



State House Hearing on Legislation to Raise the Personal Needs Allowance for Nursing Home and Rest Home Residents – July 1, 2025

For nearly 20 years, the Personal Needs Allowance for Nursing Home and Rest Home residents has been stuck at \$72.80 per month. If inflation had been factored since the amount was last set, the allowance should now be about \$113.42. Costs for everything have increased over the last two decades, but the PNA has remained unchanged. That means that folks residing in nursing homes and rest homes have been paying ever higher prices for their personal needs – items not covered within the care, room, and board required to be provided by nursing and rest homes. These residents are obligated to pay almost all their monthly Social Security and other income for their basic care leaving the PNA to cover all other life's necessities. Amplifying this situation, Massachusetts has the highest cost of living of any state in the continental United States - meaning these vulnerable residents can afford less each and every year.

Three similar bills have been filed this year and are being considered by the Joint Committee on Health Care Financing, chaired by Senator Cindy Friedman and Representative John Lawn. The bills to raise the PNA are **Senate Bill 887** by Senator Joan Lovely and others; **Senate Bill 482** by Senators Patricia Jehlen and Mark Montigny and others; and **House Bill 1411** by Representative Thomas Stanley and others. As of early May, twenty-nine legislators (15 senators, 35 representatives) have already co-sponsored one or more of these bills or budget amendments. Dignity Alliance Massachusetts, AARP Massachusetts, and LeadingAge Massachusetts are among the statewide organizations which have indicated they support the PNA legislation.

It's time for legislative action. The continued neglect of the PNA is a stain on our collective conscience. We must demand that our elected officials, corporate leaders, and society at large recognize the glaring disparity and act decisively. Increase the Personal Needs Allowance to a

level that reflects today's economic realities, with mandated annual cost-of-living adjustments. It's not just an economic policy; it's a fundamental statement about who we are as a society and how we value our older adults. Don't forget those living in nursing and rest homes. Let us end the unjust silence and ensure that economic and social justice extends to *all* members of our community.



**We selected the Forget-me-not as our symbol to encourage legislators to remember older adults in nursing and rest homes who have gone so long without a raise in the PNA. Forget them not!*



Photo of residents of Hale House, a Boston rest home, with **Rep. John Lawn, House Chair, (left)** and **Sen. Cindy Friedman (right) chairs of the Joint Committee on Health Care Financing**, gather prior to a hearing on legislation to raise the Personal Needs Allowance for nursing and rest home residents. July 1, 2025 in Gardner Auditorium at the State House. Rev. Elizabeth Leavitt, a resident of Hale House presented the legislative leaders with a flier explaining the need for a higher PNA and a packet of Forget-Me-Not seeds to remind them not to forget the needs of nursing and rest home residents.



Senator Patricia Jehlen greets residents of Hale House, a Boston rest home, prior to testifying in support of legislation that she sponsored to raise the Personal Needs Allowance for nursing home and rest home residents— July 1, 2025.



Senator Patricia Jehlen poses with residents of Hale Houe, a Boston rest home, prior to testifying in support of legislation that she sponsored to raise the Personal Needs Allowance for nursing home and rest home residents. — July 1, 2025. She is a primary sponsor of S.482 and co-sponsor of H.1411.

IN-PERSON TESTIMONY

Testimony of Senator Patricia Jehlen, Senate Chair, Committee on Elder Affairs

Mr. Chairman, Madam Chair and members of the Committee, there are three issues that I want to talk about briefly, but I want to first give my strong support to Senate 887, Senate 482 and House 1211 to increase the personal needs allowance that has not increased since 2008. It remains at an inadequate \$72.80. If the personal needs allowance had kept pace with inflation, it should be at least \$113.42 today.

This is especially important for people in rest homes! Who have to pay for their own medications, for their own clothes? Who have to pay for their own shoes, for gift cards for their grandchildren, transportation, things like that. So, I hope that you will consider that.

I can still remember when I was on Elder Affairs, a gentleman came in and testified about how difficult it was for him as a prostate cancer survivor to pay for his Depends. (Note: Senator Jehlen moved to other bills of concern including salaries of direct care workers.) Thank you.



The Joint Legislative Committee on Health Care Financing holds a hearing in Gardner Auditorium at the State House on legislation to raise the Personal Needs Allowance for nursing home and rest home residents – July 1, 2025. **Senator Cindy Friedman, Senate Chair, and Representative John Lawn, House Chair,** are in the center.



Richard T. Moore

, Former Senate Chair, Committee on Health Care Financing, Co-Founder and Current Legislative Chair of Dignity Alliance Massachusetts. Senator Moore presented testimony in support of raising the Personal Needs Allowance.

Testimony of Former Senator Richard T. Moore, Co-Founder and Legislative Chair of Dignity Alliance Massachusetts

My name is **Richard Moore**, of Uxbridge, and I am a co-founder and legislative chair of Dignity Alliance. It was also my great honor to serve as a member of both the Massachusetts House (1977-1994) and Senate (1996-15), and to have been the first Senate Chair of the Committee on Health Care Financing.

I am testifying today representing Dignity Alliance Massachusetts, a non-profit, all-volunteer, statewide coalition advocating for older adults, people with disabilities, and their caregivers. On their behalf, I am pleased to have the opportunity to strongly support legislation to increase the personal needs allowance for residents of nursing homes and rest homes.

