



**ANAMASS Legislative Agenda**  
2025-2026  
194<sup>th</sup> General Court

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**Priority Agenda Items**

**Improving Nursing Workforce Environments and Staffing**

**1. S1572/H766 An Act relative to acute hospital and nursing home governance**

<https://malegislature.gov/Bills/194/S1572> An Act relative to acute hospital governance  
<https://malegislature.gov/Bills/194/H766> An Act relative to acute and nursing home hospital governance

**Sponsors:** [Senator Joan B. Lovely](#) and Representatives [Paul J. Donato](#) & [John Francis Moran](#)  
**Status:** 2/27/25 S1572 Referred to [Joint Committee on Public Health](#)  
H733 Referred to [Joint Committee on Elder Affairs](#)

**Summary:** SECTION 1. Section 51 of Chapter 111 is hereby amended by adding at the end thereof the following new paragraph: All acute-care hospitals as defined in section twenty-five B, shall have a registered nurse holding a current unencumbered license from the board of registration in nursing as a sitting and voting member of the governing entity responsible for developing the organization's strategic plan, structure, systems, policies and programs.  
*[In addition to above]* All nursing homes shall have a registered nurse holding a current unencumbered license from the board of registration in nursing as a **sitting and voting member of the governing entity** responsible for developing the organization's strategic plan, structure, systems, policies and programs.

**Recommended Position: SUPPORT**

**Previous Bills Status: 2023-2024** [Bill H.2213 \(malegislature.gov\)](#) [Bill S.1404 \(malegislature.gov\)](#) were Reported favorably by the [Joint Committee on Health Care Financing](#) and referred to the [Joint Committee on Public Health](#), where they were sent to study [H4854](#)

To view the verbal testimony, please click [HERE](#)

For a copy of 7/5/23 testimony please click [HERE](#)

**2. S1543/H2397 An Act establishing a nursing workforce center**

<https://malegislature.gov/Bills/194/S1543>  
<https://malegislature.gov/Bills/194/H2397>

**Sponsors:** Senators [Cindy F. Friedman](#) & [Joanne M. Comerford](#); Representatives [Marjorie C. Decker](#), [Daniel Cahill](#), & [John Francis Moran](#)  
**Status:** 2/27/25 Referred to [Joint Committee on Public Health](#)

The purpose of the nursing workforce center shall be to gather data, research and provide analysis to advise policy leaders on how to address the current and future nursing workforce needs of nurses and others who support nursing care and to provide recommendations to

advance nursing science and practice in the commonwealth. Codifies existing Nursing Council for Workforce Stability <https://www.ncwsma.org/>.

**Recommended Position: SUPPORT**

### Workplace Violence

### 3. S1718/H2665 An Act requiring health care employers to develop and implement programs to prevent workplace violence

<https://malegislature.gov/Bills/194/H2665>

<https://malegislature.gov/Bills/194/S1718>

**Sponsor:** Senators [Joan B. Lovely](#) plus [others](#); and Representative [John J. Lawn, Jr.](#) plus [others](#)

**Status:** 2/27/25 Referred to [Joint Committee on Public Safety and Homeland Security](#)

**Recommended Position:** Support with efforts to include and/or create legislative and regulatory language which **expands the definition of workplace violence to include psychological assaults such as bullying, acts of psychological aggression, lateral violence, racism, etc**; provide recommendations as per <https://www.nursingworld.org/practice-policy/work-environment/end-nurse-abuse/>

[https://www.nursingworld.org/globalassets/practiceandpolicy/work-environment/endnurseabuse/infographic\\_bullying-violence\\_ena.pdf](https://www.nursingworld.org/globalassets/practiceandpolicy/work-environment/endnurseabuse/infographic_bullying-violence_ena.pdf)

**Background:** The ANAMASS Health Policy Committee and BOD has for the past four legislative sessions supported legislation requiring health care employers to develop and implement programs to prevent workplace violence. There have been multiple bills presented, which the HPC has done extensive comparisons of, in particular Victoria Grimes-Holsinger and Ekta Srinivasa, and written testimony in support of specific aspects of and lobbied for the inclusion of language related to psychological violence/bullying.

The bill filed this year is a compromise bill which the sponsors of the previous bills have agreed upon.

