inches by 5¾ inches, and is set on the bottom of the ocean and designed to capture black sea bass.

Black Sea Bass Pot Regulated Fishery Endorsement means those limited entry regulated fishery permit endorsements, issued and managed pursuant to M.G.L. c. 130, §§ 2 and 80, and 322 CMR 7.01(4)(a): *Regulated Fishery Permit Endorsement* and 322 CMR 7.06: *Transfer of Limited Entry Permits*, that authorize a named individual to use black sea bass pots for the taking of black sea bass for commercial purposes.

Black Sea Bass Regulated Fishery Endorsement means those limited entry regulated fishery permit endorsements, issued and managed pursuant to M.G.L. c. 130, §§ 2 and 80, and 322 CMR 7.01(4)(a): *Regulated Fishery Permit Endorsement* and 322 CMR 7.06: *Transfer of Limited Entry Permits*, that authorize a named individual to harvest, possess and land black sea bass for commercial purposes.

Commercial Fisher means any person fishing under the authority of a permit issued in accordance 322 CMR 7.01(2) *Commercial Fisherman Permits* for the purposes of sale, barter, or exchange, or to keep for personal use or family use any fish or shellfish caught under the authority of the commercial fisherman permit.

Dealer means any wholesale or retail seafood dealer permitted by the Director pursuant to M.G.L. c. 130, § 80 and 322 CMR 7.01(3): *Dealer Permits*.

Director means the Director of the Division of Marine Fisheries.

For-hire Vessel means any vessel that holds a for-hire permit, issued in accordance with M.G.L. c. 130, § 17C and 322 CMR 7.10(5): *Permit Requirements Applicable to For-hire Vessels*, that is carrying paying customers for the purpose of recreational fishing.

Mobile Gear means any moveable or encircling fishing gear or nets which are towed, hauled, or dragged through the water for the harvest of fish including, but not limited to, pair trawls, otter trawls, beam trawls, mid-water trawls, Scottish seines, Danish seines, pair seines, purse seines or shellfish dredges.

Quota means the Commonwealth's share of the annual commercial black sea bass quota adopted by the Atlantic States Marine Fisheries Commission.

Recreational Fisher means any person who harvests or attempts to harvest fish for personal or family use, sport or pleasure, and which are not sold, bartered or exchanged.

Total Length means the greatest straight line length, in inches, measured on a fish with its mouth closed from the anterior most tip of the jaw or snout to the farthest extremity of the tail. For fish with a forked tail, the upper and lower fork may be squeezed together to measure the tail extremity.

Trawl means any mobile fishing gear or nets which are towed, hauled, or dragged through the water for the harvest of fish including, but not limited to, otter trawls, beam trawls, and pair trawls.

6.28: continued

Trip Limit means the maximum lawful amount of black sea bass that a commercial fisher may retain, possess, or land within the waters under the jurisdiction of the Commonwealth or sell, barter or exchange or offer for sale, barter, or exchange. Trip limits apply by per trip or per calendar day, whichever period of time is longer and are applied to the vessel named on the commercial fishing permit regardless of the number of commercial fishing permits or letters of authorization carried on board the vessel.

(2) Commercial Fishery Management.

(a) Permit Requirements. A regulated fishery black sea bass permit endorsement or black sea bass pot permit endorsement, issued by the Director pursuant to 322 CMR 7.01(4)(a): *Regulated Fishery Permit Endorsement*, is required to sell, barter, or exchange black sea bass or to fish for, retain, possess or land black sea bass in accordance with the black sea bass commercial fishery regulations at 322 CMR 6.28(2).

(b) Minimum Size. It shall be unlawful for any commercial fisher or dealer to possess black sea bass less than 12 inches in total length, not including the tail tendril.

(c) Trip Limits and Open Fishing Days. It shall be unlawful for any commercial fisher to retain, possess, land or sell, barter, or exchange black sea bass within the waters under the jurisdiction of the Commonwealth, except as authorized at 322 CMR 6.28(2)(c)(1) through (4):

1. Fish Weir Set-Aside. From April 1st through December 31st, commercial fishers permitted in accordance with 322 CMR 7.01(4)(a): *Regulated Fishery Permit Endorsement* to operate a fish weir, shall not be subject to trip limits or closed commercial fishing days for black sea bass caught in fish weirs. The weir fishery shall close when all permitted weir fishers have combined to land 24,000 pounds of black sea bass.

2. Black Sea Bass Bycatch Allowance for Trawlers. The trip limit for commercial fishers using trawl gear shall be 100 pounds.

3. Summertime Black Sea Bass Pot Fishery.

a. Trip Limit. Except as authorized at 322 CMR 6.28(2)(c)(3)(b), beginning on July 1st, the trip limit for commercial fishers permitted to fish black sea bass pots shall be 500 pounds.

b. Quota Based In-Season Trip Limit Increase. Should DMF determine that more than 15% of the quota will remain available after August 31st, the trip limit for commercial fishers permitted to fish black sea bass pots shall be increased to 600 pounds effective September 1st.

c. Fishing Days (July 1st through August 31st). During the period of July 1st through August 31st, commercial fishers using black sea bass pots may retain, possess, land, and sell black sea bass on Sundays, Mondays, Tuesdays, Wednesdays, and Thursdays. It shall be unlawful to conduct such activities on Fridays and Saturdays.

d. Fishing Days (September 1st through December 31st). Beginning on September 1st, commercial fishers using black sea bass pots may retain, possess, and land black sea bass seven days per week.

4. Other Gear Types.

a. Trip Limit. Except as authorized at 322 CMR 6.28(2)(c)(4)(b), beginning on July 1st, the trip limit for commercial fishers using all other authorized gear types, including but not limited to hook and line, shall be 250 pounds.

b. Quota Based In-Season Trip Limit Increase. Should DMF determine that more than 15% of the quota will remain available after August 31st, the trip limit for commercial fishers using all other authorized gear types, including but not limited to hook and line, shall be 300 pounds effective September 1st.

c. Fishing Days (July 1st through August 31st). During the period of July 1st through August 31st, commercial fishers using all other authorized gear types, including but not limited to hook and line, may retain, possess, land, and sell black sea bass on Sundays, Mondays, Tuesdays, Wednesdays, and Thursdays. It shall be unlawful to conduct such activities on Fridays and Saturdays.

d. Fishing Days (September 1st through December 31st). Beginning September 1st, commercial fishers using all other authorized gear types, including but not limited to hook and line, may retain, possess, and land black sea bass seven days per week.

6.28: continued

e. The regulations set for that 322 CMR 6.28(2)(c)(4) shall not apply to lawfully permitted commercial fishers fishing with weirs, trawls, and black sea bass pots regulated pursuant to 322 CMR 6.28(2)(c)(1) through (3).

5. Quota Closure. It shall be unlawful for commercial fishers to possess or land black sea bass once the Director has determined that 100% of the quota has been reached. The quota closure will be enacted and announced in accordance with the procedure set forth at 322 CMR 6.41(2)(c).

(3) Recreational Fishery Regulations.

(a) Minimum Size. It shall be unlawful for any recreational fisher to retain, possess, or land black sea bass measuring less than 16.5 inches in total length not including the tail tendril.

(b) Open Season. During the period of May 17th through September 1st, it shall be unlawful for any recreational fisher to retain, possess, or land more than four black sea bass per day.

(c) Closed Season. During the period of September 2nd through May 16th, it shall be unlawful for any recreational fisher to retain, possess, or land any black sea bass.

6.29: Acushnet River Estuary Fisheries Closures

(1) Definitions. For purposes of 322 CMR 6.30, the following words shall have the following meanings:

Area 1 means all waters north of the Hurricane Dike in New Bedford, including all of New Bedford Harbor and the Acushnet River. This area corresponds to Area I described in 105 CMR 260.000: *Prohibition against Certain Fishing in New Bedford Harbor*.

Area 2 means all waters encompassed by an imaginary straight line beginning at the southernmost part of Ricketsons Point in Dartmouth; thence in an easterly direction to the southernmost part of Wilbur Point in Sconticut Neck, Fairhaven; thence along the western shoreline of Sconticut Neck in a northerly direction along the Fairhaven shoreline; thence along the Hurricane Dike to the New Bedford shoreline; thence in a southerly direction to Clarks Point and along the shoreline of Clarks Cove to the starting point. This area corresponds to Area II described in 105 CMR 260.000: *Prohibition against Certain Fishing in New Bedford Harbor*.

(2) Area 1 and 2 Prohibitions. It is unlawful to harvest, catch, or take lobster from Areas 1 and 2.

6.30: American Eels

(1) Definitions. The following words and terms shall have the following meanings:

American Eel means that species of eel known as *Anguilla rostrata*.

Commercial Fisher means any person fishing for American eels under the authority of a commercial fishing permit issued in accordance with M.G.L. c. 130, § 80 and 322 CMR 7.01(2) and (4).

6.34: Horseshoe Crab Management

(1) Purpose. The Division of Marine Fisheries manages horseshoe crabs in compliance with the Atlantic States Marine Fisheries Commission's Interstate Fishery Management Plan for Horseshoe Crabs. Additionally, DMF manages local horseshoe crab populations to ensure the resource is available for current and future generations for use as a commercial fishery resource, in biomedical applications, for education and scientific research, and to provide cultural and ecological services. This requires the Division of Marine Fisheries control harvest and mortality across all fisheries and provide for spawning opportunities.

(2) Definitions.

Asian Horseshoe Crab means those species of horseshoe crab identified as *Carcinoscorpius rotundicauda*, *Tachypleus gigas* and *Tachypleus tridentatus*.

Bait Fishery Quota means the total annual allowable harvest of horseshoe crabs for the bait fishery to be established by the Division of Marine Fisheries.

Biomedical Fisher means any person who has been issued a special biomedical horseshoe crab harvest permit by the Director in accordance with 322 CMR 7.01(4)(f) allowing the retention, possession, and landing of horseshoe crabs for biomedical or research purposes and direct sale to a biomedical dealer or biomedical processor or research institution authorized by the Director to conduct biomedical or research activities.

Biomedical Dealer means any person or entity, permitted in accordance with M.G.L. c. 130, § 80 and 322 CMR 7.01(3), who has a contractual relationship with a biomedical processor and authorized at 322 CMR 7.07: *Dealers Acting as Primary Buyers* to conduct a primary purchase of horseshoe crabs from a biomedical fisher.

Biomedical Processor means any person or entity, permitted in accordance with M.G.L. c. 130, § 80 and 322 CMR 7.01(3) and authorized by the Director to process horseshoe crabs for biomedical purposes.

Biomedical Processor Quota means the total annual allowable harvest of horseshoe crabs for biomedical processing in Massachusetts assigned by the Division in equal shares to each permitted biomedical processor.

Cape Cod National Seashore means that area of land and waters located in Provincetown, Truro, Wellfleet, Eastham, Orleans, and Chatham under the control of the United States Department of the Interior's National Park Service pursuant to 16 U.S.C. 459b.

Commercial Fisher means any person permitted in accordance with M.G.L. c. 130, § 80 and 322 CMR 7.01(2) to participate in the commercial bait fishery for horseshoe crabs and retain, possess, and land horseshoe crabs for purpose of sale, barter, or exchange or any person who keeps for personal or family use any horseshoe crab taken under the authority of said permit.

Director means the Director of the Massachusetts Division of Marine Fisheries.

Division means the Massachusetts Division of Marine Fisheries.

Horseshoe Crab means the species known as *Limulus polyphemus*.

Land means to transfer or attempt to transfer the catch of horseshoe crabs from any vessel to any other vessel or onto any land, pier, ramp, wharf, dock or other artificial structure, or for a fishing vessel with any horseshoe crabs onboard to tie-up to any pier, wharf, dock, or artificial structure.

Mobile Gear means any moveable gear or encircling fishing gear or nets, which are towed, hauled or dragged through the water for the harvest of fish. This includes, but is not limited to, pair trawls, otter trawls, beam trawls, mid-water trawls, Scottish seines, pair seines, purse seines or shellfish dredges.

6.34: continued

Monomoy National Wildlife Refuge means that area of lands and waters located in Chatham under the control of the United States Department of the Interior's Fish and Wildlife Service. The boundaries thereof are described in the October 30, 2015 Notice of Availability for the Monomoy National Wildlife Refuge Final Comprehensive Conservation Plan and Environmental Impact Statement at 80 F.R. 66928; published in the March 2016 *Monomoy National Wildlife Refuge Comprehensive Conservation Plan*; and first established in 1944 *via* the Declaration of the Taking filed by the Department of the Interior with the Federal District Court for the District of Massachusetts.

Primary Purchase means the first commercial transaction by sale, barter, or exchange of horseshoe crabs after its harvest.

Total Mortality means the number of horseshoe crabs harvested in the biomedical horseshoe crab fishery that died during harvest, handling, transportation, storage, penning, processing, and release.

Trawl means a fishing practice that herds or captures target species by towing a net through the ocean.

Trip means that period of time that begins when a fishing vessel departs from a dock, berth, beach, seawall, ramp or port to carry out commercial fishing operations and that ends with a return to a dock, berth seawall, ramp or port.

Trip Limit means the maximum lawful amount of horseshoe crabs that a commercial fisher or biomedical fisher may retain, possess, or land within the Commonwealth or sell, barter or exchange or offer for sale barter or exchange. Trip limits apply per trip or per calendar day, whichever period of time is longer and are applied to the vessel named on the commercial fishing permit regardless of the number of commercial fishing permits or letters of authorization carried on board the vessel.

(3) General Restrictions.

(a) Non-commercial Possession Limit. It shall be unlawful for any person to retain, possess, or land more than six horseshoe crabs per day, unless authorized at 322 CMR 6.34(4) or 322 CMR 6.34(5). Any horseshoe crabs retained under this non-commercial possession limit shall be maintained only for personal or family use and shall not be sold, bartered, exchanged, or offered for sale, barter, or exchange.

(b) Spawning Closure. It shall be unlawful for any fisher to harvest, possess, or land horseshoe crabs from April 15th through June 7th.

(c) Asian Horseshoe Crab. It shall be unlawful to possess, purchase, import, transport, sell, barter, exchange, purchase, or offer for sale, barter or exchange Asian horseshoe crabs or to release into the waters under the jurisdiction of the Commonwealth any Asian horseshoe crabs.

(d) Cape Cod National Seashore. It shall be unlawful for any person to harvest horseshoe crabs within the boundaries of the Cape Cod National Seashore.

(e) Monomoy National Wildlife Refuge. It shall be unlawful for any person to harvest horseshoe crabs within the boundaries of the Monomoy National Wildlife Refuge.

(f) Authority to Temporarily Close Areas to Harvest of Horseshoe Crabs. The Director may temporarily close any area within the waters under the jurisdiction of the Commonwealth to harvest of horseshoe crabs, subject to the procedure below:

1. It has been approved by a majority of the members of the Marine Fisheries Advisory Commission;
2. A Declaration of Closure has been filed with the Massachusetts Secretary of State for publication in the Massachusetts Register;
3. A Declaration of Closure has been published in a local newspaper of record and posted on the Division's Legal Notice website; and
4. A Declaration of Closure has been distributed *via* the Division's e-mail list serve and directly to any and all affected permit holders.

(4) Bait Fishery Management.

(a) Commercial Bait Fishery Quota. The annual bait fishery quota shall be 100,000 horseshoe crabs.

6.34: continued

(b) Minimum Size. It shall be unlawful for any commercial fisher or dealer to retain, possess or land a horseshoe crab with a prosomal width of less than seven inches.

(c) Trip Limits for the Commercial Bait Fishery.

1. Limited Entry Bait Crab Trip Limit. The trip limit for any commercial fisher with a regulated fishery permit endorsement for horseshoe crabs shall be 300 horseshoe crabs. On August 1st, should DMF determine that more than 50% of the annual quota remain, the trip limit shall increase to 400 horseshoe crabs. Should DMF determine that 80% of the annual quota is taken on or before September 15th, then the trip limit shall be decreased to 200 horseshoe crabs.

2. Open Entry Bait Crab Limit for Mobile Gear. The trip limit for any commercial fisher without a regulated fishery permit endorsement for horseshoe crabs and using mobile gear shall be 75 horseshoe crabs.

3. Quota Closure. It shall be unlawful for any commercial fisher to retain, possess, or land any horseshoe crabs once the Director has determined that 100% of the annual bait fishery quota has been reached. The quota closure will be enacted and announced in accordance with 322 CMR 6.41(2)(c).

4. Exceptions. The commercial bait fishery trip limits described above shall not apply to:

a. Commercial pot fishers, permitted in accordance with M.G.L. c. 130, § 80 and 322 CMR 6.12 and 7.01(4) who are using horseshoe crabs as bait, provided their documented source of horseshoe crabs is a permitted bait dealer or the horseshoe crabs are held in storage by the commercial fisher named on the permit.

b. Dealers permitted in accordance with M.G.L. c. 130, § 80 and 322 CMR 7.01(3).

(d) Bait Fishery Reporting. Beginning in 2024, all commercial fishers participating in the commercial bait fishery for horseshoe crabs at 322 CMR 6.34(5) shall report all their catch electronically daily prior to landing through an electronic reporting application approved by the Division.

(e) Closures to Bait Harvest.

Pleasant Bay Complex. It shall be unlawful to harvest horseshoe crabs from Pleasant Bay, as defined at 322 CMR 4.02: *Use of Nets in Inshore Restricted Waters*, except if lawfully participating in the biomedical horseshoe fishery under the authority of a special biomedical horseshoe crab harvest permit endorsement issued in accordance with 322 CMR 7.01(4).

(f) Primary Purchase of Horseshoe Crabs.

1. The primary purchase of horseshoe crabs taken in the commercial bait fishery shall be conducted between the commercial fisher and an entity that holds a bait dealer permit and primary buyer authorization, pursuant to M.G.L. c. 130, § 80 and 322 CMR 7.01(3) and 322 CMR 7.07: *Dealers Acting as Primary Buyers*.

2. It shall be unlawful for a bait dealer to purchase horseshoe crabs from a single commercial fisher in excess of the commercial bait fishery limits established at 322 CMR 6.34(4)(c)1. and 2.

3. It shall be unlawful for a bait dealer to purchase horseshoe crabs from any commercial fisher during the lunar spawning closures at 322 CMR 6.34(3).

4. For a commercial fisher to sell horseshoe crabs to an entity other than a bait dealer authorized as a primary buyer, that commercial fisher must hold a bait dealer permit and primary buyer authorization, pursuant to M.G.L. c. 130, § 80 and 322 CMR 7.01(3) and 322 CMR 7.07: *Dealers Acting as Primary Buyers*.

(5) Biomedical Fishery for Horseshoe Crabs.

(a) Biomedical Processor Quota. The biomedical processor quota shall be 280,000 crabs annually. This shall be divided equally between all entities permitted as biomedical processors, in accordance with 322 CMR 7.01(3). Only horseshoe crabs processed by biomedical processors and harvested from within the waters under the jurisdiction of the Commonwealth exclusively by biomedical harvesters for biomedical purposes shall be counted against the biomedical processor quota. The biomedical processor quota shall not include any horseshoe crabs borrowed from a bait dealer for processing or horseshoe crabs imported into the Commonwealth from another jurisdiction.

(b) Minimum Size. It shall be unlawful for any biomedical fisher, biomedical dealer, or biomedical processor to retain, possess, or land a horseshoe crab with a prosomal width of less than seven inches.

(c) Restrictions Affecting Biomedical Fishers

1. Permit Issuance. The Division shall issue a special biomedical horseshoe crab harvest permit endorsements only to persons who:

6.34: continued

- a. have been endorsed on their special biomedical horseshoe crab harvest permit endorsement application by a biomedical dealer or biomedical processor to harvest and sell horseshoe crabs for biomedical purposes; and
 - b. hold a commercial fishing permit with the Division, in accordance with M.G.L. c. 130, § 80 and 322 CMR 7.01(2), but do not hold a regulated fishery permit endorsement for horseshoe crabs, issued pursuant to 322 CMR 7.01(4).
2. Permit Conditions. In accordance with M.G.L. c. 130, § 80 and 322 CMR 7.01(7) the Director may further condition a special biomedical horseshoe crab harvest permit endorsement as necessary and appropriate for conservation and management, and to protect public health and welfare.
 3. Use of Biomedical Horseshoe Crabs. Biomedical fishers shall retain, possess, and land horseshoe crabs only for biomedical purposes and direct sale only to a biomedical dealer or biomedical processor. It shall be unlawful for a biomedical fisher to retain, possess, or land crabs as part of the commercial bait fishery or for personal or family use.
 4. Sale of Biomedical Horseshoe Crabs. Biomedical fishers shall sell their horseshoe crabs only to a biomedical dealer or a biomedical processor.
 5. Biomedical Fishery Trip Limit. The trip limit for any biomedical fisher shall be 1,000 horseshoe crabs.
 6. Prohibition on Retention of Marked Crabs. It shall be unlawful to retain any horseshoe crabs during harvest that have been marked in accordance with 322 CMR 6.34(5)(e)(5)(a). Any horseshoe crabs caught bearing such a mark shall be returned immediately to the sea.
 7. Biomedical Processor Quota Closure. It shall be unlawful for any biomedical fisher to retain, possess, or land any horseshoe crabs or for a biomedical dealer or biomedical processor to obtain any horseshoe crabs from a biomedical fisher once the Director has determined that 100% of the annual biomedical processor quota has been reached. The quota closure will be enacted and announced in accordance with 322 CMR 6.41(2)(c).
 8. Restrictions on Biomedical Fishers. Biomedical fishers are subject to the following restrictions:
 - a. A biomedical fisher using trawl gear shall land horseshoe crabs only in a port approved by the Director and listed as a condition of the special biomedical horseshoe crab harvest permit.
 - b. Throughout harvest and until offloading at landing, all horseshoe crabs shall be held in containers that are no more than two-thirds full of horseshoe crabs. Exempt from this requirement are biomedical fishers using trawl gear who are required to hold horseshoe crabs in containers that are actively fed by sea water.
 9. Biomedical Fishery Reporting. Beginning in 2024, biomedical fishers participating in the biomedical fishery for horseshoe crabs at 322 CMR 6.34(5) shall report all their catch electronically daily prior to landing through an electronic reporting application approved by the Division.
- (d) Limits on Biomedical Dealers and Biomedical Processors.
 1. Biomedical Processor Permit Issuance. Any entity seeking to process horseshoe crabs for biomedical purposes, including but not limited to the bleeding of horseshoe crabs for the production of *Limulus Amebocyte Lysate*, shall hold a biomedical processor permit issued by the Division in accordance with M.G.L. c. 130, § 80 and 322 CMR 7.01(3) and (4)(c). The biomedical processor permit may be authorized as a primary buyer, in accordance with 322 CMR 7.07: *Dealers Acting as Primary Buyers*, to allow for the primary purchase of horseshoe crabs directly from a biomedical fisher.
 2. Biomedical Dealer Permit Issuance. Any biomedical processor may contract a biomedical dealer to conduct primary purchases of horseshoe crabs from biomedical fishers. These biomedical dealers shall have an established relationship with a biomedical processor or multiple biomedical processors. The biomedical dealer permit may be authorized as a primary buyer, in accordance with 322 CMR 7.07: *Dealers Acting as Primary Buyers*, to allow for the primary purchase of horseshoe crabs directly from a biomedical fisher.
 3. Primary Purchase of Horseshoe Crabs.
 - a. The primary purchase of horseshoe crabs may only be between a biomedical fisher and a biomedical processor or biomedical dealer.
 - b. It shall be unlawful for a biomedical dealer or a biomedical processor to accept more than 1,000 horseshoe crabs from a biomedical fisher during any calendar day.