For nearly 20 years, the Personal Needs Allowance for Nursing Home and Rest Home residents has been stuck at \$72.80 per month. If inflation had been factored since the amount was last set, the allowance should now be about \$113.42. Costs for everything have increased over the last two decades, but the PNA has remained unchanged. That means that folks residing in nursing homes and rest homes have been paying ever higher prices for their personal needs – items not covered within the care, room, and board required to be provided by nursing and rest homes. These residents are obligated to pay almost all their monthly Social Security and other income for their basic care leaving the PNA to cover all other life's necessities,

When the PNA was last increased in FY 08, Massachusetts stood in the top five among states with highest allowance rates. However, today, as other states have acted to raise the state PNA supplement, the Commonwealth ranks only 21st after 19 other states and the District of Columbia – including an astonishing 7 RED states!

The problem of a stagnant PNA is amplified in Massachusetts, which suffers from the highest cost of living of any state in the continental United States. This means that the \$72.80 PNA stretches

even less here than it would in other states with lower costs. Our most vulnerable residents are facing an ever-increasing financial squeeze, forced to make impossible choices between essential items.

Raising the PNA isn't about handouts; it's about respecting the inherent dignity of every older adult, regardless of their living situation. It's about ensuring that those who rely on public assistance are not condemned to a life of perpetual deprivation.

A sufficient PNA can directly contribute to improved mental and physical health outcomes by allowing residents to maintain personal hygiene, stay connected with loved ones, and engage in activities that bring them joy. This, in turn, can reduce healthcare costs associated with depression, isolation, and neglect.

Raising the PNA would make a fundamental statement about who we are as a society and how we value our older adults. Let's end the unjust silence and ensure that economic and social justice extends to everyone in our communities. Thank you.



Stephen Rogers, Rev. Elizabeth Leavitt, and Lovering Hayward, all residents of Hale House, a Boston rest home, testify in favor of raising the Personal Needs Allowance from \$72.80 per month to \$113.42 per month and include annual cost of living adjustments in the future. The rate has been stuck at the lower figure for nearly 20 years.

Testimony of the Residents of Hale House, Boston Rest Home

Lovering Hayward – I find the PNA to be inadequate. I am speaking today for an increase in the personal needs allowance of \$72.80. I'm stuck meeting my needs at that low amount. To be specific, every month for the past year my goal has been to try to set aside a few dollars every month to save up to by some badly needed new underwear, some inexpensive shoes, and, failing that, at least to buy a porcelain coffee cup to enjoy my morning coffee. But, alas, I find I have to spend my allowance on other necessities. so, by the end of the month, I find my allowance has been consumer by more immediate needs like toothpaste, box of Kleenex, shampoo, dental floss, note pads, a ballpoint pen, and other necessities. The amount for personal needs was set years ago, but as costs have gone up, it's inadequate today. In the end, I'm still drinking my coffee from those Styrofoam cups.

Reverend Elizabeth Leavitt. I am an ordained Unitarian/Universalist Minister/ I've been retired for a number of years, since age 62 on a disability, and I don't get any pension as churches don't plan for such expenses, and I served in some poor parishes. But I live in a lovely rest home in the Back Bay surrounded by millionaires and their millionaire dogs. I do believe the dogs may have a PNA of, at least, \$113.42. Elders in Massachusetts, who are ambulatory, like I am, want to get to church, to volunteer,

There's never a right time to ask for an increase, especially today in this time of cuts in this time of crisis. You as legislators have to divide the pie for health and human services. We just want a slice of the pie. What I'm wearing today is the asset of four months of my PNA. My shoes, my jogging pants, y scarf, my top, the socks, everything. I don't get charity from any other source other than the kindness of the Hale House budget. We deserve the dignity of receiving \$113.42 a month instead of the \$72.80 we get now. Well, these affect the sense of self. Our mobility is lost as we age, and I need orthotics that I cannot afford to feel well-groomed and not looked down on in the streets of the Back Bay. I like to get a haircut. I like to be able to walk about in dignity without painful feet, and feel that I am a valued part of society as I age. Let me tell you that. Perhaps that amount of money, seventy dollars you might spend on a couple of lunches with friends on the hill. But I worry 24 hours a day, 7 days a week, if I will have enough money. Can I make it till next month? What if I need toothpaste? Last month, I was lucky! I won a tube of toothpaste at Bingo. Can I save enough this month to buy a pair of shoes? Can I get to my family reunion this summer with a family gift. It's only in Arlington, but can I afford the Uber to get me there and back? These are everyday things in my beautiful life. I have food, shelter. I have laundry done at my beautiful Hale House. I have friendships there, I have a sense of community and security, but above all these securities depend on the public and private sectors so I ask you to think about raising the PNA, and I thank you all for your time and attention.

Stephen Rogers. I went to Hale House in 2020 because I had nowhere to go, and I didn't make enough Social Security just to support myself, and it's a wonderful place. I have three meals a day and a place to lay my head. My medicine is taken care of for the most part. It keeps me alive and keeps me going. I have a lot of friends.

