City of Fall River Massachusetts
Office of the City Clerk

ALISON M. BRETT
CITY CLERK

INÊS LEITE
ASSISTANT CITY CLERK

SEPTEMBER 29, 2011
MEETINGS SCHEDULED FOR NEXT WEEK
TUESDAY, OCTOBER 4, 2011

5:15 P.M. COMMITTEE ON PUBLIC SAFETY
6:00 P.M. COMMITTEE ON FINANCE
1. Discussion regarding healthcare reform

AGENDA

7:00 P.M. REGULAR MEETING OF THE CITY COUNCIL
PRIORITY MATTERS – None

PRIORITY COMMUNICATIONS
1. *Mayor and order re acceptance of M.G.L. Ch.32B, Sec. 21-23 to allow the City of Fall River options of healthcare reform
2. *Diman Regional Vocational Technical High School and order re classification of committee members as "Special Municipal Employees"
3. *Planning Board rec. naming the Father Kelly Park Softball Field – "The Jack Hackett Field"
4. *Board of Election Commissioners and resolution requesting support of H1972 "An Act Regulating Election Primaries"
5. Board of Election Commissioners – Official results of City Preliminary Election held on September 13, 2011

COMMITTEE REPORTS
Ordinances and Legislation recommending:
First Reading:
6. Traffic, misc.
7. City Council Meetings – Reg. Meeting Times and Deadline for filing orders

All readings w/ EP:
8. Traffic, handicapped parking

Public Works and Transportation recommending:
Accept and place on file:
9. Communication – Massachusetts DEP re Fall River Landfill permit

ORDINANCES – None

RESOLUTIONS
10. *City Council encourage SRTA and members of the City's Congressional delegation to work together to increase public bus transportation

11. *Com. on Finance meet to discuss development of the City of Fall River with Mr. Jon Delli Priscoli, CEO of First Colony Group

12. *Administration consider placing signs throughout City informing people of littering fines

13. *Com. on Finance meet to discuss plans for including entire city in the rolling trash and recycling cart program

CITATIONS
14. Fall River Police Department retirees and award recipients

One Government Center • Fall River, MA 02722
TEL 508-324-2220 • FAX 508-324-2211 • EMAIL city_clerks@fallriverma.org

ORDERS – HEARINGS FOR TONIGHT

Curb removal:

15. Wal-Mart Real Estate Business Trust #3560 – Quequechan and Jefferson Streets – 109 feet
16. Quequechan Development LLC – 856 Brayton Avenue – 160 feet
17. Quequechan Development LLC – Jefferson Street at Cambridge Street – 94 feet
18. St. Anne's Credit Union – 2031 South Main Street – 103 feet
19. Blanche H. Hague – 527 Pokross Street – 30 feet
20. Thomas Lambert – 739 Plymouth Avenue – 21 feet

Pole Locations:

21. Riggenbach Road – Two (2) pole locations

ORDERS – HEARINGS TO BE SCHEDULED – None

ORDERS – NO HEARING REQUIRED – None

ORDERS – MISCELLANEOUS

22. Police Chief's report on licenses
23. Auto Repair Shop license renewal
24. Auto Body Shop license renewals

COMMUNICATIONS – INVITATIONS – PETITIONS

25. *Claims

BULLETINS – NEWSLETTERS – NOTICES – None

Alison M. Breet
City Clerk

WILLIAM A. FLANAGAN
Mayor

City of Fall River
Massachusetts
Office of the Mayor

RECEIVED
2011 SEP 28 P 4:00
CITY CLERK
FALL RIVER, MA

September 28, 2011

The Honorable City Council
City of Fall River
One Government Center
Fall River, MA 02722

Honorable Members of the Council:

In order to initiate the statutory process, I respectfully request that your honorable body vote to adopt M.G.L c.32b, § 21-23 so that the City of Fall River may pursue its options of healthcare reform in order to realize significant savings in its healthcare costs.

Sincerely,

William A. Flanagan
Mayor

One Government Center • Fall River, MA 02722
TEL (508) 324-2600 • FAX (508) 324-2626 • EMAIL mayor@fallriverma.org

City of Fall River, *In City Council*

ORDERED, that the City Council hereby accepts the provisions of Sections 21 through 23 of Massachusetts General Laws Chapter 32B, which sections relate to municipal health insurance.

NEW REGULATIONS –
801 CMR 52.00 MUNICIPAL HEALTH INSURANCE

52.01 General provisions
(1) Authority
(2) Definitions
(3) Notices

52.02 The vote by a political subdivision to implement changes in group health insurance benefits pursuant to M.G.L. c. 32B, §§ 21-23
(1) Advance notice of intent to vote.
(2) Notice of vote, request for name and contact information for the public employee committee representatives, and number of eligible unit members

52.03 The Implementation Notice

52.04 The thirty-day negotiation period

52.05 Health insurance review panel

52.06 Health insurance review panel process

52.07 Implementation of agreements reached under M.G.L. c. 32B, §§ 21 to 23

52.01 General provisions

(1) Authority

(a) 801 CMR 51.00 is adopted by the Secretary of Administration and Finance, under the authority of M.G.L. c. 32B, §21 to carry out the process by which political subdivisions elect to change health insurance benefits under M.G.L. c. 32B, §§ 21-23.

(b) The process set forth in 801 CMR 52.00 shall be followed each time a political subdivision elects to change health insurance benefits under the process authorized by M.G.L. c. 32B, §§21- 23 (the implementation process), except that acceptance under M.G.L. c. 32B, § 21(a) need only occur once.

(2) Definitions

Unless otherwise provided, terms shall have the meanings assigned to them in M.G.L. c. 32B. The following terms shall have the following meanings:

"Collective bargaining unit" means an employee organization as defined in M.G.L. c. 150E, §1 that is acting as the exclusive bargaining representation of the bargaining unit. Notice to a collective bargaining unit under 801 CMR 52.02 shall be made to the principal officer of each bargaining unit.

"Impartial member" means the member of the review panel selected from a list of 3 potential members provided by the Secretary of Administration and Finance under the process set forth in 801 CMR 52.05(1).

"Implementation notice" means the notice required under M.G.L. c. 32B, §21(b) of the intent to enter into negotiations to implement proposed changes to health insurance benefits.

"Insurance advisory committee" means an advisory committee established by a public authority as specified in M.G.L. c. 32B, §3.

"Limited provider network" means a reduced or selective provider network which is smaller than a carrier's general provider network and from which the carrier may choose to exclude from participation other providers who participate in the carrier's regional provider network or general provider network for the purpose of reducing premium costs but which offers the same benefits to those provided by the carrier's general provider network .

"Maximum possible savings" is used to determine whether a proposal to transfer subscribers to the Commission would achieve at least five percent greater savings than the maximum possible savings that would be attained by plan design changes authorized under M.G.L. c. 32B, § 22 and means the savings that would be realized for the first 12 months if a political subdivision were to provide health insurance coverage to its subscribers by implementing changes to health insurance benefits that equal the dollar amounts of the most-subscribed plan's design features for the same or most similar benefits offered by the commission for a non-Medicare plan under section 4 of M.G.L. c. 32A and for a Medicare-extension plan under section 10C and section 14 of M.G.L. c. 32A. Where the political subdivision currently does not offer a tiered provider network, the maximum possible savings shall be calculated by comparing the savings that would result if the dollar amounts of the co-pays, deductibles and other cost-sharing plan design features in the political subdivision's plan equaled the dollar amounts of the co-pays, deductibles and other cost-sharing plan design features under tier 2 of the commission's most-subscribed plan. Where the political subdivision currently offers a tiered provider network that is tiered differently from the tiering in the commission's most-subscribed plan, the maximum possible savings shall be calculated by assuming the co-pays, deductibles and cost-sharing plan design features in each tier of the political subdivision's plan are equal to those in the same tier of the commission's most-subscribed plan, beginning with a

comparison of the highest tier. If the political subdivision's plan has fewer tiers than the commission's plan, the political subdivision's highest tier shall be compared to the commission's tier 3, and the second highest tier to the commission's tier 2.

"Mitigation proposal" means a proposal to mitigate, moderate or cap the impact of these changes for subscribers, including retirees, low income subscribers and subscribers with high out-of-pocket health care costs, who would otherwise be disproportionately affected.

"Public Employee Committee" means the committee established under M.G.L. c. 32B, §19 or § 21. If a public employee committee has not been established under Section 19, a public employee committee shall be established exclusively to negotiate changes under Sections 21 to 23, and shall be established in the same form and with the same percent votes as prescribed in the fifth paragraph of subsection (a) of Section 19. A public employee committee established under Section 21 exclusively to negotiate changes under M.G.L. c. 32B, §§ 21 to 23 shall be considered dissolved upon completion of the process described in those sections.

"RSCME" means the Retired State, County and Municipal Employees Association, located at 11 Beacon Street, Suite 321, Boston, MA 02108.

"Review panel" means the municipal health insurance review panel comprised of 3 members, 1 of whom shall be appointed by the public employee committee, 1 of whom shall be appointed by the public authority and 1 of whom shall be selected under the process set forth in 801 CMR 52.05(1).

"Secretary" means the Secretary of Administration and Finance.

"Tiered provider network" means a provider network in which a carrier assigns providers to different benefit tiers based on the carrier's assessment of a provider's cost efficiency and quality, and in which insureds pay the cost-sharing (copayment, coinsurance or deductible) associated with a provider's assigned benefit tiers.

(3) Notices.

(a) All notices provided under 801 CMR 52.00 shall be sent by certified mail, delivery confirmation and return receipt requested, and a copy shall be sent to the Secretary. Either post office evidence of attempted delivery or return receipts shall be prima facie evidence of the time of receipt.

(b) All notices to the Secretary shall be sent electronically to: MunicipalHealth@state.ma.us.

52.02 The vote by a political subdivision to implement changes in group health insurance benefits under M.G.L. c. 32B, §§ 21-23

(1) Advance notice of intent to vote.

At least two calendar days in advance of any vote electing to change group health insurance under the process authorized by M.G.L. c. 32B, §§ 21-23, the appropriate public authority shall send a notice to each collective bargaining unit to which the authority provides health insurance benefits and to the Retired State, County Municipal Employees Association (RSCME) that the political subdivision intends to vote on whether to implement the process. The vote of the political subdivision under M.G.L. c. 32B, § 21(a) may be in the following form: "The [name of political subdivision] elects to engage in the process to change health insurance benefits under M.G.L. c. 32B, §§ 21-23."

