MLRI MASSACHUSETTS LAW REFORM INSTITUTE

FY 2027 Senate Ways & Means Budget Proposal: Preliminary Analysis of Key Issues Affecting Low-Income Massachusetts Residents

May 7, 2026

On May 5, 2026, the **Senate Committee on Ways & Means (SWM)** released its budget proposal for fiscal year 2027 (FY27), which is referred to as **Senate 4 (S.4).** MLRI offers this preliminary analysis of selected budget topics affecting low-income residents of the Commonwealth.

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A. Cash Assistance, SNAP and Related Items Administered by DTA

Account	Description	FY 26 General Appropriation	FY 27 Governor's Budget (H. 2)	FY 27 House Budget (H. 5501)	FY 27 Senate Ways & Means (S.4)
4400-1000	DTA Administration and Operation	$106,937,411	$110,980,122	$108,760,521	$108,760,521
4400-1001	Food Stamp Participation Rate Programs	$5,294,419	$5,762,115	$5,762,115	$5,762,115
4400-1004	Healthy Incentives Program (HIP)	$20,100,000	$29,700,000	$20,000,000	$29,700,000
4400-1020	Secure Jobs Connect	$5,050,000	$4,950,000	$4,950,000	$4,950,000
4400-1025	Domestic Violence Specialists	$2,329,397	$2,411,075	$2,411,075	$2,411,075
4400-1100	Caseworkers Reserve	$101,262,107*	$147,699,832*	$121,991,351*	$147,699,832*
4400-1979	Pathways to Self Sufficiency	$990,072	$980,171	$980,171	$980,171
4401-1000	Employment Services Program	$20,557,862	$20,375,367	$20,375,367	$20,375,367
4403-2000	TAFDC	$466,729,423	$437,259,755	$437,259,755	$437,259,755
4403-2007	Supp. Nutrition Program	$8,359,783	$11,000,000	$11,000,000	$11,000,000
4403-2008	Transportation Benefits for SNAP Path to Work Participants	$356,537	$352,972	$352,972	$352,972
4403-2119	Structured Settings for Parents Under 22	$13,862,439	$15,080,238	$15,080,238	$15,080,238
4405-2000	State Supplement to SSI	$195,347,995	$186,937,185	$186,937,185	$186,937,185
4408-1000	EAEDC	$208,990,924	$204,024,252	$204,024,252	$204,024,252

*The proposed FY 27 amount from H.2 and SWM is not an increase over FY 26. An FY 26 supplemental budget increases total FY 26 funds to the correct level. $148M pays for the existing SNAP workforce. See DTA caseworker section below.

1. **Cash Assistance (including TAFDC, EAEDC, SSI State Supplement)**

- **TAFDC and EAEDC (items 4403-2000 and 4408-1000) stuck at April 2025 levels.** Senate Ways and Means (SWM), like the House and the Governor, does not propose to raise TAFDC or EAEDC cash assistance grants. Grants were last increased by 10% a year ago in April 2025. There is no increase scheduled for FY 26. The maximum TAFDC grant for a family of three with no income is $861 per month, and the maximum EAEDC grant for an individual with no income is $441 per month. Grant levels remain below half the federal poverty level, also known as Deep Poverty, which is now $1,138 a month for a family of three.

  The poverty level and Deep Poverty level go up every year to keep pace with inflation. TAFDC and EAEDC grants, on the other hand, do not get regular cost of living increases. TAFDC grants have lost 43% of their value since 1988; EAEDC grants have lost even more. Progress in recovering the value lost to inflation has been slowed by the Governor's elimination of the grant increase scheduled for April 2024, and failure to increase grants in FY 26.

  H.214 (Rep. Decker) and S.118 (Sen. DiDomenico) would increase benefits by 20% a year until they reach half the federal poverty level, and then would increase benefit levels more slowly as the poverty level increases with inflation. The Committee on Children, Families and Persons with Disabilities reported both bills favorably. A further grant increase is necessary or grants will continue to be woefully insufficient to meet even the most basic needs of very low-income households. As discussed below, proposed appropriations are enough to support a significant grant increase.

- **SWM restores the annual TAFDC Clothing Allowance to $500 per child (item 4403-2000).** The House cut it to $450. The Governor would have kept it at $500. The clothing allowance is an important benefit for families with children, provided once per year in the month of September to help families buy necessary clothing items close to the beginning of the school year.

- **Proposed appropriations for TAFDC (item 4403-2000) and EAEDC (4408-1000) are enough to raise grants.** The Governor proposed to reduce the TAFDC and EAEDC appropriations for FY 27 by millions of dollars compared with FY 26. SWM, like the House, proposed exactly the same appropriations for these line items as the Governor. Even with these substantial reductions, there is enough money in the accounts to provide a significant grant increase in FY 27. TAFDC and EAEDC caseloads have been going down, starting in the fall of 2025. The Administration based its cost projection for FY 27 on the average caseload change between July 2023 and June 2025 when caseloads were going up; the SWM and the House apparently did the same. The decline in the caseload –

during a time when low-income people are struggling – means that low-income households are not accessing benefits they need and are eligible for. But the caseload drop provides an opportunity to raise grants without spending more than the Governor, the House, and SWM proposed to spend. At a minimum, based on recent caseloads, grants could be increased by 10% starting in October 2026 and the annual clothing children's clothing allowance could be restored to $500 – without adding to the proposed appropriations for the two accounts.

- **SWM, like the House and the Governor, continues the extension of benefits to pregnant persons at the beginning of pregnancy but fails to address unrealistic verification requirements (item 4403-2000).** For many years, very low-income pregnant persons with no eligible dependent child were not eligible for TAFDC until their third trimester. The FY 26 budget provided that eligibility could start any time in the pregnancy but only if the pregnancy has been "medically" verified. Health care providers typically won't schedule an appointment with a pregnant person until they are near the end of their first trimester. The requirement of "medical" verification thus prevents very low-income pregnant persons from accessing benefits early in the pregnancy, as the change intended. The Department of Public Health provides Women, Infants, Children (WIC) Program nutrition benefits to pregnant women based on a positive pregnancy test rather than requiring medical verification. H.272 (Rep. Montaño) and S.171 (Sen. Rausch) would provide benefits upon verification of pregnancy without requiring unobtainable "medical" verification.

- **TAFDC benefit levels for families in shelter (item 4403-2000).** House 2 deleted language requiring that families in shelter receive benefits at the same level as other families. SWM, like the House, restores it. Families in shelter use TAFDC benefits to build up savings for rental costs once they obtain housing and for travel costs to search for housing and/or employment. Reducing benefits for families in shelter would stymie those efforts.

- **Prohibiting changes to benefit calculations that would result in a benefit decrease (item 4403-2000).** SWM, like the House, restores language omitted by the Governor barring changes to benefit calculations that would result in a decrease. The Legislature adopted this language in previous budgets after a previous Administration proposed counting a parent's SSI benefits against the TAFDC grant, which would have caused many children to lose their TAFDC. SWM, like the House, also includes the current requirements, omitted by the Governor, of 75 days' advance notice before DTA proposes any changes to eligibility, benefits or the disability standard, and the requirement that DTA tell recipients about their eligibility for childcare.

