This year’s Municipal Health Insurance Reform Legislation & Regulations present new opportunities for municipalities to make health insurance changes. This chart outlines the basic steps and timing you must follow to adhere to the current legislation and regulations.

**Getting Started**

1. **Notice of intention to vote on adoption of Sections 21-23.**
   Send notice to Collective Bargaining Unit (CBU) presidents and Retired State County and Municipal Employees (RSCME), at least *two days* prior to vote by body authorized to accept.

2. **Vote to accept Sections 21-23 (no time limit).**

3. **Provide IAC with 52.03 NOTICE** that includes proposed changes, estimated savings from changes and mitigation proposal.

4. **Send written Notice of Appropriate Public Authority’s (APA) decision to proceed to president of each CBU and RSCME** within *two days* after meeting with IAC or *ten days* after IAC’s receipt of notice, whichever occurs earlier.
   - **If a Public Employee Committee (PEC) already exists**, then each CBU and RSCME provides contact information for its designee to APA within *2 business days* of receipt of NOTICE.
   - **If a PEC doesn’t exist**, then each CBU and RSCME provides contact information for its designee to APA within *five business days* of receipt of NOTICE.

5. **Deliver 52.03 NOTICE to each PEC member** within *two business days* of APA’s receipt of contact information.
Thirty-Day Negotiation Period
(This commences when every member of PEC has received 52.03 Notice.)

1. **Provide notice to Secretary of Administration & Finance (A & F) and each member of PEC** of the start and end dates for thirty-day negotiation period and contact information for APA’s designee to Review Panel within *three business days* after starting date of negotiation period.

2. **PEC selects Review Panel designee and notifies Secretary of A & F and APA of selection** within *three business days* of receiving APA’s notice.

3. **Secretary of A & F provides list of three candidates for Panel chair** within *ten days of receipt* of PEC’s designation.

4. **APA and PEC must agree upon third member in *three days* and notify Secretary of A & F of selection. (If no agreement, APA notifies Secretary.)**

   The Secretary of A & F makes an appointment of the third member no later than the *end of the thirty-day negotiation period.*
Panel Process (This commences if parties are unable to reach written agreement within thirty-day negotiation period.)

1. **APA submits original proposal to Panel and PEC submits alternate mitigation proposal**, plus any other information, within *three business days* after end of thirty-day negotiation period.

2. **Impartial third member fixes time, date and place for Panel to convene first meeting**, within *two business days* after receipt of APA’s original proposal.

   Currently, there is *no time limit* within which first meeting must be scheduled by Panel.

3. **Panel determines whether plan design changes exceed dollar amounts for benchmark GIC plans.** If not, must approve implementation of proposed changes within *ten days* of convening Panel’s first meeting.

4. **Panel shall confirm (or decline to confirm) APA’s estimated monetary savings** due to proposed § 22 or § 23 changes and review the mitigation proposal(s) within *ten calendar days* of Panel’s receipt of proposed changes.
APA must provide subscribers with at least **sixty-days notice** of any plan design changes or transfer of subscribers to GIC prior to implementation.

Sixty-days notice period cannot begin until a written agreement is signed or a Panel decision is issued.

Implementation of plan design changes must occur **within ninety days after a written agreement is signed or a Panel decision is issued** unless APA and PEC mutually agree to defer implementation until the end of the health insurance policy year.

**Disclosure:** Please refer to 801 CMR 52.00 Municipal Health Insurance Regulations for additional details. These are interim, emergency regulations and subject to change.