**THE COMMONWEALTH OF MASSACHUSETTS****William Francis Galvin**

Secretary of the Commonwealth

Regulation Filing*To be completed by filing agency*CHAPTER NUMBER: **322 CMR 7.00**CHAPTER TITLE: **Permits**AGENCY: **Division of Marine Fisheries**SUMMARY OF REGULATION: *State the general requirements and purposes of this regulation.***This final regulation eliminates outdated the regulated fishery permit endorsement for Sea Scallop Shucking and various sub-endorsements for the Coastal Access Permit.**REGULATORY AUTHORITY: **G.L. c. 130 s.s. 2 and 80**AGENCY CONTACT: **Jared A. Silva** PHONE: **617-634-9573**ADDRESS: **Division of Marine Fisheries
837 South Rodney French Blvd., New Bedford, MA 02747****Compliance with M.G.L. c. 30A****EMERGENCY ADOPTION** - *if this regulation is adopted as an emergency, state the nature of the emergency.***PRIOR NOTIFICATION AND/OR APPROVAL** - *If prior notification to and/or approval of the Governor, Legislature or others was required, list each notification, and/or approval and date, including notice to the Local Government Advisory Commission.***MFAC - 3/17/26****DFG - 3/20/26****EOEEA - 4/13/26****ANF/GOV - 4/15/26****PUBLIC REVIEW** - *M.G.L. c. 30A sections 2 and/or 3 requires notice of the hearing or comment period, including a small business impact statement, be filed with the Secretary of the Commonwealth, published in appropriate newspapers, and sent to persons to whom specific notice must be given at least 21 days prior to such hearing or comment period.*Date of public hearing or comment period: **PH: 2/26/26**

FISCAL EFFECT - *Estimate the fiscal effect of the public and private sectors.*

For the first and second year: Reduces permitting burden by streamlining requirements.

For the first five years: Reduces permitting burden by streamlining requirements.

No fiscal effect: Fiscal impact expected.

SMALL BUSINESS IMPACT - *M.G.L. c. 30A section 5 requires each agency to file an amended small business impact statement with the Secretary of the Commonwealth prior to the adoption of a proposed regulation. If the purpose of this regulation is to set rates for the state, this section does not apply.*

Date amended small business impact statement was filed: 4/22/26

CODE OF MASSACHUSETTS REGULATIONS INDEX - *List key subjects that are relevant to this regulation:*

PROMULGATION - *State the action taken by this regulation and its effect on existing provisions of the Code of Massachusetts Regulations (CMR) or repeal, replace or amend. List by CMR number:*

322 CMR 7.01(4)(a)(1) and (2)

ATTESTATION - *The regulation described herein and attached hereto is a true copy of the regulation adopted by this agency.* ATTEST:

SIGNATURE: _____ SIGNATURE ON FILE _____ DATE: Apr 24 2026

Publication - *To be completed by the regulations Division*

MASSACHUSETTS REGISTER NUMBER: 1573 DATE: 5/8/26

EFFECTIVE DATE: 5/8/26

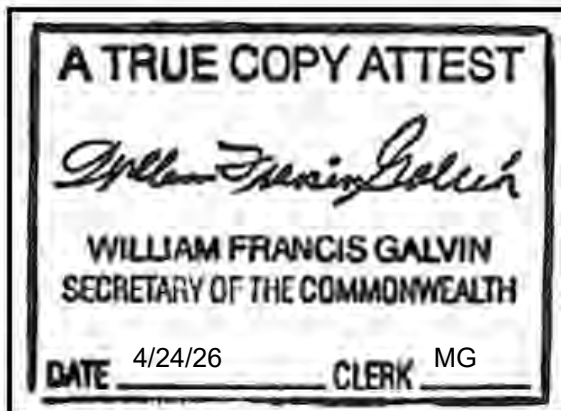
CODE OF MASSACHUSETTS REGULATIONS

Remove these Pages:

61 - 64
68.3 & 68.4
68.11 - 68.16

Insert these Pages:

61 - 64
68.3 & 68.4
68.11 - 68.16



7.01: continued

(e) Boat 0 to 59 Feet. Authorizes the harvest, possession and landing of fish for commercial purposes using a vessel from 0 to 59 feet registered length. Said permit shall authorize the crew of said vessel to fish under its authority and may be endorsed upon request of the applicant for the harvest, possession and landing of shellfish and seaworms for commercial purposes.

(f) Seasonal Lobster. Authorizes only the named individual to harvest, possess and land lobsters for commercial purposes, to be issued only to full-time students 12 years of age or older and conditioned to authorize the harvest, possession and landing of lobsters for commercial purposes only from June 15th to September 15th of each year and further conditioned to the use of not more than 25 lobster traps. DMF may issue up to 150 seasonal lobster permits for use during any single calendar year.

(g) Shellfish and Seaworms. Authorizes only the named individual to harvest, possess and land shellfish and seaworms for commercial purposes, and may be endorsed for the shucking of bay scallops.

(h) Individual. Authorizes only the named individual to harvest, possess and land fish for commercial purposes. Said permit may be endorsed upon request of the applicant for the harvest, possession and landing of shellfish and seaworms for commercial purposes.

(i) Shellfish/Rod and Reel. Authorizes the harvest, possession and landing of shellfish for commercial purposes and/or the harvest, possession or landing of fish by means of a rod and reel for commercial purposes subject to 322 CMR 7.01(10).

(j) Rod and Reel. Authorizes only the named individual to harvest, possess and land for commercial purposes by means of a rod and reel.

(k) Shellfish Transaction Card. Authorizes only the named individual holding a commercial fishers permit endorsed for shellfish and seaworms to sell shellfish and seaworms, and shall be used in conjunction with either a Massachusetts driver's license or a Registry of Motor Vehicles identification card.

(3) Dealer Permits. The following categories of permits may be issued by the Director and are required for the following activities:

(a) Wholesale Dealer. Authorizes the wholesale possession, distribution, processing, sale or resale of raw fish and shellfish. Said permit includes authorization for the retail sale and retail resale of fish and shellfish from a fixed location approved in writing by the Massachusetts Department of Public Health.

(b) Wholesale Broker. Authorizes the wholesale brokering, directing the transport of or any commercial transaction in the sale of raw or processed fish or shellfish.

(c) Wholesale Truck. Authorizes the wholesale possession or distribution of raw or processed fish and shellfish for commercial purposes from a vehicle approved in writing by the Massachusetts Department of Public Health.

Exception: Commercial Lobster Permit holders, who also hold a Retail Boat Permit as defined in 322 CMR 7.01(3)(f), shall be exempt from the requirements to obtain this wholesale truck dealer's permit when transporting only live lobsters and live crabs for commercial sale.

(d) Retail Dealer. Authorizes the retail sale of raw fish and shellfish from a fixed location approved in writing by the Massachusetts Department of Public Health.

(e) Retail Truck. Authorizes the retail sale of raw fish from a vehicle approved in writing by a local or county Board of Health.

(f) Retail Boat. Authorizes a fisher with a Massachusetts commercial fishing permit to sell from a boat to the general public, product he lawfully harvested, including the sale of live lobsters and whole raw fish from a boat. For holders of any commercial lobster permit, the authorization granted under this retail boat dealer's permit shall also include the transport of live lobsters or live crabs, caught aboard the holder's permitted vessel, for sale to the public including to persons and businesses that are not retail or wholesale dealers of raw or processed fish or shellfish.

(g) Retail Farmer's Market. Authorizes the retail sale of certain raw fish and fish products at a farmer's market subject to written approval by the Department of Public Health, or the municipal or county board of health.

(h) Bait Dealer. Authorizes the possession and sale of bait.

7.01: continued

(i) Biomedical Horseshoe Crab Dealer. Authorizes an entity affiliated with a biomedical processor to obtain and hold biomedical horseshoe crabs and sell biomedical horseshoe crabs to the affiliated biomedical processor. The biomedical dealer permit may be authorized as a primary buyer, in accordance with 322 CMR 7.07, to allow for the primary purchase of horseshoe crabs directly from a biomedical fisher.

(j) Biomedical Horseshoe Crab Processor. Authorizes an entity to process horseshoe crabs for biomedical purposes including, but not limited to, the bleeding of horseshoe crabs for the production of *Limulus Amebocyte Lysate*. The biomedical processor permit may be authorized as a primary buyer, in accordance with 322 CMR 7.07, to allow for the primary purchase of horseshoe crabs directly from a biomedical fisher. The Director may limit access to the Biomedical Horseshoe Crab Processor permit in accordance with 322 CMR 7.04.

(4) Special Permits. The following special permits may be issued by the Director for the following activities:

(a) Regulated Fishery Permit Endorsement. In accordance with M.G.L. c. 130, §§ 2 and 80, regulated fishery permit endorsements may be added to commercial fishing permits, issued pursuant to 322 CMR 7.01(2), to authorize the named individual and/or commercial fishing vessel to retain, possess, or land fish or shellfish or use certain fishing gear in a commercial fishery regulated pursuant to M.G.L. c. 130, § 17A.

1. Open Access Regulated Fishery Permit Endorsements. The following regulated fishery permit endorsements may be added to commercial fishing permits, issued in accordance with 322 CMR 7.01(2), and shall be required:

a. Bay Scallop Shucking. For a named individual to shuck bay scallops onshore for commercial or non-commercial purposes.

b. Coastal Access Permit – Purse Seine. For a named individual or vessel to set, operate, or fish with purse seines within the waters under the jurisdiction of the Commonwealth, excepting the waters within the Inshore Restricted Waters at 322 CMR 4.02: *Use of Nets in Inshore Restricted Waters*.

c. Contaminated Surf Clam. For a named individual or vessel to operate a surf clam dredge in shellfish growing area designated by the Division as "PROHIBITED" and to harvest, possess or land surf clams taken from a shellfish growing area designated by the Division "PROHIBITED" for the purpose of being kept or sold as bait.

d. Fish Weir. For a named individual to operate a fish weir in the waters under the jurisdiction of the Commonwealth or to harvest, possess or land fish or shellfish taken by a fish weir in the Commonwealth.

e. Inshore Net Permit. For a named individual or vessel to operate net gear within the inshore net areas described at 322 CMR 4.02: *Use of Nets in Inshore Restricted Waters*. This regulated fishery permit endorsement is not required for the use of a bait net that measures less than 250 square feet.

f. Mackerel. For a named individual or vessel to commercially fish for Atlantic mackerel within the waters under the jurisdiction of the Commonwealth, or to retain, possess, or land Atlantic mackerel for commercial purposes in the Commonwealth.

g. Northern Shrimp. For a named individual or vessel to commercially fish for Northern shrimp within the waters under the jurisdiction of the Commonwealth, or to retain, possess, or land northern shrimp for commercial purposes in the Commonwealth.

h. Sea Herring. For a named individual or vessel to commercially fish for Atlantic sea herring within the waters under the jurisdiction of the Commonwealth, or retain, possess, or land Atlantic sea herring for commercial purposes in the Commonwealth.

i. Sea Scallop Diving. For a named individual to commercially fish for sea scallops by hand within the waters under the jurisdiction of the Commonwealth, or to retain, possess, or land sea scallops for commercial purposes that were taken by hand in the Commonwealth.

j. Sea Urchin Diving. For a named individual to commercially fish for sea urchins by hand within the waters under the jurisdiction of the Commonwealth, or to retain, possess, or land sea urchins for commercial purposes that were taken by hand in the Commonwealth.

7.01: continued

- k. Sea Urchin Dredge. For a named individual or vessel to operate a sea urchin dredge in the waters under the jurisdiction of the Commonwealth or to retain, possess, or land any sea urchins taken by a sea urchin dredge from the waters under the jurisdiction of the Commonwealth.
- l. Scup. For a named individual or vessel to commercially fish for scup within the waters under the jurisdiction of the Commonwealth or retain, possess, or land scup for commercial purposes in the Commonwealth.
- m. Spiny Dogfish. For a named individual or vessel to commercially fish for spiny dogfish within the waters under the jurisdiction of the Commonwealth, or to retain, possess, or land spiny dogfish for commercial purposes in the Commonwealth.

NON-TEXT PAGE

7.01: continued

n. Surface Gillnet. For a named individual or vessel to set or fish a gillnet - anchored, drifting or otherwise - that is designed to be, capable of being or is fished in the upper $\frac{2}{3}$ of the water column. This regulated fishery permit endorsement is not required for the use of a surface gillnet that measures less than 250 square feet. A named individual or vessel that holds a sink gillnet regulated fishery permit endorsement shall not also hold a surface gillnet regulated fishery permit endorsement to fish surface gillnets that exceed 250 square feet.

2. Limited Entry Regulated Fishery Permit Endorsements. Commercial fishing permits, issued in accordance with 322 CMR 7.01(2), may be endorsed with the following regulated fishery permit endorsements. Pursuant to the authority at M.G.L. c. 130, § 2, the following regulated fishery permit endorsements are limited entry and may only be renewed and transferred subject to the provisions set forth at 322 CMR 7.06. These regulated fishery permit endorsements are required for the following:

a. American Eel. For a named individual or vessel to commercially fish for American eels within the waters under the jurisdiction of the Commonwealth, or to retain, possess or land American eels for commercial purposes in the Commonwealth. In 2026, renewals shall be limited to only those persons who held this regulated fishery permit endorsement prior to the December 31, 2024 control date established at 322 CMR 7.04 and reported harvesting any quantity of American eels during the period of January 1, 2015 through December 31, 2024.

b. Black Sea Bass. For a named individual or vessel to commercially fish for black sea bass within the waters under the jurisdiction of the Commonwealth, or to retain, possess, or land any black sea bass for commercial purposes in the Commonwealth.

c. Bluefish Gillnet. For a named individual or vessel to set or fish for bluefish by means of a gillnet, in accordance with 322 CMR 6.18(3): *Use of Gillnets for Taking Bluefish for Commercial Purposes*, within the waters under the jurisdiction of the Commonwealth.

d. Coastal Access Permit. For a named individual or vessel to set, operate, or fish with mobile gear within the waters of the jurisdiction of the Commonwealth.

e. Fish Pots. For a named individual to set or fish species-specific fish pots for black sea bass, scup or whelks within the waters under the jurisdiction of the Commonwealth, or to retain, possess, or land black sea bass, scup or whelks by fish pot for commercial purposes in the Commonwealth. A black sea bass or scup pot regulated fishery permit endorsement holder shall not also be required to hold a black sea bass or scup regulated fishery permit endorsement to retain, possess, or land black sea bass and scup for commercial purposes in the Commonwealth.

7.01: continued

- f. Fluke. For a named individual or vessel to commercially fish for summer flounder (fluke) within the waters under the jurisdiction of the Commonwealth, or to retain, possess, or land any summer flounder for commercial purposes in the Commonwealth.
- g. Horseshoe Crab Harvest. For a named individual or vessel to commercially fish for horseshoe crabs within the waters under the jurisdiction of the Commonwealth or retain, possess, or land horseshoe crabs for commercial purposes in the Commonwealth.
- h. Menhaden. For a named individual and vessel to commercially fish for menhaden within the waters under the jurisdiction of the Commonwealth, or to retain, possess or land menhaden for commercial purposes in the Commonwealth in excess of 6,000 pounds of menhaden per trip or 24-hour period, whichever duration is longer. In 2026, renewals shall be limited to only those persons who held this regulated fishery permit endorsement prior to the August 1, 2023 control date established at 322 CMR 7.04 and reported selling at least 6,000 pounds of menhaden during a single trip within the period of January 1, 2014 through August 1, 2023 or who hold this regulated fishery permit endorsement in combination with a fish weir permit endorsement.
- i. Ocean Quahog and Surf Clam Dredge. For a named individual or a vessel to operate an ocean quahog and/or surf clam dredge or to commercially fish for, retain, possess, or land ocean quahogs or surf clams taken by ocean quahog and/or surf clam dredge gear within in the waters under the jurisdiction of the Commonwealth.
- j. Quahog Dredge. For a named individual and/or vessel to operate a bay quahog dredge or to commercially fish for, harvest, possess or land bay quahogs taken by bay quahog dredge gear from the waters under the jurisdiction of the Commonwealth seaward of the outer jurisdiction of coastal cities and towns to regulate shellfish pursuant to M.G.L. c. 130, § 52, as appearing on official maps of the Commonwealth prepared pursuant to M.G.L. c. 1, § 3.
- k. Sink Gillnet. For a named individual or vessel to set or fish a gillnet - anchored or otherwise - that is designed to be, capable of being or is fished in the lower third of the water column within the waters under the jurisdiction of the Commonwealth. Sink gillnet regulated fishery permit endorsements are not transferable. Holders of a sink gillnet regulated fishery permit may fish surface gillnets under the authority of this permit.
- l. State-waters Groundfish. For a named individual or vessel to commercially fish for regulated groundfish, species within the waters under the jurisdiction of the Commonwealth, as defined at 322 CMR 6.03(1): *Definitions*, or to retain, possess or land any regulated groundfish species for commercial purposes taken within the waters under the jurisdiction of the Commonwealth. A state-waters groundfish regulated fishery permit endorsement is not required for vessels that hold a federal multi-species groundfish or monkfish permit or for a commercial fisher to harvest, possess and land up to 25 pounds of whole or eviscerated regulated groundfish for commercial purposes.
- m. Striped Bass. For a named individual or vessel to commercially fish for striped bass within the waters under the jurisdiction of the Commonwealth or to retain, possess, or land striped bass for commercial purposes in the Commonwealth. In 2026, renewals shall be limited to only those persons who held this regulated fishery permit endorsement in calendar years 2024 or 2025. Striped bass regulated fishery permit endorsements are not transferable.
- n. Tautog. For a named individual or vessel to commercially fish for tautog within the waters under the jurisdiction of the Commonwealth, or to retain, possess or land any tautog for commercial purposes in the Commonwealth.
- (b) Noncommercial Fishing Permits.
 - 1. Recreational Saltwater Fishing Permits. Pursuant to M.G.L. c. 130, § 17C and 322 CMR 7.10, the Director may issue a recreational saltwater fishing permit to authorize:

7.03: continued

Permit Transferee means the person to whom a commercial lobster permit is transferred who must document that he or she has at least one year of full-time or equivalent part-time experience in the commercial lobster trap fishery or two years of full-time or equivalent part-time experience in other commercial fisheries, according to criteria developed by the Division.

Transfer Trap Debit means the area-specific percentage of each allocation transfer transaction retained by the Division for conservation purposes as defined by the Division and subject to criteria developed by the Division, and not restricted by the Director under his authority to condition permits.

(3) Renewals.

- (a) The Director shall renew all existing Coastal Commercial Lobster Permits in accordance with M.G.L. c.130, § 38B, and 322 CMR 7.01(2)(a) and (5)(f), provided that catch reports and renewal applications are received by February 28th and the renewal process, including late renewals approved for sufficient cause, is completed prior to December 31st of any year.
- (b) Coastal Lobster Permit holders are prohibited from multiple LCMA endorsements, except those commercial lobster permits held by persons with valid federal authorization for LCMA 3 who may additionally receive authorization for either LCMA 1, 2 or Outer Cape Cod or those commercial lobster permit holders not fishing with trap gear who may additionally receive authorization for LCMA 1, 2, or Outer Cape Cod.
- (c) Those authorized for more than one LCMA as designated on their permits shall observe the most restrictive of different regulations for the areas declared as established by 322 CMR and the ASMFC Lobster Management Plan.
- (d) Coastal Lobster Permit holders are prohibited from making changes in area designations during the annual renewal period except to drop a LCMA or to add a LCMA under management of an approved effort control plan for which the permit holder has received a LCMA-specific trap allocation.

(4) Forfeiture. All Coastal Lobster Permits which are not renewed in accordance with 322 CMR 7.03 shall be forfeited to the Division. The Director may transfer, in order, no more than 50% of the forfeited permits to waiting list applicants.

(5) Transfer Programs.