**Previous Bills Status: 2023-2024** Referred to [Joint Committee on Public Safety and Homeland Security](#); Accompanied a study order, see [S2778](#)

For a copy of 10/4/23 ANAMASS Testimony: Please click [HERE](#)

To view the 10/4/23 Verbal Testimony, please click [HERE](#)

For a copy of 2021-2022 ANAMASS Testimony: Please click [HERE](#)

To view copies of ANAMASS' testimony from sessions prior to 2021 please click the below links. Note, you must enter your name, email address, and ANAMASS as the company to access the sharefile links

[1.3.22 H 2465 H2506 Written Testimony](#)

[Handout from Lobby Day](#)

[7.9.20 testimony SB 2752](#)

[7.25.19 SB 1093 Written testimony](#)

[Comparison of Violence bills- Holsinger](#)

#### 4. **S1482/H2442 An Act protecting patients and health care workers from exposure to surgical smoke**

<https://malegislature.gov/Bills/194/S1482><https://malegislature.gov/Bills/194/H2442>

**Sponsors:** Senators [Joanne M. Comerford](#), [John F. Keenan](#) & [Michael D. Brady](#) and Representative [James K. Hawkins](#)

**Status:** 2/27/25 Referred to [Joint Committee on Public Health](#)

**Recommended Position: Support with recommendations to be consistent with AORN statutory language.**

**Summary:** Surgical Smoke generated from the cauterization or dissection of tissue during surgical procedures contains carcinogenic and mutagenic cells and can include 150 hazardous chemicals, 16 of which are on the EPA Priority Pollutant List. The smoke condensate from one gram of tissue is the equivalent of up to six unfiltered cigarettes and even N-95 masks do not filter out all particulates present in surgical smoke. To date, 13 other states have passed laws addressing surgical smoke. This bill would require hospitals and ambulatory surgical centers (MSCs) to adopt and implement to ensure the elimination of surgical smoke by use of a smoke-evacuation system for each procedure that generates surgical smoke.

**Previous Bills Status: 2023-2024**

<https://malegislature.gov/Bills/193/H1211> <https://malegislature.gov/Bills/193/S747>

Status: Sent to study by the committee on [Public Health](#)

For a copy of 2023-2024 ANAMASS Testimony: Please click [HERE](#)

To view ANAMASS Verbal Testimony on 9/19/23 Please click [HERE](#)

#### 5. **An Act establishing a commission on quality patient outcomes and nurse staffing**

<https://malegislature.gov/Bills/194/S1627>

**Status:** 2/27/25 Referred to [Joint Committee on Public Health](#)

**Sponsor:** Senator [Bruce E. Tarr](#)

**Recommended Position: Support**

**Summary:** Creates a 17-member bipartisan Commission involving multiple stakeholders to review and make recommendations regarding best nurse staffing practices designed to improve the patient care environment, quality outcomes, and nurse satisfaction. locates the commission within, but not subject to the control of the Executive Office of Health and Human Services; articulates the qualifications and terms of commission members; identifies several areas of examination for the Commission relative to nurse staffing levels; requires the commission to file an annual report with the legislature by March 1.

**Previous Bill Text:** [Bill H.2214 \(malegislature.gov\)](https://malegislature.gov/Bills/194/S850) [Bill S.1467 \(malegislature.gov\)](https://malegislature.gov/Bills/194/S1467)

**Previous Bill Status:** Accompanied a study order, see [S2648](#)

To view verbal testimony, please click [HERE](#)

For a copy of previous testimony please click [HERE](#)

## Improving the Pipeline

### 6. [S850/H2544 - An Act relative to nursing career pathways in long term care](#)

<https://malegislature.gov/Bills/194/S850>

<https://malegislature.gov/Bills/194/H2544>

**Sponsors:** Sen. Julian A.Cyr and Rep. [Thomas M. Stanley](#)

**Status:** 2.27.25 Referred to [Joint Committee on Health Care Financing](#)

**Recommended Position: Support consistent with NCWS Recommendations for Strengthening the Licensed Practical Nurse Pipeline in Massachusetts.**

<https://www.ncwsma.org/siteassets/council-recommendations/student-pipeline/lpn-structural-barriers-recommendation-final-1-21-25.pdf>

**Summary:** Notwithstanding any law or regulation to the contrary, Section 179 of Chapter 77 of the Acts of 2023 is amended by adding after “provided further, that not less than \$1,000,000 shall be expended for the establishment of a career pathway program to support certified nurses’ aides, home health aides, homemakers and other entry-level workers in long-term care facilities to become licensed practical nurses” the following:

“or registered nurses, or for licensed practical nurses in long term care facilities to become registered nurses; provided further that students from the commonwealth who: (i) are enrolled in and pursuing a program of higher education at a public community college in the commonwealth or (ii) a Practical Nursing Program at a Career/Vocational Technical Education School shall be eligible for this career pathway financial assistance.”