(2) *Notice of vote, request for name and contact information for public employee committee representatives, and number of eligible unit members.*

(a) A political subdivision which has elected under M.G.L. c. 32B, §21(a) to change health insurance benefits under M.G.L. c. 32B, §§ 22-23, shall, before implementing any changes, evaluate its health insurance coverage and determine the savings that may be realized after the first 12 months of implementation of cost-sharing plan design changes or upon transfer of its subscribers to the commission. The appropriate public authority shall then notify its insurance advisory committee, or such committee's regional or district equivalent, of its estimated savings. The notice shall include all the information required in section 52.03. In any political subdivision in which an insurance advisory committee has not already been established under M.G.L. c. 32B, §3, the appropriate public authority shall notify the president of each organization of employees affected and shall designate and notify a retiree of a governmental unit as a member of the committee. The insurance advisory committee, within 10 days after receiving this notice, shall meet with the appropriate public authority to discuss its estimated savings and any reports or other documentation requested by the insurance advisory committee before that meeting. If the committee does not meet within 10 days after receiving proper notice, it shall be considered to have discussed the matter with the appropriate public authority.

(b) Not later than 2 business days after the insurance advisory committee meets with the appropriate public authority or 10 days after the insurance advisory committee receives notice from the appropriate public authority, whichever occurs first, a political subdivision which has elected under M.G.L. c. 32B, § 21(a) to make changes under M.G.L. c. 32B, §§ 22 or 23 shall, provide a notice of its decision, in writing, to the president or designee of each collective bargaining unit and to the RSCME and shall include the number of employees eligible for health insurance under M.G.L. c. 32B employed in each bargaining unit of the political subdivision.

(c) In any political subdivision which has not previously formed a public employee committee under M.G.L. c. 32B, §19 of this chapter, the notice shall request that each of the collective bargaining units and the RSCME provide the name, address, phone number, and email address of its designated public employee committee representative.

(d) Where a public employee committee already exists under M.G.L. c. 32B, § 19, each collective bargaining unit and RSCME shall, within 2 business days of receipt of notice under this section, provide the appropriate public authority with the name, address, phone number and email address of its designated public employee committee representative. If no public employee committee exists at the time of receipt of the notice, each collective bargaining unit and RSCME shall designate a representative to a public employee committee exclusively to negotiate changes under M.G.L. c. 32B, §§21-23 and provide the appropriate public authority with the name, address, phone number and email address of its designated public employee committee representative within 5 business days after receipt of notice under 801 CMR 52.02(3). If no public employee committee exists at the time of receipt of notice from the political subdivision and the appropriate public authority has not received this information from a collective bargaining unit or RSCME within 5 business days, the collective bargaining unit's principal officer shall be the unit's representative on the public employee committee, the president of the RSCME shall be its representative on the public employee committee, and the appropriate public authority shall send the notice specified under 801 CMR 52.03 to the collective bargaining unit's principal officer and to RSCME's president.

52.03 The Implementation Notice/(Notification by public authority to its public employee committee of its intention to enter into negotiations to implement changes to its health insurance benefits under M.G.L. c. 32B, §21)

The appropriate public authority shall give the written notice required in M.G.L. c. 32B, § 21(b) to the insurance advisory committee in accordance with Section 52.02(2)(a) and, not later than 2 business days following the appropriate public authority's receipt of notice of the representatives of the public employee committee under Section 52.02(2)(d), to each public employee committee representative identified by the

collective bargaining units and the RSCME. The notice shall include the following information:

(a) the proposed changes to the political subdivision's health insurance benefits, including:

(i) a description of the political subdivision's current health insurance plans and each plan's co-pays, deductibles and other cost-sharing plan design features, enrollment (broken out by enrollment in individual, individual plus one, and family plans), annual premium total cost, and percentage of premium total cost paid by political subdivision;

(ii) a description of the proposed changes, including:(a) the earliest practical date for implementing the changes under law;(b) each plan to be offered, and the projected enrollment under each plan, including continued projected enrollment for subscribers covered by existing collective bargaining agreements that specify plan design features; retirees enrolled and being transferred for the first time to Medicare under M.G. L. c. 32B, § 18A and Medicare supplemental health insurance plans; and subscribers moved to the new, proposed insurance plans; and (c) the proposed dollar amounts for each plan's co-pays, deductibles and other cost-sharing plan design features. A proposal shall not include a health benefit plan design feature which seeks to achieve premium savings by offering a limited network of providers unless the appropriate public authority also offers a health benefit plan to all subscribers that does not contain a limited network of providers.

(b). the co-payments, deductibles, tiered provider network co-payments and other cost-sharing plan design features for the same or most similar benefits of the non-Medicare plan and the co-payments, deductibles, and other cost-sharing plan design features for the same or most similar benefits of the Medicare-extension plan with the largest subscriber enrollment offered by the Commission, as provided by the Commission under M.G.L. c. 32B, §28;

(c). the appropriate public authority's estimate of anticipated savings of such changes and the supporting information and analysis, including but not limited to:

i. the total projected premium costs and enrollment of plans under the existing coverage for the first 12-month period in which the appropriate public authority seeks to make changes as if no such changes were made,

ii. the anticipated total projected premium costs of plans, including plans with the proposed changes, and anticipated enrollment for the same 12-month period,

iii. the analysis that the appropriate public authority has to support its estimate of savings and the projected premium costs which may include quotes or bids from any insurance plan, third party administrator or insurance broker regarding the total premium cost of such plans with and without the proposed changes; demographic data regarding the number of employees, the number of subscribers, the number of subscribers enrolled in non-Medicare plans (by coverage -family or individual) and Medicare-extension plans; any data regarding out-of-pocket costs paid by subscribers; and any other factors relied upon by the appropriate public authority, including any information provided by an actuary or other consultant in developing the savings estimate.

If the appropriate public authority has indicated that it is considering transferring to the commission, it shall include in its analysis the estimates regarding plan choice that subscribers will make if transferred to the commission.

The savings estimate shall not take into account: savings resulting from transferring eligible retirees to Medicare under M.G.L. c. 32B, § 18A, but the savings estimate shall include savings due to proposed increases in dollar amounts for co-pays and deductibles for Medicare-extension plans under M.G.L. c. 32B, § 22 or the savings resulting from the transfer to Commission's medicare extension plans under M.G.L. c. 32B, §23.

The savings estimate shall be calculated based on the number of subscribers who will be covered under the proposed plans, including subscribers covered by existing collective bargaining agreements for whom implementation of the proposed changes would be delayed under St. 2011, c. 69, § 4. The appropriate public authority shall allocate funds to the mitigation plan in proportion to the number of total subscribers who will be covered under the proposed plan, with additional funds allocated when the plan changes are implemented for additional subscribers Subscribers will not be eligible for mitigation funds before they are transferred to the new plans.

If the proposed change involves a transfer of health insurance coverage of subscribers to the commission, the savings estimate shall be based on a determination of maximum possible savings.

(d) the mitigation proposal, including:

(i) the estimate of the cost to fund the proposal and what percentage that cost is of the savings;

(ii) an explanation and rationale for the proposal;

(iii) the manner in which it affects various subscribers, including those disproportionately affected;

(iv) the manner of distribution or allocation of estimated savings from the proposal.

52.04 The 30-day negotiation period

(1) The 30 (calendar) day negotiation period shall commence when each member of the public employee committee has received the implementation notice, with the information required under Section 52.03, in the manner specified under 801 CMR 52.01(3).

(2) The negotiations between the public employee committee and the appropriate public authority may include all aspects of the public authority's proposal. The parties are encouraged to negotiate in good faith.

(3) The public authority shall not implement any changes in health insurance benefits during negotiations absent mutual agreement of the public employee committee and the appropriate public authority.

(4) Any agreements reached between the public employee committee and the appropriate public authority shall be reduced to writing, and executed by the parties within the 30-day period.

(a) A written agreement shall include the plan design changes or transfer to the Commission, the process to notify subscribers of the changes, the timeframe to implement the changes and the mitigation plan. The same information required for the appropriate public authority's proposal under Section 52.03 shall be included in the agreement or in a separate document accompanying it. The appropriate public authority shall send a copy of the agreement and other documents accompanying it to the Secretary within 3 business days after execution of the agreement, and shall send notice to the health insurance review panel created under 801 CMR 52.05 that there is no need for its services.

366 (5) All subscribers shall be provided with at least 60 days advance notice in accordance
367 with M.G.L. c. 175, §24B, of any changes in plan design, including an agreement to
368 transfer to the Commission. Notice shall not be effective until the changes are included
369 in a written agreement between the appropriate public authority and the public employee
370 committee under this section or a written decision of the review panel under Section
371 52.06.
372
373 (6) If the appropriate public authority and the public employee committee are able to
374 reach a written agreement within 30 calendar days, the agreement shall be binding on all
375 subscribers and their representatives, and the public authority shall implement the
376 changes agreed to in the written agreement as quickly as practicable and in observance of
377 the 60-day notice requirement identified above in 801 CMR 52.04(4)(b).
378
379 (7) If the change is to transfer subscribers to the Commission, the notice shall include
380 information about the Commission plans, the enrollment process, and any other
381 information specified by the Commission in its rules and regulations issued under M.G.L.
382 c. 32B, §23 relating to the process by which subscribers shall be transferred to the
383 Commission.
384
385 *52.05 Health insurance review panel*
386
387 *(1) Creation of the panel*
388
389 (a) The appropriate public authority shall notify the Secretary in writing within 3
390 business days after the beginning of the 30-day negotiation period under 801
391 CMR 52.04. The notice shall include the start and end dates of the 30-day
392 negotiation period, and the name and contact information of the public authority's
393 representative for the health insurance review panel. The appropriate public
394 authority shall provide each member of the public employee committee with a
395 copy of the notice to the Secretary.
396
397 (b) Within 3 business days after receiving copies of notice to the Secretary under
398 (a), the public employee committee shall select one representative for the panel
399 and give notice to the appropriate public authority and the Secretary. Within 10
400 days after receiving this notice, the Secretary shall provide the appropriate public
401 authority, the public employee committee, and the public authority and public
402 employee committee representatives ("the parties") with a list ("the list") of 3
403 qualified, impartial potential members available to serve on the review panel.
404 Impartial members shall have professional experience in dispute mediation and
405 professional experience in municipal finance or municipal health benefits. The
406 Secretary shall also provide the parties with the name of an actuary selected by
407 the Commission to assist the panel in verifying the savings calculations if no
408 agreement is reached within the 30-day period and a panel is convened.
409