- (a) OCC Transfer Program is administered by the Division. Applications for transfers shall be provided by the Division, must be signed by the permit holder and the allocation or permit transferee, and must be notarized prior to submission to the Division. No applications may be accepted after November 30th for the following fishing year. Commercial lobster permit holders endorsed for Outer Cape Cod may:
 - 1. transfer their commercial lobster permit involving the sale or transfer their entire trap allocation;
 - 2. transfer all of their trap allocation to an allocation transferee; or
 - 3. in compliance with 322 CMR 7.03(9)(d), transfer part of their transferable allocation in multiples of ten traps to an allocation transferee.
- (b) LCMA 2 Transfer Program is administered by the Division. Applications for transfers shall be provided by the Division, must be signed by the permit holder and the allocation or permit transferee, and must be notarized prior to submission to the Division. No trap allocation transfer applications may be accepted after November 30th for the following fishing year. Commercial lobster permit holders endorsed for LCMA 2 may:
 - 1. transfer their commercial lobster permit involving the sale or transfer their entire trap allocation;
 - 2. transfer all of their trap allocation to an allocation transferee; or
 - 3. transfer part of their transferable allocation in multiples of 10 traps to an allocation transferee.
- (c) LCMA 1 Transfer Program enables commercial lobster permit holders endorsed for LCMA 1 to transfer their permits to a permit transferee, provided the permit has been actively fished for four of the last five years, as evidenced by valid catch reports filed with the Division, subject to criteria developed by the Division, and is not restricted by the Director under his authority to prohibit transfers. The transfer program is administered by the Division. Applications for transfers shall be provided by the Division, must be signed by the permit holder and the transferee, and must be notarized prior to submission to the Division. Commercial lobster permit holders endorsed for LCMA 1 may transfer their commercial lobster permit involving the sale or transfer of lobster related business assets to a permit transferee.

7.03: continued

(6) Restrictions.

- (a) Transfers shall involve the sale or transfer of lobster related business assets.
- (b) Permit and allocation transfers may be denied if any evidence of fraud is found, or the Director determines that the transfer is not in the best interests of the Commonwealth.
- (c) All lobster businesses fishing under the authority of a coastal lobster permit as defined in 322 CMR 7.01(2)(a) shall be owner-operated.
- (d) Trap Allocation transfers may be subject to a transfer trap debit of 10% of the total amount of traps transferred through the trap transfer process.
- (e) Any permit holder issued a trap allocation based in part or whole upon SCUBA history as determined in 322 CMR 6.13: *Lobster Trap Limit in the Coastal Waters of the Commonwealth* shall be prohibited from transferring any part of their trap allocation except when transferring their commercial lobster permit.
- (f) Any permit holder issued a trap allocation based in part or whole upon SCUBA history as determined in 322 CMR 6.13: *Lobster Trap Limit in the Coastal Waters of the Commonwealth* shall be prohibited from transferring their trap allocation along with their commercial lobster permit until the permit has been actively fished for four of the last five years as evidenced by valid catch reports filed with the Division, subject to criteria developed by the Division, and not restricted by the Director under his authority to prohibit transfers. Catch history prior to the issuance of a trap allocation shall not apply towards fulfilling meeting actively fished requirements.

(7) Exceptions.

- (a) The permit holder's actively fished performance criteria for the Coastal Lobster Transfer programs, established at 322 CMR 7.03(5), may be waived by the Director in instances of posthumous transfer; a recent disability to the Coastal Lobster Permit holder; or for persons on active military duty, provided the permit holder actively fished their permit for four out of the past five years prior to death, disability, or military duty. In the case of disability, there must be a signed statement from a physician that verifies the disability prevented the permit holder from fishing.
- (b) The permit holder's actively fished performance criteria and the permit transferee's experience criteria for Coastal Lobster Transfer programs may be waived for transfers to immediate family.
- (c) The requirement that permit holders be owner/operators may be waived through a letter of authorization issued by the Director that is subject to annual renewal. Letters of authorization may be issued for use of the permit and associated fishing operation that includes the gear and vessel owned by the permit holder that was actively fished prior to the request. Authorizations may be issued for permit holders on active military service or for immediate family members. For the recipient of a posthumous transfer, or disabled permit holder, authorizations may be issued for up to two years, provided the disability prevents the permit holder from fishing their permit as evidenced by a signed statement from a physician.

(8) Surrender of Coastal Lobster Permit in Exchange for Offshore Lobster Permit. In accordance with 322 7.08(3)(a), commercial fishers who hold a Coastal Lobster Permit authorizing the use of trap gear may permanently relinquish their Coastal Lobster Permit to the Division in exchange for an Offshore Lobster Permit. In such instances, the annual trap tags, issued in accordance with 322 CMR 6.31: *Trap Tags*, shall be affected by voiding the dual-state federal (MA-EEZ) trap tags issued for the Coastal Lobster Permit and requiring new trap federal only (EEZ-Only) trap tags be acquired and affixed to the trap bridge or central cross-member of all traps being fished.

(9) Prohibitions. It shall be unlawful:

- (a) To loan, lease, or sell a Coastal Commercial Lobster Permit except under the provisions of 322 CMR 7.03.
- (b) To submit false or incomplete forms or applications according to the provisions of M.G.L. c. 130, § 38B.
- (c) For the holder of a Coastal Commercial Lobster Permit to acquire an additional permit(s) through a transfer pursuant to 322 CMR 7.03 or from the established waiting list unless specifically authorized by the Director as a means to mitigate trap allocation cuts required by the interstate management plan.

7.08: continued

(2) Definitions.

Offshore Lobster Permit means the commercial fisherman permit, issued and managed pursuant to M.G.L. c. 130, §§ 2 and 38, and 322 CMR 7.01(2) and 322 CMR 7.08, that authorizes the permit holder to possess and land lobsters harvested from waters outside the jurisdiction of the Commonwealth using a vessel registered under the laws of the state and validly endorsed for FCZ fishing.

(3) Moratorium. After February 6, 2003, the Director may not issue new offshore lobster permits for the purpose of landing lobsters taken with traps from federal waters. The Director shall renew all existing Offshore Commercial Lobster Permits in accordance with M.G.L. c. 130, § 38B, and 322 CMR 7.01(2)(b), provided that catch reports and renewal applications are received by February 28th and the renewal process, including late renewals approved for sufficient cause, is completed prior to December 31st of any year.

(a) Exception for Coastal Lobster Permit Holders with Federal Lobster Trap Permit. Commercial fishers who hold a Coastal Lobster Permit in conjunction with a federal limited access lobster permit authorizing the use of trap gear may permanently relinquish their Coastal Lobster Permit to the Division in exchange for an Offshore Lobster Permit. In such instances, the vessel named on the newly issued Offshore Lobster Permit shall match the vessel the federal limited access lobster permit for trap gear is issued to. Further, the annual trap tags, issued in accordance with 322 CMR 6.31: *Trap Tags*, shall be affected by voiding the dual-state federal (MA-EEZ) trap tags issued for the Coastal Lobster Permit and requiring new trap federal only (EEZ-Only) trap tags be acquired and affixed to the trap bridge or central cross-member of all traps being fished. The Division may deny such a permit exchange if it is determined that the exchange will result in an increase to the total number of traps authorized for use in a Lobster Conservation Management Area.

(b) Exception for Lobster Conservation Management Areas 2 and 3. Commercial fishers who hold a federal limited access lobster permit authorizing the use of trap gear in Lobster Conservation Management Areas 2 and 3 may apply to the Division for a new Offshore Lobster Permit and the Division may issue such a permit if it is determined to result in no increased trap fishing effort in waters adjacent to Massachusetts.

(4) Transfers of Offshore Lobster Permits.

(a) Transfer Eligibility Criteria. Limited entry Offshore Lobster permits are non-transferable unless approved by the Director. The Director may approve the transfer of a limited entry Offshore Lobster permit subject to the following criteria:

1. The holder of the Offshore Lobster permit is in good standing with the marine fisheries laws and regulations at M.G.L. c. 130, and 322 CMR.
2. The limited entry Offshore Lobster permit is being transferred in conjunction with a Federal American Lobster Trap permit that has been held on the same vessel for at least one year.

(b) Restrictions.

1. Transfers shall involve the sale or transfer of fishing related business assets.
2. Transfers may be denied by the Director if any evidence of fraud is found, or if the Director determines that the transfer is not in the best interests of the Commonwealth.

(5) Forfeiture. All Offshore Lobster Permits which are not renewed in accordance with 322 CMR 7.08 shall be forfeited to the Division.

7.09: Further Regulation of Permits (Reserved)

7.10: Recreational Saltwater Fishing Permits(1) Authority and Purpose.

(a) The Director is authorized, pursuant to St. 2009, c. 161, § 8, to establish the Commonwealth's recreational saltwater fishing permit program in compliance with the state exemption requirements of section 401(g)(2) of the Magnuson-Stevens Fishery Conservation and Management Act, 16 U.S.C. 1881 (the "Federal Act"). The Director, pursuant to his authority under the Federal Act, and M.G.L. c. 130, §§ 17 and 17A, has promulgated 322 CMR 7.10 for the purposes of implementing the state recreational saltwater fishing permit program in regulation.

(b) 322 CMR 7.10 identifies the persons who must apply for or are exempt from a recreational saltwater fishing permit, sets forth the application and permit requirements applicable to individual and for-hire permits, and gives notice of the penalties that may be assessed against persons who violate M.G.L. c. 130, § 17C, or 322 CMR 7.10.

(2) Definitions. As used in 322 CMR 7.10, the definitions have the following meaning, unless the context otherwise requires. Other words used in 322 CMR 7.10 have the meaning set forth in 322 CMR 7.01(1).

For-hire means that activity permitted in accordance with M.G.L. c. 130, § 17C, and 322 CMR 7.10(5), whereby the vessel named on the for-hire permit is carrying paying customers for the purpose of recreational fishing.

Recreational Fishing means the noncommercial taking or attempted taking of finfish for personal or family use, sport, or pleasure, and which are not sold, traded or bartered.

Trip means the period of time that begins when the fishing vessel departs from the dock, berth, mooring, beach, seawall, ramp, or port to carry out recreational fishing and terminates with a return to a dock, berth, mooring, beach, seawall, ramp, or port.

(3) Persons Required to Obtain a Permit. Unless exempted pursuant to 322 CMR 7.10(4), all persons engaged in the recreational fishing, or who take or land finfish for recreational purposes in or from the coastal waters of the Commonwealth, shall obtain a recreational saltwater fishing permit from the Director in accordance with 322 CMR 7.10.

(4) Persons Exempt from Obtaining a Permit. A recreational saltwater fishing permit is not required in the following circumstances:

- (a) persons younger than 16 years old;
- (b) persons who, regardless of their age, otherwise meet the definition of a disabled person in M.G.L. c. 19C;
- (c) persons fishing during a for-hire trip conducted under the authority of a for-hire permit issued in accordance with M.G.L. c. 130, § 17C, and 322 CMR 7.10(5).
- (d) persons who hold a commercial fishing permit from the Director and keep for personal use any fish taken under the authority of that permit in accordance with the applicable commercial fishing regulations set forth at 322 CMR 6.00 or 9.00; or
- (e) nonresident persons holding a valid recreational saltwater fishing permit of any coastal state, provided however, that the Director has determined in writing that the requirements of such other state permit is substantially the same as the permit issued by the Director pursuant to 322 CMR 7.10 and that the other state provides similar privileges granted under its law to residents as permitted by the Director.

(5) For-hire Permit Requirements Applicable to For-hire Vessels. The Director may issue a recreational for-hire permit to a named individual for use onboard the vessel identified on the permit application. This permit shall cover all recreational fishing by recreational anglers onboard the for-hire vessel during a for-hire trip, as well as any private recreational fishing conducted by the individual person named on the for-hire permit.

(a) Permit Categories: The following for-hire permit categories are available based on vessel capacity:

- 1. Charter Boat. The for-hire vessel has a capacity to carry up to six persons fishing as passengers from the for-hire vessel.

7.10: continued

2. Head Boat. The for-hire vessel has a capacity to carry seven or more persons fishing as passengers from the for-hire vessel.
 - (b) Requirement to Post and Give Notice of Rules. The owner or operator, if different from the owner, of a for-hire vessel shall:
 1. Charter Boats: give verbal notice to all persons fishing as passengers from the vessel about their compliance with the catch sizes and possession limits.
 2. Head Boats:
 - a. post written rules on the minimum catch sizes and possession limits applicable to the target fish species in a conspicuous and accessible location on the vessel; and
 - b. give verbal notice to all persons fishing as passengers from the vessel about their compliance with the catch sizes and possession limits, and direct their attention to the posted rules.
 - (c) Requirement to Carry Measuring Devices. For the purposes of ensuring compliance with the minimum catch size rules:
 1. all charter boats shall be equipped with at least one ruler or other appropriate measuring device that is visible and accessible to the passengers; and
 2. all head boats shall be equipped with at least five rulers or other appropriate measuring devices that is visible and accessible to the passengers.
- (6) Application for a Permit. All applicants for a recreational saltwater fishing permit shall comply with the following requirements:
- (a) Application Forms. Application for a recreational saltwater fishing permit shall be made by completing the applicable application form provided by the Director, and by paying the application fee, if applicable, established in 801 CMR 4.00: *Rates*.
 - (b) Information Required to Be Provided by the Applicant. In order for an application for a recreational saltwater fishing permit to be considered complete, the applicant shall provide the following information to the Director:
 1. An applicant seeking an individual permit shall provide their full name, address, date of birth, and telephone number;
 2. An applicant seeking a for-hire vessel permit shall provide the following information about the vessel and the owner, and if applicable, the operator:
 - a. the name of the vessel, the vessel's registration or documentation number and the vessel's home port;
 - b. the full name, address, date of birth and telephone number of the owner of the vessel; if there is more than one owner, this identification information shall be provided by each person holding an ownership interest in the vessel;
 - c. the full name, address and telephone number of the operator; if the operator is different from the vessel owner;
 - d. if the owner or operator of the vessel is a corporation or other legal entity, the name, address and any other identification information specified in the application form; and
 - e. any other information deemed necessary or appropriate by the Director to complete the Division's review and action on the application.
 - (c) Completeness of the Application. The Director shall not issue a recreational saltwater fishing permit before receiving a complete application and payment of the application fee, if applicable, as required under 322 CMR 7.10(6).
- (7) Permit Conditions. The Director may include general or special conditions in recreational saltwater fishing permits to provide for and ensure compliance with the requirements of M.G.L. c. 130, § 17C, or 322 CMR 7.10.
- (8) Penalties for Violations of M.G.L. c. 130, § 17C, or 322 CMR 7.10. Any person who violates M.G.L. c. 130, § 17C, or 322 CMR 7.10 may be subject to one or more of the following penalties:
- (a) the suspension or revocation of the recreational saltwater fishing permit, or the suspension or revocation of a nonresident's authorization to engage in recreational fishing in the coastal waters of the Commonwealth;
 - (b) the confiscation of all finfish caught, possessed or sold in violation of M.G.L. c. 130, § 17C, or 322 CMR 7.10;

7.10: continued

- (c) a non-criminal fine in the amount of \$50, as provided under M.G.L. c. 21A, §§ 10G and 10H;
- (d) when the violator has failed to obtain an individual permit, a criminal fine of not less \$50 nor more than \$250;
- (e) when the violator has failed to obtain an individual permit and has two or more such offenses in violation of M.G.L. c. 130, § 17C, or 322 CMR 7.10, a criminal fine of not less \$100 nor more than \$500;
- (f) when the violator has failed to obtain, or is the holder of, a for-hire permit and the offense is a violation of 322 CMR 7.10, a criminal fine of not less \$250 nor more than \$1000;
- (g) when the violator has failed to obtain, or is the holder of, a for-hire permit and has two or more offenses in violation of 322 CMR 7.10, a criminal fine of not less \$500 nor more than \$1000;
- (h) when the violator has failed to obtain, or is the holder of, a for-hire permit and the offense is a violation of M.G.L. c. 130, § 17C, a criminal fine of not less \$500 nor more than \$5000;
- (i) when the violator has failed to obtain, or is the holder of, a for-hire permit and has two or more offenses in violation of M.G.L. c. 130, § 17C, a criminal fine of not less \$1000 nor more than \$5000; and
- (j) any other sanction or penalty authorized under M.G.L. c. 130.

(9) Permit Fees.

- (a) The Director may charge a separate annual fee for each category of permits established by the Director pursuant to 322 CMR 7.10, provided that the amount of such permit fees shall be established by the Secretary of Administration and Finance pursuant to M.G.L. c. 7, § 3B.
- (b) The Director or agents authorized by the Director to sell permits may not charge a permit fee to those persons applying for an individual recreational saltwater fishing permit who at the time of the permit application are 60 years of age or older.

(10) Requirements Applicable to Agents Authorized to Sell Permits.

- (a) The Director may authorize agents who are not employed by the Commonwealth to sell recreational saltwater fishing permits at point-of-sale locations.
- (b) Authorized agents at point-of-sale locations may charge and retain a fee not to exceed \$1.50 for their service of selling the permit.

The Director may further specify the eligibility, operational and sale of permit conditions applicable to authorized agents.

7.11: Electronic Monitoring Requirements for Permit Holders(1) Electronic Tracking Devices for Commercial Lobster Permit Holders.

- (a) Purpose. In 2022, the Atlantic States Marine Fisheries Commission approved and implemented Addendum XXIX to Amendment 3 to the Interstate Fishery Management Plan for American Lobster and Addendum IV to the Jonah Crab Fishery Management Plan pursuant to its authority at 16 USC 5100 *et seq.* These Addenda require the electronic tracking of all commercial lobster and Jonah crab permit holders who hold a federal trap allocation authorizing them to fish in waters under the jurisdiction of federal government. The impetus for the electronic tracking program was to improve spatial information available to fishery managers and scientists to support critical data needs, particularly as it relates to offshore wind energy development and other marine spatial planning initiatives, as well as right whale conservation and entanglement risk reduction.
- (b) Definitions. For the purpose of 322 CMR 7.11(1), the following terms shall have the following meanings:

Commercial Fishers means those persons who hold a Coastal or Offshore Lobster Permit, issued in accordance with M.G.L. c. 130, §§ 37, 38, and 80 and 322 CMR 7.01(2), to fish with traps for American lobster and edible crabs and retain, possess or land American lobster and edible crabs for the purpose of sale, barter, or exchange or to keep for personal or family use.

7.11: continued

Division means the Division of Marine Fisheries.

Edible Crabs means blue crabs, *Cancer* crabs, and other native species of crabs that are suitable for human consumption. This shall not include species of non-native crabs including, but not limited to, the European green crab (*Carcinus maenas*) or Asian shore crab (*Hemigrapsus sanguineus*).

Electronic Tracking Device means an electronic device approved by the Atlantic States Marine Fisheries Commission and used to track vessel location and collect and transmit this spatial data to the Division in compliance with Addendum XXIX to the Interstate Fishery Management Plan for American Lobster and Addendum IV to the Interstate Fishery Management Plan for Jonah Crabs.

Install means to place and fix an electronic tracking device onboard a vessel so that it is operable and ready for use.

NOAA Fisheries means the federal National Marine Fisheries Service within the National Oceanic and Atmospheric Administration of the United States Department of Commerce.

Tamper means any activity that may affect an electronic tracking device's ability to operate or signal properly, or to accurately compute or report the vessel's position.

(c) Requirements for Installation and Activation of Electronic Tracking Devices. Effective May 1, 2023, an electronic tracking device shall be installed and activated prior to beginning a lobster or edible crab fishing trip with trap gear onboard any vessel named on a Coastal Lobster Permit or Offshore Lobster Permit issued by the Division and that is also permitted by NOAA Fisheries, pursuant to 50 CFR § 697.4, to fish trap gear for lobsters and Jonah crabs in the Economic Exclusive Zone. Effective May 1, 2023, an electronic tracking device shall be installed and activated onboard any vessel named on a Coastal Lobster Permit or Offshore Lobster Permit issued by the Division and that is also permitted by NOAA Fisheries, pursuant to 50 CFR § 697.4, to fish trap gear for lobsters and Jonah crabs in the Economic Exclusive Zone. All permit holders shall sign a written affidavit confirming the electronic tracking device has been installed in conformity with 322 CMR 7.11(1)(c).

(d) Operability of Electronic Tracking Devices. Unless otherwise authorized by the Director, the electronic tracking device shall remain onboard the vessel and powered on at all times when the vessel is in the water.

(e) Prohibitions. It shall be unlawful for commercial fishers to:

1. fish, haul, or set trap gear or possess or land lobsters or edible crabs without an operable electronic tracking device, if an electronic tracking device is required pursuant to 322 CMR 7.11(1)(c).
2. to tamper with any electronic tracking device or signal submitted by the electronic tracking device.
3. to install any device other than an electronic tracking device approved by the Atlantic States Marine Fisheries Commission for the purposes of complying with 322 CMR 7.11.

(f) Exemptions. The Director may issue a Letter of Authorization and Statement of Permit Conditions, pursuant to M.G.L. c. 130, § 80 and 322 CMR 7.01(7), allowing permit holders to power down their electronic tracking device or fish with an inactive electronic tracking device. This authorization may only be issued in response to a device failure, vessel haul-out, or other similar malfunction of the vessel or the electronic tracking device. The authorization will be issued for a discrete period of time that considers the nature of the anticipated repair.

REGULATORY AUTHORITY

322 CMR 7.00: M.G.L. c. 130, §§ 2, 17, 17A, 38B, 75, 80 and 104.

NON-TEXT PAGE

**THE COMMONWEALTH OF MASSACHUSETTS****William Francis Galvin**

Secretary of the Commonwealth

Regulation Filing*To be completed by filing agency*CHAPTER NUMBER: **840 CMR 28.00**CHAPTER TITLE: **Electronic Signatures**AGENCY: **Public Employee Retirement Administration Commission**SUMMARY OF REGULATION: *State the general requirements and purposes of this regulation.*

This regulation establishes policies and guidelines to allow retirement boards in the Commonwealth and PERAC to utilize electronic signatures for the processing of retirement system forms. The amendment allows for the use of electronic signatures on forms that require witness signatures.