Citations: SES 2023:77:179

### 7. [H2381 - An Act relative to creating accessible CNA training](#)

<https://malegislature.gov/Bills/194/H2381>

**Sponsor:** Rep. [Tackey Chan](#)

**Status:** Referred to [Joint Committee on Public Health](#)

**Recommended Position: Support.**

Additional recommendations may be found at [https://www.ncwsma.org/siteassets/council-recommendations/student-pipeline/evaluation-of-support-services-for-lpns\\_feb\\_2025.pdf](https://www.ncwsma.org/siteassets/council-recommendations/student-pipeline/evaluation-of-support-services-for-lpns_feb_2025.pdf)

**Background:** Effective July 15, The Massachusetts Department of Public Health’s (DPH) Nurse Aide Registry Services (NARS), began offering the nurse aide certification exam in Spanish and Chinese, in addition to English. Effective December 2, the nurse aide certification exam will

also be offered in Haitian Creole.

**Summary:** Expands **CNA training** to be delivered in languages other than English, including, but not limited to, Spanish, Chinese and Haitian Creole; provided further that the department shall determine in which languages the training shall be offered.”

Citations: MGL 111:72W

## 8. **S2477/H3866 An Act relative to waiving education requirements for skilled veterans to be LPNs**

<https://malegislature.gov/Bills/194/S2477>

<https://malegislature.gov/Bills/194/H3866>

**Sponsor:** Sen. [Jason M. Lewis](#) and Rep. [Kate Lipper-Garabedian](#)

**Status:** Referred to [Joint Committee on Veterans and Federal Affairs](#)

**Recommended Position:** Support

**Background:** Many states offer the ability to sit for the NCLEX-PN to military veterans who have been trained as medics. MA does not. [Information for Graduates of US Nursing Programs and Eligibility for Licensure in Massachusetts](#) Therefore, those LPN's without a certificate of completion from an accredited school are not eligible for licensure by reciprocity in MA. This has implications for participation in the Nurse Licensure Compact. Information on resources available to military to become LPNs can be found at

<https://www.practicalnursing.org/veteran-military-lpn-training>

**Summary:** Amends Section 74A of chapter 112 of the General Laws (Relative to Board of Nursing licensure of LPN's) to allow individuals who have satisfactorily completed medical

## Improving the Workforce Environment

## 9. **S1535/H2396 An Act relative to safe patient handling and mobility in certain health facilities**

<https://malegislature.gov/Bills/194/S1535>

<https://malegislature.gov/Bills/194/HD2396>

**Sponsors:** Senators [Paul R. Feeney](#) & [Michael D. Brady](#) and Representatives [Marjorie C. Decker](#), [Susannah M. Whipps](#), [Rodney M. Elliott](#), [Colleen M. Garry](#), [Paul R. Feeney](#), [Thomas M. Stanley](#), [Vanna Howard](#), [Manny Cruz](#), & [Adrianne Pusateri Ramos](#)

**Status:** Referred to [Joint Committee on Public Health](#)

**Recommended Position:** Support consistent with recommendations found in <https://www.nursingworld.org/practice-policy/work-environment/health-safety/safe-patient-handling/>

**Summary:** By December 1, 2025, the governing body of a hospital or the quality assurance committee of a nursing home shall adopt and ensure implementation of a safe patient handling and mobility program to identify, assess, and develop strategies to control risk of injury to patients and direct caregivers associated with the lifting, transferring, repositioning, or movement of a patient or equipment, such that manual lifting or transfer of patients is minimized in all cases and eliminated when feasible and manual patient handling or movement of all or most of a patient's weight is restricted to emergency, life-threatening, or otherwise exception circumstances. Within six months of the date of enactment, each health care facility shall establish a safe patient handling and mobility committee through the creation of a new committee or by assigning the functions of a safe patient handling committee to an existing committee. The purpose of the committee is to design and recommend the process for implementing a safe patient handling and mobility program and to oversee the implementation of the program. At least half the members of the safe patient handling committee shall be non-managerial employees who provide direct care to patients and shall include but not be limited to nurses, certified nursing assistants, physical therapists, occupational therapists, maintenance staff and infection control employees.

**Previous Bill Status (2023-2024):** Referred to [Joint Committee on Public Health](#); Reported favorably by committee and referred to the committee on [Health Care Financing](#); 4.18.24 Committee recommended bill ought to pass and referred to the committee on [House Ways and Means](#)

For a copy of the 2023-2024 ANAMASS Testimony please click [HERE](#)

For a copy of 2021-2022 ANAMASS Testimony: please click [HERE](#)

## Safe Staffing

### 10. [S485 An Act to establish safe staffing levels at skilled nursing facilities](#) <https://malegislature.gov/Bills/194/S485>

**Sponsors:** Senator [Mark C. Montigny](#)

**Status:** Referred to [Joint Committee on Elder Affairs](#)

**Recommended Position:** Support with Recommendations re: inclusion of ANA Safe Staffing Language and recommendations from the ANA Nurse Staffing task Force

<https://www.nursingworld.org/practice-policy/nurse-staffing/nurse-staffing-task-force/>

<https://www.nursingworld.org/practice-policy/nurse-staffing/nurse-staffing-crisis/>