410 (c) Within 3 business days after receiving the list, the appropriate public authority
411 and the public employee committee shall jointly select the third member for the
412 panel from the list and shall notify the Secretary of their joint selection.
413
414 (d) If the appropriate public authority and the public employee committee cannot
415 agree within 3 business days on which person from the list to select as the third
416 member of the review panel, the notice by the public authority to the Secretary
417 shall include notification that the parties have been unable to reach agreement of
418 the selection of a name from the list of potential impartial panel members. If the
419 public authority and the public employee committee cannot agree, the Secretary
420 shall appoint the impartial member from the list and notify the parties not later
421 than the end of the 30-day negotiation period.
422
423
424
425 (2) If the appropriate public authority and the public employee committee are
426 unable to reach a written agreement on the public authority's proposal within 30
427 calendar days, the matter shall be submitted to the municipal health insurance
428 review panel. The appropriate public authority shall submit its original proposal to
429 the panel within 3 business days after the end of the 30-day negotiation period,
430 with a copy sent to the Secretary and each member of the public employee
431 committee. The appropriate public authority shall submit to the panel the same
432 proposal that it made to the public employee committee. If the proposal includes
433 the introduction of a limited network plan, the appropriate public authority shall
434 provide an enrollment survey, a determination of which subscribers would enroll
435 in a broad plan and which subscribers would enroll in a limited network plan, and
436 the effect that the addition of a limited network plan would have on total premium
437 costs and on disproportionately affected subscribers. The results of the
438 enrollment survey shall be considered in the savings analysis.
439
440 (3) The public employee committee shall also submit any alternate mitigation
441 proposal to the panel and any other information the public employee committee
442 wants the panel to consider with respect to any other matters before them within 3
443 business days after the end of the 30-day negotiation period, with a copy sent to
444 the Secretary and the other parties.
445
446
447 (4) Any fee or compensation provided to the impartial panel member for service
448 on the panel shall be shared equally between the public employee committee and
449 the appropriate public authority. The impartial members selected from the lists
450 provided by the Secretary will be reimbursed only for reasonable travel expenses.
451
452 *52.06 The health insurance review panel review process*
453
454

455 (1) At any time before the panel has made decisions in accordance with this
456 section, the parties may agree in writing, with copies to the panel and the
457 Secretary, to terminate or suspend the review process for a stated period of time
458 because they have reached an agreement, would like additional time to negotiate
459 an agreement under Section 52.04, have mutually decided to return to collective
460 bargaining pursuant to M.G.L. c. 150E or have mutually decided to resume
461 negotiations under M.G.L. c. 32B, § 19.
462
463 (2) If both parties have not mutually agreed to terminate the review process,
464 within 2 business days after receipt of notice of submission to the panel, the
465 impartial member of the review panel shall fix a time, date, and place for the
466 panel to convene and shall give notice to the parties.
467
468 (3) Meetings of the panel shall be conducted under the Open Meeting Law. The
469 impartial member shall chair the panel's meetings and shall arrange for suitable
470 records to be kept. The impartial member shall ensure that each member receives
471 advance notice of the time, place and agenda for each meeting. All decisions
472 shall be by recorded vote.
473
474
475 (4)When the panel convenes on the date and time set by the impartial panel
476 member, the panel shall do the following:
477
478 *(a) Review the public authority's proposed changes*
479
480 (1) Determine within 10 days whether the proposed increased
481 dollar amounts for co-payments, deductibles, and other cost-
482 sharing plan design features for the non-Medicare plan under
483 M.G.L. c. 32B, § 22 exceed the dollar amounts of the plan design
484 features for the same or most similar benefits offered by the
485 commission for the non-Medicare plan under section 4 of M.G.L.
486 c.32A with the largest subscriber enrollment,. If such increased
487 amounts do not exceed the dollar amounts of the plan design
488 features for the same or most similar benefits offered by the
489 commission for the non-Medicare plan under section 4 of chapter
490 32A with the largest subscriber enrollment, the panel shall approve
491 the appropriate public authority's immediate implementation of the
492 proposed changes under M.G.L. c. 32b, § 22, subject to Section
493 52.07. Where the political subdivision is not proposing a tiered
494 provider network, the determination shall be made by comparing
495 the savings that would result if the dollar amounts of the co-pays,
496 deductibles and other cost-sharing plan design features in the
497 political subdivision's plan equaled the dollar amounts of the co-
498 pays, deductibles and other cost-sharing plan design features under
499 tier 2 of the commission's most-subscribed plan. Where the
500 political subdivision currently is proposing a tiered provider

501 network that is tiered differently from the tiering in the
502 commission's most-subscribed plan, the determination shall be
503 made by assuming the co-pays, deductibles and cost-sharing plan
504 design features in each tier of the political subdivision's plan are
505 equal to those in the same tier of the commission's most-
506 subscribed plan, beginning with a comparison of the highest tier.
507 If the political subdivision's plan has fewer tiers than the
508 commission's plan, the political subdivision's highest tier shall be
509 compared to the commission's tier 3, and the second highest tier to
510 the commission's tier 2.
511
512
513 (2) Determine within 10 days whether the proposed increased
514 dollar amounts for co-payments and deductibles proposed for a
515 Medicare-extension plan under M.G.L. c. 32B, §22 exceed the
516 dollar amounts of the plan design features for the same or most
517 similar benefits offered by the commission for the Medicare-
518 extension plan under section 10C and section 14 of M.G.L. c.32A
519 with the largest subscriber enrollment. If such increased amounts
520 do not exceed the dollar amounts of the plan design features for the
521 same or most similar benefits offered by the commission for the
522 Medicare-extension plan under section 4 of chapter 32A with the
523 largest subscriber enrollment, the panel shall approve the
524 appropriate public authority's immediate implementation of the
525 proposed changes under M.G.L. c. 32B, § 22, subject to Section
526 52.07. Where the political subdivision is not proposing a tiered
527 provider network, the determination shall be made by comparing
528 the savings that would result if the dollar amounts of the co-pays,
529 deductibles and other cost-sharing plan design features in the
530 political subdivision's plan equaled the dollar amounts of the co-
531 pays, deductibles and other cost-sharing plan design features under
532 tier 2 of the commission's most-subscribed plan. Where the
533 political subdivision currently is proposing a tiered provider
534 network that is tiered differently from the tiering in the
535 commission's most-subscribed plan, the determination shall be
536 made by assuming the co-pays, deductibles and cost-sharing plan
537 design features in each tier of the political subdivision's plan are
538 equal to those in the same tier of the commission's most-
539 subscribed plan, beginning with a comparison of the highest tier.
540 If the political subdivision's plan has fewer tiers than the
541 commission's plan, the political subdivision's highest tier shall be
542 compared to the commission's tier 3, and the second highest tier to
543 the commission's tier 2.
544
545

546 (3) If the panel does not approve implementation because the
547 appropriate public authority's proposal fails to meet the criteria
548 detailed in Section 52.06(4)(a)(1) and (2), above , the appropriate
549 public authority may submit a new proposal to the public employee
550 committee and restart the process from that point pursuant to
551 Section 52.03.
552
553 (b) Review the public authority's estimated monetary savings due to
554 proposed changes, after consulting the Commission's actuary:
555
556 (1) Within 10 calendar days of receiving proposed changes under
557 M.G.L. c. 32B, §§ 22 or 23, the panel shall confirm, the
558 appropriate public authority's estimated monetary savings due to
559 proposed changes under M.G.L. c. 32B, § 22 or § 23.
560
561 (2) If the proposal is to transfer subscribers to the Commission, the
562 panel shall determine if the anticipated savings by doing so would
563 be at least five percent greater than the maximum possible savings
564 amount that would be attained by plan design changes authorized
565 under M.G.L. c.32B, § 22. If the panel confirms these savings, the
566 panel shall approve the appropriate public authority's immediate
567 implementation of the proposed changes under M.G.L. c. 32B, §
568 23, subject to procedures adopted by the commission for transfer
569 of subscribers.
570
571 (3) The appropriate public authority's estimate of savings due to
572 the proposed changes shall be confirmed by the panel after
573 consultation with the actuary selected by the Commission.
574
575 (4) If the panel finds that the savings estimate is unsubstantiated, it
576 may require the public authority to provide additional information
577 or submit a new savings estimate for the panel's review and
578 confirmation. It may also require the public employee committee
579 to submit a response to the new estimate.
580
581 (5) A certified copy of the vote confirming the savings estimate
582 and, if the proposal is to transfer subscribers to the Commission,
583 approval or rejection of the proposal, and explanation of the basis
584 for any such change or disapproval shall be sent to the parties and
585 the Secretary.
586
587 (c) Review the public authority's mitigation proposal:
588
589 (1) Within 10 calendar days of receiving proposed changes under
590 M.G.L. c. 32B, § 22 or § 23, the panel shall review the proposal to
591 mitigate, moderate or cap the impact of these changes for

592 subscribers, including retirees, low-income subscribers and
593 subscribers with high out-of-pocket health care costs, who would
594 otherwise be disproportionately affected.
595
596 (2) The municipal health insurance review panel may approve the
597 mitigation proposal, or it may determine the proposal to be
598 insufficient and may require additional savings to be shared with
599 subscribers in the form of health reimbursement arrangements,
600 wellness programs, health care trust funds for emergency medical
601 care or inpatient hospital care, out-of-pocket caps, Medicare Part B
602 reimbursements or reimbursements for other qualified medical
603 expenses, as determined by the panel. Premium reductions for
604 subscribers that result from the plan design changes shall not be
605 credited against the total amount determined to be required to fund
606 the mitigation proposal. Any health reimbursement arrangements
607 created under a mitigation proposal shall be administered by the
608 appropriate public authority and shall not be the responsibility of
609 the Commission.
610
611 (3) In no case shall the municipal health insurance review panel
612 designate more than 25 percent of the estimated savings to
613 subscribers.
614
615 (4) All obligations on behalf of the appropriate public authority
616 related to the mitigation proposal shall expire after the initial
617 amount of estimated savings designated by the panel to be
618 distributed to subscribers has been expended.
619
620 (5) In reaching a decision on the proposal under this subsection,
621 the municipal health insurance review panel may consider: (a) any
622 alternative proposal from the public employee committee to
623 mitigate, moderate or cap the impact of these changes for
624 subscribers, (b) discrepancies between the percentage contributed
625 by retirees, surviving spouses and their dependent and the
626 percentage contributed by other subscribers, and (c) the impact of
627 the changes on subscribers, including in particular the impact on
628 retirees, low-income subscribers and subscribers with high out-of-
629 pocket costs.
630
631
632 (6) The panel's decision shall incorporate any agreements made
633 by the parties, and shall constitute the written agreement between
634 the public employee committee and the appropriate public
635 authority. The agreement shall be binding on all subscribers and
636 their representatives.
637