I had to turn over my Social Security check to cover room and board, but that I would receive \$72.80 a month. What I didn't anticipate is how hard it would be to live on such a small amount. A little more money wouldn't hurt. I'm going to tell you that, the other day, I went to CVS to get myself a razor and some razor blades. I had \$20 in my pocket. Cost me \$19. I mean, common on, you know? You have nothing left to do anything with.



Facing the Legislature's Committee on Health Care Financing, residents of Hale House, a Boston rest home, testify in favor of raising the Personal Needs Allowance from \$72.80 per month to \$113.42 per month and include annual cost of living adjustments in the future. The rate has been stuck at the lower figure for nearly 20 years.



Tracey Cravedi and Jill Gemelli, administrators at Hale House, a Boston rest home, testify in favor of raising the Personal Needs Allowance from \$72.80 per month to \$113.42 per month and include annual cost of living adjustments in the future. The rate has been stuck at the lower figure for nearly 20 years.



Alice Bonner PhD, RN, former Massachusetts Secretary of Elder Affairs, testify in favor of raising the Personal Needs Allowance from \$72.80 per month to \$113.42 per month and include annual cost of living adjustments in the future. The rate has been stuck at the lower figure for nearly 20 years. “It is critical,” Dr. Bonner stated, “that we need to raise the Personal Needs Allowance to better support individuals living in long-term care settings such as nursing homes\



Alice Bonner PhD, RN, former Massachusetts Secretary of Elder Affairs, testify in favor of raising the Personal Needs Allowance from \$72.80 per month to \$113.42 per month and include annual cost of living adjustments in the future. The rate has been stuck at the lower figure for nearly 20 years. “The PNA,” Dr. Bonner testified, “is usually the only money that residents on Medicaid have to pay for personal items such as clothing, shoes, toiletries, reading material such as a newspaper, electronics such as a cell phone, internet access, or occasionally going out for a special event.”

Testimony of Former Elder Affairs Secretary Alice Bonner, PhD, RN

H.1411 and S. 482 An Act Increasing the Personal Needs Allowance for Long Term Care Residents

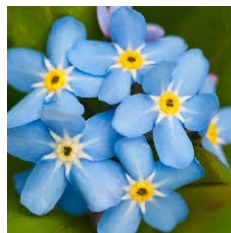
House Chair Lawn and Senate Chair Friedman,

My name is Alice Bonner. I am currently and have been a resident of the Commonwealth of Massachusetts for over 30 years. While I have served in state government, in both the Department of Public Health and as Secretary of the Executive Office of Elder Affairs from 2015-2019, I am here today as a private citizen and advocate with four decades of professional experience as a nurse and policymaker focused on people living and working in nursing homes.

Thank you for the opportunity to give testimony today on House Bill 1411 and Senate Bill 482 which address the monthly personal needs allowance that is made available to long term care residents such as those individuals living in Massachusetts nursing homes. The Personal Needs Allowance (PNA) is the monthly amount of money that residents who receive Medicaid may keep from their personal income. The PNA is usually the only money that residents on Medicaid have to pay for personal items such as clothing, shoes, toiletries, reading material such as a newspaper, electronics such as a cell phone, internet access, or occasionally going out for a special event.

While PNA rules may vary by state, at least 18 states have a PNA higher than Massachusetts even though the cost of living here is much higher. The current PNA of \$72.80 per month has not been increased since 2008; if it were simply adjusted for inflation, it would be \$113.42 today.

I have worked as a nurse practitioner in over 60 nursing homes in Massachusetts and I served as the CMS Director of the Division of Nursing Homes for two years, overseeing quality and safety in 15,000 U.S. nursing homes. I have seen firsthand that a person's PNA is often a lifeline for them, the primary way for them to maintain their engagement with the community, their dignity and independence. As a nurse, I may not know What Matters most to someone – but they know and can use their PNA to promote quality of life for themselves and others.



Forget-Me-Not

VIRTUAL TESTIMONY



Senator Joan Lovely, Assistant Senate Majority Leader and sponsor of legislation to increase the Personal Needs Allowance, testifies virtually, at a hearing on the matter held by the Legislature's Joint Committee on Health Care Financing, July 1, 2025

Testimony of Senator Joan Lovely, Assistant Senate Majority Leader

RE: Senate No. 887/House No. 1411: An Act increasing the personal needs allowance for long term care residents

Dear Chair Friedman and Chair Lawn,

I write in support of Senate No. 887: An Act increasing the personal needs allowance for long-term care residents, which I have filed with our colleague Representative Thomas M. Stanley.

Medicaid's Personal Needs Allowance (PNA) is the amount of monthly income a Medicaid-funded nursing home resident can keep of their personal income. Since room, board, and medical care are covered by Medicaid, most of one's income must go towards the cost of nursing home care as a Share of Cost.

The PNA is intended to cover the nursing home resident's personal expenses, which are not covered by Medicaid. This may include, but is not limited to: haircuts, vitamins, clothing, magazines, vending machine snacks, and outings with family members.

S.887 would amend the current PNA amount from \$72.80 to \$113.42, allowing long-term care residents financial flexibility on par with that of their initial allotment.