REGULATORY AUTHORITY: **M.G.L. c. 7, S. 50 and M.G.L. c. 32, ss. 21 and 23**AGENCY CONTACT: **William T. Keefe** PHONE: **617666-4446**ADDRESS: **10 Cabot Road, Suite 300 Medford MA 02155****Compliance with M.G.L. c. 30A**EMERGENCY ADOPTION - *if this regulation is adopted as an emergency, state the nature of the emergency.*PRIOR NOTIFICATION AND/OR APPROVAL - *If prior notification to and/or approval of the Governor, Legislature or others was required, list each notification, and/or approval and date, including notice to the Local Government Advisory Commission.***Administration and Finance Notice 9/15/25; A & F approval 10/27/25****LGAC and MMA notice 11/13/25****Legislature Filing 1/16/26**

PUBLIC REVIEW - *M.G.L. c. 30A sections 2 and/or 3 requires notice of the hearing or comment period, including a small business impact statement, be filed with the Secretary of the Commonwealth, published in appropriate newspapers, and sent to persons to whom specific notice must be given at least 21 days prior to such hearing or comment period.*

Date of public hearing or comment period: **1/7/26 hearing, comment 1/9/26**

FISCAL EFFECT - Estimate the fiscal effect of the public and private sectors.

For the first and second year: 0

For the first five years: 0

No fiscal effect: X

SMALL BUSINESS IMPACT - M.G.L. c. 30A section 5 requires each agency to file an amended small business impact statement with the Secretary of the Commonwealth prior to the adoption of a proposed regulation. If the purpose of this regulation is to set rates for the state, this section does not apply.

Date amended small business impact statement was filed: 4/14/26

CODE OF MASSACHUSETTS REGULATIONS INDEX - List key subjects that are relevant to this regulation:

Retirement Boards

Public Employee Retirement Systems

Electronic Signatures

PROMULGATION - State the action taken by this regulation and its effect on existing provisions of the Code of Massachusetts Regulations (CMR) or repeal, replace or amend. List by CMR number:

840 CMR 28.00 amended regulation

ATTESTATION - The regulation described herein and attached hereto is a true copy of the regulation adopted by this agency. ATTEST:

SIGNATURE: _____ SIGNATURE ON FILE _____ DATE: Apr 17 2026

Publication - To be completed by the regulations Division

MASSACHUSETTS REGISTER NUMBER: 1573 DATE: 5/8/26

EFFECTIVE DATE: 5/8/26

CODE OF MASSACHUSETTS REGULATIONS

Remove these Pages:

5 & 6
129 & 130

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5 & 6
129 & 130

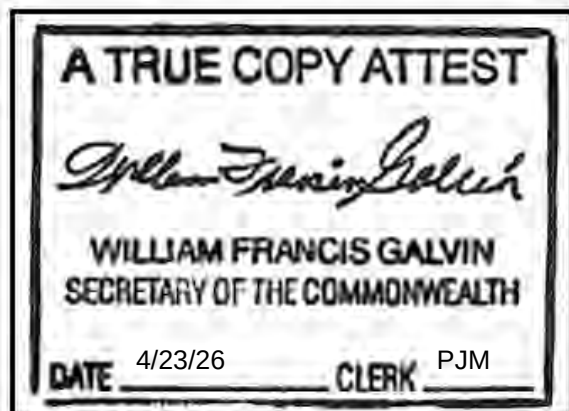


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NON-TEXT PAGE

840 CMR 28.00: ELECTRONIC SIGNATURES

Section

- 28.01: Purpose
- 28.02: Definitions
- 28.03: Use of Electronic Signatures
- 28.04: Legal Effect and Enforceability
- 28.05: Attribution of Electronic Signatures
- 28.06: Fulfillment of Notarization, Acknowledgment, Verification, or Oath Requirements
- 28.07: Use of Wet Signatures Still Authorized
- 28.08: Witness Requirement Waived for Electronic Filings

28.01: Purpose

840 CMR 28.00 addresses the use of any electronic signature created, generated, sent, communicated, received, or stored by any retirement board governed and constituted under M.G.L. c. 32. 840 CMR 28.00 will also cover the use of signatures on scanned or faxed documents in the course of a retirement system's operations.

28.02: Definitions

The following words shall have the following meanings:

Electronic Signature:

- (a) an electronic sound, symbol, or process attached to or logically associated with a record and executed or adopted by a person with the intent to sign the record;
- (b) a digital signature that encrypts documents with digital codes that are particularly difficult to duplicate;
- (c) a signature which is received by a retirement board or PERAC *via* fax, so long as the signature and the document are legible; or
- (d) a signature which is received by a retirement board or PERAC as part of a scanned document, so long as the signature and the document are legible.

Faxed Document. An image of a document made by electronic scanning and transmitted as data by telecommunication links.

Prescribed Form. Any form promulgated by PERAC, or any form required by any retirement board and subject to the approval of PERAC.

Record. Information that is inscribed on a tangible medium or that is stored in an electronic or other medium and is retrievable in perceivable form.

Security Procedure. A procedure employed for the purpose of verifying that an electronic signature, digital signature, record, or performance is that of a specific person or for detecting changes or errors in the information in an electronic or digital record. Security Procedure includes a procedure that requires the use of algorithms or other codes, identifying words or numbers, encryption, or callback or other acknowledgment procedures.

Scanned Document. A physical document which has been converted into a digital image using a scanner.

Wet Signature. Created when a person marks a physical document as evidence of that person's personal witness and certification of the content of all, or a specified part, of the document.

28.03: Use of Electronic Signatures

- (1) In addition to the use of wet signatures, a retirement board may make use of electronic signatures, as defined by 840 CMR 28.01, provided the conditions in 840 CMR 28.02(2) and (3) are met;
- (2) A retirement board must promulgate a supplemental regulation regarding its intent to use the same, to be approved by PERAC pursuant to M.G.L. c. 7, § 50.

28.03: continued

- (3) As part of its supplemental regulation, the retirement board must state that it will institute and maintain appropriate security procedures.

28.04: Legal Effect and Enforceability

- (1) An electronic signature may not be denied legal effect or enforceability under M.G.L. c. 32 solely because it is in electronic form if a retirement board has promulgated a supplemental regulation permitting the same.
- (2) A prescribed form may not be denied legal effect or enforceability solely because an electronic signature was used in its formation if a retirement board has promulgated a supplemental regulation permitting the same.

28.05: Attribution of Electronic Signatures

- (1) An electronic signature is attributable to a person if it was the act of the person. The act of the person may be shown in any manner, including a showing of the efficacy of any security procedure applied to determine the person to which the electronic signature was attributable.
- (2) The effect of an electronic record or electronic signature attributed to a person under 840 CMR 28.04(1) is determined from the context and surrounding circumstances at the time of its creation, execution, or adoption, including the parties' agreement, if any, and otherwise as provided by law.

28.06: Fulfillment of Notarization, Acknowledgement, Verification, or Oath Requirements

If a law requires a signature or record to be notarized, acknowledged, verified, or made under oath, the requirement is satisfied if the electronic signature of the person authorized to perform those acts, together with all other information required to be included by other applicable law, is attached to or logically associated with the signature or record.

28.07: Use of Wet Signatures Still Authorized

- (1) Nothing in 840 CMR 28.00 shall preclude a retirement board or PERAC from using physical forms with wet signatures for all or some of its forms and transactions.
- (2) A member of a retirement system, or a person becoming a member of a retirement system, or a person who needs to sign a form for a retirement system or PERAC for any reason, retains the right to sign a prescribed form with a wet signature upon his or her request.
- (3) If a retirement board has not promulgated a PERAC-approved regulation allowing the use of electronic signatures, the use of wet signatures shall be mandatory.

28.08: Witness Requirement Waived for Electronic Fillings

If a prescribed form promulgated by PERAC requires the signature of a witness in written form, that requirement shall be waived in the case of a form submitted electronically, provided that a “security procedure” as defined in 840 CMR 28.02 is utilized.

REGULATORY AUTHORITY

840 CMR 28.00: M.G.L. c. 7, § 50; M.G.L. c. 32, §§ 1 and 21; and M.G.L. c. 110G.

**THE COMMONWEALTH OF MASSACHUSETTS****William Francis Galvin**

Secretary of the Commonwealth

Regulation Filing*To be completed by filing agency*CHAPTER NUMBER: **958 CMR 6.00**CHAPTER TITLE: **Registration of Provider Organizations**AGENCY: **Health Policy Commission**SUMMARY OF REGULATION: *State the general requirements and purposes of this regulation.*

958 CMR 6.00 governs the procedures and criteria for the registration of provider organizations program jointly administered by the Health Policy Commission and the Center for Health Information and Analysis, as required by G.L. c. 6D, s. 11 and G.L. c. 12C. 958 CMR 6.00 specifies the criteria that determine which Provider Organizations must register, the manner of registration, and what information must be submitted to complete registration.

REGULATORY AUTHORITY: **G.L. c. 6D**AGENCY CONTACT: **Susan Flanagan-Cahill** PHONE: **781-454-6325**ADDRESS: **50 Milk Street Boston, MA 02109****Compliance with M.G.L. c. 30A**EMERGENCY ADOPTION - *if this regulation is adopted as an emergency, state the nature of the emergency.*

PRIOR NOTIFICATION AND/OR APPROVAL - *If prior notification to and/or approval of the Governor, Legislature or others was required, list each notification, and/or approval and date, including notice to the Local Government Advisory Commission.*

Notice to the Local Advisory Commission was provided on January 30, 2026.

PUBLIC REVIEW - *M.G.L. c. 30A sections 2 and/or 3 requires notice of the hearing or comment period, including a small business impact statement, be filed with the Secretary of the Commonwealth, published in appropriate newspapers, and sent to persons to whom specific notice must be given at least 21 days prior to such hearing or comment period.*

Date of public hearing or comment period: **March 12, 2026**

FISCAL EFFECT - *Estimate the fiscal effect of the public and private sectors.*

For the first and second year: None

For the first five years: None

No fiscal effect: No fiscal effect

SMALL BUSINESS IMPACT - *M.G.L. c. 30A section 5 requires each agency to file an amended small business impact statement with the Secretary of the Commonwealth prior to the adoption of a proposed regulation. If the purpose of this regulation is to set rates for the state, this section does not apply.*

Date amended small business impact statement was filed: 4/21/26

CODE OF MASSACHUSETTS REGULATIONS INDEX - *List key subjects that are relevant to this regulation:*

Registration of Provider Organizations

PROMULGATION - *State the action taken by this regulation and its effect on existing provisions of the Code of Massachusetts Regulations (CMR) or repeal, replace or amend. List by CMR number:*

Amends 958 CMR 6.00.

ATTESTATION - *The regulation described herein and attached hereto is a true copy of the regulation adopted by this agency.* ATTEST:

SIGNATURE: _____ SIGNATURE ON FILE _____ DATE: Apr 23 2026

Publication - *To be completed by the regulations Division*

MASSACHUSETTS REGISTER NUMBER: 1573 DATE: 5/8/26

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CODE OF MASSACHUSETTS REGULATIONS

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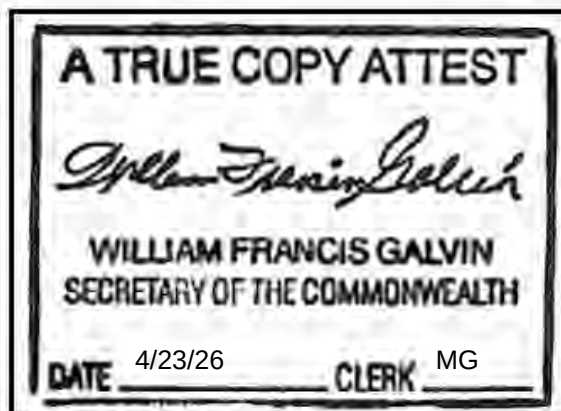


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958 CMR 6.00: REGISTRATION OF PROVIDER ORGANIZATIONS

Section

- 6.01: General Provisions
- 6.02: Definitions
- 6.03: Requirement to Register
- 6.04: Registration
- 6.05: Noncompliance
- 6.06: Severability

6.01: General Provisions.

Scope and Purpose: 958 CMR 6.00 governs the procedures and criteria for the registration of provider organizations program jointly administered by the Health Policy Commission and the Center for Health Information and Analysis, as required by M.G.L. c. 6D, § 11 and M.G.L. 12C. 958 CMR 6.00 specifies the criteria that determine which Provider Organizations must register with the registration of provider organizations program, the manner of registration, and what information must be submitted to complete Registration. The Center's regulation, 957 CMR 11.00 *et seq.*, also governs the reporting requirements for the registration of provider organizations program.

6.02: Definitions

As used in 958 CMR 6.00, the following words mean:

Acute Hospital. The teaching hospital of the University of Massachusetts Medical School and any hospital licensed under M.G.L. c. 111, § 51 and which contains a majority of medical-surgical, pediatric, obstetric, and maternity beds, as defined by the Department of Public Health.

Annual Filing. The information that a Provider Organization subject to the registration requirements of 958 CMR 6.00 must submit to the MA-RPO Program, in a form specified in the Data Submission Manual, pursuant to M.G.L. c. 6D, §11 and M.G.L. c. 12C, § 9 and § 11.

Center. The Center for Health Information and Analysis established in M.G.L. c. 12C.

Clinical Affiliation. Any relationship between a Provider or Provider Organization and another Entity for the purpose of increasing the level of collaboration in the provision of Health Care Services, including, but not limited to, sharing of physician resources in hospital or other ambulatory settings, co-branding, expedited transfers to advanced care settings, provision of inpatient consultation coverage or call coverage, enhanced electronic access and communication, co-located services, provision of capital for service site development, joint training programs, video technology to increase access to expert resources, or sharing of hospitalists or intensivists. This definition applies to all forms of the term, including "Clinical Affiliates" and "Clinically Affiliated".

Commission. The Health Policy Commission established in M.G.L. c. 6D.

Community Advisory Board. Committees, boards, or other oversight and governance bodies engaging the community of a Provider Organization, including, but not limited to, patient and family advisory councils as defined in 105 CMR 130.1800 or community benefits advisory boards.

Contracting Affiliation. A relationship between a Provider Organization and another Provider or Provider Organization for the purposes of negotiating, representing, or otherwise acting to establish contracts for the payment of Health Care Services, including for payment rates, incentives, and operating terms, with a Payer. This definition applies to all forms of the term, including "Contracting Affiliates".

6.02: continued

Control. The possession, direct or indirect, of the power, partial or complete, to direct or cause the direction of the management, administrative functions, assets, or policies of an Entity, whether through the ownership of voting securities or rights, the power to appoint, designate, or remove board members or directors, control, either directly or indirectly, by contract (except a commercial contract for goods or non-management services) or otherwise; but no person shall be deemed to possess such Control solely by reason of being an officer or director of an Entity. Control shall be deemed to exist if any person or Entity directly or indirectly owns, has rights over, or holds with the power to vote ten percent or more of the voting securities of an Entity. This definition applies to all forms of the word, including "Controls," "Controlling," and "Controlled".

Corporate Affiliation. A relationship between two Entities that reflects, directly or indirectly, a partial or complete Controlling interest or partial or complete common Control. This definition applies to all forms of the term, including "Corporate Affiliates" and "Corporately Affiliated".

Data Submission Manual. A manual published by the MA-RPO Program as an administrative bulletin, containing specifications, submission guidelines, and timelines for Registration.

Division. The Massachusetts Division of Insurance.

Entity. A corporation, sole proprietorship, partnership, limited liability company, trust, foundation, or any other organization formed for the purpose of carrying on a commercial or charitable enterprise.

Facility. A licensed institution providing Health Care Services, or a health care setting, including, but not limited to, hospitals and other licensed inpatient centers, ambulatory surgical or treatment centers, skilled nursing centers, residential treatment centers, diagnostic, laboratory and imaging centers, and rehabilitation and other therapeutic health settings.

Fiscal Year. The 12-month period during which a Provider Organization keeps its accounts and which is identified by the calendar year in which it ends.

Full-Time Equivalent. The ratio of the total payroll hours for employees to the standard number of annual full-time payroll hours, and the equivalent for contracted individuals.

Funds Flow. The apportionment of Provider or Provider Organization funds, including payments from Payers, across affiliated Entities, which shall include apportionment across hospitals and physicians, across physician groups, across primary care physicians and specialists, and across employed versus affiliated physicians.

Health Care Provider or Provider. A provider of Health Care Services or any other person or organization that furnishes, bills or is paid for Health Care Services delivery in the normal course of business or any person, corporation, partnership, governmental unit, state institution or any other Entity qualified under the laws of the commonwealth to perform or provide Health Care Services.

Health Care Professional. A physician or other health care practitioner licensed, accredited, or certified to perform specified Health Care Services consistent with law.

Health Care Real Estate Investment Trust. A real estate investment trust, as defined by 26 U.S.C. § 856, whose assets consist of, in whole or in part, real property held in connection with the use or operations of a provider or provider organization.

Health Care Services. Supplies, care and services of medical, behavioral health, substance use disorder, mental health, surgical, optometric, dental, podiatric, chiropractic, therapeutic, diagnostic, preventative, rehabilitative, supportive or geriatric nature including, but not limited to, inpatient and outpatient acute hospital care and services, pharmacy services, services provided by a community health center, home health, and hospice care provider, or by a sanatorium, as included in the definition of "hospital" in Title XVIII of the federal Social Security Act, and treatment and care compatible with such services, or by a health maintenance organization.

6.02: continued

Local Practice Group. A group of Health Care Professionals that functions as a subgroup of a Provider Organization (*i.e.*, groups broken out from the larger Provider Organization for purposes of data reporting and market comparisons).

Management Services Organization. A corporation or other business organization that provides management or administrative services to a provider or provider organization for compensation.

Massachusetts Registration of Provider Organizations Program or MA-RPO Program. The Commonwealth program, jointly administered by the Commission and the Center, pursuant to M.G.L. c. 6D and M.G.L. c. 12C and regulations promulgated thereunder.

Net Patient Service Revenue. The total revenue received in a Fiscal Year for patient care from any Payer net of any contractual adjustments, using best available data.

Patient Panel. The total number of individual patients seen over the course of the most recent complete 36-month period.

Payer. Any Entity, other than an individual, that pays providers for the provision of Health Care Services; provided, however, that "Payer" shall include both governmental and private Entities and Third-party Administrators; and provided further, that "Payer" shall include self-insured plans to the extent allowed under the Employee Retirement Income Security Act of 1974.

Practice Site. The physical location where the clinician is providing Health Care Services.

Private Equity Company. Any Entity, however organized, that collects capital investments from individuals or Entities and purchases, as a parent company or through another Entity that the company completely or partially owns or Controls, a direct or indirect ownership share of a Provider, Provider Organization or Management Services Organization; provided, however, that "Private Equity Company" shall not include venture capital firms exclusively funding startups or other early-stage businesses.

Provider Organization. Any corporation, partnership, business trust, association or organized group of persons, and all corporate affiliates thereof, which is in the business of health care delivery or management, whether incorporated or not that represents one or more Health Care Providers in contracting with Payers for the payment of Health Care Services; provided that the definition shall include, but not be limited to, physician organization, physician-hospital organization, independent practice association, Provider network, accountable care organization, and any other organization that contracts with Payers for payment for Health Care Services.

Registration. The process of becoming a Registered Provider Organization as established by the MA-RPO Program pursuant to M.G.L. c. 6D, § 11.

Registered Provider Organization. A Provider Organization that meets the criteria for Registration pursuant to 958 CMR 6.00 and has registered with the Commission.

Risk-bearing Provider Organization or RBPO. An Entity subject to the requirements of the Division pursuant to M.G.L. c. 176T and any regulations promulgated thereunder.

Significant Equity Investor. Any Private Equity Company with a financial interest in a Provider, Provider Organization or Management Services Organization; or an investor, group of investors or other Entity with a direct or indirect possession of equity in the capital, stock or profits totaling more than 10% of a Provider, Provider Organization or Management Services Organization; provided, however, that "Significant Equity Investor" shall not include venture capital firms exclusively funding startups or other early-stage businesses; and provided that "Significant Equity Investor" shall not include individuals licensed to provide Health Care Services who are or will be actively engaged in the practice of medicine, dentistry, or other health care profession as a full or partial owner of the Provider or Provider Organization.

Third-party Administrator. An Entity that administers payments for Health Care Services on behalf of a client in exchange for an administrative fee.

6.02: continued

Uppermost Corporate Parent. An Entity with a primary business purpose of healthcare delivery, management, ownership, or investment, that is not itself owned or Controlled, partially or completely, directly or indirectly, by any other Entity.

6.03: Requirement to Register

(1) Registration Criteria. Subject to and in accordance with the provisions of 958 CMR 6.03 (2), (3), and (4), a Provider Organization that meets one or both of the following Registration criteria shall register with the MA-RPO Program:

- (a) a Provider Organization that negotiates, represents, or otherwise acts to establish contracts for the payment of Health Care Services with Payers on behalf of one or more Providers or Provider Organizations, which may include itself, that collectively:
 - 1. received \$25,000,000 or more in Net Patient Service Revenue from Payers in the prior Fiscal Year; and
 - 2. had a Patient Panel of more than 15,000;
- (b) a Risk-bearing Provider Organization.

(2) A Provider Organization that meets one or both of the Registration criteria shall meet its Registration and reporting obligations through the submission by its Uppermost Corporate Parent of an Annual Filing.

(3) At the discretion of the MA-RPO Program, a Provider Organization that meets one or both of the Registration criteria may meet its Registration and reporting obligations through the submission of an abbreviated Annual Filing in a format prescribed by the MA-RPO Program if another Registered Provider Organization negotiates, represents, or otherwise acts to establish contracts with Payers for the payment of Health Care Services on its behalf.

(4) A Provider Organization that meets the Registration criteria defined in 958 CMR 6.03(1)(a) shall register if it negotiates, represents, or otherwise acts to establish contracts with Payers on behalf of one or more Acute Hospitals, physician groups, or any other Health Care Provider type specified in the most recently published *Data Submission Manual*.

6.04: Annual Filing

(1) A Provider Organization that meets one or both of the Registration criteria in 958 CMR 6.03(1) as of January 1st in a calendar year shall submit an Annual Filing for that calendar year, as specified in the *Data Submission Manual*, subject to the provisions of 958 CMR 6.03(2), (3), and (4) unless otherwise directed by the HPC.

(2) A Provider Organization that does not meet the Registration criteria in 958 CMR 6.03(1) as of January 1st in a calendar year, but that meets the criteria at any time after January 1st shall submit an Annual Filing not later than 180 calendar days after meeting the Registration criteria, subject to the provisions of 958 CMR 6.03(2) and (3), unless otherwise authorized by the MA-RPO Program in writing.