638 (d) Once the panel has taken the actions required above, the panel shall be
639 considered dissolved.
640
641 *52.07 Implementation of agreements reached pursuant to M.G.L. c. 32B, §§ 21- 23*
642
643
644 (1) Subject to St. 2011, c. 69, § 4, a political subdivision shall implement changes to benefits
645 for all subscribers as soon as practicable upon completing the process provided in M.G.L.
646 c. 32B, § 21 and these regulations, but the public authority shall give subscribers at least
647 60 days notice before implementing any changes in health insurance benefits under these
648 regulations. Implementation of changes under M.G.L. c. 32B, §22 shall occur not later
649 than 90 days after a written agreement has been signed under 801 CMR 52.04 or 52.06
650 or, if the appropriate public authority and the public employee committee mutually
651 determine that a mid-year change time would produce an undue burden, at the end of the
652 current health insurance policy year. Implementation of transfer of subscribers to the
653 commission shall be in accordance with the Commission's procedures. If a political
654 subdivision provides notice to the commission by October 1, 2011 that it is transferring
655 its subscribers to the commission and complies with the notice requirements provided by
656 the Commission, the Commission shall allow the political subdivision to transfer its
657 subscribers to the commission on or before January 1, 2012.
658
659 (2) Any political subdivision which does not seek to make changes under M.G.L. c. 32B,
660 §§ 21-23, including any political subdivision which votes against adopting G.L. c. 32B,
661 §§ 21-23, shall file with the Executive Office for Administration and Finance a report by
662 June 30, 2012 comparing existing plan design to the maximum possible savings available
663 if health benefit changes were made pursuant to M.G.L. c. 32B, §21-23. To maintain
664 comprehensive records of political subdivisions that make use of this process, savings in
665 health insurance costs that resulted, and potential savings not achieved, and to measure
666 the extent to which political subdivisions took advantage of this process, each political
667 subdivision shall file an annual report by June 30 of each year with the Secretary
668 showing:
669 (i) the health insurance plans that it offers and the number of subscribers in each;
670 (ii) whether it made use of M.G.L. c. 32B, § 19 or §§ 21-23;
671 (iii) if it did not make use of these processes, the maximum possible savings available if
672 health benefit changes were made pursuant to M.G.L. c. 32B, §21-23.
673
674 (3) A political subdivision whose subscribers are currently covered by the commission shall
675 not implement changes under this procedure until it has followed the procedure for
676 withdrawal from coverage by the commission under the process set forth in the
677 commission's regulations.
678
679 (4) If a political subdivision initiated the process for implementing changes in its group
680 health insurance benefits under M.G.L. c. 32B, §§21 -23 before the effective date of these
681 regulations and has proceeded in a manner inconsistent with any provision of these
682 regulations, the Secretary may waive or modify those inconsistent provisions for that
683 political subdivision provided that the political subdivision comply with all requirements

684 of M.G.L. c. 32B, §§21-23. An appropriate public authority shall seek such waiver from
685 the Secretary in writing, with a copy to the public employee committee. Any member of
686 the public employee committee may present the Secretary with its position on the waiver
687 request within 3 business days of receipt of the request.
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Chapter 69

THE COMMONWEALTH OF MASSACHUSETTS

In the Year Two Thousand and Eleven

AN ACT RELATIVE TO MUNICIPAL HEALTH INSURANCE.

Whereas, The deferred operation of this act would tend to defeat its purpose, which is immediately to authorize municipalities to implement local health insurance changes, therefore it is hereby declared to be an emergency law, necessary for the immediate preservation of the public convenience.

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

SECTION 1. Chapter 32B of the General Laws is hereby amended by striking out section 2, as appearing in the 2008 Official Edition, and inserting in place thereof the following section:-

Section 2. As used in this chapter the following words shall, unless the context clearly requires otherwise, have the following meanings:-

"Appropriate public authority", as to a county, except Worcester county, the county commissioners; as to a city, the mayor; as to a town, the selectmen; as to a district, the governing board of the district and for the purposes of this chapter if a collective bargaining agreement is in place, as to a commonwealth charter school as defined by section 89 of chapter 71, the board of trustees; and as to an education collaborative, as defined by section 4E of chapter 40, the board of directors.

"Commission", the group insurance commission established by section 3 of chapter 32A.

"Dependent", an employee's spouse, an employee's unmarried children under 19 years of age and any child 19 years of age or over who is mentally or physically incapable of earning the child's own living; provided, however, that any additional premium which may be required shall be paid for the coverage of such child 19 years of age or over; provided further, that "dependent" shall also include an unmarried child 19 years of age or over who is a full-time student in an educational or vocational institution and whose program of education has not been substantially interrupted by full-time gainful employment, excluding service in the armed forces; provided further, that any additional premium which may be required for the coverage of such student shall be paid in full by the employee. The standards for such full-time instruction and the time required to complete such a program of education shall be determined by the appropriate public authority.

"District", any water, sewer, light, fire, veterans' services or other improvement district or public unit created within 1 or more political subdivisions of the commonwealth to provide public services or conveniences.

"Employee", any person in the service of a governmental unit or whose services are divided between 2 or more governmental units or between a governmental unit and the commonwealth, and who receives compensation for any such service, whether such person is employed, appointed or elected by popular vote, and any employee of a free public library maintained in a city or town to the support of which that city or town annually contributes not less than one-half of the cost; provided, however, that the duties of such person require not less than 20 hours, regularly, in the service of the governmental unit during the regular work week of permanent or temporary employment; provided further, that no seasonal employee or emergency employees shall be included, except that persons elected by popular vote may be considered eligible employees during the entire term for which they are elected regardless of the number of hours devoted to the service of the governmental unit. A member of a call fire department or other volunteer emergency service agency serving a municipality shall be considered an employee, if approved by vote of the municipal legislative body, and the municipality shall charge such individual 100 per cent of the premium. If an employee's services are divided between governmental units, the employee shall, for the purposes of this chapter, be considered an employee of the governmental unit which pays more than 50 per cent of the employee's salary. But, if no one governmental units pays more than 50 per cent of that employee's salary, the governmental unit paying the largest share of the salary shall consider the employee as its own for membership purposes, and that governmental unit shall contribute 50 per cent of the cost of the premium. If the payment of an employee's salary is equally divided between governmental units, the governmental unit having the largest population shall contribute 50 per cent of the cost of the premium. If an employee's salary is divided in any manner between a governmental unit and the commonwealth, the governmental unit shall contribute 50 per cent of the cost of the premium. An employee eligible for coverage under this chapter shall not be eligible for coverage as an employee under chapter 32A. Teachers and all other public school employees shall be deemed to be employees during the months of July and August under this chapter; provided, however, that employee contributions for such health insurance for those 2 months are deducted from the compensation paid for services rendered during the previous school year. A determination by the appropriate public authority that a person is eligible for participation in the plan of insurance shall be final. Nothing in this paragraph shall apply to Worcester county or its employees.

"Employer", the governmental unit.

"Governmental unit", any political subdivision of the commonwealth.

"Health care flexible spending account", a federally-recognized tax-exempt health benefit program that allows an employee to set aside a portion

of earnings to pay for qualified expenses as established in an employer's benefit plan.

"Health care organization", an organization for the group practice of medicine, with or without hospital or other medical institutional affiliations, which furnishes to the patient a specified or unlimited range of medical, surgical, dental, hospital and other types of health care services.

"Health reimbursement arrangement", a federally-recognized tax-exempt health benefit program funded solely by an employer to reimburse subscribers for qualified medical expenses.

"Optional Medicare extension", a program of hospital, surgical, medical, dental and other health insurance for such active employees and their dependents and such retired employees and their dependents, except elderly governmental retirees insured under section 11B, as are eligible or insured under the federal health insurance for the aged act, as may be amended from time to time.

"Political subdivision", any county, except Worcester county, city, town or district.

"Savings", for the purposes of sections 21, 22 and 23, shall mean the difference between the total projected premium costs for health insurance benefits provided by a political subdivision with changes made to health insurance benefits under section 22 or 23 for the first 12 months after the implementation of such changes and the total projected premium costs for health insurance benefits provided by that subdivision without such changes for the same 12 month period.

"Subscribers", employees, retirees, surviving spouses and dependents of the political subdivision and may include employees, retirees, surviving spouses and dependents of a district who previously received health insurance benefits through the political subdivision.

SECTION 2. Section 12 of said chapter 32B is hereby amended by adding the following paragraph:-

The board of a trust or joint purchase group established by 2 or more governmental units may vote to implement changes to co-payments, deductibles, tiered provider network copayments and other cost-sharing plan design features which do not exceed those which an appropriate public authority may offer under section 22; provided, however, that each governmental unit that is a member of a trust or group shall comply with the requirements set forth in section 21 before any such changes may be applied to the health insurance coverage of such governmental unit's subscribers. If such changes to the dollar amounts for copayments, deductibles, tiered provider network copayments and other cost-sharing plan design features do not exceed those permitted under section 22, such changes shall be approved in accordance with the provisions of section 21.

SECTION 3. Said chapter 32B is hereby further amended by adding the following 9 sections:-

Section 21. (a) Any political subdivision electing to change health insurance benefits under sections 22 or 23 shall do so in the following manner: in a county, except Worcester county, by a vote of the county commissioners; in a city having Plan D or a Plan E charter, by majority vote of the city council and approval by the manager; in any other city, by majority vote of the city council and approval by the mayor; in a town, by vote of the board of selectmen; in a regional school district, by vote of the regional district school committee; and in all other districts, by vote of the registered voters of the district at a district meeting. This section shall be binding on any political subdivision that implements changes to health insurance benefits pursuant to section 22 or 23.

(b) Prior to implementing any changes authorized under sections 22 or 23, the appropriate public authority shall evaluate its health insurance coverage and determine the savings that may be realized after the first 12 months of implementation of plan design changes or upon transfer of its subscribers to the commission. The appropriate public authority shall then notify its insurance advisory committee, or such committee's regional or district equivalent, of the estimated savings and provide any reports or other documentation with respect to the determination of estimated savings as requested by the insurance advisory committee. After discussion with the insurance advisory committee as to the estimated savings, the appropriate public authority shall give notice to each of its collective bargaining units to which the authority provides health insurance benefits and a retiree representative, hereafter called the public employee committee, of its intention to enter into negotiations to implement changes to health insurance benefits provided by the appropriate public authority. The retiree representative shall be designated by the Retired State, County and Municipal Employees Association. A political subdivision which has previously established a public employee committee under section 19 may implement changes to its health insurance benefits pursuant to this section and sections 22 and 23.