- **SWM, like the House, does not include the Governor's "Employment Bridge" proposal (House 2, sections 70 and 71),** which would have eliminated a supplement for very low-income working TAFDC recipients.

- **SWM, like the House and House 2, proposes to maintain Transitional Support Services (TSS) for families whose TAFDC case closes due to income (item 4403-2000).** TSS provides four months of very small transitional benefits after a TAFDC recipient's case closes because of earnings. The payments start at $280 a month and reduce month by month to $70 in the fourth month. House Ways and Means and the Governor propose "not less than $1 million" for TSS, the same as the FY 26 budget. Actual costs are about $3.5 million.

- **SWM's EAEDC line-item (4408-1000), like the TAFDC line item, proposes a sufficient appropriation for a significant grant increase,** as discussed above. SWM, like the House, also includes language – omitted by the Governor – requiring advance notice to the legislature before the Administration cuts benefits or makes changes in eligibility. SWM, like the House and the Governor, specifies that homeless persons shall receive the same basic grant as recipients who incur shelter costs. For many years homeless adults without children received a grant that was a fraction of the already low basic EAEDC grant.

- **SWM, like the House, rejects the Governor's proposed asset limit for EAEDC (House 2, section 49).** The Governor proposed to institute an asset limit of $2,000 for EAEDC applicants and recipients. The EAEDC program for many years had an asset limit of $250. The Legislature eliminated the asset test in 2021. SWM and the House have correctly rejected the Governor's proposal which attempted to circumvent the Legislature's process for vetting substantive law, ignored the Legislature's action five years ago, and offered no new arguments for instituting an asset test. It also would have required DTA workers – during a time of unprecedented workload challenges for DTA – to take time from other critical work to explain to applicants and recipients what they must prove, help clients who can't prove their supposed assets aren't worth $2,000, and deal with people in crisis who feel they are being arbitrarily denied.

- **Missed opportunity to repeal the "Learnfare" law**. SWM, like House 2, did not include language to repeal the 1995 Learnfare law. Under Learnfare, DTA cuts TAFDC cash assistance for children struggling with school attendance. Learnfare is not federally mandated and could be repealed at no cost. DTA recognizes that this policy is ineffective, antiquated, and administratively burdensome. Studies show that Learnfare is ineffective at reducing absenteeism. Despite this, continuing to cut benefits for children in MA deepens poverty and disproportionately harms Hispanic/Latino families. Punishing the lowest-income children on cash assistance amid a statewide absenteeism crisis is

inequitable - increasingly so as fears of ICE have drastically increased absences among children in immigrant-headed households.

- **Reduction in State Supplement for SSI line item (4405-2000).** SWM, like the House and House 2, would fund the state supplement for SSI (Supplemental Security Income) at $186.9 million, $8.4 million less than the FY 26 budget. Like many other states, Massachusetts provides a state-funded supplement to federal SSI. The Massachusetts amount varies depending on the person's living arrangement and whether the person is 65 or older, blind, or severely disabled. The Massachusetts supplement for a disabled person is currently $114 a month. It has not been raised in many years. Fewer people are getting SSI and therefore fewer are qualifying for the state supplement because of unprecedented Social Security Administration staff cuts resulting in even longer waits for SSI approval.

2. DTA Caseworkers and Administration

- **SWM proposes $148 million for DTA caseworkers (item 4400-1100), matching House 2.** While level funding is critical, SWM and H.2 both fall short of what is needed to invest in the workforce and end the SNAP crisis. Distressingly, HWM proposed a cut that risks reducing the workforce below existing levels.[1]

  As this recent Boston Globe article powerfully covered, unprecedented levels of access barriers are driving the SNAP caseload down despite a staggering 40% of households facing food insecurity.

  Residents must speak with a DTA caseworker to qualify for SNAP, and most must speak with a worker to maintain eligibility. The work caseworkers are required by federal law to handle has increased significantly in the past couple of years since pandemic-era options ended. And H.R.1's red tape laden tasks significantly increase caseworker tasks. Caseworkers must assess eligibility based on highly complex SNAP laws. This nuanced, technical work cannot be replaced by automation or AI.

  Right now, there are not enough SNAP workers to do all of this work and timely serve residents who need help.[2] The consequences of underinvestment in DTA's workforce are severe:

[1] For historical context on the DTA caseworker line item (both GAA and supplemental budgets), see this MLRI table.

[2] Around December 2025, DTA hired 76 new workers. Currently, DTA is working to hire and backfill about 40 positions that are currently vacant. This hiring, while positive, will not end the access crisis.

- Because there are not enough caseworkers, residents face severe barriers reaching DTA. In March 2026, DTA hung up on **81%** of calls trying to reach a worker. Hang up rates *have never been this high, for this long.*[3] As a result, the SNAP caseload is plummeting. Since August 2024, when the caseload decline began, the caseload has dropped by **100,000 households** - including **66,000** children – many because they can't reach DTA for help navigating paperwork or to speak with a caseworker for the required interview.[4] This 15% decline is nearly twice the national average.

- Annual federal SNAP dollars spent in the Commonwealth have fallen from about $2.7 billion per year to $2.3 billion. The loss of those federal dollars directly harms low-income families, local grocers and farmers markets.

- Massachusetts risks an ongoing price tag if access is not improved and the state's "payment error rate" is not reduced.[5] Errors are more likely when workloads are too high, and clients can't reach DTA to ask questions or report changes.

- Investing in staffing now puts Massachusetts in the best possible position to reduce errors and avoid an ongoing price tag - while also making sure eligible residents get the help they need when they need it.

- **SWM proposes $108.8 million for DTA Administration and Operations (item 4400-1000) - slightly less than House 2's $111 million - despite the need for IT and operational improvements.** DTA Administration and Operations funding (item 4400-1000) would be increased slightly over FY 26. Most of this increase appears to be due to salary increases and an uptick in ongoing costs, including the higher annual cost of chip EBT cards.

  This line-item funds DTA Central Office staff, administrative costs for DTA programs (including SNAP, TAFDC, EAEDC, and SUN Bucks), eligibility system and technology improvements, the statewide phone system, EBT cards, and local DTA office clerical, hearings, and support staff.

  The Senate provided DTA $10 million in a FY25 supplemental budget to improve its systems and improve access to SNAP. This was a positive one-time investment. IT and

[3] See MLRI memo on the work SNAP caseworkers must do and how near-impossible it has been to reach DTA by phone.

[4] See DTA's Performance Scorecards

[5] Distressingly, in H.R.1 Republicans in Congress imposed a first ever state cost for a percentage of SNAP when the rate of mistakes - the so-called "payment error rate" - is elevated. Learn more in this MLRI report.

technology resources are needed to improve access to benefits, ensure households are not incorrectly denied or terminated, and reduce the payment error rate. However, funding more SNAP caseworkers is key to ending the SNAP access crisis and ensuring eligible households can reach DTA for help.