(3) A Provider Organization's Registration shall be valid for a 24-month period, beginning on the date of the notice issued by the MA-RPO Program pursuant to 958 CMR 6.04(10), subject to the satisfactory completion of the Annual Filing requirement in 958 CMR 6.03(1), unless otherwise specified by the MA-RPO Program or as provided in 958 CMR 6.04(7).

(4) A Provider or Provider Organization not otherwise required to register by 958 CMR 6.03(1) and 6.04(2) may voluntarily submit an Annual Filing.

(5) Subject to the specifications and instructions detailed in the *Data Submission Manual*, and unless otherwise specified by the MA-RPO Program, an Annual Filing shall include the following information about the Provider Organization:

6.04: continued

- (a) Information about the ownership, governance, and operational structure, including organizational charts, narrative descriptions of the type and kind of Corporate Affiliations and Contracting Affiliations, information on incentive structures and compensation models, including Funds Flow within the Provider Organization, information on Significant Equity Investors, Real Estate Investment Trusts, and Management Services Organizations, and information on the characteristics of any Clinical Affiliations and the role of Community Advisory Boards;
- (b) The number of Health Care Professional Full-Time Equivalents by license type and specialty, each Health Care Professional's name, address of principal location of work, national provider identifier, or other identifying information, and whether the Health Care Professional is employed by or affiliated with the Provider Organization and the nature of that relationship, including whether provisions exist in physician participation or employment agreements such as referral requirements;
- (c) The name and address of each Facility and Practice Site, including by license number, license type, tax identification number, national provider identifier, and capacity in each major service category;
- (d) The name, address, and capacity of all other locations where the Provider Organization delivers Health Care Services, including those services listed in M.G.L. c. 6D, § 22(a);
- (e) Comprehensive financial statements, including audited financial statements, consolidating schedules and standardized filings that shall include a balance sheet and a statement of operations, and including information on the Uppermost Corporate Parent, including their out-of-state operations, and Corporate Affiliates, including Significant Equity Investors, Health Care Real Estate Investment trusts and Management Services Organizations as applicable, and including details regarding annual costs, annual receipts, realized capital gains and losses, accumulated surplus and accumulated reserves;
- (f) Information on clinical quality, care coordination and patient referral practices;
- (g) Information regarding expenditures and funding sources for payroll, teaching, research, advertising, taxes or payments-in-lieu-of-taxes and other non-clinical functions;
- (h) Information regarding charitable care and community benefit programs;
- (i) For Risk-bearing Provider Organizations, a statement certifying that the RBPO has received a risk certificate or a waiver from the Division as required by M.G.L. c. 176T or any regulations promulgated thereunder;
- (j) Information regarding other assets and liabilities that may affect the financial condition of the Provider Organization or the Provider Organization's Facilities including, but not limited to, real estate sale-leaseback arrangements with Health Care Real Estate Investment Trusts;
- (k) Information regarding any discounts, rebates or any other type of refunds or remuneration in exchange for, or in any way related to, the provision of health care services;
- (l) Information on stop-loss insurance and any non-fee-for-service payment arrangements;
- (m) Information on utilization by major service category;
- (n) Total revenue by payer under pay for performance arrangements, risk contracts, and other fee-for-service arrangements;
- (o) Attestations completed by two duly authorized officers of the Provider Organization that the Registration information is true and accurate; and
- (p) A registration fee payable to the Health Policy Commission as specified by the Commission.

(6) After receiving an Annual Filing, the MA-RPO Program may, within 30 calendar days, require a Provider Organization to provide additional information to complete or supplement the Annual Filing for completeness or clarification. A Provider Organization shall respond to a request for additional information within 21 calendar days of the date of the request, unless otherwise specified in writing by the MA-RPO Program.

(7) The MA-RPO Program shall determine whether an Annual Filing is complete within 45 calendar days of receipt of the filing or any supplementary material, whichever is later, and shall provide written notice of completion to the Provider Organization. An Annual Filing will not be considered complete until all materials required by the MA-RPO Program have been received.

6.04: continued

(8) The MA-RPO Program may require in writing, at any time, additional information reasonable and necessary to determine the financial condition, organizational structure, business practices, clinical services, or market share of a Registered Provider Organization. The MA-RPO Program may require a Registered Provider Organization with direct or indirect private equity investment to report required information quarterly or require the disclosure of relevant information from any Significant Equity Investor associated with a Registered Provider Organization. A Registered Provider Organization shall respond to a request for additional information within 21 calendar days of the date of the request, unless otherwise specified in writing by the MA-RPO Program.

(9) The Registration requirements set forth in 958 CMR 6.04 may be fulfilled through the reporting of such information to other Commonwealth of Massachusetts agencies, as may be specified in the *Data Submission Manual*.

(10) The Commission may issue administrative bulletins necessary to implement 958 CMR 6.00.

6.05: Compliance and Penalties

(1) Failure to Submit an Application for Registration. If the MA-RPO Program determines that a Provider or Provider Organization that has not submitted an Annual Filing may meet the Registration criteria in 958 CMR 6.03(1), the MA-RPO Program may send written notice to the Provider or Provider Organization. A Provider or Provider Organization that receives such a notice shall, within 21 calendar days of receipt of the notice:

- (a) Submit confirmation to the MA-RPO Program that the Provider or Provider Organization shall submit an Annual Filing in compliance with 958 CMR 6.04 by the deadline established by the MA-RPO Program; or
- (b) Submit adequate supporting documentation to demonstrate that the Provider or Provider Organization does not meet the Registration criteria in 958 CMR 6.03(1). The documentation must demonstrate to the satisfaction of the MA-RPO Program that the Provider or Provider Organization does not meet the Registration criteria in 958 CMR 6.03(1).

(2) Noncompliance, Notice. If, after the process described in 958 CMR 6.04 (6) & (7) or 6.05(1), the MA-RPO Program determines that a Provider Organization:

- (a) has failed to submit a completed Annual Filing as required,
- (b) failed to submit any additional information requested by the MA-RPO Program pursuant to 958 CMR 6.04(6), (8), (9), or (10), or otherwise failed to comply with the requirements of 958 CMR 6.00 or 957 CMR 11.00, the MA-RPO Program will provide written notice to the Provider Organization that failure to comply within two weeks of receipt of the written notice may result in penalties.

(3) Penalties. Penalties for noncompliance may include:

- (a) in accordance with M.G.L. c. 12C, § 11 and any regulation promulgated thereunder, a Provider Organization may be subject to a penalty of up to \$25,000 per week for each week of delay that it fails, without just cause, to comply with the MA-RPO Program requirements after the two-week notice period;
- (b) in accordance with M.G.L. c. 6D, § 12, a Provider Organization may not negotiate, represent, or otherwise act on behalf of any Provider or Provider Organization for the purposes of establishing contracts for the payment of Health Care Services with any Payer or Third-party Administrator. The MA-RPO Program may provide notice of a Provider's or Provider Organization's noncompliance with 958 CMR 6.00 to Payers and the Division.

(4) If a Provider Organization submits additional documentation within the two-week period described in 958 CMR 6.05 (2), the Provider Organization shall not be deemed non-compliant, if applicable, until after the MA-RPO Program has reviewed the documentation and determined whether the Provider Organization has met the requirements of 958 CMR 6.00.

6.06: Severability

If any section or portion of a section of 958 CMR 6.00 or the applicability thereof is held invalid or unconstitutional by any court of competent jurisdiction, the remainder of 958 CMR 6.00 or the applicability thereof to other persons, entities, or circumstances shall not thereby be affected.

REGULATORY AUTHORITY

958 CMR 6.00: M.G.L. c. 6D, § 11 and § 12.

NON-TEXT PAGE

**THE COMMONWEALTH OF MASSACHUSETTS****William Francis Galvin**

Secretary of the Commonwealth

Regulation Filing*To be completed by filing agency*CHAPTER NUMBER: **958 CMR 7.00**CHAPTER TITLE: **Notices of Material Change and Cost and Market Impact Reviews**AGENCY: **Health Policy Commission**SUMMARY OF REGULATION: *State the general requirements and purposes of this regulation.*

958 CMR 7.00 governs certain procedures for filing Notices of Material Change with the Health Policy Commission by Providers and Provider Organizations, as required by G.L. c. 6D. 958 CMR 7.00 specifies the procedures by which the Commission shall review Notices of Material Change and conduct Cost and Market Impact Reviews.

REGULATORY AUTHORITY: **G.L. c. 6D**AGENCY CONTACT: **Susan Flanagan-Cahill** PHONE: **781-454-6325**ADDRESS: **50 Milk Street Boston, MA 02109****Compliance with M.G.L. c. 30A**EMERGENCY ADOPTION - *if this regulation is adopted as an emergency, state the nature of the emergency.*

PRIOR NOTIFICATION AND/OR APPROVAL - *If prior notification to and/or approval of the Governor, Legislature or others was required, list each notification, and/or approval and date, including notice to the Local Government Advisory Commission.*

Notice to the Local Government Advisory Commission was provided on January 30, 2026.

PUBLIC REVIEW - *M.G.L. c. 30A sections 2 and/or 3 requires notice of the hearing or comment period, including a small business impact statement, be filed with the Secretary of the Commonwealth, published in appropriate newspapers, and sent to persons to whom specific notice must be given at least 21 days prior to such hearing or comment period.*

Date of public hearing or comment period: **March 12, 2026**

FISCAL EFFECT - *Estimate the fiscal effect of the public and private sectors.*

For the first and second year: None

For the first five years: None

No fiscal effect: No fiscal effect

SMALL BUSINESS IMPACT - *M.G.L. c. 30A section 5 requires each agency to file an amended small business impact statement with the Secretary of the Commonwealth prior to the adoption of a proposed regulation. If the purpose of this regulation is to set rates for the state, this section does not apply.*

Date amended small business impact statement was filed: 4/21/26

CODE OF MASSACHUSETTS REGULATIONS INDEX - *List key subjects that are relevant to this regulation:*
Notice of Material Change, Cost and Market Impact Review, Provider, Provider Organization

PROMULGATION - *State the action taken by this regulation and its effect on existing provisions of the Code of Massachusetts Regulations (CMR) or repeal, replace or amend. List by CMR number:*

Amends 958 CMR 7.00.

ATTESTATION - *The regulation described herein and attached hereto is a true copy of the regulation adopted by this agency.* ATTEST:

SIGNATURE: _____ SIGNATURE ON FILE _____ DATE: Apr 23 2026

Publication - *To be completed by the regulations Division*

MASSACHUSETTS REGISTER NUMBER: 1573 DATE: 5/8/26

EFFECTIVE DATE: 5/8/26

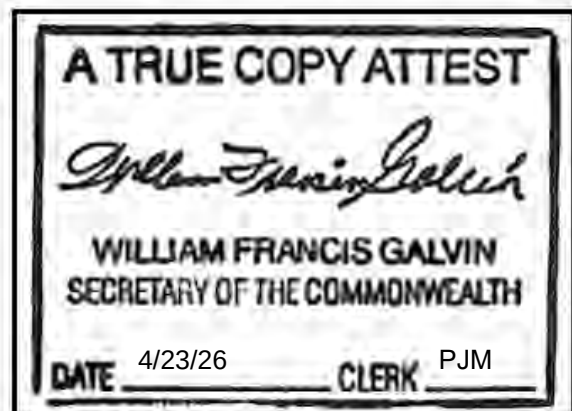
CODE OF MASSACHUSETTS REGULATIONS

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47 - 54

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47 - 54.2



958 CMR 7.00: NOTICES OF MATERIAL CHANGE AND COST AND MARKET IMPACT
REVIEWS

Section

- 7.01: General Provisions
- 7.02: Definitions
- 7.03: Requirement to File a Notice of Material Change
- 7.04: Time and Form of Filing a Notice of Material Change; Completed Notice; HPC Review
- 7.05: Notice of Cost and Market Impact Review; Information Requests
- 7.06: Factors Considered in a Cost and Market Impact Review
- 7.07: Responses to Information Requests; Timing
- 7.08: Information Requests to Other Market Participants; Timing
- 7.09: Confidentiality
- 7.10: Preliminary Report
- 7.11: Written Response by Provider or Provider Organization; Certification of Truth
- 7.12: Final Report
- 7.13: Completion of Proposed Material Change
- 7.14: Referral to the Office of the Attorney General or Other Agencies
- 7.15: Post Transaction Review
- 7.16: Severability

7.01: General Provisions

Scope and Purpose. 958 CMR 7.00 governs certain procedures for filing of Notices of Material Change with the Commission by Providers and Provider Organizations, as required by M.G.L. c. 6D, § 13. 958 CMR 7.00 specifies the procedures by which the Commission shall review Notices of Material Change and conduct Cost and Market Impact Reviews.

7.02: Definitions

As used in 958 CMR 7.00, the following words mean:

Acquisition. A purchase or takeover of one organization by another, including a license substitution, standard asset purchase, troubled asset purchase, or purchase through bankruptcy proceedings, but not including employment of a single Health Care Professional.

Board. The governing Board of the Health Policy Commission, established by M.G.L. c. 6D, § 2(b).

Carrier. An insurer licensed or otherwise authorized to transact accident or health insurance under M.G.L. c. 175; a nonprofit Hospital service corporation organized under M.G.L. c. 176A; a nonprofit medical service corporation organized under M.G.L. c. 176B; a health maintenance organization organized under M.G.L. c. 176G; and an organization entering into a preferred provider arrangement under M.G.L. c. 176I; provided, that this shall not include an employer purchasing coverage or acting on behalf of its employees or the employees of one or more subsidiaries or affiliated corporations of the employer; provided that, unless otherwise noted, the term Carrier shall not include any Entity to the extent it offers a policy, certificate or contract that provides coverage solely for dental care services or vision care services.

Center. The Center for Health Information and Analysis established in M.G.L. c. 12C.

Clinical Affiliation. Any relationship between a Provider or Provider Organization and another organization for the purpose of increasing the level of collaboration in the provision of Health Care Services, including, but not limited to, sharing of physician resources in Hospital or other ambulatory settings, co-branding, expedited transfers to advanced care settings, provision of inpatient consultation coverage or call coverage, enhanced electronic access and communication, co-located services, provision of capital for service site development, joint training programs, video technology to increase access to expert resources or sharing of hospitalists or intensivists.

Commission. The Health Policy Commission established in M.G.L. c. 6D.

7.02: continued

Contracting Affiliation. Any relationship between a Provider Organization and another Provider or Provider Organization for the purposes of negotiating, representing, or otherwise acting to establish contracts for the payment of Health Care Services, including for payment rates, incentives, and operating terms, with a Payer.

Control. The possession, direct or indirect, of the power, partial or complete, to direct or cause the direction of the management, administrative functions, assets, or policies of an Entity, whether through the ownership of voting securities or rights, the power to appoint, designate, or remove board members or directors, control, either directly or indirectly, by contract (except a commercial contract for goods or non-management services) or otherwise; but no person shall be deemed to possess such Control solely by reason of being an officer or director of an Entity. Control shall be deemed to exist if any person or Entity directly or indirectly owns, has rights over, or holds with the power to vote ten percent or more of the voting securities of an Entity. This definition applies to all forms of the word, including "Controls," "Controlling," and "Controlled".

Corporate Affiliation. A relationship between two organizations that reflects, directly or indirectly, a partial or complete Controlling interest or partial or complete common Control. This definition applies to all forms of the term, including "Corporate Affiliate" and "Corporate Affiliates".

Cost and Market Impact Review. A review conducted by the Commission pursuant to M.G.L. c. 6D, § 13 and 958 CMR 7.00.

Dispersed Service Area. A geographic region in which a multi-Provider Provider Organization functions and in which its market presence is likely to be meaningful to purchasers and Payer networks, as determined by the Commission based on best available data in a methodology set forth in a Technical Bulletin.

Dominant Market Share. A Provider's share of Health Care Services, including but not limited to inpatient services, outpatient services, or professional services, in such Provider's service area that is of significant importance to Payer networks. For inpatient general acute care services, a Provider or Provider Organization has Dominant Market Share if it has 40% of the commercial discharges in one or more of its hospitals' Primary Service Areas. For other services, thresholds for Dominant Market Share may be set forth in a Technical Bulletin, as determined by the Commission based on best available data.

Entity. A corporation, sole proprietorship, partnership, limited liability company, trust, foundation, or any other organization formed for the purpose of carrying on a commercial or charitable enterprise.

Executive Director. The Executive Director of the Health Policy Commission, as established in M.G.L. c. 6D, § 1.

Final Report. A report issued by the Commission subsequent to a Preliminary Report on a Cost and Market Impact Review, pursuant to M.G.L. c. 6D, § 13 and 958 CMR 7.12.

Health Care Professional. A physician or other health care practitioner licensed, accredited, or certified to perform specified Health Care Services consistent with law.

Health Care Services. Supplies, care and services of medical, behavioral health, substance use disorder, mental health, surgical, optometric, dental, podiatric, chiropractic, psychiatric, therapeutic, diagnostic, preventative, rehabilitative, supportive or geriatric nature including, but not limited to, inpatient and outpatient acute hospital care and services, pharmacy services, services provided by a community health center home health and hospice care provider, or by a sanatorium, as included in the definition of "hospital" in Title XVIII of the federal Social Security Act, and treatment and care compatible with such services or by a health maintenance organization.

7.02: continued

Hospital. Any hospital licensed under M.G.L. c. 111, § 51, the teaching hospital of the University of Massachusetts Medical School and any psychiatric facility licensed under M.G.L. c. 19, § 19.

Management Services Organization. A corporation or other business that provides management or administrative services to a Provider or Provider Organization for compensation.

Material Change. Any transaction requiring notice pursuant to 958 CMR 7.03(1).

Materially Higher Price. A Provider's price, as defined by the Center pursuant to M.G.L. c. 12C and 957 CMR 2.02: *Definitions* or as specified in a Technical Bulletin, for a Carrier or set of Carriers which constitute at least 1/3 of such Provider's total commercial revenue, which exceeds the weighted mean price of the similar Providers or Provider type for the same Carrier or set of Carriers. The methodology for the calculation of Materially Higher Price is set forth in a Technical Bulletin.

Materially Higher Health Status Adjusted Total Medical Expenses. A Provider's health status adjusted total medical expenses, as defined by the Center pursuant to M.G.L. c. 12C and 957 CMR 2.02: *Definitions* or as specified in a Technical Bulletin, for a Carrier or set of Carriers which constitute at least 1/3 of such Provider's total commercial revenue, which exceeds the weighted mean health status adjusted total medical expenses of the similar Providers or Provider type for the same Carrier or set of Carriers. The methodology for the calculation of Materially Higher Health Status Adjusted Total Medical Expenses is set forth in a Technical Bulletin.

MCN Filing Threshold. The financial threshold established by the Commission in 958 CMR 7.03(2) or a Technical Bulletin pursuant to M.G.L. c. 6D § 13(j) for the filing of a Notice of Material Change.

Merger. A consolidation or integration of two or more organizations, including two or more organizations joining through a common parent organization or two or more organizations forming a new organization, but not including the merger of a Corporate Affiliate into a sole member parent or a corporate re-organization within an existing Provider or Provider Organization.

Net Patient Service Revenue. The total revenue received in a fiscal year for patient care from any Payer net of any contractual adjustments, using best available data.

Non-material Change. Any change to a Provider or Provider Organization's operations or governance structure that is not a Material Change.

Notice of Material Change. Notification to the Commission by a Provider or Provider Organization prior to making a Material Change to its operations or governance structure, pursuant to M.G.L. c. 6D, § 13 and 958 CMR 7.00.

Payer. Any Entity, other than an individual, that pays providers for the provision of Health Care Services; provided, however, that "payer" shall include both governmental and private entities; and provided further, that "payer" shall include self-insured plans to the extent allowed under the Employee Retirement Income Security Act of 1974 and Third-party Administrators.

Preliminary Report. A report issued by the Commission containing factual findings on a Cost and Market Impact Review, pursuant to M.G.L. c. 6D, § 13 and 958 CMR 7.10.

Primary Service Area. A geographic area from which a Provider draws a significant proportion of its volume, as determined by the Commission based on best available data in a methodology set forth in a Technical Bulletin. For general acute care Hospitals, a Primary Service Area shall be the contiguous geographic area from which the Hospital draws 75% of its commercial discharges, as measured by zip codes closest to the Hospital by drive time, and for which the Hospital represents a minimum proportion of the total discharges in a zip code, as determined by the Commission based on best available data in a methodology set forth in a Technical Bulletin.

7.02: continued

Private Equity Company. Any Entity, however organized, that collects capital investments from individuals or Entities and purchases, as a parent company or through another Entity that the company completely or partially owns or Controls, a direct or indirect ownership share of a Provider, Provider Organization or Management Services Organization; provided, however, that "Private Equity Company" shall not include venture capital firms exclusively funding startups or other early-stage businesses.

Provider. Any person, corporation, partnership, governmental unit, state institution or any other Entity that is qualified under the laws of the Commonwealth to perform or provide Health Care Services.

Provider Organization. Any corporation, partnership, business trust, association or organized group of persons, and all Corporate Affiliates thereof, which is in the business of health care delivery or management, whether incorporated or not that represents one or more health care Providers in contracting with Payers for the payments of Health Care Services; provided, that a Provider Organization shall include, but not be limited to, physician organizations, physician-hospital organizations, independent practice associations, Provider networks, accountable care organizations and any other organization that contracts with Payers for payment for Health Care Services.

Revenue Increase Threshold. The financial threshold established by the Commission in 958 CMR 7.03(2) or a Technical Bulletin pursuant to M.G.L. c. 6D, § 13(j) for Material Changes involving an increase in the annual Net Patient Service Revenue of the Provider or Provider Organization.