For the past eighteen years, despite inflation averaging 3 percent a year, the rate has been flat. That means nursing home residents have tough choices to make in what they can afford to maintain

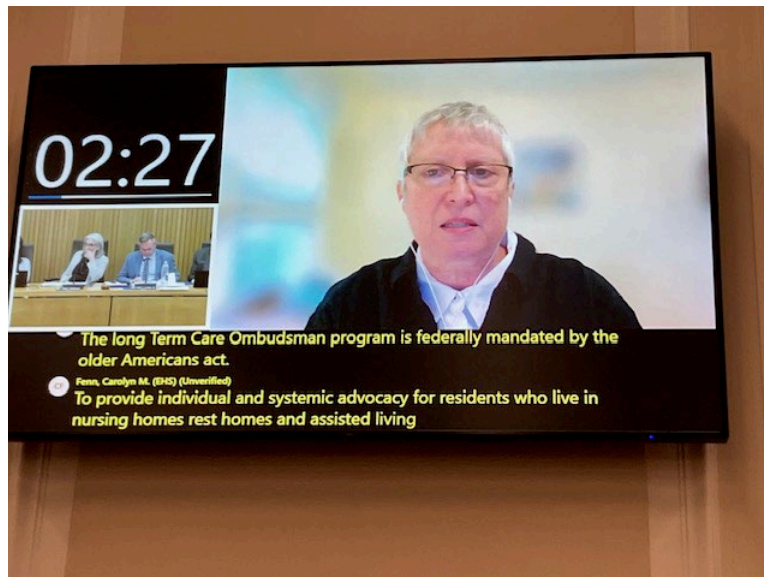
their dignity and quality of life. If the personal needs allowance had kept pace with inflation when it was last increased, it would be at least \$113.42 today.

Massachusetts last raised the personal needs allowance to \$72.80 in FY2008. Adjusted for inflation, \$72.80 in 2007 has approximately the same purchasing power as \$110.82 in 2024.

Eighteen states have a higher monthly PNA for nursing home residents and yet have a lower cost of living than Massachusetts. In 2010, Massachusetts ranked 7th with only 6 states having a higher PNA.

Since 2007, the cost of living in Massachusetts has increased by 21%. Therefore, we must act now to help our most vulnerable here in the Commonwealth and raise the PNA to \$113.42.

I therefore request the Committee's positive consideration of S.887.



Carolyn Fenn, Massachusetts Long-Term Care Ombudsman, testifies in support of legislation to raise the Personal Needs Allowance for nursing and rest home residents, at a hearing on the matter held by the Legislature's Joint Committee on Health Care Financing. July 1, 2025

**TESTIMONY OF CAROLYN FENN, STATE LONG-TERM CARE OMBUDSMAN
REGARDING HOUSE BILL NO. 1411 AND SENATE BILL 482: AN ACT INCREASING
THE PERSONAL NEEDS ALLOWANCE FOR LONG TERM CARE RESIDENTS**

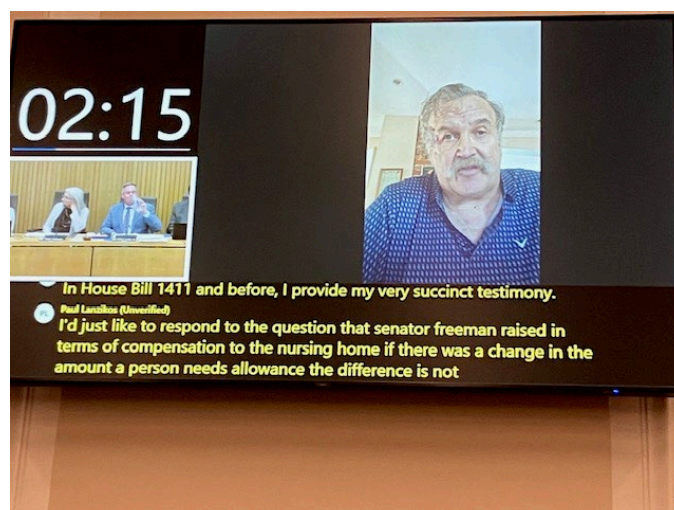
Good afternoon, Chairman Lawn, Chairwoman Friedman, and members of the Committee. My name is Carolyn Fenn, and I am the Massachusetts State Long-Term Care Ombudsman. Thank you for the opportunity to come before you today in favor of House Bill 1411 and Senate Bill 482/887 -- AN ACT INCREASING THE PERSONAL NEEDS ALLOWANCE FOR LONG TERM CARE RESIDENTS.

The Long-Term Care Ombudsman Program is federally mandated by the Older Americans Act to

provide individual and systemic advocacy for residents living in nursing homes, rest homes, and assisted living residences. In Massachusetts, we regularly visit the 65,000 constituents living in these care homes, and we work to facilitate resolution of the issues they encounter. In addition to complaints, we are tasked with elevating the voice of residents, which is what I hope to do today. 62% of residents require MassHealth assistance for long-term care, having first depleted any assets or resources to become eligible. While nursing homes are required to provide certain necessities, this does not include such things as personal phones, haircuts, clothes, shoes, and other sundries, most of which cost more than \$72.80 per month, forcing people to make choices about whether they get a haircut or a new pair of pants. Nursing home staff often help residents select clothing items from the facility “lost-and-found”, used clothes labeled with someone else’s name. Sometimes staff “borrow” items such as socks and sweaters from roommates. Incontinence products, while provided by nursing homes, are often flat pads rather than fitted briefs, resulting in the humiliation of leaks, stains and bulky appearance to clothing. If a resident wants to purchase their own fitted briefs so they are not embarrassed to go out in public, they would pay \$53.00 for a package of 72, the cost of dignity. Aside from basic necessities, what is the quality of life of an older adult living in a nursing home, sharing a room with a stranger, without the comforts of home?