- **Funding for DTA domestic violence specialists (item 4400-1025).** SWM, like HWM and House 2, funds DTA's domestic violence specialists at $2.4 million, a slight increase over FY 26, most likely to cover scheduled salary increases.

3. **Other DTA Benefits**

- **SWM funds the Healthy Incentives Program (HIP) (item 4400-1004) at $29.7 million, the same amount included in the Governor's House 2 budget**. In contrast, the House budget proposed only $20 million, but also included language authorizing unspent HIP funding from FY26 to roll over to FY27 (prior authorization continued). Unspent HIP from FY26 is projected to be roughly $8 million, largely due to DTA restrictions on enrolling new HIP vendors. SWM includes line item language calling on DTA to prioritize onboarding HIP vendors in areas historically underserved by the program that have limited access to fresh local produce, and to partner with local organizations to increase HIP outreach and participation.

  HIP is a dollar-for-dollar match with SNAP (up to a capped amount) to help SNAP households purchase fresh fruits and vegetables at EBT/HIP-approved farmers markets, mobile markets, community supported agriculture (CSAs) and farm stands. HIP participation is high among older adults and persons with disabilities, helping them access locally grown food and decrease social isolation. It is important to note that households who lose SNAP benefits cannot access HIP. This includes the thousands of low-income households cut off or denied SNAP due to the current access barriers and H.R.1's eligibility cuts.

- **SWM funds the SNAP participation program (item 4400-1001) at $5.8 million, consistent with House 2 and the House budget - a $500,000 increase from FY26.** SWM maintains the FY26 earmark of $900,000 for Project Bread's highly regarded Food Source Hotline. The House budget reduced the earmark to $600,000. Beyond Project Bread, this line item supports DTA's training and support for the more than 100 SNAP Outreach Partners - food banks, community health centers, housing authorities, public schools, councils on aging and other community organizations - who connect residents to key services and help increase SNAP participation. However, successful outreach relies on an accessible system. Lack of sufficient caseworkers to provide timely service severely limits the outreach partner's ability to assist clients and help raise participation.

- **Supplemental Nutrition Program for working families (item 4403-2007) funded at $11 million.** This program provides a small supplement to thousands of low-income working families on SNAP. The line item was increased in FY 26 due to a change in federal law. SWM, like the House and House 2, increases the line item slightly for FY 27 because the federal change will be in place for the full fiscal year.

- **SWM, like the House and House 2, proposes to increase residential programs for parents under 22 (item 4403-2119)** to $15.1 million from $13.9 million in FY 26.

- **No stipend funding for DTA advisory board participants (item 4403-2000).** SWM, like the House, does not include House 2's proposed stipend of $400 per year for DTA benefit program applicants and recipients who participate in DTA advisory boards. Recipient participation on Boards ensures the voices of those who engage directly with DTA are heard and helps identify access issues and inform state policy. Stipends would help address the costs of attending board meetings.

4. **Employment and Training**

- **Secure Jobs Connect (item 4400-1020) would be funded at just under $5 million,** the same as the House and the Governor's proposal. This program provides employment support, job training and job search services for homeless or previously homeless families through community-based organizations.

- **Employment Services Program (ESP) (item 4401-1000) and Pathways to Self Sufficiency (item 4400-1979)** would be funded at $20.4 million and $980,000, the same as the House and House 2. These accounts fund employment services for TAFDC recipients. SWM, like the House, proposes earmarks for the Young Parents Program, some education and training for TAFDC parents, learning disability assessments, and ORI job search services. The Governor, as is typical, did not propose any earmarks. SWM, like the House, also includes a current requirement that the Administration report on program outcomes, which the Governor omitted.

- **Transportation benefits for SNAP Path to Work participants (item 4403-2008) would be reduced slightly from FY 26 to about $353,000,** the same as the House and House 2. This account provides transportation assistance to SNAP beneficiaries who need transportation to participate in a work activity and keep their benefits. SNAP recipients subject to work rules need help paying for transportation so they can comply and keep their benefits. Congress recently expanded SNAP work rules to older adults and caretakers of older children, who will also need transportation help.

5. Other Nutrition-Related Line Items

- **SWM funds Universal Free School Meals (item 1596-2422) at $180 million, significantly lower than the $198 million included in the House budget and House 2.** This line item ensures universal free school meals to K-12 children regardless of income, helping to reduce food insecurity and improve student academic outcomes. The ongoing success of this critical program is a testament to the impressive School Meals for All Campaign.

  It is important to note the Commonwealth's SNAP caseload declines will impact the amount of federal reimbursement the state receives under the National School Lunch Program (NSLP), shifting higher school meal costs onto the state. Loss of NSLP funding especially impacts children in low-wage working families between 130% and 200% FPL who - if they received SNAP - would otherwise be "directly certified" for NSLP-reimbursed free school breakfasts and lunch. Since August 2024, the number of children on SNAP has declined by 66,000.[6]

- **SWM does not include any funding for the Hunger Free Campus Initiative, nor did the House.** The Governor's House 2 (DHE line item 7100-4003) proposed $500,000, consistent with the funding in the FY26 budget. Historically, this funding has supported food security initiatives at the Commonwealth's 29 two- and four-year public colleges, including SNAP outreach and enrollment, "meal swipe" donation programs and other food security initiatives. The Hunger Free Campus Coalition is urging the Legislature to tap into Fair Share Amendment funding to step in to support low-income students, consistent with funding K-12 universal school meals, free community colleges, the college SUCCESS grants and other initiatives that support education in the Commonwealth.

- **SWM funds the Mass Emergency Food Assistance Program (MEFAP, item 2511-0105) at $55 million (the same as House 2), but less than the $60 million provided by the House**. SWM funded the "Local Food Security and Anti-Hunger Initiatives" (item 2511-0107), at $100,000, in contrast with the House funding at $2.1 million. (House 2 did not fund this line item.)

  The Greater Boston Food Bank found 40% of Massachusetts households surveyed experienced food insecurity during 2025, a striking increase from 37% in 2024 and double the rate since 2019. Food banks and food pantries - many of whom are SNAP outreach partners - are currently reporting significant access barriers facing families trying to apply or recertify for SNAP. During the same time period as the GBFB survey -

[6] See DTA's Performance Scorecards

January through December of 2025 - the SNAP caseload declined by 46,000 Massachusetts households. Annualized, at an average 2025 SNAP benefit of $327 per month per household, that translates into roughly $180 million of lost federal nutrition dollars annually - food benefits that cannot be replaced by MEFAP.