Significant Equity Investor. Any Private Equity Company with a financial interest in a Provider, Provider Organization, or Management Services Organization, or that, following a proposed transaction, would have such a financial interest; or an investor, group of investors, or other Entity that has or, following a proposed transaction would have, a direct or indirect possession of equity in the capital, stock, or profits totaling more than 10% of a Provider, Provider organization, or Management Services Organization; provided, however, that "Significant Equity Investor" shall not include venture capital firms exclusively funding startups or other early-stage businesses; and provided that "Significant Equity Investor" shall not include individuals licensed to provide Health Care Services who are or will be actively engaged in the practice of medicine, dentistry, or other health care profession as a full or partial owner of the Provider or Provider Organization.

Technical Bulletin. A sub-regulatory document containing methodological explanations and examples to facilitate understanding and compliance with the provisions contained in 958 CMR 7.00.

Third-party Administrator. An Entity that administers payments for Health Care Services on behalf of a plan sponsor in exchange for an administrative fee.

7.03: Requirement to File a Notice of Material Change

(1) Requirement for Filing. Any Provider or Provider Organization that meets the MCN Filing Threshold in the preceding fiscal year shall notify the Commission, the Center, and the Office of the Attorney General with a Notice of Material Change not fewer than 60 days before the proposed effective date of the following types of proposed Material Change:

- (a) A Merger or other Corporate Affiliation between a Provider or Provider Organization and a Carrier, Acquisition of a Provider or Provider Organization by a Carrier, or Acquisition of a Carrier by a Provider or Provider Organization;
- (b) A Merger with or Acquisition of a Hospital or hospital system;
- (c) Any other Acquisition, Merger, other Corporate Affiliation, Contracting Affiliation for establishing contracts with a Carrier or Third-party Administrator, or employment of Health Care Professionals when the affiliation:

7.03: continued

1. Would result in an increase in annual Net Patient Service Revenue of an amount equal to or greater than the Revenue Increase Threshold for any Provider, Provider Organization, or Entity representing providers of Health Care Services in a state other than Massachusetts, or in a Provider or Provider Organization having Dominant Market Share; and
2. Such affiliation is of, by, or with:
 - (i) A Provider or Providers (such as multiple Health Care Professionals from the same Provider or Provider Organization);
 - (ii) A Provider Organization, including a Management Services Organization that provides support for negotiating or establishing contracts with Carriers or Third-party Administrators; or
 - (iii) An Entity representing providers of Health Care Services who are qualified under the laws of a state other than Massachusetts in contracting with Payers for Health Care Services, provided that such a transaction is a Material Change only if such Entity proposes an Acquisition of, Merger or other Corporate Affiliation with, or Contracting Affiliation on behalf of a Massachusetts Provider, Provider Organization, or Management Services Organization.
- (d) A Clinical Affiliation between two or more Providers or Provider Organizations that each had annual Net Patient Service Revenue at or above the MCN Filing Threshold in the preceding fiscal year; provided that, for the purpose of this requirement, Clinical Affiliation includes the following:
 1. Co-branding,
 2. Co-located services,
 - 3.. Complete or substantial staffing of an Acute Hospital service line,
 4. The provision of funds to establish or enhance electronic health record (EHR) interconnectivity,
 5. Establishment of a preferred Provider relationship,
 6. Regular and ongoing provision of telemedicine services,
 - 7i. Establishment of a discount arrangement

For the purpose of this requirement, Clinical Affiliation does not include affiliations solely for the purpose of collaborating on clinical trials or graduate medical education programs.
- (e) Any formation of a partnership, joint venture, accountable care organization, parent corporation, Management Services Organization, or other organization created for administering contracts with Carriers or Third-party Administrators for current or future contracting on behalf of one or more Providers or Provider Organizations;
- (f) A significant increase to a Provider or Provider Organization's capacity including:
 1. Any increase to capacity that requires an Application for Substantial Capital Expenditure (as defined in 105 CMR 100.100: *Definitions*) to be submitted to the Massachusetts Department of Public Health's Determination of Need program; or
 2. Any increase to capacity that would result in an increase in annual Net Patient Service Revenue of the Provider or Provider Organization by an amount equal to or greater than the Revenue Increase Threshold, based on the expected revenue of the planned new capacity.
- (g) Any transaction involving a Significant Equity Investor, including but not limited to a Private Equity Company, that results in a partial or complete change of ownership or Control of a Provider, Provider Organization, or Management Services Organization that provides support for negotiating or establishing contracts with Carriers or Third-party Administrators;
- (h) The sale of a Provider or Provider Organization's real property assets where Health Care Services are delivered for the purposes of a real estate lease-back arrangement or such other significant acquisitions, sales, or transfers of assets specified by the Commission in public guidance; or
- (i) Any conversion of a Provider or Provider Organization from a non-profit Entity to a for-profit Entity.

(2) Filing Thresholds.

- (a) The MCN Filing Threshold as of April 16, 2026 is \$25 million.
- (b) The Revenue Increase Threshold as of April 16, 2026 is \$10 million.

7.03: continued

(c) The Commission shall annually adjust the MCN Filing Threshold and Revenue Increase Threshold based on the Personal Health Care - Overall index established by the United States Department of Health and Human Services, or if that index is no longer published, a similarly reliable index of health care inflation. The Commission shall establish and adjust such thresholds in a Technical Bulletin.

7.04: Time and Form of Filing a Notice of Material Change; Completed Notice; HPC Review

(1) Timing of Filing. Notices of Material Change must be filed not fewer than 60 days before the proposed effective date of the proposed Material Change. For purposes of 958 CMR 7.00, the effective date of a Material Change is the date when the proposed transaction would be consummated or closed. If a Massachusetts Department of Public Health Determination of Need filing related to the proposed Material Change is required under 105 CMR 100.000: *Determination of Need*, the Notice of Material Change must be filed with the HPC not later than the Determination of Need application.

(2) Form of Filing. A Notice of Material Change shall be filed in a manner and form prescribed by the Commission and shall identify any changes in Health Care Services anticipated in connection with the proposed Material Change.

(3) Information Requests. The Commission may require any Provider, Provider Organization, Carrier, or other party to the Material Change to submit documents and information in connection with a Notice of Material Change. For any Material Change involving a Significant Equity Investor, the Commission may specify certain information required to be submitted as part of the Notice of Material Change, including, but not limited to, information regarding the Significant Equity Investor's capital structure, general financial condition, ownership and management structure, and audited financial statements.

(4) Information Requests to Other Market Participants. The Commission may require Payers or other entities involved in the Material Change to submit documents and information in connection with a Notice of Material Change.

(5) Completeness of Filing. A Notice of Material Change shall be complete when:

- (a) The Commission has received the Notice of Material Change form and all information requested pursuant to M.G.L. c. 6D, § 13(c) and 958 CMR 7.04(3); and
- (b) The Commission determines that all parties subject to the requirements of 958 CMR 6.00 are in compliance with those requirements.

(6) Failure to File. If the Commission determines that a Provider or Provider Organization has failed to file a timely, complete Notice of Material Change pursuant to 958 CMR 7.03(1) through 7.04(5), the Commission may refer the Provider or Provider Organization to the Office of the Attorney General.

(7) Commission Review of Material Change Notice. Within 30 days of receipt of a completed Notice of Material Change filed under 958 CMR 7.04, the Commission shall conduct a preliminary review to determine whether the Material Change is likely to result in a significant impact on the Commonwealth's ability to meet the Health Care Cost Growth Benchmark established under M.G.L. c. 6D, § 9, or on the competitive market.

(8) Grounds for Cost and Market Impact Review. If the Commission finds that the Material Change is likely to have a significant impact on the Commonwealth's ability to meet the Health Care Cost Growth Benchmark, or on the competitive market, the Commission may conduct a Cost and Market Impact Review. Additionally, if the Commission finds, based on the Center's annual report under M.G.L. c. 12C, § 16, that the percentage change in total health care expenditures exceeded the Health Care Cost Growth Benchmark in the previous calendar year, the Commission may conduct a Cost and Market Impact Review of any Provider Organization identified by the Center under M.G.L. c. 12C, § 18.

7.04: continued

(9) Initiation of a Cost and Market Impact Review. Initiation of a Cost and Market Impact Review shall occur either by vote of the Board or by the Executive Director. For Cost and Market Impact Reviews initiated by the Executive Director, the Board shall subsequently vote on whether to continue the Cost and Market Impact Review.

7.05: Notice of Cost and Market Impact Review; Information Requests

(1) Notice. The Commission shall inform each notifying Provider or Provider Organization of any determination to initiate a Cost and Market Impact Review within 30 days of its receipt of a completed Notice of Material Change, including all required information pursuant to 958 CMR 7.03(4), or by a later date set by mutual agreement of the Provider or Provider Organization and the Commission.

(2) Information Requests. The Commission may require that any Provider, Provider Organization, Carrier or other party to the Material Change submit documents and information in connection with the Cost and Market Impact Review. The Commission may additionally require submission of information from any Significant Equity Investor that is involved with the proposed Material Change.

7.06: Factors Considered in a Cost and Market Impact Review

A Cost and Market Impact Review may examine factors relating to the Provider or Provider Organization's business and its relative market position, including, but not limited to:

- (1) The Provider or Provider Organization's size and market share within its Primary Service Areas by major service category, and within its Dispersed Service Areas;
- (2) The Provider or Provider Organization's prices for services, including its relative price compared to other Providers for the same services in the same market;
- (3) The Provider or Provider Organization's health status adjusted total medical expense, including its health status adjusted total medical expense compared to similar Providers;
- (4) The quality of the services it provides, including patient experience;
- (5) Provider cost and cost trends in comparison to total health care expenditures statewide;
- (6) The availability and accessibility of services similar to those provided, or proposed to be provided, through the Provider or Provider Organization within its Primary Service Areas and Dispersed Service Areas;
- (7) The Provider or Provider Organization's impact on competing options for the delivery of Health Care Services within its Primary Service Areas and Dispersed Service Areas including, if applicable, the impact on existing service Providers of a Provider or Provider Organization's expansion, affiliation, Merger or Acquisition, to enter a Primary or Dispersed Service Area in which it did not previously operate;
- (8) The methods used by the Provider or Provider Organization to attract patient volume and to recruit or acquire Health Care Professionals or facilities;
- (9) The role of the Provider or Provider Organization in serving at-risk, underserved and government Payer patient populations, including those with behavioral, substance use disorder and mental health conditions, within its Primary Service Areas and Dispersed Service Areas;
- (10) The role of the Provider or Provider Organization in providing low margin or negative margin services within its Primary Service Areas and Dispersed Service Areas;
- (11) Consumer concerns, including but not limited to, complaints or other allegations that the Provider or Provider Organization has engaged in any unfair method of competition or any unfair or deceptive act or practice;

7.06: continued

- (12) The size and market share of any Corporate Affiliates or Significant Equity Investors of the Provider or Provider Organization;
- (13) The inventory of health care resources maintained by the Department of Public Health;
- (14) Any related data or reports from the Office of Health Resource Planning; and
- (15) Any other factors that the Commission determines to be in the public interest.

7.07: Responses to Information Requests; Timing

- (1) Responses to Information Requests. Entities that received information requests pursuant to 958 CMR 7.05 shall provide information in response to such information requests within 21 days of receipt. The response shall include any written response, information and/or documents requested by the Commission pursuant to such information requests and may include additional information.
- (2) Request for Additional Time. Entities that received information requests pursuant to 958 CMR 7.05 may request additional time to provide their written responses and requested information and documents. Any additional time granted by the Commission to submit information may be added to the time for completion of the Final Report, pursuant to M.G.L. c. 6D, § 13 and 958 CMR 7.12.
- (3) Certification of Compliance. Entities that received information requests pursuant to 958 CMR 7.05 shall certify substantial compliance with the Commission's information requests on the date determined by the Commission.

7.08: Information Requests to Other Market Participants; Timing

- (1) In connection with its review of a Notice of Material Change filed pursuant to M.G.L. c. 6D, § 13 and 958 CMR 7.03 or a Cost and Market Impact Review initiated pursuant to M.G.L. c. 6D, § 13 and 958 CMR 7.05, the Commission may request information of Providers, Provider Organizations, and Payers that are not parties to the transaction under review.
- (2) Any information requested under 958 CMR 7.08 shall be provided within 21 days of a request by the Commission.

7.09: Confidentiality

The Commission shall keep confidential all nonpublic information and documents obtained in connection with a Notice of Material Change or a Cost and Market Impact Review and shall not disclose the information or documents to any person without the consent of the Entity that produced the information or documents, except in a Preliminary Report or Final Report if the Commission believes that such disclosure should be made in the public interest after taking into account any privacy, trade secret or anti-competitive considerations. The confidential information and documents shall not be public records and shall be exempt from disclosure under M.G.L. c. 4, § 7, cl. 26 or M.G.L. c. 66, § 10. Non-public information and documents shall not include information included on the Notice of Material Change form itself, prescribed by and filed with the Commission.

7.10: Preliminary Report

The Commission shall issue a Preliminary Report containing factual findings on a Cost and Market Impact Review, pursuant to M.G.L. c. 6D, § 13(e).

7.11: Written Response by Provider or Provider Organization; Certification of Truth

(1) Written Response. Within 30 days after the Commission issues a Preliminary Report, the Provider or Provider Organization may respond in writing to the findings in the Preliminary Report.

(2) Certification of Truth. In submitting a written response to the Preliminary Report, the Provider or Provider Organization shall certify that all information set forth in the written response is true and accurate to the best knowledge of the Provider or Provider Organization's chief executive officer. Further, the Provider or Provider Organization shall certify that none of the information included in the written response, or any information referred to therein, is responsive to the Commission's requests for information in connection with the notice of Cost and Market Impact Review and was previously available but not provided.

7.12: Final Report

The Commission shall issue a Final Report on a Cost and Market Impact Review subsequent to the issuance of a Preliminary Report and any written response timely submitted by the Provider or Provider Organization, which shall be within 185 days from the date that the Provider or Provider Organization filed a completed Notice of Material Change with the Commission; provided that the Provider or Provider Organization has certified substantial compliance with the Commission's requests for information within 21 days pursuant to M.G.L. c. 6D, § 13 and 958 CMR 7.07. If the Provider or Provider Organization has not certified substantial compliance within 21 days of the Commission's requests for information as provided in 958 CMR 7.07, the Commission may set a later date for the issuance of the Final Report that is commensurate with any additional time granted pursuant to 958 CMR 7.07.

7.13: Completion of Proposed Material Change

Any proposed Material Change shall not be completed until the Commission has informed the Provider or Provider Organization of any determination not to initiate a Cost and Market Impact Review pursuant to 958 CMR 7.05, or until at least 30 days after the Commission has issued its Final Report on a Cost and Market Impact Review.

7.14: Referral to the Office of the Attorney General or Other Agencies.

(1) Attorney General. The Commission shall refer a Final Report issued pursuant to 958 CMR 7.12 to the Office of the Attorney General pursuant to M.G.L. c. 6D, § 13(f) on any Provider Organization that has Dominant Market Share, Materially Higher Price, and Materially Higher Health Status Adjusted Total Medical Expenses, as defined in 958 CMR 7.02. The Commission may also refer a Final Report to the Office of the Attorney General in other circumstances as appropriate.

(2) Department of Public Health. Upon issuance of its Final Report, the Commission shall provide a copy of said Final Report to the Department of Public Health.

(3) Other Agencies. The Commission may refer the Final Report to other state or federal government agencies as appropriate.

7.15: Post Transaction Review.

(1) The Commission may conduct post-transaction reviews of Material Changes.

(2) The Commission may require, for a period of five years following the completion of any Material Change, that any Provider, Provider Organization, Carrier or other party involved in the Material Change submit data and information necessary for the Commission to assess the post-transaction impacts of the Material Change.

(3) The Commission shall keep confidential all nonpublic information and documents obtained in connection with a post-transaction review, pursuant to 958 CMR 7.09.

7.05: continued

(4) The Commission may report on the results of its post-transaction reviews as appropriate and may make referrals to other agencies based on such reporting in accordance with 958 CMR 7.14.

7.16: Severability

If any section or portion of a section of 958 CMR 7.00 or the applicability thereof is held invalid or unconstitutional by any court of competent jurisdiction, the remainder of 958 CMR 7.00 or the applicability thereof to other persons, entities, or circumstances shall not thereby be affected.

REGULATORY AUTHORITY

958 CMR 7.00: M.G.L. c. 6D, § 13.

**THE COMMONWEALTH OF MASSACHUSETTS****William Francis Galvin**

Secretary of the Commonwealth

Regulation Filing*To be completed by filing agency*CHAPTER NUMBER: **958 CMR 9.00**CHAPTER TITLE: **Assessment on Certain Health Care Providers and Pharmacy Benefit Managers**AGENCY: **Health Policy Commission**SUMMARY OF REGULATION: *State the general requirements and purposes of this regulation.***958 CMR 9.00 governs payments to the Health Policy Commission from Acute Hospitals, Ambulatory Surgical Centers, and Pharmacy Benefit Managers.**REGULATORY AUTHORITY: **G.L. c. 6D**AGENCY CONTACT: **Susan Flanagan-Cahill** PHONE: **781-454-6325**ADDRESS: **50 Milk Street
Boston, MA 02109****Compliance with M.G.L. c. 30A****EMERGENCY ADOPTION** - *if this regulation is adopted as an emergency, state the nature of the emergency.***PRIOR NOTIFICATION AND/OR APPROVAL** - *If prior notification to and/or approval of the Governor, Legislature or others was required, list each notification, and/or approval and date, including notice to the Local Government Advisory Commission.***Notice to the Local Government Advisory Commission was provided on January 30, 2026.****PUBLIC REVIEW** - *M.G.L. c. 30A sections 2 and/or 3 requires notice of the hearing or comment period, including a small business impact statement, be filed with the Secretary of the Commonwealth, published in appropriate newspapers, and sent to persons to whom specific notice must be given at least 21 days prior to such hearing or comment period.*Date of public hearing or comment period: **March 12, 2026**

FISCAL EFFECT - *Estimate the fiscal effect of the public and private sectors.*

For the first and second year: Will vary for health care providers based on GPSR; will vary for PBMs based on claims paid for Massachusetts residents.

For the first five years: Will vary for health care providers based on GPSR; will vary for PBMs based on claims paid for Massachusetts residents.

No fiscal effect: No fiscal effect for public sector anticipated.

SMALL BUSINESS IMPACT - *M.G.L. c. 30A section 5 requires each agency to file an amended small business impact statement with the Secretary of the Commonwealth prior to the adoption of a proposed regulation. If the purpose of this regulation is to set rates for the state, this section does not apply.*

Date amended small business impact statement was filed: 4/21/26

CODE OF MASSACHUSETTS REGULATIONS INDEX - *List key subjects that are relevant to this regulation:*
Assessment, Health Care Providers, Acute Hospitals, Ambulatory Surgical Centers, Pharmacy Benefit Managers

PROMULGATION - *State the action taken by this regulation and its effect on existing provisions of the Code of Massachusetts Regulations (CMR) or repeal, replace or amend. List by CMR number:*

Amends 958 CMR 9.00

ATTESTATION - *The regulation described herein and attached hereto is a true copy of the regulation adopted by this agency.* ATTEST:

SIGNATURE: _____ SIGNATURE ON FILE _____ DATE: Apr 23 2026

Publication - *To be completed by the regulations Division*

MASSACHUSETTS REGISTER NUMBER: 1573 DATE: 5/8/26

EFFECTIVE DATE: 5/8/26

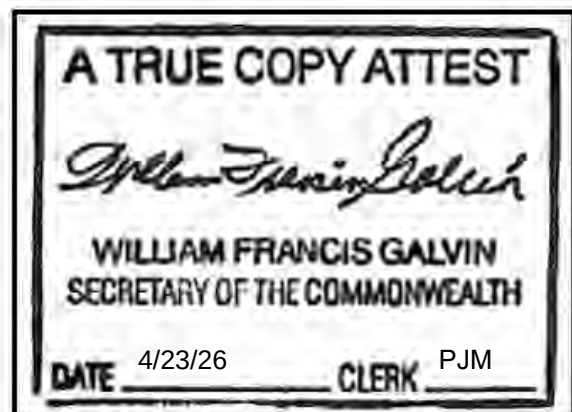
CODE OF MASSACHUSETTS REGULATIONS

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958 CMR 9.00: ASSESSMENT ON CERTAIN HEALTH CARE PROVIDERS AND PHARMACY
BENEFIT MANAGERS

Section

- 9.01: General Provisions
- 9.02: Definitions
- 9.03: Acute Hospital and Ambulatory Surgical Center Assessment
- 9.04: Pharmaceutical Benefit Manager Assessment
- 9.05: Special Provisions
- 9.06: Severability

9.01: General Provisions

- (1) Scope and Purpose. 958 CMR 9.00 governs payments to the Health Policy Commission from Acute Hospitals, Ambulatory Surgical Centers, and Pharmacy Benefit Managers.
- (2) Applicability. 958 CMR 9.00 applies to Hospitals, Ambulatory Surgical Centers, and Pharmacy Benefit Managers, as defined by 958 CMR 9.00.
- (3) Authority. 958 CMR 9.00 is adopted pursuant to M.G.L. c. 6D.

9.02: Definitions

All defined terms in 958 CMR 9.00 are capitalized. As used in 958 CMR 9.00, these terms have the following meaning:

Acute Hospital. The teaching hospital of the University of Massachusetts Medical School and any hospital licensed under M.G.L. c. 111, § 51 that contains a majority of medical-surgical, pediatric, obstetric and maternity beds, as defined by the Department of Public Health.

Ambulatory Surgical Center. Any distinct entity that operates exclusively for the purpose of providing surgical services to patients not requiring hospitalization and meets the U.S. Centers for Medicare and Medicaid (CMS) requirements for participation in the Medicare program.

Center. The Center for Health Information and Analysis as established under M.G.L. c. 12C.

Commission. The Health Policy Commission established under M.G.L. c. 6D.

Commission Expenses. The amount appropriated by the General Court for the expenses of the Commission minus amounts collected from:

- (a) filing fees;
- (b) fees and charges generated by the Commission; and
- (c) federal matching revenues received for these expenses or received retroactively for expenses of predecessor agencies. Commission Expenses shall include an amount equal to the cost of fringe benefits and indirect expenses, as established by the comptroller.

Division. Division of Insurance established under M.G.L. c. 26.