Notice to the collective bargaining units and retirees shall be provided in the same manner as prescribed in section 19. The notice shall detail the proposed changes, the appropriate public authority's analysis and estimate of its anticipated savings from such changes and a proposal to mitigate, moderate or cap the impact of these changes for subscribers, including retirees, low-income subscribers and subscribers with high out-of-pocket health care costs, who would otherwise be disproportionately affected.

(c) The appropriate public authority and the public employee committee shall have not more than 30 days from the point at which the public employee committee receives the notice as provided in subsection (b) to negotiate all

aspects of the proposal. An agreement with the appropriate public authority shall be approved by a majority vote of the public employee committee; provided, however, that the retiree representative shall have a 10 per cent vote. If after 30 days the appropriate public authority and public employee committee are unable to enter into a written agreement to implement changes under section 22 or 23, the matter shall be submitted to a municipal health insurance review panel. The panel shall be comprised of 3 members, 1 of whom shall be appointed by the public employee committee, 1 of whom shall be appointed by the public authority and 1 of whom shall be selected through the secretary of administration and finance who shall forward to the appropriate public authority and the public employee committee a list of 3 impartial potential members, each of whom shall have professional experience in dispute mediation and municipal finance or municipal health benefits, from which the appropriate public authority and the public employee committee may jointly select the third member; provided, however, that if the appropriate public authority and the public employee committee cannot agree within 3 business days upon which person to select as the third member of the panel, the secretary of administration and finance shall select the final member of the panel. Any fee or compensation provided to a member for service on the panel shall be shared equally between the public employee committee and the appropriate public authority.

(d) The municipal health insurance review panel shall approve the appropriate public authority's immediate implementation of the proposed changes under section 22; provided, however, that any increases to plan design features have been made in accordance with the provisions of section 22. The municipal health insurance review panel shall approve the appropriate public authority's immediate implementation of the proposed changes under section 23; provided, that the panel confirms that the anticipated savings under those changes would be at least 5 per cent greater than the maximum possible savings under section 22. If the panel does not approve implementation of changes made pursuant to section 22 or section 23, the public authority may submit a new proposal to the public employee committee for consideration and confirmation under this section.

(e) Within 10 days of receiving any proposed changes under sections 22 or 23, the municipal health insurance review panel shall: (i) confirm the appropriate public authority's estimated monetary savings due to the proposed changes under section 22 or 23 and ensure that the savings is substantiated by documentation provided by the appropriate public authority; provided, however, that if the panel determines the savings estimate to be unsubstantiated, the panel may require the public authority to submit a new estimate or provide additional information to substantiate the estimate; (ii) review the proposal submitted by the appropriate public authority to mitigate, moderate or cap the impact of these changes for subscribers, including retirees, low-income

subscribers and subscribers with high out-of-pocket health care costs, who would otherwise be disproportionately affected; and (iii) concur with the appropriate public authority that the proposal is sufficient to mitigate, moderate or cap the impact of these changes for subscribers, including retirees, low-income subscribers and subscribers with high out-of-pocket health care costs, who would otherwise be disproportionately affected or revise the proposal pursuant to subsection (f).

(f) The municipal health insurance review panel may determine the proposal to be insufficient and may require additional savings to be shared with subscribers, particularly those who would be disproportionately affected by changes made pursuant to sections 22 or 23, including retirees, low-income subscribers and subscribers with high out-of-pocket costs. In evaluating the distribution of savings to retirees, the panel may consider any discrepancy between the percentage contributed by retirees, surviving spouses and their dependents to plans offered by the public authority as compared to other subscribers. In reaching a decision on the proposal under this subsection, the municipal health insurance review panel may consider an alternative proposal, with supporting documentation, from the public employee committee to mitigate, moderate or cap the impact of these changes for subscribers. The panel may require the appropriate public authority to distribute additional savings to subscribers in the form of health reimbursement arrangements, wellness programs, health care trust funds for emergency medical care or inpatient hospital care, out-of-pocket caps, Medicare Part B reimbursements or reimbursements for other qualified medical expenses; provided, however that in no case shall the municipal health insurance review panel designate more than 25 per cent of the estimated savings to subscribers. The municipal health insurance review panel shall not require a municipality to implement a proposal to mitigate, moderate or cap the impact of changes authorized under section 22 or 23 which has a total multi-year cost that exceeds 25 per cent of the estimated savings. All obligations on behalf of the appropriate public authority related to the proposal shall expire after the initial amount of estimated savings designated by the panel to be distributed to employees and retirees has been expended. The panel shall not impose any change to contribution ratios.

(g) The decision of the municipal health insurance review panel shall be binding upon all parties.

(h) The secretary of administration and finance shall promulgate regulations establishing administrative procedures for the negotiations with the public employee committee and the municipal health insurance review panel, and issue guidelines to be utilized by the appropriate public authority and the municipal health insurance review panel in evaluating which subscribers are disproportionately affected, subscriber income and subscriber out-of-pocket costs associated with health insurance benefits.

Section 22. (a) Upon meeting the requirements of section 21, an appropriate public authority of a political subdivision which has undertaken to provide health insurance coverage to its subscribers by acceptance of any other section of this chapter may include, as part of the health plans that it offers to its subscribers not enrolled in a Medicare plan under section 18A, copayments, deductibles, tiered provider network copayments and other cost-sharing plan design features that are no greater in dollar amount than the copayments, deductibles, tiered provider network copayments and other cost-sharing plan design features offered by the commission pursuant to section 4 or 4A of chapter 32A in a non-Medicare plan with the largest subscriber enrollment; provided, however, that for subscribers enrolled in a Medicare plan pursuant to section 18A the appropriate public authority may include, as part of the health plans that it offers to its subscribers, copayments, deductibles, tiered provider network copayments and other cost-sharing plan design features that are no greater in dollar amount than the copayments, deductibles, tiered provider network copayments and other cost-sharing plan design features offered by the commission pursuant to section 4 or 4A of chapter 32A in a Medicare plan with the largest subscriber enrollment. The appropriate public authority shall not include a plan design feature which seeks to achieve premium savings by offering a health benefit plan with a reduced or selective network or providers unless the appropriate public authority also offers a health benefit plan to all subscribers that does not contain a reduced or selective network of providers.

(b) An appropriate public authority may increase the dollar amounts for copayments, deductibles, tiered provider network copayments and other cost-sharing plan design features; provided that, for subscribers enrolled in a non-Medicare plan, such features do not exceed plan design features offered by the commission pursuant to section 4 or 4A of chapter 32A in a non-Medicare plan with the largest subscriber enrollment and, for subscribers enrolled in a Medicare plan under section 18A, such features do not exceed plan design features offered by the commission pursuant to section 4 or 4A of chapter 32A in a Medicare plan with the largest subscriber enrollment; provided, however, that the public authority need only satisfy the requirements of subsection (a) of section 21 the first time changes are implemented pursuant to this section; and provided, further that the public authority meet its obligations under subsections (b) to (h), inclusive, of section 21 each time an increase to a plan design feature is proposed.

Nothing herein shall prohibit an appropriate public authority from including in its health plans higher copayments, deductibles or tiered provider network copayments or other plan design features than those authorized by this section; provided, however, such higher copayments, deductibles, tiered provider network copayments and other plan design features

may be included only after the governmental unit has satisfied any bargaining obligations pursuant to section 19 or chapter 150E.

(c) The decision to accept and implement this section shall not be subject to bargaining pursuant to chapter 150E or section 19. Nothing in this section shall preclude the implementation of plan design changes pursuant to this section in communities that have adopted section 19 of this chapter or by the governing board of a joint purchasing group established pursuant to section 12.

(d) Nothing in this section shall relieve an appropriate public authority from providing health insurance coverage to a subscriber to whom it has an obligation to provide coverage under any other provision of this chapter.

(e) The first time a public authority implements plan design changes under this section or section 23, the public authority shall not increase before July 1, 2014,the percentage contributed by retirees, surviving spouses and their dependents to their health insurance premiums from the percentage that was approved by the public authority prior to and in effect on July 1, 2011; provided however, that if a public authority approved of an increase in said percentage contributed by retirees before July 1, 2011, but to take effect on a date after July 1, 2011, said percentage increase may take effect upon the approval of the secretary of administration and finance based on documented evidence satisfactory to the secretary that the public authority approved the increase prior to July 1, 2011.

Section 23. (a) Upon meeting the requirements of section 21, an appropriate public authority which has undertaken to provide health insurance coverage to its subscribers may elect to provide health insurance coverage to its subscribers by transferring its subscribers to the commission and shall notify the commission of such transfer. The notice shall be provided to the commission by the appropriate public authority on or before December 1 of each year and the transfer of subscribers to the commission shall take effect on the following July 1. On the effective date of the transfer, the health insurance of all subscribers, including elderly governmental retirees previously governed by section 10B of chapter 32A and retired municipal teachers previously governed by section 12 of chapter 32A, shall be provided through the commission for all purposes and governed under this section. As of the effective date and for the duration of this transfer, subscribers transferred to the commission's health insurance coverage shall receive group health insurance benefits determined exclusively by the commission and the coverage shall not be subject to collective bargaining, except for contribution ratios.

Subscribers transferred to the commission who are eligible or become eligible for Medicare coverage shall transfer to Medicare coverage, as prescribed by the commission. In the event of transfer to Medicare, the

political subdivision shall pay any Medicare part B premium penalty assessed by the federal government on retirees, spouses and dependents as a result of enrollment in Medicare part B at the time of transfer into the Medicare health benefits supplement plan. For each subscriber's premium and the political subdivision's share of that premium, the subscriber and the political subdivision shall furnish to the commission, in such form and content as the commission shall prescribe, all information the commission deems necessary to maintain subscribers' and covered dependents' health insurance coverage. The appropriate public authority of the political subdivision shall perform such administrative functions and process such information as the commission deems necessary to maintain those subscribers' health insurance coverage including, but not limited to, family and personnel status changes, and shall report all changes to the commission. In the event that a political subdivision transfers subscribers to the commission under this section, subscribers may be withdrawn from commission coverage at 3 year intervals from the date of transfer of subscribers to the commission.

