

HOUSE No. 1607

The Commonwealth of Massachusetts

PRESENTED BY:

Michael S. Day, (BY REQUEST)

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

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

An Act for a minimum hourly health improvement wage.

PETITION OF:

NAME:

DISTRICT/ADDRESS:

Vincent Lawrence Dixon

HOUSE No. 1607

By Mr. Day of Stoneham (by request), a petition (accompanied by bill, House, No. 1607) of Vincent Lawrence Dixon relative to providing for hourly employee portable health care insurance earnings. Labor and Workforce Development.

The Commonwealth of Massachusetts

**In the One Hundred and Ninety-First General Court
(2019-2020)**

An Act for a minimum hourly health improvement wage.

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

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

3 SECTION 1. The Massachusetts General Laws are hereby amended by inserting the
4 following new chapter:

5 An Act for a Minimum Hourly Health Improvement Wage.

6 1.) Healthcare costs, and insurance, are vital topics, and proper subjects of government
7 operations, and public policy, for all residents of the Commonwealth; and so this

8 Minimum

9 Hourly Health Improvement Wage, is proposed, to assist in better health services, and
10 financing.

11 2.) As economic conditions, have changed, sometimes in unfortunate ways, many
12 individuals have found the need, or availability, to only be able to work at one or more,
13 part-time
14 jobs. Many, or even most of these positions, lack full benefits, further stressing these
15 individual
16 employees. In order to earn sufficient resources, and sometimes not enough, even then,
17 many
18 individuals are working, in excess of the number of hours of a full-time job, and despite
19 the
20 stress, and additional travel time, have challenged access to medical services.

21 3.) While various programs have been developed, and have varieties of value, medical
22 services insurances, are still strongly associated with employment. Developments at the
23 Federal
24 level, as well as state circumstances, continue to evolve, and it is in this context that this
25 legislation, is created.

26 4.) The Public Health Council (PHC), and the Department of Public Health, are hereby
27 authorized, and empowered to analyze, and develop recommendations for a Minimum
28 Health
29 Care Improvement Wage.

30 5.) An amount, shall be determined, by which each employee will receive a portable,
31 health care insurance earning, for each, and every hour worked. In so doing, for example,
32 if an
33 employee worked two separate jobs, of 20 hours each, they would receive 40 hours of
34 Minimum
35 Health Care Improvement Wage. If an employee worked three separate jobs of 18 hours
36 each,
37 they would receive 54 hours of Minimum Health Care Improvement Wage, thereby also
38 adjusting in some general way, for the risks, of excessive work hours, and stress.

39 6.) All employers, of at least 50 employees, would find, an equality of operations, in
40 terms of health care costs, since some amount would accrue to each employee, for each
41 hour
42 worked; in other words, a condition of business, would be the provision and/or
43 contribution of
44 some health care compensation.

45 7.) This Minimum Health Care Improvement Wage, can be first established, as a Pilot
46 Program; after which, based on experience, it shall be recommended for full
47 implementation.

48 8.) Costs of such a program, are a cost of doing business for an employer. Specific tax

49 credits, during the Pilot Program period can, and should be, recommended.

50 9.) Employers of less than 50 employees, would be entitled to voluntary participation,

51 including specific tax credits, during the Pilot Program period.