Fiscal Year (FY). The time period of 12 months beginning on October 1st of any calendar year and ending on September 30th of the following calendar year.

Gross Patient Service Revenue (GPSR). The total dollar amount of an Acute Hospital's or an Ambulatory Surgical Center's charges for services rendered in a Fiscal Year.

Payment. A check, draft or other paper instrument, an electronic fund transfer, or any order, instruction, or authorization to a financial institution to debit one account and credit another.

9.02: continued

Pharmacy Benefit Manager. A person, business, or other entity, however organized, subject to licensure by the Division pursuant to M.G.L. c. 176Y, that directly or through a subsidiary provides pharmacy benefit services for prescription drugs and devices on behalf of a health plan sponsor, including but not limited to, a self-insurance plan, labor union or other third-party payer; provided however, that "pharmacy benefit manager" shall not include a health benefit sponsor unless otherwise specified by the Division.

Pharmacy Benefit Services. Services performed by a Pharmacy Benefit Manager, including:

- (1) negotiating the price of prescription drugs including negotiating and contracting for direct or indirect rebates, discounts or other price concessions;
- (2) managing any aspects of a prescription drug benefit, including, but not limited to, formulary administration, mail-order pharmacy and specialty drug pharmacy services, clinical, safety and adherence programs for pharmacy service, the processing and payment of claims for prescription drugs, arranging alternative access to or funding for prescription drugs, the performance of drug utilization review, the processing of drug prior authorization requests, the adjudication of appeals or grievances related to the prescription drug benefit, contracting with network pharmacies, controlling the cost of covered prescription drugs and managing or providing data relating to the prescription drug benefit or the provision of services related thereto;
- (3) performance of any administrative, managerial, clinical, pricing, financial, reimbursement, data administration or reporting or billing service related to a health benefit plan's prescription drug benefit; and
- (4) such other services as the Division may define in regulation.

9.03: Acute Hospital and Ambulatory Surgical Center Assessment

(1) General. The Commission shall establish an assessment on all Acute Hospitals and Ambulatory Surgical Centers; provided, however, that the Commission shall not assess any Acute Hospital operated by a city or town.

(2) Calculation of the Acute Hospital and Ambulatory Surgical Center Assessment Percentage. Using the best information available as determined by the Commission, the Commission shall calculate an Assessment Percentage for each Acute Hospital and Ambulatory Surgical Center by dividing each entity's individual GPSR for the most recent Fiscal Year for which complete data was reported to the Center pursuant to 957 CMR 3.00: *Reporting Requirements* by the total of all such GPSR reported by all Acute Hospitals and Ambulatory Surgical Centers.

(3) Acute Hospital and Ambulatory Surgical Center Assessment Liability. The assessment liability for each Acute Hospital and Ambulatory Surgical Center is the product of:

- (a) the Assessment Percentage as defined in 958 CMR 9.03(2); and
- (b) 40% of Commission Expenses.

(4) Payment Process.

- (a) Unless otherwise specified by the Commission, each Acute Hospital and Ambulatory Surgical Center shall make a preliminary payment to the Commission on October 1st of each year in an amount equal to ½ of the Acute Hospital or Ambulatory Surgical Center's previous year's total assessment.
- (b) Each Acute Hospital and Ambulatory Surgical Center shall pay the balance of its total assessment within 30 days' notice from the Commission.
- (c) The Commission shall, using the best information available as determined by the Commission, adjust the assessment to account for any variation in actual Commission Expenses and any changes in Acute Hospital and/or Ambulatory Surgical Center gross patient service revenues.
- (d) All assessment payments must be payable to the Commonwealth of Massachusetts in United States dollars and drawn on a United States bank.

9.04: Pharmaceutical Benefit Manager Assessment

- (1) General. The Commission shall establish an assessment on all Pharmaceutical Benefit Managers licensed pursuant to M.G.L. c. 176Y.
- (2) Claims Subject to Assessment. Claims paid for Massachusetts residents for the most recent calendar year, as reported to the Division pursuant to M.G.L. c. 176Y or the Center pursuant to M.G.L. c. 12C or any regulations promulgated thereunder, are subject to assessment.
- (3) Calculation of the Pharmaceutical Benefit Manager Assessment Percentage. Using the best information available as determined by the Commission, the Commission shall calculate each Pharmaceutical Benefit Manager Assessment Percentage by dividing an individual Pharmaceutical Benefit Manager's Claims Subject to Assessment during the last Fiscal Year for which complete data was received by the Division or the Center by the total of all such claims paid by all Pharmaceutical Benefit Managers reported to the Division or the Center.
- (4) Pharmaceutical Benefit Manager Liability. The assessment liability for each Pharmaceutical Benefit Manager is the product of
 - (a) the Pharmaceutical Benefit Manager Assessment Percentage, as defined in 958 CMR 9.04(3), and
 - (b) 10 % of Commission Expenses.
- (5) Payment Process.
 - (a) Unless otherwise specified by the Commission, each Pharmaceutical Benefit Manager shall make a preliminary payment to the Commission on October 1st of each year in an amount equal to one-half of the Pharmaceutical Benefit Manager's previous year's total assessment.
 - (b) Each Pharmaceutical Benefit Manager shall pay, within 30 days' notice from the Commission, the balance of its total assessment.
 - (c) The Commission shall, using the best information available as determined by the Commission, adjust the assessment to account for any variation in actual Commission Expenses.
 - (d) All assessment payments must be payable to the Commonwealth of Massachusetts in United States dollars and drawn on a United States bank

9.05: Special Provisions

- (1) Transfer of Ownership. All liabilities to the Commission by an Acute Hospital, Ambulatory Surgical Center or Pharmacy Benefit Manager shall, in the case of a transfer of ownership, be assumed by the successor.
- (2) Administrative Bulletins. The Commission may issue administrative bulletins to clarify policies and understanding of substantive provisions of 958 CMR 9.00 and specify information and documentation necessary to implement 958 CMR 9.00.
- (3) Debt Collection. If an Acute Hospital, Ambulatory Surgical Center or Pharmacy Benefit Manager has maintained an outstanding liability to the Commission for a period longer than 120 days, the Commission will pursue all legal remedies available to it, including those available under M.G.L. c. 7A, § 3.

9.06: Severability

The provisions of 958 CMR 9.00 are severable. If any provision or the application of any provision to any Acute Hospital, Ambulatory Surgical Center, or Pharmacy Benefit Manager is held to be invalid or unconstitutional, any such invalidity shall not be construed to affect the validity or constitutionality of any remaining provisions of 958 CMR 9.00 or the application of such provisions to any Acute Hospital, Ambulatory Surgical Center, or Pharmacy Benefit Manager in circumstances other than those held invalid.

REGULATORY AUTHORITY

958 CMR 9.00: M.G.L. c. 6D.

**THE COMMONWEALTH OF MASSACHUSETTS****William Francis Galvin**

Secretary of the Commonwealth

Regulation Filing*To be completed by filing agency*CHAPTER NUMBER: **980 CMR 15.00**CHAPTER TITLE: **Cumulative Impact Analysis and Standards for Applying Site Suitability Criteria**AGENCY: **Energy Facilities Siting Board**SUMMARY OF REGULATION: *State the general requirements and purposes of this regulation.*

Proposed 980 CMR 15.00 implements the provisions from M.G.L. c. 164, §§ 69G, 69H, 69J, 69J^{1/4}, 69T, 69U, 69V regarding Cumulative Impact Analysis ("CIA") and standards for applying Site Suitability criteria to guide Board decisions. See St. 2024, c. 239, §§ 5, 53, 60, 62, 74. The purpose of the CIA provision is to evaluate existing environmental burdens and related public health consequences in a Specific Geographical Area proximate to a proposed Project location, to assess whether the Project would result in any Disproportionate Adverse Effects, including environmental and public health impacts or the effects of climate change, and for an Applicant to propose remedial actions to avoid, minimize, or mitigate Project Impacts. The purpose of the Site Suitability provision is to evaluate the suitability of sites for clean energy infrastructure facilities.

REGULATORY AUTHORITY: **980 CMR 15.00: M.G.L. c. 30A, and M.G.L. c. 164, §§ 69G, 69H, 69J, 69J^{1/4}, 69T, 69U, 69V.**AGENCY CONTACT: **Joan Foster Evans** PHONE: **6176862138**ADDRESS: **One South Station
Boston MA 02110****Compliance with M.G.L. c. 30A****EMERGENCY ADOPTION** - *if this regulation is adopted as an emergency, state the nature of the emergency.***PRIOR NOTIFICATION AND/OR APPROVAL** - *If prior notification to and/or approval of the Governor, Legislature or others was required, list each notification, and/or approval and date, including notice to the Local Government Advisory Commission.***Approval from A&F and the Governor's legal office, 4/13/26.****Approval from the Energy Facilities Siting Board 4/21/26.****Notification to Local Government Advisory Commission (Mass. Municipal Assoc., and Mass. Dept. Housing Comm Dev.) 12/19/25****PUBLIC REVIEW** - *M.G.L. c. 30A sections 2 and/or 3 requires notice of the hearing or comment period, including a small business impact statement, be filed with the Secretary of the Commonwealth, published in appropriate newspapers, and sent to persons to whom specific notice must be given at least 21 days prior to such hearing or comment period.*Date of public hearing or comment period: **1/23/26-2/13/26**

FISCAL EFFECT - *Estimate the fiscal effect of the public and private sectors.*

For the first and second year: Fiscal effects are difficult to quantify.

For the first five years: _____

No fiscal effect: _____

SMALL BUSINESS IMPACT - *M.G.L. c. 30A section 5 requires each agency to file an amended small business impact statement with the Secretary of the Commonwealth prior to the adoption of a proposed regulation. If the purpose of this regulation is to set rates for the state, this section does not apply.*

Date amended small business impact statement was filed: 4/23/26

CODE OF MASSACHUSETTS REGULATIONS INDEX - *List key subjects that are relevant to this regulation:*

980 CMR 15.00 is a new regulation. Key subject relevant to this regulation include: cumulative impacts of energy infrastructure on local communities; the suitability of sites for clean energy infrastructure facilities; remedial actions to avoid, minimize, or mitigate disproportionate adverse effects of energy infrastructure on communities.

PROMULGATION - *State the action taken by this regulation and its effect on existing provisions of the Code of Massachusetts Regulations (CMR) or repeal, replace or amend. List by CMR number:*

980 CMR 15.00 is a new regulation, and is part of a new regulatory process involving all other chapters of 980 CMR.

ATTESTATION - *The regulation described herein and attached hereto is a true copy of the regulation adopted by this agency.* ATTEST:

SIGNATURE: _____ SIGNATURE ON FILE _____ DATE: Apr 24 2026

Publication - *To be completed by the regulations Division*

MASSACHUSETTS REGISTER NUMBER: 1573 DATE: 5/8/26

EFFECTIVE DATE: 5/8/26

CODE OF MASSACHUSETTS REGULATIONS

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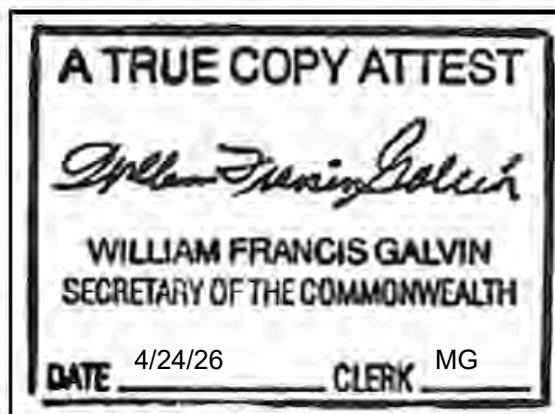


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980 CMR 15.00: CUMULATIVE IMPACT ANALYSIS AND STANDARDS FOR APPLYING SITE SUITABILITY CRITERIA

Section

- 15.01: Purpose, Scope, Application, and Other General Provisions
- 15.02: Definitions
- 15.03: Overview of Cumulative Impact Analysis
- 15.04: Determination of Burdened Areas
- 15.05: Identification of Burdened Areas Intersecting the Specific Geographical Area of a Project Site or Route
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- 15.07: Disproportionate Adverse Effect Analysis – Project Impacts that are Likely to Materially Exacerbate Elevated Indicators
- 15.08: Remedial Actions to Avoid, Minimize or Mitigate Disproportionate Adverse Effects
- 15.09: Contents of CIA Report
- 15.10: Standards for Applying Site Suitability Criteria
- 15.11: Board’s Findings in its Final Decision

15.01: Purpose, Scope, Application, and Other General Provisions.

(1) Purpose. The purpose of 980 CMR 15.00 is to implement the provisions from M.G.L. c. 164, §§ 69G, 69H, 69J, 69J¼, 69T, 69U, 69V regarding Cumulative Impact Analysis (“CIA”) and standards for applying site suitability criteria to guide Energy Facilities Siting Board (“Board”) decisions. The purpose of those provisions is to evaluate existing environmental burdens and related public health consequences in a Specific Geographical Area (“SGA”) proximate to a proposed Project location, and to assess whether the Project would result in any Disproportionate Adverse Effects, including environmental and public health impacts, or the effects of climate change.

(2) Scope. 980 CMR 15.00 applies to every Application submitted to the Board for a Clean Energy Infrastructure Facility (CEIF) (M.G.L. c. 164, §§ 69T, 69U, 69V), and to every Petition to Construct a Facility (M.G.L. c. 164, § 69J) or a Generating Facility (M.G.L. c. 164, § 69J¼). 980 CMR 15.00 also applies to every project change that itself would qualify as a “Facility” or a “CEIF” or requires a subsequent final decision of the Board. *See* 980 CMR 1.09(13).

(3) Context of Board Review. CIA is one aspect of the Board’s evaluation of a Project’s overall impacts. M.G.L. 164, § 69H. Nothing in 980 CMR 15.00 limits the Board’s consideration of the full range of Project Impacts (*e.g.*, ecological, historical and archaeological resources, tree canopy cover, constructability, *etc.*) and geographical areas outside the Burdened Areas as defined in 980 CMR 15.00 when evaluating energy projects. M.G.L. c. 164, § 69H.

(4) Underlying Guidance. 980 CMR 15.00 reflects the “Guidelines and Standards for Cumulative Impact Analysis” issued by the Massachusetts Office of Environmental Justice and Equity pursuant to M.G.L. c. 21A, § 29. *See* M.G.L. c. 164, §§ 69G, 69T. 980 CMR 15.00 also applies the “Site Suitability Guidance” developed by the Executive Office of Energy and Environmental Affairs (“EEA”) pursuant to M.G.L. c. 21A, § 30, as applicable. *See* M.G.L. c. 164, § 69T. The Board shall consider revisions to 980 CMR 15.00, and related CIA implementation documents developed by the Board, in response to future modifications of the “Guidelines and Standards for Cumulative Impact Analysis” or the “Site Suitability Guidance”.

(5) Effective Date. 980 CMR 15.00 takes effect on May 8, 2026, and applies to Applications or petitions to construct filed on or after July 1, 2026.

15.01: continued

(6) Applicability of Earlier Sections. 980 CMR 15.00 relies upon provisions of 980 CMR that by their terms apply to all sections of chapter 980 CMR, unless otherwise noted.

(7) CIA Report Template and Instructions. The Board shall maintain and update, as appropriate, a document entitled “CIA Report Template and Instructions” (“CIA Report Template”). The CIA Report Template provides guidance to Applicants and other stakeholders engaged in preparation or review of a CIA Report pursuant to 980 CMR 15.00. The Board shall develop the CIA Report Template in accordance with 980 CMR 15.00, the “Guidelines and Standards for Cumulative Impact Analysis” by the Massachusetts Office of Environmental Justice and Equity, and “Site Suitability Guidance” developed by EEA. The Board will provide notice and the opportunity for comment on any changes to the CIA Report Template.

(8) Periodic Revision. The Board will assess 980 CMR 15.00 and the CIA Report Template no more than five years after promulgation, or sooner, as it deems appropriate.

15.02: Definitions.

(1) Definitions. 980 CMR 15.00 shall be subject to the definitions of 980 CMR 1.01(4): *Definitions*; 980 CMR 13.01(4): *Definitions*; 980 CMR 16.02: *Definitions*. The following additional definitions shall also apply unless the context or subject matter requires a different interpretation:

Benefit means a positive effect as it pertains to public health, the environment, or in ameliorating the effects of climate change. Benefits include, but are not limited to, access to: clean natural resources, including air, water resources, and open space; constructed playgrounds, outdoor recreational paths, facilities, and venues; clean renewable energy sources; affordable access to reliable electricity; improved public health from reduced pollution and environmental contaminants; improved socio-economic opportunity from additional jobs, education, training programs, tax revenues; enhanced environmental enforcement; and funding disbursed or administered by EEA. For the Board to consider Benefits as Project-related for CIA purposes, such Benefit must have a geographic, economic, public health, or scientific nexus to areas of overlap between Burdened Area(s) and a Project’s SGA. A benefit incorporated into a Community Benefit Agreement need not have a geographic, economic, public health, or scientific nexus to a Project Impact.

Burden means a negative effect such as destruction, damage or impairment of natural resources that is not insignificant, including but not limited to, climate change, air pollution, water pollution, improper sewage disposal, dumping of solid wastes and other noxious substances, excessive noise, activities that limit access to natural resources and constructed outdoor recreational facilities and venues, inadequate remediation of pollution, reduction of ground water levels, impairment of water quality, increased flooding or stormwater flows, and damage to inland waterways and waterbodies, wetlands, marine shores and waters, forests, open spaces, and playgrounds from private industrial, commercial, or government or private operations or activity that contaminates or alters the quality of the environment and public health.

Burdened Area means a Census Block Group, which is subject to an existing unfair or inequitable environmental burden or related health consequence. 980 CMR 15.00 identifies Burdened Areas as those areas that have a MassEnviroScreen Score (MES Score) of 75 or greater (*i.e.*, at or above the 75th percentile, statewide), or an annual median household income of 65% or less of the statewide annual median household income.

Census Block Group means a statistical subdivision of a census tract used by the U.S. Census Bureau for data tabulation and presentation. It is a collection of census blocks and is the smallest geographic unit for which the U.S. Census Bureau publishes sample data from its household surveys.

15.02: continued

Criteria-specific Suitability Score means the score for each criterion in the Site Suitability Report, as assessed following the methods outlined in the Site Suitability Guidance, representing the suitability of a site for a given Clean Energy Infrastructure Facility with respect to each criterion. These scores can range from 0.0 (most suitable, lowest impact, and/or greatest benefit) to 5.0 (least suitable, greatest impact, and/or lowest benefit).

Cumulative Impact means the combined effects of past and present private, industrial, commercial, federal, state, or municipal projects, operations, development, and other economic activities, in addition to the effects of the proposed Project on:

- (1) the environment;
- (2) public health; and
- (3) reasonably foreseeable effects of climate change. For purposes of 980 CMR 15.00, Cumulative Impact is determined for the area where a Project's SGA intersects one or more Burdened Area(s).

Cumulative Impact Analysis (CIA) means the process by which Applicants and Petitioners shall identify, consider, and address the Cumulative Impact of a Project, as articulated in 980 CMR 15.00. The Board reviews the Applicant's CIA pursuant to 980 CMR 15.00.

Cumulative Impact Analysis Report (CIA Report) means the written report that an Applicant submits as part of an Application or petition to construct for applicable Projects, pursuant to 980 CMR 15.09.

Disproportionate Adverse Effect means a Project Impact that is likely to materially exacerbate an Elevated Indicator in a Burdened Area intersecting a Project's SGA. As used in M.G.L. c. 164, §§ 69G and 69H, "disproportionate adverse impact" is the equivalent of "Disproportionate Adverse Effect." A Disproportionate Adverse Effect requires consideration of both positive and negative Project Impacts, and results in a net negative impact.

Elevated Indicator for a Clean Energy Infrastructure Facility ("CEIF") means an Indicator that is above the 50th percentile statewide in Massachusetts, prior to consideration of additional Project Impacts. For Fossil Fuel-related Energy Infrastructure, each Indicator is treated as an Elevated Indicator. For purposes of 980 CMR 15.00, an Elevated Indicator is identified solely in those areas where a Project's SGA intersects one or more Burdened Areas.

Facility Boundary means the outermost boundary of the Project site (such as a Project building or other structures, or the outermost areas of construction activity or disturbance), or the Project fence line. For linear projects, or project components, such as transmission lines or pipelines, the Facility Boundary shall be the edge of the right-of-way.

Fossil Fuel-related Energy Infrastructure means Facilities subject to Board jurisdiction under M.G.L. c. 164, §§ 69J, 69J½, that are not CEIFs.

Indicator means a statistical measure, which is used to evaluate a Census Block Group's environmental exposures, environmental effects, climate effects, sensitive populations, and socioeconomic factors.

MassEnviroScreen (MES) means a GIS-based mapping tool developed and administered by the Office of Environmental Justice and Equity that uses Indicators to produce an MES Score and provide Indicator data for every Census Block Group across the Commonwealth.

MassEnviroScreen Score (MES Score) means the numerical score output from the MES.

Noticed Alternative Site or Route means a site or route that an Applicant has submitted for review by the Board, in addition to a Proposed Site or Route, and provided Notice to affected abutters and others concerning this site or route. 980 CMR 15.00 does not impose upon the Applicant an obligation to propose an alternative site or route but recognizes that in certain circumstances the Applicant may be required to do so or may elect to do so.

15.02: continued

Project Impact means an effect on the environment, socioeconomic and public health conditions, or climate change resiliency, resulting from construction and operation of the Project. A Project Impact can be either positive or negative.

Proposed Site or Route means the Applicant's preferred location for a Project site or route that it submits for approval by the Board.

Remedial Action means an action taken that would avoid, minimize, or mitigate one or more Disproportionate Adverse Effects.

Site Footprint means the area of land and water encompassed by a CEIF's equipment, plus any land significantly impacted by construction of the CEIF, including, but not limited to, land altered for clearing, grading, and roadways.