B. Health Issues in MassHealth and ConnectorCare

Account	Description	FY 26 General Appropriation	FY 27 Governor's Budget (H.2)	FY 27 House Budget (H.5501)	FY 27 Senate Ways & Means (S.4)
4000-0300	EOHHS and Medicaid Administration	$160,961,722	$156,214,202	$157,592,415	$155,439,918
4000-0430	MassHealth CommonHealth	$340,074,133	$327,948,284	$327,948,284	$327,948,284
4000-0500	MassHealth Managed Care	$6,013,267,263	$6,051,261,716	$6,051,261,716	$6,051,261,716
4000-0601	MassHealth Senior Care	$5,116,762,022	$5,197,654,427	$5,197,654,427	$5,197,654,427
4000-0700	MassHealth Fee For Service Payments	$3,931,775,812*	$4,166,817,619	$4,237,817,619	$4,207,607.619
4000-0880	MassHealth Family Assistance	$576,309,407	$633,207,250	$633,207,250	$633,207,250
4000-0940	MassHealth ACA Expansion (CarePlus)	$3,587,449,744	$3,363,484,382	$3,363,484,382	$3,363,484,382
4000-0990	Children's Medical Security Program (CMSP)	$42,600,000	$42,600,000	$42,600,000	$42,600,000
1595-5819	Commonwealth Care Trust Fund	$0	$0	$0	$0

*The FY26 to FY27 comparison is problematic for MassHealth. The amount shown for FY26 was appropriated in the General Appropriations Act (GAA) for FY26, Chapter 9 of the Acts of 2025. A proviso in the 4000-0300 account in the FY26 GAA gave the agency transfer authority between most MassHealth accounts, including 4000-0700, in order to reduce deficiencies in any such accounts by September 30, 2026. An additional $2,046,164,359 for this line item was included in chapter 73 of the Acts of 2025, the FY25 close-out budget, with appropriated funds available through June 30, 2026, the end of FY26. Some of that added $2 billion may have covered FY25 spending, with some remaining to be spent in 4000-0700 or transferred to other accounts in 2026.

1. SWM, like the House, generally follows the Governor's lead on MassHealth appropriations in FY27.

- The SWM chair describes total MassHealth funding at $22.74 billion ($9.32 billion net of federal revenue) a gross increase of 2.8% over FY 26 funding levels. H.2 described MassHealth funding at $22.7 billion. As shown above, SWM appropriates $774K less

than H.2 for the 4000-0300 administrative account, but this account is a favorite for earmarks for community-based organizations on the chamber floor. Among the House earmarks not included in the SWM bill is $500,000 for the Health Care for All Helpline and $2 million for Planned Parenthood Massachusetts. In the 4000-0700 Fee for Service account, SWM is $40.79 million more than H.2, but less than the House. In 4000-0300, SWM also gives MassHealth transfer authority among its major accounts.

- The appropriated amounts in H.2 were based on the Administration's plans to make significant cuts to adult optional services. As described further below, SWM makes one change to H.2's planned reduction in spending for adult dental service, but adds no language to moderate other planned cuts to MassHealth benefits.

- Presumably then, the savings assumptions underlying the budget figures in H.2 also underlie the identical figures in the SWM bill absent a limiting proviso. These assumptions include certain unspecified one-time administrative measures to allow time for policy development and recommendations from the Governor's Health Care Affordability Working Group.

2. SWM authorizes MassHealth and the Health Safety Net to cut adult dental benefits, like H.2 and the House, but at the higher annual cap that the House proposed. (Section 42)

- As part of H.2's effort to reduce spending, the Governor proposed authorizing MassHealth and the Health Safety Net to impose limits on adult dental benefits and assumed a cap of $1,000 per member per year. Similarly, House Section 53 authorized MassHealth to cut adult dental benefits but increased the allowable cap to $1,750 per member per year. SWM's Section 42 mirrors the House's approach, authorizing limits on adult dental benefits, but with no lower cap than $1,750 per member per year. Like the proposals in H.2 and the House, these limitations on dental benefits would not apply to children and youth under age 21, nor to adult members served by the Department of Developmental Services.

- Adult dental benefits have been the target of budget cuts in Massachusetts for decades. Significant cuts were made in 2002, restored in 2006, only to be cut again in 2010. Over the next decade, advocates worked to restore dental benefits bit by bit, finally succeeding in restoring the full scope of dental services on January 1, 2021. A little over 5 years later, low-income parents, seniors and people with disabilities are once again at risk of losing comprehensive dental benefits.

- The House's and SWM's proposed cap of $1,750 is a significant improvement over H.2's assumed cap of $1,000. However, it would still leave many adults without access to essential dental care. SWM justifies the $1750 cap as the same cap used by the Group

Insurance Commission for state employees. However, with much lower incomes, MassHealth members impacted by this cut are far less able to pay out of pocket for uncovered dental costs than state employees; MassHealth members 65 and over must have income of 100% FPL or less and countable assets no higher than $2,000. A House amendment, supported by the Oral Health Advocacy Taskforce, and filed by Representatives Philips and Puppolo, would have exempted dentures from the annual cap, following the lead of 5 other states with dental caps. While that amendment was not adopted by the House, the full Senate has an opportunity to act on this, helping to preserve older adults' ability to speak, smile, eat, and live with dignity.

- Although SWM mirrors the House's higher cap on dental coverage, SWM departs from the House by not including any reporting requirements related to dental coverage in MassHealth. The House included a reporting requirement (carried over from the GAA for FY26 and previous years) that would require EOHHS to report on any dental coverage changes in MassHealth, as well as the cost effectiveness of dental coverage as a contributor to MassHealth total cost of care. (Line Item 4000-0700) SWM does not include this proviso. Also, House Section 51A, added through the amendment process, would establish a special commission to study and make recommendations by January 1, 2027, on the appropriate level and structure of dental benefits provided by MassHealth and the Health Safety Net. SWM does not include a similar section establishing a special commission. The cost effectiveness of dental coverage and the health implications of losing such coverage, particularly for Medicaid members, have been the subject of innumerable studies for decades. Studies consistently show that reduced dental coverage measurably worsens health outcomes.[7] If the legislature is going to allow MassHealth to cut dental benefits, it should at least establish a process for evaluating the impact and cost-effectiveness of such cuts.

3. SWM does little to mitigate cuts to the PCA Program embedded in the Governor's budget, unlike the House budget which offered some protection to the PCA Program against drastic cuts. (4000-0601)

- SWM again extends the mandate of the PCA Working Group, created by the Legislature in 2024 after the Governor attempted to make direct cuts to the Personal Care Attendant (PCA) program for FY25. While the final budget for FY25 kept the same eligibility criteria and level of services for the PCA program, it also directed EOHHS to convene the PCA Working Group to develop recommendations for the long-term sustainability and cost containment for the program. After the working group produced a report in March 2025 with recommendations that would reduce spending by about $7.4 million, the

[7] "Biting Into Medicaid: What Happens When States Cut and Expand Medicaid Dental Benefits?", *The CommonWealth Fund,* March 10, 2026. https://www.commonwealthfund.org/blog/2026/biting-medicaid-what-happens-when-states-cut-and-expand-medicaid-dental-benefits

Legislature extended the mandate of the working group in the FY26 final budget. The second PCA Working Group's report, issued in November 2025, provided consensus recommendations realizing another $32 million in savings.

