

**SENATE . . . . . No. 642**

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**The Commonwealth of Massachusetts**

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PRESENTED BY:

***Jason M. Lewis, (BY REQUEST)***

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*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.

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PETITION OF:

NAME:

*Vincent Larence Dixon*

DISTRICT/ADDRESS:

*60 Lake Street – Unit N Winchester, Mass.  
01890*

**SENATE . . . . . No. 642**

By Mr. Lewis (by request), a petition (accompanied by bill, Senate, No. 642) of Vincent Larence Dixon for legislation for a minimum hourly health improvement wage. Health Care Financing.

**The Commonwealth of Massachusetts**

**In the One Hundred and Ninetieth General Court  
(2017-2018)**

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

3 An Act for a Minimum Hourly Health Improvement Wage.

4 1.) Healthcare costs, and insurance, are vital topics, and proper subjects of government  
5 operations, and public policy, for all residents of the Commonwealth; and so this Minimum  
6 Hourly Health Improvement Wage, is proposed, to assist in better health services, and financing.

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

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

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

20           5.) An amount, shall be determined, by which each employee will receive a portable,  
21 healthcare insurance earning, for each, and every hour worked. In so doing, for example, if an  
22 employee worked two separate jobs, of 20 hours each, they would receive 40 hours of Minimum  
23 Healthcare Improvement Wage.

24           6.) All employers, of at least 50 employees, would find, an equality of operations, in  
25 terms of healthcare costs, since some amount would accrue to each employee, for each hour  
26 worked; in other words, a condition of business, would be the provision and/or contribution of  
27 some healthcare compensation.

28           7.) This Minimum Healthcare Improvement Wage, can be first established, as a Pilot  
29 Program; after which, based on experience, it shall be recommended for full implementation.

30           8.) Costs of such a program, are a cost of doing business for an employer. Specific tax  
31 credits, during the Pilot Program period can, and should be, recommended.

32           9.) Employers of less than 50 employees, would be entitled to voluntary participation,  
33 including specific tax credits, during the Pilot Program period.