The appropriate public authority shall provide notice of any withdrawal by October 1 of the year prior to the effective date of withdrawal. All withdrawals shall be effective on July 1 following the political subdivision's notice to the commission and the political subdivision shall abide by all commission requirements for effectuating such withdrawal, including the notice requirements in this subsection. In the event a political subdivision withdraws from commission coverage under this section, such withdrawal shall be binding on all subscribers, including those subscribers who, prior to the transfer to the commission, received coverage from the commission under sections 10B and 12 of chapter 32A and, after withdrawal from the commission, those subscribers who received coverage from the commission under said sections 10B and 12 of said chapter 32A shall not pay more than 25 per cent of the cost of their health insurance premiums. In the event of withdrawal from the commission, the political subdivision and public employee unions shall return to governance of negotiations of health insurance under chapter 150E and this chapter; provided, however, that the political subdivision may transfer coverage to the commission again after complying with the requirements of subsections (b) to (h), inclusive, of section 21.

The commission shall issue rules and regulations consistent with this section related to the process by which subscribers shall be transferred to the commission.

(b) To the extent authorized under chapter 32A, the commission shall provide group coverage of subscribers' health claims incurred after transfer to the commission. The claim experience of those subscribers shall be maintained by the commission in a single pool and combined with the claim experience of all covered state employees and retirees and their covered

dependents, including those subscribers who previously received coverage under sections 10B and 12 of chapter 32A.

(c) A political subdivision that self-insures its group health insurance plan under section 3A and has a deficit in its claims trust fund at the time of transferring its subscribers to the commission and the deficit is attributable to a failure to accrue claims which had been incurred but not paid may capitalize the deficit and amortize the amount over 10 fiscal years in 10 equal amounts or on a schedule providing for a more rapid amortization. Except as provided otherwise herein, subscribers eligible for health insurance coverage pursuant to this section shall be subject to all of the terms, conditions, schedule of benefits and health insurance carriers as employees and dependents as defined by section 2 and commission regulations. The commission shall, exclusively and not subject to collective bargaining under chapter 150E, determine all matters relating to subscribers' group health insurance rights, responsibilities, costs and payments and obligations excluding contribution ratios, including, but not limited to, the manner and method of payment, schedule of benefits, eligibility requirements and choice of health insurance carriers. The commission may issue rules and regulations consistent with this section and shall provide public notice, and notice at the request of the interested parties, of any proposed rules and regulations and provide an opportunity to review and an opportunity to comment on those proposed rules and regulations in writing and at a public hearing; provided, however, that the commission shall not be subject to chapter 30A.

(d) The commission shall negotiate and purchase health insurance coverage for subscribers transferred under this section and shall promulgate regulations, policies and procedures for coverage of the transferred subscribers. The schedule of benefits available to transferred subscribers shall be determined by the commission pursuant to chapter 32A. The commission shall offer those subscribers the same choice as to health insurance carriers and benefits as those provided to state employees and retirees. The political subdivision's contribution to the cost of health insurance coverage for transferred subscribers shall be as determined under this section, and shall not be subject to the provisions on contributions in said chapter 32A. Any change to the premium contribution ratios shall become effective on July 1 of each year, with notice to the commission of such change not later than January 15 of the same year.

(e) A political subdivision that transfers subscribers to the commission shall pay the commission for all costs of its subscribers' coverage, including administrative expenses and the governmental unit's cost of subscribers' premium. The commission shall determine on a periodic basis the amount of premium which the political subdivision shall pay to the commission. If the political subdivision unit fails to pay all or a portion of these costs according to the timetable determined by the commission, the commission may

inform the state treasurer who shall issue a warrant in the manner provided by section 20 of chapter 59 requiring the respective political subdivision to pay into the treasury of the commonwealth as prescribed by the commission the amount of the premium and administrative expenses attributable to the political subdivision. The state treasurer shall recoup any past due costs from the political subdivision's cherry sheet under section 20A of chapter 58 and transfer that money to the commission. If a governmental unit fails to pay to the commission the costs of coverage for more than 90 days and the cherry sheet provides an inadequate source of payment, the commission may, at its discretion, cancel the coverage of subscribers of the political subdivision. If the cancellation of coverage is for nonpayment, the political subdivision shall provide all subscribers health insurance coverage under plans which are the actuarial equivalent of plans offered by the commission in the preceding year until there is an agreement with the public employee committee providing for replacement coverage.

The commission may charge the political subdivision an administrative fee, which shall not be more than 1 per cent of the cost of total premiums for the political subdivision, to be determined by the commission which shall be considered as part of the cost of coverage to determine the contributions of the political subdivision and its employees to the cost of health insurance coverage by the commission.

(f) If there is a withdrawal from the commission under this section, all retirees, their spouses and dependents insured or eligible to be insured by the political subdivision, if enrolled in Medicare part A at no cost to the retiree, spouse or dependents, shall be required to be insured by a Medicare extension plan offered by the political subdivision under section 11C or section 16. A retiree shall provide the political subdivision, in such form as the political subdivision shall prescribe, such information as is necessary to transfer to a Medicare extension plan. If a retiree does not submit the information required, the retiree shall no longer be eligible for the retiree's existing health insurance coverage. The political subdivision may from time to time request from a retiree, a retiree's spouse and dependents, proof certified by the federal government of the retiree's eligibility or ineligibility for Medicare part A and part B coverage. The political subdivision shall pay the Medicare part B premium penalty assessed by the federal government on those retirees, spouses and dependents as a result of enrollment in Medicare part B at the time of transfer into the Medicare health benefits supplement plan.

(g) The decision to implement this section shall not be subject to collective bargaining pursuant to chapter 150E or section 19.

(h) Nothing in this section shall relieve a political subdivision from providing health insurance coverage to a subscriber to whom it has an obligation to provide coverage under any other provision of this chapter or

change eligibility standards for health insurance under the definition of "employee" in section 2.

Section 24. An appropriate public authority of a political subdivision which has undertaken to provide health insurance coverage to its subscribers under this chapter may provide health care flexible spending accounts to allow certain subscribers, as determined by the appropriate public authority, to set aside a portion of earnings to pay for qualified expenses which may include, but shall not be limited to, out-of-pocket costs such as inpatient and outpatient copayments, calendar year deductibles, office visit copayments and prescription drug copayments.

Section 25. Notwithstanding any general or special law or regulation to the contrary, the appropriate public authority of a political subdivision which has undertaken to provide health insurance coverage to its subscribers under this chapter or transfer its subscribers to the commission under this chapter may provide health reimbursement arrangements to reimburse subscribers for qualified medical expenses which may include, but shall not be limited to, out-of-pocket costs such as inpatient and outpatient copayments, calendar year deductibles, office visit copayments and prescription drug copayments.

Section 26. An appropriate public authority of a political subdivision which has undertaken to provide health insurance coverage to its subscribers under this chapter shall conduct an enrollment audit not less than once every 2 years. The audit shall be completed in order to ensure that members are appropriately eligible for coverage.

Section 27. An insurance carrier, third party purchasing group or administrator or the commission in the case of a governmental unit, which has undertaken to provide health insurance coverage to its subscribers by acceptance of sections 19 or 23, shall, upon written request, provide the governmental unit or public employee committee with its historical claims data within 45 days of such request; provided, that all personally identifying information within such claims shall be redacted and released in a form and manner compliant with all applicable state and federal privacy statutes and regulations including, but not limited to, the federal Health Insurance Portability and Accountability Act of 1996.

Section 28. Nothing in section 21, 22 or 23 shall be construed to prevent 2 or more governmental units under a joint purchase or trust agreement from jointly negotiating and purchasing coverage as authorized in section 12.

Section 29. Each fiscal year, the commission shall prepare and place on its website a report delineating the dollar amount of the copayments, deductibles, tiered provider network co-payments and other design features offered by the commission in the non-Medicare plan with the largest subscriber enrollment and the dollar amount of the copayments, deductibles, tiered provider network copayments and other design features offered by the commission in the Medicare extension plan with the largest subscriber

enrollment. The commission shall also provide information on its plans with the largest subscriber enrollment upon request of any appropriate public authority or political subdivision.

SECTION 4. Notwithstanding any general or special law to the contrary, an appropriate public authority that implements changes to health insurance benefits pursuant to sections 22 and 23 of chapter 32B of the General Laws shall delay implementation of such changes, as to those subscribers covered by a collective bargaining agreement or section 19 agreement that is in effect on the date of implementation of such changes, of any changes to the dollar amounts of copayments, deductibles or other cost-sharing plan design features that are inconsistent with any dollar limits on copayments, deductibles or other cost-sharing plan design features that are specifically included in the body of that collective bargaining agreement or section 19 agreement, until the initial term stated in that collective bargaining agreement or section 19 agreement has ended.

SECTION 5. Nothing in this act shall be construed to alter, amend or affect chapter 36 of the acts of 1998, chapter 423 of the acts of 2002, chapter 27 of the acts of 2003 or chapter 247 of the acts of 2004.

SECTION 6. Notwithstanding any general or special law to the contrary, the group insurance commission shall prescribe procedures to permit a political subdivision to transfer all subscribers for whom it provides health insurance coverage to the commission on or before January 1, 2012, if such political subdivision provides notice to the group insurance commission on or before September 1, 2011, that it is transferring its subscribers to the group insurance commission under sections 19 or 23 of chapter 32B of the General Laws; provided further, the commission shall also prescribe procedures to permit a political subdivision to transfer all subscribers for whom it provides health insurance coverage to the commission on or before April 1, 2012, if such political subdivision provides notice to the group insurance commission on or before December 1, 2011, that it is transferring its subscribers to the group insurance commission under said sections 19 or 23 of said chapter 32B; provided further, the commission shall also prescribe procedures to permit a political subdivision to transfer all subscribers for whom it provides health insurance coverage to the commission on or before July 1, 2012, if such political subdivision provides notice to the group insurance commission on or before March 1, 2012, that it is transferring its subscribers to the group insurance commission under said sections 19 or 23 of said chapter 32B.

SECTION 7. Notwithstanding any general or special law to the contrary, unless otherwise agreed, a governmental unit transferring its subscribers to the group insurance commission under section 23 of chapter 32B of the General Laws shall use current contribution ratios in existence for each class of plan for each collective bargaining unit in order to transfer to the commission.