- More than 56,000 individuals with disabilities and older adults rely on the PCA Program to live independently and with dignity in their homes and communities. Through this vital benefit, members, both adults and children, with permanent or chronic disabilities manage their own care in their own homes and communities. The program pays for personal care attendants to help with activities of daily living (ADLs) such as bathing, eating, toileting and transfers, and "instrumental" ADLs (IADLS) such as shopping, housekeeping, laundry, and meal preparation. As reported in EOHHS's PCA Working Group Implementation Plan, the recommendations to date by the PCA working group include: first reducing the PCA overtime ceiling to 66 hours per week beginning at the start of 2026, and then further reducing the ceiling to 60 hours, with an expected effective date of July 1, 2026; and setting an upper limit of seven hours per week on time for the task of support for meal preparation.

- SWM appears to mirror H.2's $100 million reduction in the PCA Program, as explained in the Governor's FY27 budget brief on health care. The planned $100 million cut comprises the $39.4 million already identified by the PCA Working Group plus an additional $68 million more in cuts ($34 million net) yet to be identified. The House did not commit to maintaining the PCA Program's current eligibility criteria and level of services but did require that any further reductions to the PCA Program be implemented only with the agreement of the PCA Working Group. PCA advocates regard the House budget language as protecting the PCA program from mandatory cuts beyond the $39.4 million already identified that are not consensus recommendations from the PCA working group. SWM does not contain any such language constraining MassHealth from making additional cuts to the PCA program. It does require EHS to provide, no later than 30 days after meeting, a report to the Legislature detailing an implementation plan to ensure program spending is consistent with the appropriation.

4. **SWM acknowledges the planned cuts to Adult Day Health (ADH) and Adult Foster Care (AFC) built into the Governor's proposed FY27 budget, and, unlike the House, SWM formalizes the H.2 ADH and AFC working groups. (4000-0601)**

- Adult Day Health (ADH) and Adult Foster Care (AFC) are two programs that are part of the MassHealth Long-term Supports and Services (LTSS) portfolio providing home and community-based assistance with ADLs and IADLs. ADH is a community program where a member goes to receive day time supervision and services, including nursing services (e.g., medication administration), therapy services, nutrition and dietary services, and case management. Over 10,500 seniors and adults with disabilities participate in

ADH programs each year, and over half of this group have memory care or behavioral health needs. In AFC, known both as Adult Foster Care and Adult Family Care, a member receives around-the-clock care living with a lay caregiver who provides assistance with ADLs and IADLs; the AFC agency provides nursing oversight and care management. Over 12,500 individuals receive services through the AFC program.

- H.2 assumes a total of $50 million in net savings from $100 million in cuts to AFC and ADH in its appropriation for the 4000-0601 account, and the House and SWM fund it at the same amount. A proviso in H.2, further described in the Governor's FY27 budget brief on health care, directs the cuts are to be identified by new ADH and AFC stakeholder taskforces, modelled after the PCA Working Group. LTSS advocates report that MassHealth has already convened at least one and possibly both working groups to begin the work of identifying ways to reduce spending in those programs. While the House did not formally establish working groups for ADH and AFC, SWM, like H.2, directs EHS to convene ADH and AFC working groups to review the scope of services, eligibility thresholds and long-term sustainability of the programs and identify savings commensurate with the appropriated amount. Hopefully, with the formal creation of the ADH and AFC working groups, they will be subject to the same public scrutiny, with agendas posted and meetings open to the public, as the earlier PCA Working Group. As of yet, MassHealth has posted no information about any of the three working groups.

5. **SWM offers no solution for 65,000 lawfully present immigrants under 300% FPL losing ConnectorCare under the so-called One Big Beautiful Bill Act and also fails to extend the pilot program that expanded ConnectorCare to higher income levels starting in 2024.**

- Since it began in 2014 ConnectorCare has offered affordable health coverage to US citizens and lawfully present noncitizens in Massachusetts with income of 300% of the Federal Poverty Level (FPL) or less who do not have affordable coverage through work and are not eligible for Medicaid or Medicare. Premium tax credits were funded by federal advance premium tax credits up to an income ceiling of 400% FPL under the Affordable Care Act but initially supplemented by state funds only up to 300% FPL.

- The July 2025 federal reconciliation bill, HR1, the so-called "One Big Beautiful Bill Act" (henceforth "OB3"), amended the ACA to eliminate premium tax credits for lawfully present immigrants with income under 100% FPL (under $21,150 for a married couple) who are financially eligible for the ACA Medicaid expansion but barred by federal Medicaid's more restrictive immigrant eligibility rules. In December 2025, there were 37,000 lawful immigrants with income under 100% FPL enrolled in ConnectorCare; in January 2026, there were none.

- In January 2027, another OB3 provision will drastically narrow the categories of lawfully present immigrants with income over 100% FPL who can qualify to receive federal premium tax credits. The Connector estimates an additional 35,000 lawful immigrants with income over 100% FPL will lose eligibility in January 2027 under this second OB3 provision targeting lawful immigrants. SWM, like H.2 and the House, is silent on the affordability challenges faced by these Massachusetts residents or any solution for them in FY27.

- Since 2014, ConnectorCare plans have been largely subsidized by federal premium tax credits under the Affordable Care Act, supplemented by funding from the Commonwealth Care Trust Fund (CCTF). Certain state payments such as a portion of the cigarette tax, and an employer medical assessment are paid into the fund, and in some years the budget has appropriated additional funds into the CCTF account (1595-5819). Even during the 5 years from 2020-2025 that the amount of federal tax credits were enhanced, some added state supplements were needed to make coverage affordable. With the expiration of enhanced funding on December 31, 2025, the added cost to the CCTF required to still provide affordable coverage for those still eligible for premium tax credits was estimated at $250 million. This amount will be drawn from the CCTF, which received no added appropriation in FY26 in line item 1595-5819, and none is proposed in FY27.

- The availability of this added state funding is a testament to Chapter 58, recently celebrating its 20 year anniversary, for first creating a structure to pay the full cost of coverage in the Commonwealth Care program from 2006-2013 with partial federal Medicaid reimbursement returning to the General Fund and since 2014 to supplement the ACA's federal premium tax credits with far fewer state dollars needed for ConnectorCare. But as the Governor said in her recent Op Ed co-authored with former Governor Romney, with the federal government now walking away from the ACA's commitment to affordable coverage, now is the time for Massachusetts to lead. So far neither H.2, the House or SWM are leading the way for tens of thousands of lawful immigrants losing coverage under OB3.

- SWM, unlike H.2 and the House bill, does not continue for 2027 the pilot program that was launched in 2024 increasing the upper income limit for the ConnectorCare program from 300% to 500% of the federal poverty level (FPL) in 2024 and 2025, and from 300-400% FPL in 2026. This will affect about 27,000 currently enrolled at the higher income level who may remain eligible for federal premium tax credits but not for the more affordable ConnectorCare program.