Things we take for granted, such as going out to eat with friends or family, sending Christmas cards, buying grandchildren an ice cream cone, going to a baseball game, all examples of things that contribute to being part of a community, but things that are inaccessible to many of our residents. I wish you could see the joy of the women at the nursing home beauty salon, chatting, gossiping, complimenting each other on their “hairdos” -- it is the highlight of their day! If you visit a nursing home, you may notice some residents carrying their purses or wallets. These are symbols of independence and empowerment, even for someone who has dementia.

Some residents have family members or friends who are willing and able to pay for these things. Some are ashamed or too proud to ask, having perhaps once been the “breadwinner” of the family. Others do not have anyone to rely on. In conclusion, I hope I have been able to provide a brief glimpse into the resident experience. This modest increase in the Personal Needs Allowance, letting residents keep a bit more of their own money, will make a big difference in helping residents age with dignity, and letting them know they matter to the rest of us. Thank you for your time.



Paul Lanzikos, Dignity Alliance Coordinator and former Massachusetts Secretary of Elder Affairs, testifies virtually, at a hearing held by the Legislature's Joint Committee on Health Care Financing. July 1, 2025 on the importance of raising the Personal Needs Allowance

Testimony of Former Massachusetts Secretary of Elder Affairs Paul Lanzikos, Coordinator of Dignity Alliance Massachusetts

Good afternoon, Representative Lawn, Senator Friedman, and Members of the Committee.

My name is Paul Lanzikos. I am a co-founder and the coordinator of Dignity Alliance Massachusetts. I am also a former Secretary of the Executive Office of Elder Affairs. I am here in support of Senate Bills 842 and 887 and House Bill 1411, all seeking to increase the personal needs allowance for nursing and rest home residents. I will keep my testimony succinct by just using two numbers: \$2.48 and \$3.78. \$2.48 is the current amount, on a daily basis, allowed for residents – an amount unchanged since I was Secretary in 1990. This is not even enough to buy a small coffee at Dunkins today. \$3.78 will be the amount if the proposed increase is enacted – at least enough to buy a small latte at Starbucks.

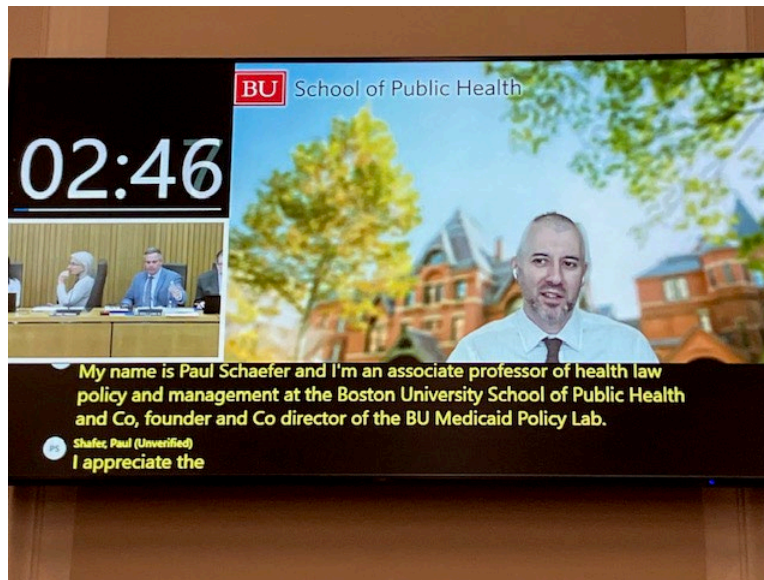
I think our grandmas and grandads deserve a small latte. I hope you do also by favorably discharging these bills. I am also expressing support for Senate Bills 912 and 915 offered by Senator Tarr ensuring the quality of and controlling the costs of temporary nursing service agencies. Thank you for this opportunity.

Response to Senator Friedman's question raised during the July 1, 2025 Joint Committee on Health Care Financing hearing

In response to Senator Friedman's question, if the amount of the personal needs allowance (PNA) is increased, the total amount paid to the nursing home or rest home is not reduced. The difference is made up by an increase in the amount that MassHealth pays the nursing or rest home.

The Commonwealth annually sets the rates paid to providers. Residents are required to turnover to the facility their monthly income from Social Security payments and other income sources less the personal needs allowance (currently \$72.80). MassHealth pays the remainder. Dignity MA estimates there are about 25,000 nursing and rest home residents who are eligible to have a (PNA). If the PNA is increased to \$113.42, the estimated increase in MassHealth obligations is between \$10 and \$12 million annually.

Additional note: a resident is able to accrue up to \$2,000 in a PNA account. If the account balance is at the maximum, the entire amount of monthly income reverts to the provider until the amount accrued is decreased.