If a governmental unit was not offering both a preferred provider organization plan or an indemnity plan on the date of transfer to the commission, the governmental unit's initial contribution ratio toward the commission's preferred provider organization plans and indemnity plans shall be the ratio that the governmental unit was contributing toward its preferred provider organization plan or indemnity plan for each collective bargaining unit on that date. Except as specifically provided in this section, all contribution ratios shall remain subject to bargaining pursuant to chapter 32B of the General Laws and chapter 150E of the General Laws.

House of Representatives, July 11, 2011.

Preamble adopted, Paul J. Donato, Speaker.

In Senate, July 11, 2011.

Preamble adopted, Kenneth I. Donnelly, President.

House of Representatives, July 11, 2011.

Bill passed to be re-enacted, Paul J. Donato, Speaker.

In Senate, July 11, 2011.

Bill passed to be re-enacted, Kenneth I. Donnelly, President.

12 July, 2011.

Approved,

at 11 o'clock and 36 minutes, A. M.

Deval L. Patrick, Governor

SECRETARY OF STATE
REGULATIONS DIVISION
2011 JUL 12 PM 12:47

Diman Regional Vocational Technical High School

FALL RIVER - SOMERSET | SWANSEA - WESTPORT

MARTA MONTLEON, *Superintendent - Director*
mmontleon@dimanregional.org

BRIAN S. BENTLEY, *Assistant Superintendent - Director/Principal*
bbentley@dimanregional.org

251 Stonehaven Road
Fall River, Massachusetts 02723

Telephone: 508-678-2891
Fax: 508-679-6423

September 14, 2011

RECEIVED
2011 SEP 14 P 3:42
CITY CLERK
FALL RIVER, MA

~~Michael B. Lund, President~~
Fall River City Council
One Government Center
Fall River, MA 02722

Dear Mr. Lund:

As Chairperson of the Greater Fall River Vocational School District Committee. I respectfully request that our committee members be classified by title as "**special municipal employees.**" This request is made to comply with the Massachusetts State Ethics Law.

Under Massachusetts State Ethics Law, members of regional school committees are considered municipal employees of every municipality in the regional school district. As such, GFRVSD Committee members must provide disclosure of any private business relationship with any of the four municipalities and any third party with which the municipalities may contract and from which the school committee member may appear to benefit. In order to comply with the exemption and disclosure provisions of Section 20(d), members of the GFRVSD Committee must be designated special municipal employees by the City Council and Board of Selectmen of all four District Communities. Enclosed is a letter a GFRVSD Committee member received from the State Ethics Commission on this matter.

Please include this item on the agenda of the next regularly scheduled meeting of the Fall River City Council. Please also contact me or Superintendent Marta Montleon if you have any questions regarding this matter

Respectfully,

Karl Hetzler

Karl Hetzler, Chairperson
Greater Fall River Vocational School District Committee

Enclosure

ok per Pres 9/22

City of Fall River, *In City Council*

ORDERED, that in accordance with the provisions of Chapter 268A of the General Laws, the following position is hereby classified as "Special" and any municipal employee holding such position is hereby classified as a "Special Municipal Employee":

Member, Greater Fall River Vocational School District Committee

3

City of Fall River, Massachusetts

PLANNING DEPARTMENT

JAMES K. HARTNETT
PLANNING DIRECTOR

RECEIVED
2011 JUL 21 P 4: 17
CITY CLERK
FALL RIVER, MA

July 21, 2011

Fall River City Council
One Government Center
Fall River, MA 02722

RE: Sec 66-186 Report Father Kelly Park Softball Field

Dear Councillors:

The Board of the Park Commissioners has requested that the Father Kelly Park Softball Field be named "The Jack Hackett Field".

In accordance with Sec 66-186 of the revised ordinances of the City of Fall River, the Planning Board held a public hearing on July 20, 2011, to hear all interested parties.

Research: Research was limited to requests from the Fall River Park Commission and the City Clerk for them to review their records relating to the Father Kelly Park Softball Field.

The area known as the Father Kelly Park Softball Field is owned by the City of Fall River Park Department.

Public Hearing: Held on July 20, 2011.

Favor
The Officers of the SCSL Leagues submitted various documents recognizing Jack Hackett's dedication and service over the years.

Opposed
There was no one present to speak in opposition to the request.

Recommendation:
The Board found that the field was not previously named and recommended naming the softball field "The Jack Hackett Field".

Sincerely,

James K. Hartnett
Planning Director

t11-05FatherKelly

4

CITY OF FALL RIVER, MASSACHUSETTS

BOARD OF ELECTION COMMISSIONERS
ONE GOVERNMENT CENTER
TEL. 508-324-2630

COMMISSIONERS

ELIZABETH A. CAMARA, CHAIRPERSON
AILEEN H. BELFORD, CLERK
MARGARET SOUSA
ROGER P. TACHE

RECEIVED
2011 SEP 28 P 2: 12
CITY CLERK
FALL RIVER, MA

September 28, 2011

Honorable City Council
City of Fall River
One Government Center
Fall River Ma 02722

Dear City Councillors:

The Board of Election Commissioners request that the City Council adopt a proposed Resolution in support of H1972 "An Act Regulating Election Primaries" now pending before the General Court at the State House. Enclosed is a copy of the bill summary along with a copy of a letter from the Federal Voting Assistance Program to Senate Chairman Barry Finegold and to House Chairman Michael Moran, Joint Committee on Election Law at the State House.

Adoption of H1972 will ensure that the votes of our troops serving overseas will count on election day and will save taxpayers at least $8,000,000.00 by streamlining elections. The Department of Defense Federal Voting Assistance Program (FVAP), in written testimony supporting the bill, noted that the bill is in line with federal law and is also in line with a number of states that have recently moved their primary elections earlier in the year to comply with the federal requirement. The FVAP testimony concluded passing this Resolution will significantly improve voter success for many military members, overseas voters, and their families.

This will move the state primary along with the presidential primary to the first Tuesday in June. Combining the state election and presidential primary into one day will result in savings of at least $8,000,000.00. By moving the state primary to June will increase the time to mail ballots to military personnel and other residents of Massachusetts stationed or residing overseas.

Thank you for your support in moving along this important legislation.

Very truly yours,

Elizabeth A. Camara

Elizabeth A. Camara, Chairperson
Board of Election Commissioners

City of Fall River, *In City Council*

WHEREAS, according to the Department of Defense Federal Voting Assistance Program (FVAP), there are 11,691 active military duty Massachusetts residents residing overseas, and

WHEREAS, for the November 2010 election, Massachusetts requested a waiver from a requirement of the Military and Overseas Voter Empowerment Act (the MOVE Act) to send absentee ballots to Americans overseas at least 45 days before an election "due to a late primary", and

WHEREAS, a report by the Secretary of the Commonwealth revealed that in the November 2010 election only 400 ballots from Massachusetts active duty military personnel stationed overseas were counted, and

WHEREAS, the General Court is considering H1972 "An Act Regulating State Primaries", a bill that moves the state primary to allow Massachusetts residents residing overseas to vote privately and securely, and combines the presidential primary with the state primary to save taxpayers at least $8,000,000.00, and

WHEREAS, a number of states have moved their primary dates earlier in the year to comply with the federal MOVE Act and to provide relief to taxpayers by reducing the cost of elections, and

WHEREAS, the Massachusetts state primary scheduled for September 18, 2012 stands alone as the last state primary in the country in 2012, and

WHEREAS, in written testimony the FVAP concluded "passing HB1972 will significantly improve voter success for many military members, overseas voters, and their families", and

WHEREAS, HB1972 simplifies the election process, decreases the opportunity for "voter fatigue", reduces the cost of elections for taxpayers, and establishes fairness among candidates, no therefore

BE IT RESOLVED, by the City Council of the City of Fall River that the City of Fall River supports the adoption of HB1972 "An Act Regulating Election Primaries" pending before the 187th General Court of the Commonwealth of Massachusetts and directs the City Clerk to transmit a copy of this action to the municipality's State Delegation and to the Joint Committee on Election Laws.

H1972 - An Act Regulating Election Primaries
Executive Summary

Purpose:

1. To increase the time between the State Primary and State Election so that military personnel and Massachusetts residents residing overseas can vote without having to waive their right to a secret ballot.
2. To save the Commonwealth and communities at least $8,000,000.00 by consolidating elections.
3. To simplify the election process, decrease opportunity for "voter fatigue" and establish fairness among candidates.

Executive Summary:

1. Moves the state primary to the first Tuesday in June. This will increase the time to mail ballots to military personnel and other residents of Massachusetts stationed or residing overseas. The trend across the country has been to move the primary earlier in the year to comply with the requirements of the Military and Overseas Voter Empowerment Act (the MOVE Act). The MOVE Act requires that absentee ballots be transmitted to voters at least 45 days before an election.

2. Moves presidential primary to the first Tuesday in June. Combining the state election and presidential primary into one day will result in savings of at least $8,000,000.00 ($3,500,000.00 for the state according to testimony of the Secretary of the Commonwealth before the General Court and a minimum of $4,500,000.00 based on the State Auditor's reimbursement to municipalities following the January 2010 special election). This will place Massachusetts towards the end of the presidential primary schedule and could draw the attention sought in the event of a primary season without a clear front-runner in the major parties. In 2008, the election was moved from March to February so that the primary coincided with the so-called Super Tuesday. It did not have the anticipated effect of drawing attention to the state in view of the large number of primaries held on that day. California has moved its presidential primary and state primary to the first Tuesday after the first Monday in June for fiscal reasons. Combining the state primary with the presidential primary in Massachusetts makes fiscal sense.

3. Establishes a new method of selecting political party ward and town committee members and eliminates the primary ballot method of selecting the ward and town committee members. The outdated primary method is costly in that it requires significant ballot design and voting machine programming expenses. For example, looking at voting machine coding costs in the 2008 election cycle, the City of Woburn paid $1,474.00 for coding the September primary, $1,330.00 for coding of the November general election, but the February presidential primary with ward committees on the ballot cost the city $3,807.00 for voting machine coding. The

state committeeman and state committeewoman will continue to be selected by primary ballot. The respective state committees will then oversee the selection of ward and town committee members based on a system of rules and procedures established by the party and filed with the Secretary of the Commonwealth.

4. Brings greater consistency to deadlines relating to elections and nominations across all elections and for all candidates.

5. Requires unenrolled candidates for office to meet the same filing deadlines as for party candidates. For example, currently, party candidates for statewide office have to file nomination papers in early May while unenrolled candidates have until early August to file nomination papers. This proposal would create consistency among all candidates as well as ensuring that ballots can be printed and transmitted to be sent out in compliance with the MOVE Act.