6. **SWM leaves MassHealth free to reduce funding for intensive care management and to no longer require ACOs and MCOS to include in their networks the Behavioral Health and Long Term Services and Supports Community Partners that provided these services.**

    - The Community Partner program was an integral part of the delivery system transformation that introduced the Accountable Care Organization model in the 1115 Demonstration in 2017. Behavioral Health (BH) and Long-Term Services and Supports (LTSS) Community Partners (CPs) are community-based entities that help coordinate care for ACO and MCO members with complex needs. In H.2 the Governor described plans to reduce funding to Accountable Care Organizations (ACOs) for care management by 50% and to eliminate the requirement for ACOs to contract with the Community Partner organizations that provide these services. There is nothing in the SWM budget to prevent MassHealth from going forward with these plans and they are well underway. The agency issued a Managed Care Bulletin in February 2026 that directed ACOs to no longer enroll members with Community Partners after March 1, and to disenroll all remaining members from Community Partners on June 30, 2026. The organizations that now participate as Community Partners are already laying off staff and at least one has already announced its intention to close affecting 22,000 MassHealth members. The MassHealth bulletin "encourages" but does not require ACOs to refer enrollees to other care management programs.

7. **SWM also leaves in place MassHealth's elimination of coverage for weight-loss GLP-1s, a high-cost prescription benefit that has been growing in use.**

    - In the past year, MassHealth prescription drug spending grew by 18%, representing 26% of total growth in per-member spending. In particular, GLP-1 drugs (scientifically known as glucagon-like peptide-1 (GLP-1) agonists) accounted for almost half of this increase. H.2 assumes that MassHealth will realize $15 million in net savings through eliminating coverage for GLP-1s used to treat obesity, impacting more than 22,000 MassHealth members. There is nothing in SWM that prevents this reduction.

    - MassHealth had already taken cost control measures with respect to GLP-1s used for weight loss, such as tightening clinical eligibility for coverage (such as baseline BMI and co-morbidity criteria) and preferred drugs listings. However, MassHealth is moving forward to further cut access to GLP-1s; it held a public hearing in early May on proposed amendments to Pharmacy Services regulations to termination of coverage of drugs (GLP-1s) prescribed solely for the treatment of obesity or overweight, except for children covered by the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) program, along with proposed pharmacy changes that would reduce MassHealth spending but adversely affect hospital and health centers purchasing drugs

through the 340B pharmacy program. These amended regulations are expected to go into effect on July 1, 2026.

8. SWM mirrors H.2's and the House's authorization for transfers to the Health Safety Net but does not include the House's additional $75 million investment for FY27. (Sections 41 and 45)

- The Health Safety Net (HSN) is a state-funded program that reimburses acute care hospitals and community health centers for providing medically necessary services to uninsured or underinsured low-income residents. In most years, the legislature authorizes a transfer of up to $15 million from the Commonwealth Care Trust Fund (CCTF) to the Health Safety Net. For FY27, both H.2 (Sections 75 and 81) and the House (Sections 50 and 56) authorize a transfer of $15 million from the Commonwealth Care Trust Fund to the Health Safety Net, clarifying that the transfer is in addition to any other transfers required in FY26 and FY27. SWM Sections 41 and 45 mirror H.2 and the House's authorization for a $15 million transfer from the Commonwealth Care Trust Fund to the Health Safety Net, in addition to any other transfers required in FY26 and FY27. However, SWM did not include the additional transfer to the HSN Fund in House Section 56A's transfer of $37.5 million from the Commonwealth Federal Matching and Debt Reduction Fund and any associated federal reimbursement.

- HSN is facing significant and growing financial challenges. As discussed above, effective January 2026, approximately 36,000 people below the poverty line lost their ConnectorCare coverage because of OB3. The Massachusetts Health and Hospital Association (MHA) estimates that this coverage loss alone will increase HSN demand by $105 million in FY2027. This is expected to increase financial pressure on hospitals and community health centers, which rely on HSN to help offset the cost of delivering uncompensated care. Massachusetts will need to continue evaluating both short- and long-term solutions to address the growing HSN funding deficit. While at the same time being careful not to draw too deeply from the CCTF which, with the expiration of enhanced premium tax credits on December 31, 2025, will soon need added appropriations to keep ConnctorCare affordable.

- Pending legislation, *An Act to Address the Financial Stability of the Health Safety Net* (H.1354), would address ongoing HSN deficits by requiring commercial health insurance carriers to share in the cost of Health Safety Net Trust Fund shortfalls and by increasing the state's required annual contribution to $60 million.

9. SWM, unlike the House, does not provide for enhanced access to HIV prevention services.

- HIV prevention through PrEP, pre-exposure prophylaxis, means that routinely taking prescription medicine before being exposed to HIV, when taken as directed, can be highly

effective in preventing HIV disease. In a series of seven outside sections, the House proposed to reduce access barriers to PrEP for people enrolled in private insurance plans licensed by the state or in MassHealth, and on return to the community following incarceration. Legislation to reduce barriers to PrEP is currently pending in Senate Ways and Means (S. 2883). These measures will supplement the resources of the current DPH-funded PrEP Drug Assistance program. There are no such provisions in SWM.

C. Homelessness Services

Account	Description	FY 26 General Appropriation	FY 27 Governor's Budget (H.2)	FY 27 House Budget (H.5501)	FY 27 Senate Ways & Means (S.4)
7004-0101	Emergency Assistance	$276,400,000	$258,600,000	259,100,649	258,635,648
7004-0108	HomeBASE	$57,300,000	$83,200,000	$82,322,001	82,322,001
7004-0099	DHCD Administration	$16,000,000	$22,200,000	$22,025,301	21,785,301
7004-9316	Residential Assistance for Families in Transition (RAFT)	$207,500,000	$201,200,000	$210,060,000	201,205,991
7004-0100	Operation of Homeless Programs	$18,200,000	$27,800,000	$29,515,982	27,275,914
7004-0102	Homeless Individual Shelters	$113,300,00	$114,000,000	$115,050,000	114,036,718
7004-0104	Home and Healthy for Good Program	$8,900,000	$8,400,000	$8,890,000	8,890,000
7004-0110	Family Shelter Diversion	New line item	$7,500,000	Not in budget	7,500,000

1. **Emergency Assistance (7004-0101) would be funded at $258.6 million, a significant decrease from theFY26 final appropriation which is the same as the governor's budget. The Emergency Assistance (EA) program provides emergency shelter and services to certain families with children who are experiencing homelessness and have no safe place to stay.**

    - In August 2023, the Healey-Driscoll Administration declared a shelter capacity emergency and since then, acting under emergency authority, has implemented a number of restrictions on EA shelter. The changes which have been made through statute as well as agency guidance have made it more difficult to access and artificially limited the length of time families can stay in shelter, regardless of whether or not they have a safe place to go. As a result of these policies, as well as federal actions restricting immigration into the United States, the number of families able to access EA shelter has dropped to near-historic lows - as of this writing, there were fewer than 1,500 families enrolled in the

EA shelter program. Advocates will continue the fight to preserve the EA shelter system for children and families.