Paul Shafer PhD, Associate Professor at Boston University's School of Public Health and co-author of a major article in JAMA that increasing the Personal Needs Allowance is long overdue, testifies virtually at a hearing on the matter held by the Legislature's Joint Committee on Health Care Financing. July 1, 2025

Testimony of Professor Paul Shafer, Boston University School of Public Health

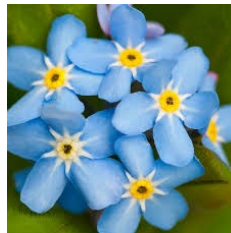
IN SUPPORT OF S.887, S.482, H.1411 TO INCREASE THE PERSONAL NEEDS ALLOWANCE Joint Committee on Health Care Financing - July 1, 2025

Thank you and good afternoon, my name is Paul Shafer and I am an associate professor of health law, policy, and management at the Boston University (BU) School of Public Health and co-founder and co-director of the BU Medicaid Policy Lab. I appreciate the opportunity to provide testimony today to the Joint Committee on Health Care Financing in support of increasing the personal needs allowance, or PNA, in Massachusetts through S.887, S.482, and H.1411. Massachusetts ranks second in cost of living, yet its PNA of \$72.80 a month, ranks 21st and hasn't changed since FY2008. This leaves nursing and rest home residents less than \$2.50 a day to cover needs not provided by their facilities or MassHealth, including clothes, shoes, cell phone bills, and personal hygiene items. The federal floor of \$30 a month hasn't changed since 1988, which is about \$80 today with inflation, meaning that nursing and rest home residents in Massachusetts today have less purchasing power than those at the federal floor nearly 40 years ago. This isn't just a Massachusetts problem but there is an opportunity for a Massachusetts solution.

There are over 20,000 nursing and rest home residents in Massachusetts on Medicaid. My colleague Monica Aswani from the University of Alabama at Birmingham and I estimated that raising the PNA as proposed would cost MassHealth approximately \$10 to \$12 million, a tiny fraction of the proposed FY2026 budget of over \$22 billion. In return, these seniors would get a much-needed raise and better quality of life. And indexing it to inflation means that the Legislature won't need to revisit this each year.

This is only a cost to Massachusetts in the sense that it allows seniors to keep a bit more of their own income while still surrendering most of it to the Commonwealth in exchange for their care. It could potentially pay for itself by improving health of nursing and rest home residents, reducing falls, improving mental health, and other problems that strain staff and cost MassHealth considerably more in emergency department visits and hospital care. There is remarkably little research on the impacts of the PNA but this change, and recent increases in other states, could spark new exploration into how the PNA makes a difference in seniors' lives and their health.

Seniors living in nursing and rest homes should be able to cover their basic needs and age with dignity. They are already giving nearly all of their income to the Commonwealth. Giving them this raise could provide a big boost in their health and happiness—not needing to choose between orthotics and a gift for their grandchild, between supplements or new underwear, between a fun outing and getting a haircut. Failure to keep up with rising costs is a human rights issue and since nearly 80 percent of residents are women, it is a women's rights issue as well. I could argue that



Forget-Me-Not

WRITTEN TESTIMONY



July 1, 2025

The Honorable Cindy F. Friedman, Chair
Joint Committee on Health Care Financing
Commonwealth of Massachusetts
State House, Room 313
Boston, MA 02133

The Honorable John J. Lawn, Jr., Chair
Joint Committee on Health Care Financing
Commonwealth of Massachusetts
State House, Room 236
Boston, MA 02133

RE: **HOUSE BILL NO. 1411 - An Act Increasing The Personal Needs Allowance For Long Term Care Residents**
 SENATE BILL NO. 482 - An Act Increasing The Personal Care Allowance For Long Term Care Residents
 SENATE BILL NO. 887 - An Act Increasing The Personal Needs Allowance For Long Term Care Residents

Dear Chairs Friedman and Lawn:

AARP is the nation's largest nonprofit, non-partisan organization dedicated to empowering Americans 50 and older to choose how they live as they age. On behalf of the nearly 38 million members nationwide and 760,000 members here in the Commonwealth, ***we urge you to favorably pass HOUSE BILL NO. 1411 - An Act Increasing The Personal Needs Allowance***

For Long Term Care Residents; SENATE BILL NO. 482 - An Act Increasing The Personal Care Allowance For Long Term Care Residents; and SENATE BILL NO. 887 - An Act Increasing The Personal Needs Allowance For Long Term Care Residents.

Medicaid coverage of long-term services and supports (LTSS) provides a safety net for vulnerable older people—and younger people with disabilities—who have low incomes and few assets. It also provides coverage for those who become impoverished because of medical needs, LTSS needs, or both.

Medicaid-eligible nursing home residents are permitted to keep a personal needs allowance (PNA) to cover basic expenses such as personal hygiene supplies and mobile phones. In 2024, the federal minimum PNA for nursing facility residents who are Medicaid-eligible was \$30 a month. States may allow a higher amount—up to \$200 a month.

AARP believes this should be codified and not continue to be part of the annual Massachusetts budget process. In addition to a higher monthly allowance, we support adjustments annually to account for changes in the cost of personal needs.

AARP believes long term services and supports should emphasize the independence, dignity, autonomy, and privacy of individual consumers so they can maximize their physical and psychosocial potential, and the personal needs allowance helps to do so.

We urge the Committee to favorably pass the bills. We look forward to working with you and would be happy to assist you in any way possible on this important issue, Please do not hesitate to contact Jessica Costantino, Director of Advocacy, at jcostantino@aarp.org or 617.305.0538 if you have any questions or concerns.