Site Suitability Mapping Tool means a web-based mapping tool established and maintained by the EEA in accordance with the Site Suitability Guidance, which contains geographic information system data layers used to determine Criteria-specific Suitability Scores. The mapping tool shall have the capability to automatically calculate a CEIF's Criteria-specific Suitability Scores by delineating the CEIF Site Footprint in the mapping tool.

Site Suitability Report means a written report documenting the Applicant's Criteria-specific Suitability Scores, any Site Suitability Score Modifiers, as defined in the Site Suitability Guidance, the Applicant is seeking to apply, and any other required supporting documentation, in a form and manner established by the EEA, in consultation with the Board and the Department of Energy Resources.

Specific Geographical Area (SGA) means an area in which a proposed facility may be located and is determined based on facility-specific radial distances from the Facility Boundary, as established by the Board in 980 CMR 15.05(1). Each Proposed Site or Route and each Noticed Alternative Site or Route, if any, has its own SGA.

15.03: Overview of Cumulative Impact Analysis.

The following steps set forth the process for an Applicant to determine a Project's Cumulative Impact and prepare a CIA Report.

(1) For each Proposed Site or Route and Noticed Alternative Site or Route, as applicable, the Applicant shall determine the applicable SGA consistent with 980 CMR 15.05(1). If the SGA intersects a Burdened Area according to MES, the Applicant or Petitioner is required to conduct additional CIA review steps below. An applicant shall conduct a CIA for every noticed site or route that it intends to file with the EFSB with a petition to construct, an Application for a Consolidated Permit, or a project change in accordance with 980 CMR 1.09(13). There is no requirement that an Applicant conduct a CIA for every site or route that is under consideration for a Project, unless noticed.

(2) If the proposed Project's SGA does not intersect any Burdened Areas, no further CIA evaluation is necessary. However, a CEIF Project having an SGA that does not intersect a Burdened Area may be required to provide a Site Suitability Report, as applicable. *See* 980 CMR 15.10.

(3) If any part of the Project's SGA intersects one or more Burdened Area(s), the CIA must assess whether the Project imposes a Disproportionate Adverse Effect within each such Burdened Area, for each Elevated Indicator per 980 CMR 15.07.

(4) To determine whether a Disproportionate Adverse Effect may result from the Project, the Applicant shall evaluate the following for each Burdened Area intersecting the Project's SGA:

- (a) Whether any of the Indicators are Elevated Indicators; and

15.03: continued

- (b) If there are one or more Elevated Indicator(s), whether the Project is likely to materially exacerbate such Elevated Indicators.

If the Project is likely to materially exacerbate one or more Elevated Indicator(s), the Project is deemed to have a Disproportionate Adverse Effect for such Indicator(s), in one or more of the applicable Burdened Areas.

- (5) For a Project deemed to have a Disproportionate Adverse Effect, the Applicant must propose Remedial Actions that avoid, minimize, or mitigate such adverse effects.

- (6) The Applicant prepares a CIA Report that documents the above steps, as required, and submits the CIA Report as part of its CEIF Application or petition to construct a Facility to the Board. The Applicant shall share the results of its CIA Report with Key Stakeholders, as defined in 980 CMR 16.02: *Definitions*, during the Pre-filing Outreach Period in accordance with 980 CMR 16.04: *Pre-filing Consultation and Engagement Requirements*, and communicate with Key Stakeholders throughout the Board adjudication regarding the CIA Report.

15.04: Determination of Burdened Areas.

The Board, working with the Massachusetts Office of Environmental Justice and Equity, maintains the MES, which differentiates Census Block Groups within the Commonwealth based on their MES Score, and provides other Indicator data relevant to 980 CMR 15.00.

- (1) Burdened Areas. MES identifies all Census Block Groups within the Commonwealth that are deemed to be Burdened Areas, based on either of the two following criteria:

- (a) A MES Score of 75 or greater, indicating that the Census Block Group is at or above the 75th percentile of MES Scores in comparison with other census blocks, on a statewide basis; or
- (b) Annual median household income in the Census Block Group is 65% or less of the statewide annual median household income.

- (2) MES Indicators. MES Scores shall be based on the following categories of Indicators, including but not limited to:

- (a) pollution and climate burden (which consists of Indicators for environmental exposures, environmental effects, and climate risks); and
- (b) population characteristics (which consist of Indicators for sensitive populations and socioeconomic factors).

- (3) Indicator Data. The Board shall ensure that MES relies on data that generally have the following characteristics:

- (a) Indicator data are publicly available (or otherwise provided in a publicly available manner);
- (b) Indicator data are collected for all parts of the Commonwealth at a geographic resolution that allows for meaningful comparison between locations, as appropriate;
- (c) Indicator data are specifically identified and quantifiable;
- (d) Indicator data are generally accepted statistical measurements for the type of Project Impacts they describe; and
- (e) Indicator data are reasonably current, and updated regularly, as practicable.

- (4) The Board shall work with the Massachusetts Office of Environmental Justice and Equity and MassGIS (Bureau of Geographic Information) to ensure that MES is updated periodically with the most current data, is reliable, and continues to serve the needs of 980 CMR 15.00 implementation, including for Applicants and other stakeholders.

- (5) Indicator Data Used in CIA. Throughout the Pre-filing process, the Application process, and the adjudication process, the Applicant may rely upon Indicator data that was current as of the beginning of the pre-filing process.

15.04: continued

(6) Petition for a CIA in a Non-burdened Area. A group of ten or more residents residing in, or businesses with a mailing address in, a Census Block Group that intersects the SGA may petition the Director of the Board requesting that an Applicant be required to conduct a CIA for such Census Block Group that is not a Burdened Area pursuant to 980 CMR 15.04(1), and to include the results of such CIA in its CIA Report filed pursuant to 980 CMR 15.09. At least one member of the ten-member petitioning group shall also be a Key Stakeholder as defined in 980 CMR 16.02: *Definitions*.

(a) Such request by a ten-member group, as described above in Section 980 CMR 15.04(6), shall initially be presented to a designated representative of the Applicant with a copy to the Division of Public Participation Director and the Director of the Board during the Pre-filing process pursuant to 980 CMR 16.00: *Pre-filing Consultation and Engagement Requirements*. The request shall include a statement describing the group's specific interest in the proposed Project, and a description of the extraordinary circumstances which support the request.

(b) If the Applicant declines to perform the CIA for the requested portion of the SGA that is not a Burdened Area and declines to include the results in its CIA Report, the petitioning group may file a petition with the Director of the Board to require such CIA no later than 14 days after the Applicant files its Application.

(c) The petition shall explain the extraordinary circumstances which support the request. Extraordinary circumstances may include, but are not limited to, significant adverse changes in conditions relevant to Indicators for such Non-burdened Area(s) that are not accurately reflected in MES data, significant environmental exposures that are not reflected in MES data, or other anomalies with MES data or functions that would obscure significant Burdens in the specified Census Block Group.

(d) The Director of the Board shall grant such request only if extraordinary circumstances are shown to exist regarding the requested Census Block Group. The Director shall rule on the request concurrently with the Notice of Completeness pursuant to 980 CMR 13.06(2): *Completeness Determination*. The Director's decision on whether to grant the request is non-appealable.

(e) If the Director grants the request, the Applicant shall conduct the CIA assessment and file its CIA Report as a supplemental exhibit within 60 calendar days of the Director's grant of the request. The filing of the supplemental exhibit shall not delay the Presiding Officer's issuance of a Notice of Completeness pursuant to 980 CMR 13.06: *Completeness Determination*.

(f) If the Applicant files its CIA Report as a supplemental exhibit within 60 calendar days, the Presiding Officer shall determine whether the CIA Report is consistent with the Board's requirements at 980 CMR 15.00. An Applicant may request by motion, filed before the end of the 60 calendar day deadline for the CIA, a reasonable extension of time to prepare the CIA Report as a supplemental exhibit. The Presiding Officer may grant such request upon a showing of good cause. If the Applicant fails to file its CIA Report as a supplemental exhibit within 60 calendar days without an extension from the Presiding Officer, then the Applicant may be subject to an unexcused delay pursuant to 980 CMR 13.07(7): *Unexcused Delay*.

15.05: Identification of Burdened Areas Intersecting the Specific Geographical Area of a Project Site or Route.

For all Applications or petitions to construct facilities identified in 980 CMR 15.01(2), the Applicant shall assess for each Proposed Site or Route and each Noticed Alternative Site or Route, if any, whether the SGA intersects any Burdened Area pursuant to 980 CMR 15.04. This is a threshold analysis that determines whether the Applicant shall continue with its CIA. The Applicant conducts this assessment by doing the following:

(1) Identification of the Project SGA. For each Proposed Site or Route or Noticed Alternative Site or Route, the Applicant shall use the following Facility Boundary and radial distances from the Facility Boundary to determine the SGA:

15.05: continued

- (a) Facility Boundary. The SGA shall rely on the outermost boundary of the Project site (such as a Project building or other structures, or the outermost areas of construction activity or disturbance), or the Project fence line. For linear projects, or project components, such as transmission lines or pipelines, the Facility Boundary shall be the edge of the right-of-way;
- (b) Specific Geographical Area. For Projects that include multiple facility types (such as transmission and distribution lines, and a battery energy storage system), the SGA is determined using the Facility Boundary and the radial distance from the Facility Boundary applicable to each component of the Project, as described in the table below.

<u>Facility Type</u> <u>(or component of a Facility)</u>	Radial Distance from Facility Boundary
Transmission and Distribution Line (part of an LCTDIF or SCTDIF)	1/4 Mile
Clean Energy Storage Facility (LCESF or SCESF)	1 Mile
Substation (Part of an LCTDIF or SCTDIF)	1/2 Mile
Ground-Mounted Photovoltaics (LCEGF or SCEGF)	1/2 Mile
Onshore Wind Facility or Anaerobic Digester (LCEGF or SCEGF)	1 Mile
Liquefied Natural Gas Facility (§ 69J)	1 Mile (no Air permit) 2 Miles (non-Major Air Permit)
Gas Pipeline (§ 69J)	1 Mile
Fossil Generating Facility (§ 69J¼)	2 Miles (non-Major Air Permit) 5 Miles (Major Air Permit)
Gas Compressor Station (§ 69J, as part of a Gas Pipeline)	1 Mile (no Air permit) 2 Miles (non-Major Air Permit) 5 Miles (Major Air Permit)

- (2) Determine Whether the SGA Intersects with a Burdened Area. The Applicant shall determine whether the SGA of the Project intersects with one or more Burdened Areas.
- (3) Implications of the Burdened Area Assessment. If the SGA intersects with a Burdened Area, the Applicant shall comply with the requirements of 980 CMR 15.06. If the Project SGA does not intersect a Burdened Area, the Applicant shall:
- (1) conclude the CIA and complete 980 CMR 15.09; and
 - (2) pursuant to 980 CMR 15.10, determine whether a Site Suitability Report is required, and, if so, include a Site Suitability Report in the Project's Application to the Board. Applicants should refer to the CIA Report Template for detailed information regarding the preparation of a CIA Report. Applicants should refer to the Site Suitability Template for detailed information regarding preparation of a Site Suitability Report.

15.06: Assessment of Burdened Areas for Elevated Indicators.

(1) The CIA Report Template provides a list of Indicators that an Applicant must evaluate, as applicable, for its proposed Project. The Indicators are used in MES to produce the MES Score. The Applicant shall analyze the Indicators for all Burdened Areas that intersect the Project's SGA.

(2) For each Burdened Area intersecting the Project's SGA, the Applicant shall use MES to identify all Indicators that are also Elevated Indicators. For Fossil Fuel-related Energy Infrastructure, each Indicator is treated as an Elevated Indicator. An Applicant shall evaluate whether the Project is likely to materially exacerbate such Elevated Indicators, and therefore produce a Disproportionate Adverse Effect, in accordance with the requirements of 980 CMR 15.07.

15.07: Disproportionate Adverse Effect Analysis

The Applicant shall evaluate whether, and to what extent, the Proposed Project Site or Route and any Noticed Alternative Site or Route(s) are likely to increase or decrease Elevated Indicators identified for Burdened Areas intersecting the Project's SGAs. For purposes of making such assessment, the Applicant may consider the Project Impacts inclusive of any actions to avoid, minimize, or mitigate Project Impacts for which the Applicant has made a firm commitment to undertake. The Applicant shall use the following methods to identify and, where practicable, quantify such Project Impacts. *See* the CIA Report Template for additional details.

(1) Determination of Disproportionate Adverse Effect on an Elevated Indicator. To determine if a negative Project Impact to an Elevated Indicator constitutes a Disproportionate Adverse Effect, the Project must materially exacerbate the condition reflected in the Elevated Indicator causing additional negative Project Impacts.

(2) Qualitative Assessment Methods. In determining whether a Project materially exacerbates an Elevated Indicator during construction or operation, an Applicant shall first assess qualitatively whether, and how, the Project may impact each Elevated Indicator. Project Impacts related to an Elevated Indicator may include but are not limited to air emissions, stormwater or wastewater discharges, solid or hazardous waste generation, traffic, impervious surfaces, heat-island effect, climate change effects such as heat, flooding or wildfire risk, impacts to natural resources and habitat, impacts to public health or socioeconomic conditions, among other possible Project Impacts.

(3) Quantitative Assessment Methods. If qualitative assessment methods indicate Project Impacts to one or more Elevated Indicators, the Applicant shall endeavor to provide a quantitative assessment of each such Project Impact. Quantitative methods may include quantification of emissions and other discharges, modeling analysis, detailed assessment of Project Impacts through engineering or construction plan reviews, and other means. *See* CIA Report Template for examples of quantitative assessment methods.

(4) Applicant's or Petitioner's Analysis and Findings. Based on the qualitative and quantitative information developed, the Applicant shall assess whether the Project is expected to materially exacerbate one or more of the Elevated Indicators and shall include a narrative analysis and findings of supporting data, as appropriate, in its CIA Report. The Applicant shall also include community input gathered during pre-filing consultation and engagement pursuant to 980 CMR 16.00: *Pre-filing Consultation and Engagement Requirements*, and address that input in its CIA Report.

15.08: Remedial Actions to Avoid, Minimize or Mitigate Disproportionate Adverse Effects.

If the Project is expected to materially exacerbate one or more Elevated Indicators, based on the finding made according to 980 CMR 15.07(4), the Applicant shall include in its CIA Report the following:

15.08: continued

(1) Evaluation of Remedial Actions for Disproportionate Adverse Effects. A description of any actions the Applicant proposes to undertake to avoid, minimize, or, if negative Project Impacts cannot be avoided or minimized, mitigate, the Disproportionate Adverse Effects of the proposed Project on each Burdened Area, and how those actions address the Project Impacts.

(a) An Applicant is required to describe how its proposed actions could avoid one or more Project Impacts to each Elevated Indicator.

(b) If an Applicant cannot avoid one or more Project Impacts to an Elevated Indicator, it shall describe how its proposed actions could minimize one or more Project Impacts to an Elevated Indicator.

(c) If an Applicant cannot minimize one or more Project Impacts to an Elevated Indicator, it shall describe how its proposed actions could mitigate one or more Project Impacts to an Elevated Indicator. An Applicant is required to mitigate Project Impacts to the extent practicable. Proposed mitigation actions shall ensure that Project Impacts will not materially exacerbate an Elevated Indicator.

(2) Cumulative Impact Summary. A summary of the Project's Cumulative Impact in light of any avoidance, minimization, or mitigation actions the Applicant or Petitioner proposes to undertake.

15.09: Contents of CIA Report.

The Applicant shall describe in its CIA Report its assessment pursuant to 980 CMR 15.05(2) and the implications of that assessment under 980 CMR 15.05(3). *See* CIA Report Template for additional details of contents in a CIA Report.

15.10: Standards for Applying Site Suitability Criteria.

In 980 CMR 15.00, the Board follows the "Site Suitability Guidance" for CEIF, as issued and updated from time to time by EEA.

(1) Applicability. The Site Suitability Guidance is applicable to LCEGFs, SCEGFs, LCESFs, SCESFs, and also to LCTDIFs and SCTDIFs, as defined in 980 CMR 1.01, in newly established public rights of way. 980 CMR 15.10 does not apply to Projects exempted under 225 CMR 29.07(1).

(2) Pre-filing. Applicants shall utilize the Site Suitability Mapping Tool, pursuant to instructions provided in the Site Suitability Guidance, to derive the anticipated Criteria-specific Suitability Scores for a proposed CEIF prior to submitting an Application for a Consolidated Permit or Consolidated State Permit to the Board. Applicants shall share these anticipated Criteria-specific Suitability Scores with stakeholders during the Pre-filing process, per 980 CMR 16.00: *Pre-filing Consultation and Engagement Requirements*.

(3) File with Application. An Applicant shall file a Site Suitability Report with its Application for a Consolidated Permit or Consolidated State Permit per 980 CMR 13.00: *Consolidated Permits for Clean Energy Infrastructure Facilities*, as applicable. Unless a Request for Score Revision by the Board pursuant to 980 CMR 15.10(4) is requested or a Social and Environmental Benefit Criteria Score Modifier is applied pursuant to 980 CMR 15.10(5), the Criteria-specific Suitability Scores in the Site Suitability Report submitted by the Applicant shall be final.

(4) Request for Score Revision by the Director. If the Applicant, a Local Government, or any other Key Stakeholder asserts that one or more Criteria-specific Suitability Scores were calculated based on materially erroneous, incomplete, or otherwise faulty data, they may request a score revision from the Director in a form prescribed by the Director. The Director shall review one or more Criteria-specific Suitability Scores subject to the request.

(a) Parties seeking a Request for Score Revision must identify the specific deficiencies that resulted in one or more erroneous Criteria-specific Suitability Scores. Failure to specify such deficiencies may result in the Director's denial of the Request for Score Revision.

15.10: continued

- (b) The Director shall issue a decision on a Request for Score Revision not more than 30 days after receipt.
- (c) Any revised Criteria-specific Suitability Scores issued by the Director shall be final, subject to the application of one or more Site Suitability Score Modifier.

(5) Social and Environmental Benefit Criteria Score Modifier. The Applicant's Criteria-specific Suitability Scores may be modified by the Board when the Applicant agrees to provide certain social or environmental benefits as described in the Site Suitability Guidance. Score modification may only occur upon the mutual written agreement between the Applicant and a Local Government.

(6) Consideration by the Board during Adjudication of a Consolidated Permit.

- (a) The Board shall consider the Site Suitability Report in its CIA and route and site scoring analysis. The Board shall consider Criteria-specific Suitability Scores to assess avoidance, minimization, and mitigation of Project Impacts. The Board shall consider the Criteria-specific Suitability Scores in its decision on whether to grant a Consolidated Permit or Consolidated State Permit, as applicable.
- (b) The Board may consider as evidence a Community Benefit Agreement between a host municipality and an Applicant regarding Benefits of a Project.

15.11: Board's Findings in its Final Decision.

(1) The Board shall assess the adequacy of the CIA Report and Site Suitability Report, including whether the Applicant, if required to, presented a comprehensive analysis of whether its Project Impacts will result in a Disproportionate Adverse Effect, and make findings based on that review. Findings shall include the extent to which the CIA Report and Site Suitability Report, as applicable, inform the evidentiary record upon which the Board may approve or deny an EFSB Consolidated Permit Application or Facility Petition to Construct.

(2) Pursuant to M.G.L. c. 164, § 69H, the Board shall, in issuing a final decision, make findings as to whether the Applicant has given due consideration to the Cumulative Impact of the Project, and whether the Applicant has adequately undertaken actions to avoid, minimize, or mitigate any Disproportionate Adverse Effects from the Project. In making such determinations, the Board may consider, but is not limited to:

- (a) The population characteristics such as sensitive populations and socioeconomic factors of the population living within Burdened Areas intersecting the Project's SGA;
- (b) Pollutant exposures and environmental effects, and climate risks;
- (c) The extent, nature, magnitude, duration, and geographic reach of any Elevated Indicators on any of those populations;
- (d) Project Impacts related to the Elevated Indicators identified, including Benefits and Burdens;
- (e) The extent and efficacy of the obligations the Applicant has undertaken to remediate Project Impacts;
- (f) Any remaining Disproportionate Adverse Effects from the Project on the Burdened Areas within the SGA, in light of the Applicant's plans to avoid, minimize, or mitigate the negative Project Impacts;
- (g) Conditions obligating the Applicant to further address any remaining Disproportionate Adverse Effects from the proposed Project;
- (h) The Applicant's use of a Community Benefit Plan or Community Benefit Agreement to identify community needs and provide Benefits for a host community, in accordance with guidance from the Massachusetts Office of Environmental Justice and Equity, "Standards and Guidelines for Community Benefits Plans and Community Benefits Agreements."

(3) The Board shall consider whether an Applicant has made reasonable efforts to consider and develop a Community Benefit Plan or Community Benefit Agreement. *See 980 CMR 2.02(3): General Information and Conduct of Board Business.*

- (a) If an Applicant has developed a Community Benefit Plan or signed a Community Benefit Agreement, the Board shall give it due weight in the final decision;

15.11: continued

(b) If an Applicant has not developed a Community Benefit Plan or signed a Community Benefit Agreement for a Project in a Burdened Area, then the Board shall consider imposing additional Project conditions to address Disproportionate Adverse Effects in Burdened Areas intersecting the Project's SGA.

1. Mitigation is a mechanism to address Project Impacts related to construction or operational Impacts of the Project;

2. A Community Benefit Agreement is aimed at creating tangible, equitable benefits that address a community's specific and local needs and priorities separate from required mitigation. *See* "Standards and Guidelines for Community Benefits Plans and Community Benefits" issued by the Massachusetts Office of Environmental Justice and Equity pursuant to M.G.L. c. 21A, § 29.

(c) The Board may add enforceable conditions to a final decision that it deems necessary to avoid, minimize, or mitigate Project Impacts to a Burdened Area. Conditions may include enforceable Remedial Actions designed to address Project Impacts.

REGULATORY AUTHORITY

980 CMR 15.00: M.G.L. c. 164, §§ 69G, 69H, 69J, 69J¼, 69T, 69U, and 69V.

(PAGES 121 THROUGH 128 ARE RESERVED FOR FUTURE USE.)