<https://www.nursingworld.org/practice-policy/nurse-staffing/nurse-staffing-advocacy>

**Summary:** The department of public health shall establish minimum staffing requirements at skilled nursing care facilities and for all level I, II and III long-term care facilities as defined in 105 CMR 150.001. **Working with 1199SEIU and other appropriate stakeholders, the**

**department shall develop amendments to the existing nursing services regulations contained in 105 CMR 150.007** that ensure these facilities employ an adequate number of nurses, certified nurse assistants, and other staff to both meet all resident needs and ensure that sufficient nursing staff with the appropriate competencies is working at any given time to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care. Said **amended regulations shall include specific standards, including but not limited to, a minimum 4.1 hours of care per patient per day** as well as direct-care staff-to-resident ratios to ensure consistent delivery of quality care in a safe and sanitary facility. The department shall issue public recommendations on these issues no later than six months following final passage of this act.

**Previous Bill Text:** <https://malegislature.gov/Bills/193/H615>

For the purpose of this section, “hours of care per resident per day” shall mean the total number of hours worked by registered nurses, licensed practical nurses, and nursing assistants, including certified nurse aides with direct resident care responsibilities, for each 24-hour period, divided by the total census of the facility for each day.

Long-term care facilities providing Level I, II, or III care shall provide sufficient nursing personnel to meet resident nursing care needs, based on acuity, resident assessments, care plans, census and other relevant factors as determined by the facility. Sufficient staffing must include a minimum number of hours of care per resident per day of 4.1 hours, of which at least 0.75 hours must be care provided per resident by a registered nurse. The facility must provide adequate nursing care to meet the needs of each resident, which may necessitate staffing that exceeds the minimum required hours of care per resident per day.

**Previous Bill Status:** Referred to [Joint Committee on Elder Affairs and sent to a study order](#), see [H4537](#)

For a copy of 2021-2022 ANAMASS Testimony: Please click [HERE](#):

## Access to Primary Care/Advanced Practice Nurses

### 11.S867/H2537 - An Act relative to primary care access/primary care for you

<https://malegislature.gov/Bills/194/S867>

<https://malegislature.gov/Bills/194/H2537>

**Sponsors:** Sen. Cindy Friedman (D), [Rebecca L. Rausch](#), [Joanne M. Comerford](#) and Reps. [Greg Schwartz](#), [Patrick Joseph Kearney](#), [Mike Connolly](#), [Mark D. Sylvia](#), [James C. Arena-DeRosa](#) & [Lindsay N. Sabadosa](#)

**Status:** Referred to [Joint Committee on Health Care Financing](#)

**Recommended Position:** Support congruent with recommendations from MCNP

**Summary:** Under Health Policy Commission creates a primary care board to: (i) study primary care access, delivery and payment in the commonwealth; (ii) develop and issue recommendations to stabilize and strengthen the primary care system and the increase of recruitment and retention in the primary care workforce; and (iii) increase the financial

investment in and patient access to primary care across the commonwealth. Includes representative from MCNP

## **12. S697/H1127- An Act to increase access to nurse-midwifery services**

<https://malegislature.gov/Bills/194/S697>

<https://malegislature.gov/Bills/194/H1127>

**Sponsors:** Rep. [Marjorie C. Decker](#), [Brandy Fluker-Reid](#), [Susannah M. Whipps](#), [Samantha Montaño](#), [Lindsay N. Sabadosa](#) & [Mindy Domb](#) Senator [Brendan P. Crighton](#)

**Status:** Referred to [Joint Committee on Financial Services](#)

**Recommendation: Support.** Consistent with Federal *Improving Care and Access to Nurses (ICAN) Act (H. 1317/S. 575)* which modifies Social Security/Code of Federal Regulations to allow Nurse Practitioners to bill for services in the same manner as physicians may bill for services in accordance with .....services furnished by a nurse practitioner shall be payable at the physician fee schedule and Title III Removal of barrier to practice on certified nurse-midwives.

**Summary:** Any contract between a subscriber and the corporation under an individual or group hospital service plan which is delivered, issued or renewed in the commonwealth shall provide as a benefit to all individual subscribers and members within the commonwealth and to all group members having a principal place of employment within the commonwealth for services rendered by a certified nurse midwife designated to engage in the practice of nurse-midwifery by the board of registration in nursing pursuant to section 80C of chapter 112, and the payment rate for a service provided by a certified nurse-midwife that is within the scope of the certified nurse-midwife's authorization to practice shall be equal to the payment rate for the same service if performed by a physician. An insurer may not reduce the reimbursement paid to a licensed physician in order to comply with this section. **Citations:** MGL 112:80C, MGL 175:47E, MGL 176A, MGL 176B:4G, MGL 176G:4, MGL 32A

*Approved by BOD 3.5.25*

*Updated 3.20.25 cd*