Very truly yours,

A handwritten signature in blue ink that reads "Jennifer Benson". The signature is fluid and cursive, with the first name "Jennifer" written in a larger, more prominent script than the last name "Benson".

Jennifer Benson State
Director

Testimony of Representative Thomas M. Stanley, House Chair, Committee on Aging and Independence

July 8, 2025

RE: House Bill 1411 – An Act increasing the personal needs allowance for long-term care residents

Dear Honorable Chairs,

Hope this note finds you well. I write in support of House Bill 1411 - An Act increasing the personal needs allowance for long-term care residents. This legislation would require the first increase to the personal needs allowance (PNA) for nursing home and rest home residents in Massachusetts since 2007.

The PNA is the amount of monthly income that a resident of a long-term care facility, including nursing homes and rest homes, on Medicaid is allowed to keep for their personal use. This money

is intended to help cover personal expenses such as toiletries, clothing, cell phone costs, and haircuts that are not provided by the facility.

Federal law requires the PNA amount for long-term care residents to be a minimum \$30 per month, granting states the option to go higher up to \$200 per month. Since these limits are not adjusted to inflation, the purchasing power of the PNA has dwindled over the last 4 decades. For example, the federal floor of \$30 per month would need to be increased to \$80 in 2024 to have the same purchasing power that it did in 1987, the year it was last updated. The PNA in Massachusetts is currently set at \$72.80 per month and has not increased in nearly two decades. According to the Bureau of Labor Statistics' Inflation Calculator, \$72.80 in January 2007 is equal to \$113.51 in December 2024, a 55% increase!

The decline in purchasing power of the PNA leaves many long-term care residents making difficult decisions, forgoing new clothes to pay for toothpaste and deodorant, or choosing between paying the cell-phone bill or buying gifts for friends and family. While some residents have family caregivers to cover the cost of their personal items, many don't have anyone who can help.

Moreover, forgoing some personal items may lead to various health risks. A recent article from Boston University and University of Alabama researchers found low monthly PNAs compound the likelihood of poorer mental well-being and physical health outcomes for long-term care residents. For example, if a resident cannot afford new shoes, they may be at higher risk for a fall or other injuries.

H.1411 seeks to increase the Massachusetts PNA to \$113.42 per month and would then annually adjust this amount to inflation. This will help long-term care residents gain autonomy, experience better health outcomes, and improve their quality of life.

The Commonwealth's long-term care residents should not be forced to choose between basic personal care items. As such, I would respectfully request for the Committee to act favorably on H.1411.

Thank you for your time and consideration. My staff and I look forward to collaborating with you on this issue and are available to discuss it further at your convenience.

Sincerely,

Thomas M. Stanley

Senator Mark Montigny's Written Testimony

Dear Chair Friedman and Chair Lawn:

I am writing to request that the Joint Committee on Health Care Financing release S482, An Act increasing the personal care allowance for long-term care residents.

This legislation increases the personal needs allowance for residents in skilled nursing facilities

and certain other long-term care settings. Specifically, the income exemption would be increased from the current \$72.80 to \$113.42 of their monthly income.

The personal needs allowance helps residents pay for costs such as clothing, haircuts, phone bills, and other items not covered by Medicaid. Our current needs allowance has been in place since 2007 and has not kept pace with inflation, forcing seniors to choose between expenses and potentially isolating them due to an inability to afford a basic phone bill.

S482 will increase the personal needs allowance to \$113.42 per month and will also include an annual increase to help seniors to keep pace with future inflation. There is no reason why a state such as Alaska can allow their residents to retain \$200 per month, but the Commonwealth has failed to afford even half of that amount coupled with an incredibly high cost of living. In closing, I respectfully ask that the committee report this bill favorably. If you have any questions or concerns, please do not hesitate to contact my office at any time.

Sincerely,
Mark Montigny, SENATOR

Testimony of Aaron Langlois, RN, MBA, Former Nursing Home Ombudsman, Vice President of Hospice & Palliative Care, VNA Care

Dear Chairs Friedman and Lawn, and Members of the Committee,
I am writing in strong support of S.887, S.482, and H.1411, which seek to raise the monthly personalneeds allowance (PNA) for residents of Massachusetts nursing and rest homes from \$72.80 to \$113.42.

As a registered nurse and a former Nursing Home Ombudsman, I have seen firsthand the indignities residents face when their monthly income allowance is inadequate to meet even the most basic personal needs.

The current PNA, frozen at \$72.80 for nearly two decades, is simply out of touch with reality. Residents rely on this small stipend to purchase personal items that the facility does not provide—such as clothing, toiletries, phone service, snacks, and small gifts for loved ones. In an era of rising costs, \$72.80 does not begin to cover these essential expenses.

As a nurse, I know that health is not just physical—it is emotional, social, and personal. Dignity and autonomy are essential components of care. Residents deserve the ability to buy a pair of shoes, get a haircut, or have a cup of coffee without having to beg family members or go without.

As a former Ombudsman, I also witnessed how this lack of financial autonomy contributes to isolation and depression among long-term care residents. These bills offer a simple, just, and overdue correction that would immediately enhance quality of life for some of the most vulnerable members of our Commonwealth.