6. Most community polling places are located in schools. Every election day causes disruption to the educational process and increases security issues in the schools. Although relationships are cooperative, many municipal chief election officials have been advised by their local school departments that alternative locations other than the schools should be sought. Limiting the number of elections held in a year could reduce this friction and reduce these concerns.

7. March is a challenging month to conduct elections as the election is held early in the month and winter weather conditions such as snow and ice are still a concern. In addition, the vast majority of poll workers are retired citizens, many of whom travel to Florida and other warm weather locations during the winter months. Election officials often struggle with filling the void created by so-called "snow birds" for March elections. Labor unions, political parties, stay at home mothers and senior citizens for many years filled the role of poll workers. However, as cultural conditions have changed the bulk of election workers now come from the retired citizens pool.

Prepared by: *William C. Campbell, Woburn City Clerk*
Woburn City Hall – 10 Common Street
Woburn, MA 01801
Tel: (781) 897-5850
Email: wcampbell@cityofwoburn.com

Rev .September 6, 2011

City of Fall River, *In City Council*

(Councilor Raymond A. Mitchell)
(Councilor Eric Poulin)

WHEREAS, public bus transportation in Fall River is limited and not available after 6:00 PM weekdays or on Sundays and Holidays, and

WHEREAS, Congress is proposing a reduction in funding for public transportation, which will further decrease services, and

WHEREAS, the lack of service makes it difficult for riders to maintain employment , participate in after school activities and attend adult education classes in the evenings, and

WHEREAS, the lack of service on Sundays keeps people home and unable to attend religious services, shop, visit family and participate in other recreational activities, and

WHEREAS, the City of Fall River needs to increase public transportation to allow for economic growth and the expansion of tourism in our City, now therefore

BE IT RESOLVED, that the Fall River City Council encourages SRTA and members of the City's Congressional delegation to work together toward providing transportation services to citizens after 6:00 P.M. on weekdays and on Sundays.

11

City of Fall River, *In City Council*

(Councilor Raymond A. Mitchell)

WHEREAS, Mr. Jon Delli Priscoli, Chief Executive Officer of First Colony Group is a very successful developer, and

WHEREAS, we need to enhance our community by developing our City, especially our waterfront, now therefore

BE IT RESOLVED, that Mr. Priscoli be invited to a future meeting of the City Council Committee on Finance to discuss this matter.

City of Fall River, *In City Council*

(Councilor Linda M. Pereira)

WHEREAS, littering continues to be a problem in the City of Fall River, and

WHEREAS, many people may be unaware there are fines for littering, now therefore

BE IT RESOLVED, that the Administration consider placing signs throughout the City informing people of these fines.

City of Fall River, *In City Council*

(Councilor Eric Poulin)
(Councilor Raymond A. Mitchell)
(Councilor Linda M. Pereira)

WHEREAS, City Councilors that attended the Fr. Kelly Park and Flint Neighborhood Association meetings this past week fielded questions which asked, "When is the city going to bring the rolling trash and recycling cart program to the entire community", and

WHEREAS, many other residents throughout the city have asked the same question on a regular and persistent basis, now therefore

BE IT RESOLVED, that the City Administrator, Interim CFO, Director of Community Maintenance, and other relevant parties be invited to a meeting of the Committee on Finance to discuss their plans for bringing this program to the entire city.

14

RECEIVED

2011 SEP 16 P 2:11

CITY CLERK
FALL RIVER, MA

11-202

CLAIM FORM
City of Fall River, Massachusetts

Name: ERIC H. DARLING (OWNER)

Address: 141 GARDEN ST
FALL RIVER, MA 02720

Phone #: (508) 678-4693 (508)922-3363 CELL

Type of Claim: X M.G.L. Chapter 84 ____ M.G.L. Chapter 258 ____ Other

Date of Incident: August 18th, 2011
Time of Incident: 4:30 PM
Location of Incident: BEAUREGARD ST, FALL RIVER

Provide a detailed description of your claim (attach additional sheets if necessary):

DIANE DARLING LEFT WORK AND PROCEEDED TO DRIVE SOUTH ON CHAVESON ST.; TURNED RT ONTO BEAUREGARD STREET towards OAK GROVE JUST PAST 146 BEAUREGARD ST. She hit a sink hole WITH THE DRIVER'S FRONT WHEEL CAUSING THE LEFT FRONT STRUT TO BREAK. (SEE ENCLOSED PHOTOS). I AM SUBMITTING THIS CLAIM AGAINST THE CITY FOR REPAIRS TO MY VEHICLE LESS THE OIL CHANGE, ROTATION OF TIRES ($49.12) FOR A TOTAL OF $416.71. DIANE IS AN EXCELLENT DRIVER; WITH NO ACCIDENTS OR TICKETS AND IS ALWAYS CAREFUL. As you CAN SEE FROM THE ATTACHED PHOTOS - THE SINK HOLE IS NOT READILY VISIBLE. IT HAS APPARENTLY BEEN THERE FOR SOME TIME AND THE CITY IS RESPONSIBLE FOR REPAIRS TO STREETS

*You should consult with your own attorney in preparing this Claim Form to understand your legal rights

GREENWOOD
CREDIT UNION
2669 POST ROAD, WARWICK, RI 02886-3076

RECEIVED
2011 SEP 26 P 1:52
CITY CLERK
FALL RIVER, MA

11-203

September 20, 2011

Antonio M. Raposo — RE. MARIA H. Raposo
37 Armstrong Ave. ph. # 401-263-9865
Providence, RI 02903

Re: Acct. 91657767

Dear Antonio M. Raposo:

Please note as of 9/19/11, we have received a total loss insurance check for $11,637.00 from Progressive Insurance that has been applied to your loan. As of 9/20/11, your account had a principal balance left of $5,718.30 with a per diem of $1.25. Your next regularly scheduled payment of $304.49 is due on October 4, 2011.

I have enclosed the following documents for your review:

1. A copy of your account transaction history showing all payments posted .
2. A copy of the Progressive Insurance check received.
3. A copy of your original loan contract dated July 5, 2011.
4. A copy of total loss payoff as of date of loss.

Please note that you are legally responsible to pay the balance remaining on your account. If you would like to inquire regarding a refinance of the balance remaining on your loan please contact our loan services department.

If you have any questions regarding your loan account please contact me at 401-739-4600 ext 783.

Thank you for your cooperation in this regard and we appreciate your business.

Sincerely,

Gerry Zisk

Gerry Zisk
Collection Department
401-562-2783 - Direct phone
Enclosures

RECEIVED

2011 SEP 23 A 11: 11

CITY CLERK
FALL RIVER, MA

Claim #11-203

CLAIM FORM

City of Fall River, Massachusetts

Complete loss of vehichle 2008 Pontiac G6. my phone # is 1-401-263-9865

Name: Antonio Raposo - RE: Maria H. Raposo

Address: 37 Armstrong Ave. Providence R.I. 02903

Orig + dec - Law
C: DPW
C. Clerk
C Council

Phone #: 401-263-9865

Type of Claim: ____ **M.G.L. Chapter 84** ____ **M.G.L. Chapter 258** ✓ **Other**

Date of Incident: 9-8-11
Time of Incident: 9:42 A.M.
Location of Incident: Davol st. fall River MA.

Provide a detailed description of your claim (attach additional sheets if necessary):

On 9-8-11 I was going to work, it was raining when I got off the exit to Davol st. there was traffic in front of me, and some behind, I Noticed the vehichle in front of me trying to back up, and that's when I noticed all the water that was on Davol street And it just kept rising, I tried to back up myself but there was vehichles behind me the water got to High & my car shut off. As well as everyone else's there I Counted at least 6 Cars engulfed in water, I called 911 at 9:50 A.m. got through to the police station "fall River" But No one Come to help us, we waited for over 1/2 hour but only only a city worker showed up, I guess he works for the city. Our car was a total loss we'd just bought the car 7 weeks earlier, We are over $3.000 in the hole; our insurance only covers $11.637 dollars minus our $500.00 deductable. I don't have the Prove from my insurance yet, or the Bank But I will be getting it this month. I expect to hear from Someone in this office shortly. Thank you Maria H. Raposo

* You should consult with your own attorney in preparing this Claim Form to understand your legal rights.

CLAIM FORM
City of Fall River, Massachusetts

RECEIVED
2011 SEP 22 P 2:34
CITY CLERK
FALL RIVER, MA

Claim #11-204

Name: Michelle L. Cabral

Address: 226 Brayton Ave #2
Fall River, MA 02721

Phone #: 508-369-4669

Type of Claim: _____ **M.G.L. Chapter 84** _____ **M.G.L. Chapter 258** _____ **Other**

Date of Incident: 9/16/11
Time of Incident: 8:25 AM
Location of Incident: 165 Lawrence Street / Trembley bus co. enterance

Provide a detailed description of your claim (attach additional sheets if necessary):

Huge pothole in road next ~~too~~ too Trembley bus fence + #165 (house) parking both sides of street couldn't avoid! Traveling down toward rodman street! Flat tires on both passanger side wheels! holes on side wall of tire! unrepairable! 2 used tires purchased at Fat Boy tires (Quarry St) $120.00. Receipt attached - also have photo of incident location. Michelle L. Cabral 9/22/11

Orig + 2 copies to law
copy to DPW
" " City Council
" " City Clerk

* You should consult with your own attorney in preparing this Claim Form to understand your legal rights.

RECEIVED

2011 SEP 27 P 3:41

CITY CLERK
FALL RIVER, MA

CLAIM FORM
City of Fall River, Massachusetts

11-205

Name: Eric Fonseca

Address: 11 Bradley court
Fall River MA 02720

Phone #:

Type of Claim: _____ M.G.L. Chapter 84 _____ M.G.L. Chapter 258 _____ Other

Date of Incident: 09/23/11
Time of Incident: 8:00am
Location of Incident: 1 Quincy st and 247 Herman st

Provide a detailed description of your claim (attach additional sheets if necessary):

Friday September 23, at 8:am while driving down Quincy st one Street over from where I live, on my way to class. I drove over what appeared to be a recently paved piece of the road. I was startled by a loud bang then swerved to a complete stop in an uncontrolled manner. I got out of my vehicle and had noticed my passenger side tire had completely broke away from it's original position and had damage to the fender and under skirt molding. My vehicle was non driveable so I had to call roadside assitance and the Fall River police. The damages to my vehicle due to the defected road were lower control arm, Ball joint, Front Axle, plus labor, fender,

*You should consult with your own attorney in preparing this Claim Form to understand your legal rights