- SWM preserves policies restricting access to shelter, including narrowed immigration-related eligibility requirements, increased verification requirements, and limits on the availability of presumptive placements. Advocates will continue to work for a more balanced and humane system for children and families.

- The SWM proposal removes the need for the secretary to provide notice to the House and Senate committees on any changes to eligibility for shelter and adds funds shall be expended for use in hotels if there is an unavailability of contracted shelter beds.

2. **HomeBASE (7004-0108) would be funded at $82.2 million, an increase over the FY26 general appropriation but below actual FY26 spending and $1 million below the governor's proposal. HomeBASE was created in FY12 to provide short-term rental assistance, instead of shelter, to families experiencing homelessness.**

   - SWM retains the HomeBASE benefit limit of $30,000 over a 24-month period and requires the Executive Office to provide benefits of up to $15,000 for an additional 12-month period for eligible families. Over the past year the Executive Office has indicated it will not make payments beyond 24 months. Advocates will work to ensure eligible families receive the 3rd year of benefits, in accordance with the line-item language.

   - SWM restores the Governor's required reports to the legislature about HomeBASE, including the number and demographics of families served and how many families return to EA shelter which was removed in the HWM. Additionally, SWM removes that EOHLC shall submit quarterly reports on efforts to work with the office for refugees and resettlement agencies this was included in HWM but not the Governor's budget. Advocates will continue to push for this important language.

3. **Executive Office Administrative line item (7004-0099) would be funded at $22.2 million, an increase over the FY26 final appropriation. SWM gives approximately $500,000 less than the governor's proposal.**

   - SWM matches the Governor's proposal to eliminate a requirement that the Executive Office promulgate and enforce regulations clarifying that recipients of HomeBASE housing assistance should remain eligible for a homelessness priority or preference in state subsidized housing. This had been included in the HWM budget. This language has been included in budgets for the past several years, including the enacted FY26 budget. Advocates will work to ensure this language continues to be included.

   - HWM retains language requiring the Executive Office to maintain in-person intake locations in the 10 offices that were open as of January 2026.

- SWM matches the Governor's proposal to eliminate language requiring the Executive Office to report to the legislature, including information about local intake offices, staffing levels at each office, and wait times families are experiencing for direct communication with a staff member. This was included in HWM.

- SWM deletes from the Governor's proposal language that "the executive office may authorize neighborhood housing services corporations to retain, reassign and reloan funds received in repayment of loans made under the neighborhood housing services rehabilitation program."

4. **Residential Assistance for Families in Transition (RAFT) program (7004-9316) would be funded at $201 million, a decrease from the FY26 final appropriation matching the Governor's proposal and decreasing from the HWM budget. RAFT is a homelessness prevention program.**

    - SWM matches the governor's eliminated language that allows for up to $3 million for recipients who fall under an expanded definition of "family" which includes unaccompanied youth, elders, persons with disabilities, and other households. This language was restored in HWM. Advocates will continue to push for this language.

    - SWM would continue to permit the Executive Office to require a Notice to Quit for households seeking assistance from RAFT. This poses a significant barrier for many in need of assistance and increases the risk of eviction. Advocates will continue to push for a change to this policy to make RAFT available further upstream.

    - SWM deletes language concerning the use of Federal sources of funding which was in both the Governor's and HWM's budget.

5. **SWM Homelessness operations account (7004-0100) would be funded at $27.2 million, matching the Governor's proposed budget and down from the HWM budget and an increase over FY26 final appropriation.**

    - SWM delete's the HWM requirement that additional money be used for extending intake hours in the city of Boston for a grant program to provide supportive recovery housing, such as sober and halfway housing, for individuals to continue their recovery. As such SWM matches the Governor's budget.

6. **Shelters and services for homeless individuals (7004-0102) would be funded at $114 million, the same as the Governor's budget, a decrease from the HWM budget and an increase over the FY26 final appropriation.**

    - SWM deleted language from the Governor's budget that allowed funds to be used for a homeless management information system; and provided further, that programs currently providing shelter may renegotiate how to use said program's shelter fund.

    - HWM added language that no funds shall be expended for costs associated with the homeless management information system, and that EOHLC is required to submit quarterly reports to the legislature on the contracts that are entered into with service providers. This is not in SWM.

7. **Home and Healthy for Good program (7004-0104), a program that provides housing for chronically homeless individuals, would be funded at $8.9 million in the HWM budget, a slight increase from the Governor's proposal, a very slight decrease from the FY26 final appropriation.**

    - SWM matches the Governor's budget while HWM would require that the Massachusetts Housing and Shelter Alliance submit a report to EOHLC and the legislature detailing (i) the number of people served, including available demographic information; (ii) the average cost per participant; (iii) whether participants have previously received services from the executive office; and (iv) any projected cost-savings to the commonwealth.

8. **Family Shelter Diversion (7004-0110) is included in the SWM budget though it was not included in HWM.**

SWM tracks the same language as does the Governor's budget and unlike HWM which does not include the language at all.

D. Housing

Account	Description	FY 26 General Appropriation	FY 27 Governor's Budget (H.2)	FY 27 House Budget (H.5501)	FY 27 Senate Ways & Means (S.4)
7004-9005	Public Housing Operating Subsidies	$115,600,000	$117,810,000	$117,840,000	$117,810,000
7004-9007	Public Housing Reform	$1,250,000	$1,269,215	$1,243,831	$1,269,215
7004-9024	Massachusetts Rental Voucher Program	$253,311,840	$278,341,728	$281,341,728	$278,341,728
7004-9030	Alternative Housing Voucher Program	$19,461,214	$19,263,183	$19,263,183	$19,263,183
7004-3045	Tenancy Preservation Program	$0	$0	$0	$0
0321-1800	Access to Counsel	$2,500,000	$2,500,000	$3,000,000	$0

1. **Public Housing Operating Subsidies (item 7004-9005), which provides operating funds for state public housing, would be increased by SWM from $115.6 million in FY26 to $117.8 million in FY27- a $2.2 million increase.**

   - Public housing residents, public housing authorities, and supporters are requesting an increase to $132.5 Million in FY27 to keep pace with increased costs and the need to maintain public housing. As the Executive Office of Housing and Livable Communities said during a budget briefing early this year – **the state's public housing is one of the state's most effective affordable housing programs.**

2. **Public Housing Reform (item 7004-9007) would be increased by SWM slightly by $19,000 to $1,269,215.**

   - The line item provides funds to implement chapter 235 of the Acts of 2014 which includes training for resident commissioners as well as funding the implementation of CHAMP (Common Housing Application for Massachusetts Programs).