I respectfully urge the Committee to advance S.887, S.482, and H.1411. Let us show that Massachusetts is committed to dignified aging and compassionate care by restoring some measure of independence and choice to nursing home and rest home residents. Thank you for your time and consideration.

Sincerely,
Aaron Langlois, RN, MBA
Former Nursing Home Ombudsman
Vice President of Hospice & Palliative Care, VNA Care

COMMITTEE STAFF ANALYSIS

Joint Committee on Health Care Financing 2025-2026 (194th) Bill Summary

Bill Number: House, No. 1411

Title: AN ACT INCREASING THE PERSONAL NEEDS ALLOWANCE FOR LONG-TERM CARE RESIDENTS

Sponsor: Representative Thomas M. Stanley (Waltham)

Hearing Date: July 1, 2025

Reporting Deadline: August 30, 2025

Prior History:

2023-24 (H0626/S115/S375): Referred to the Joint Committee on Elder Affairs. Public hearing on May 15, 2023. S115 reported favorable, accompanied by H626 and S375 on December 21, 2023, and referred to Health Care Financing. S115 reported favorably and referred to Senate Ways and Means. No further action.

2021-22 (H735/S113 /S412): Referred to the Joint Committee on Elder Affairs. Public hearing on June 30, 2021. S412 reported favorably, accompanied by H735 and S113. Referred to Health Care Financing, S113 reported favorably and referred to Senate Ways and Means. No further action.

Similar Matters: S482 (Montigny) and S887 (Lovely) [Identical – Health Care Financing]
Current Law:

Chapter 18 of the General Laws governs the Department of Transitional Assistance [DTA] within the Executive Office of Health and Human Services [EOHHS].

M.G.L. Ch. 117A § 1 establishes a program for emergency aid for elderly or disabled residents within DTA. This section permits recipients who (i) are eligible for assistance under Chapter 117A, (ii), does not maintain their own home, and (iii) are receiving care in a nursing home, chronic hospital, rest home, or approved medical institution, to retain the first \$60.00 of monthly income for clothing, personal needs allowance, and leisure time activities.

Chapter 118A of the General Laws establishes, under the direction of DTA, a program of financial assistance for aged and disabled persons through state supplementary payments to federal benefits.

M.G.L. Ch. 118E § 1 designates the Executive Office of Health and Human Services [EOHHS] as the single state agency responsible for the administration of any programs of medical assistance and medical benefits established pursuant to Chapter 118E. The Secretary of EOHHS is authorized to take actions, through the division of medical assistance [DMA] and the secretary of aging and independence, as appropriate, in this capacity, in accordance with section 2 of Chapter 118E.

M.G.L. Ch. 118E § 8 defines certain terms as they are to be understood within the context of Chapter 118E.

M.G.L. Ch. 118E § 9A authorizes DMA to implement a combined Medicaid program and Children's Health Insurance Program (CHIP), known as MassHealth, in accordance with the terms and conditions of a demonstration project approved by the Secretary pursuant to section 1115(a) of the Social Security Act, 42 U.S.C. Section 1315(a) or any other federal waiver or demonstration authority and lists beneficiary categories for whom MassHealth may provide medical benefits.

M.G.L. Ch. 118E § 15 concerns the provision of mandatory and optional benefits for medical care under the state Medicaid program. This section directs DMA to determine the amount, duration and scope of benefits, including criteria for medical necessity and utilization control procedures, through rules and regulations consistent with chapter 118E and applicable federal law. • The fourth paragraph of section 15 section permits enrollees who (i) are eligible for assistance under Chapter 118E, (ii), does not maintain their own home, and (iii) are receiving care in a nursing home, chronic hospital,

Summary Prepared by the House Staff of the Joint Committee on Health Care Financing rest home, approved public medical institution, or a public psychiatric institution to retain the first \$60.00 of monthly income for clothing, personal needs allowance, and leisure time activities. M.G.L. Ch. 118E § 16C establishes the Massachusetts Children's Health Insurance Program (CHIP) and outlines its basic eligibility criteria.

Summary:

SECTION 1 of the proposed legislation amends section 1 of Chapter 117A to increase the statutory floor of the personal needs allowance for recipients of emergency aid for elderly or disables residents through DTA from \$60.00 to \$113.42. This section also instructs DTA to annually increase the personal needs allowance by a percentage rate consistent with the increase for supplemental state payments under sections 1 and 2 of chapter 118A.

SECTION 2 of the proposed legislation inserts a new section in Chapter 118A, section 7B, to establish a personal needs allowance set at \$113.42 for recipients of state supplementary payments who (i) are eligible for assistance under Chapter 118A, (ii), do not maintain their own home, and (iii) are receiving care in a “licensed medical facility which is eligible for payments pursuant to chapter 118E” or is residing in a rest home “to which a person pays a fixed rate”. This section also instructs DMA to annually increase the personal needs allowance by a percentage rate consistent with the increase for supplemental state payments under sections 1 and 2 of chapter 118A.

SECTIONS 3 & 4 of the proposed legislation amend section 15 of Chapter 118E to increase the statutory floor of the personal needs allowance for eligible Medicaid enrollees from \$60.00 to \$113.42. This section also instructs DTA to annually increase the personal needs allowance by a percentage rate consistent with the increase for supplemental state payments under sections 1 and 2 of chapter 118A.