   - Public housing tenants and their supporters are urging that an additional $350,000 and supporting language be included in this line item to provide tenants with the technical

assistance they need to navigate complicated public housing redevelopment deals and to support implementation of Section 35 of the Affordable Homes Act which protects tenants during public housing redevelopment.

3. **Massachusetts Rental Voucher Program (MRVP) (item 7004-9024) which provides long-term rental subsidies to approximately 10,000 low-income households for use in the private housing market would be funded at $278 million, matching the Governor's proposal and slightly less than the $281 proposed by the House.** EOHLC expects over 11,500 rental vouchers to be leased by the end of FY27, including over 340 new additional project-based vouchers, but no new mobile vouchers will be created.

   - As part of Governor's Healey's state budget for fiscal year 2026 and in response to a difficult state fiscal situation, EOHLC paused issuance of mobile MRVP vouchers via CHAMP in order to stay within the proposed appropriation while maintaining our commitment to current voucher holders and retaining our ability to support project-based vouchers for new housing development. As of now, that pause is still in place.

   - Language proposed in the SWM budget proposal is essentially identical to the final line-item language passed in the FY26 Budget and proposed by HWM and restores a number of provisions that the Governor's proposal stripped from the line item.

   - SWM language continues the policy that has allowed EOHLC to shift MRVP to a "payment standard model" similar to Section 8 giving more choice and flexibility to households. For details on the system see the MRVP Admin Plan at https://www.mass.gov/doc/mrvpadministrative-plan-2017/downloads

   - SWM also restores the reporting requirements that were present in the FY25 budget, but that were stripped from the Governor's proposal.

   - SWM restores language regarding targeting of vouchers to mirror the FY25 language of "not less than 75%", rejecting language included in H1 that would have said "up to 75%," a change that we support.

   - SWM continues to give EOHLC discretion to set payment standards using the small area fair market rent (SAFMR). We welcome the inclusion of SAFMRs as they allow a wider range of choices for voucher holders. EOHLC has thankfully used this discretion to set payment standards at 110% of SAFMR, mirroring many Section 8 payment standards This will allow more people to make use of their vouchers, especially in higher rental markets.

4. **SWM would provide $19 million for the Alternative Housing Voucher Program (AHVP) (item 7004-9030), which provides rental vouchers to non-elderly persons with disabilities.**

    - This would be close to level funding from last year's appropriation and matches the Governor's proposal.

5. **Tenancy Preservation Program (TPP) (item 7004-3045) was not funded by HWM for a second year.**

    - TPP is a homeless prevention program that helps preserve tenancies of people with disabilities, age impairments, substance abuse, and other mental health challenges. Case managers locate services and develop and monitor case plans to maintain the tenancy and keep tenants in permanent housing. According to EOHLC, MassHousing, which is the agency that runs the program, is currently supporting TPP.

6. **Access to Counsel in Evictions (item 0321-1800) SW&M provided no funding, while the House again voted to fund the program at $3 million.**

    - Under this line item, "subject to appropriation" funds are distributed by the Massachusetts Legal Assistance Corporation (MLAC) to designated non-profit organizations to increase access to legal representation for low-income tenants and low-income owner occupants in eviction proceedings.

    - In the program's first full year, 1,192 cases were opened and in 88% of cases closed, an eviction was prevented or delayed, outcomes are already demonstrating tremendous impact. See FY25 Access to Counsel Report.

Outside Sections:

Outside Sections 18, 19, 24 & 25: Allow some zoning related notices in G.L. c. 40A, secs. 5 & 11, to be sent by electronic mail.

Outside Section 20: In G.L. c. 40A, sec. 6, requires that zoning ordinances/by-laws existing when someone applies for a zoning permit or other entitlement would continue to apply even if the zoning ordinances/by-laws subsequently change.

Outside Section 21: In G.L. c. 40A, sec. 6, allows structures already on nonconforming lots to be extended or altered as of right if such modification complies with the current dimensional regulations on height, stories and setbacks.

Outside Section 22: Currently under G.L. c. 40A, sec. 6, construction/use allowed under a permit can abide by zoning ordinance/bylaws in existence when the permit is issued, even if

the ordinance or bylaw is subsequently amended, so long as the construction or use starts within 12 months after the permit is issued. Outside Section 22 would change that time period to 24 months.

Also, currently under G.L. c. 40A, sec. 6, a zoning ordinance/by-law may define and regulate nonconforming uses and structures abandoned or not used for a period of two years or more. Outside Section 22 would change the time period to four or more years.

Outside Section 23: Would modify G.L. c. 40A, sec. 10, to substantially lower the threshold for the granting variances from zoning ordinances, making these easier to obtain and preserve. Outside Section 23:

- Replaces the existing "substantial hardship" standard for variances with an easier "practical difficulty" standard.
- Eliminates the requirement that practical difficulty be caused by unique soil, shape, or topography conditions; those factors become optional considerations only.
- Creates a new balancing test requiring boards to weigh the public interest including the interest in housing production against neighborhood health, safety, and welfare.
- Adds optional factors that permit granting authorities may consider: financial hardship, feasible alternatives, and whether the practical difficulty was self-created.
- Significantly expands local discretion to grant variances.
- Allow residential use variances not otherwise permitted in the district.
- Extends the time to exercise a variance from 1 year to 2 years.
- Extends allowable variance extensions from 6 months to up to 2 additional years.
- Adds tolling protections so variances do not expire while related permits or court appeals are pending.
- Removes explicit statutory language authorizing boards to impose conditions and safeguards on variances.

Outside Section 31: In G.L c. 121B, sec. 26, the statute governing disposition of state public housing, removes a requirement for disposition that units have to have been vacant for at least 2 years.

E. Civil Legal Services

Account	Description	FY 26 General Appropriation	FY 27 Governor's Budget (H.2)	FY 27 House Budget (H.5501)	FY 27 Senate Ways & Means (S.4)
0321-1600	MLAC	$51,000,000	$52,000,000	$52,200,000	$52,000,000

1. **For the Massachusetts Legal Assistance Corporation (item 0321-1600), which supports grants for civil legal aid programs for low-income residents of Massachusetts, SWM is recommending an appropriation of $52 million.**

    - This is $1 million more than the FY 26 appropriation and the same amount as the Governor's recommendation. The House appropriated $52.2 million. MLAC is requesting an appropriation of $53 million in order to help meet the growing statewide demand for civil legal services.

F. Office of Refugees and Immigrants

Account	Description	FY 26 General Appropriation	FY 27 Governor's Budget (H.2)	FY 27 House Budget (H.5501)	FY 27 Senate Ways & Means
4003-0124	Immigrant Legal Assistance Fund	$5,000,000	$5,000,000	5,000,000	$5,000,000

1. **HWM had suggested an additional $ 2 Million in funding for Massachusetts Office of Refugees and Immigrants' Immigrant Legal Assistance Fund for FY27 ($ 7 Million).**

    - Still, that number was changed to $5 Million in the House Budget. SWM is also proposing $5 Million in funding.