

# HOUSE . . . . . No. 4735

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Text of a still still further amendment, offered by Mr. Speliotis of Danvers, to the Senate further amendment (striking out all after the enacting clause and inserting in place thereof the text of Senate document numbered 2708) of the House Bill addressing COVID-19 data collection and disparities in treatment (House, No. 4672). May 21, 2020.

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## The Commonwealth of Massachusetts

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In the One Hundred and Ninety-First General Court  
(2019-2020)  
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By striking out all after the enacting clause and inserting in place thereof the following:–

1           SECTION 1. (a) As used in this section, “elder care facilities” shall include: (1) the  
2   Soldiers’ Home in Massachusetts located in the city of Chelsea; (2) the Soldiers’ Home in  
3   Holyoke; (3) a convalescent home, nursing home, intermediate care facility for persons with an  
4   intellectual disability, rest home or charitable home for the aged licensed pursuant to section 71  
5   of chapter 111 of the General Laws; (4) a skilled nursing facility; (5) assisted living residences  
6   licensed by the executive office of elder affairs; (6) elderly housing facilities; (7) any residential  
7   premises available for lease by elderly or disabled individuals that is financed or subsidized in  
8   whole or in part by state or federal housing programs established primarily to furnish housing  
9   rather than housing and personal services, as set forth in a listing established by the secretary of  
10   elder affairs, and that was never licensed under chapter 111 of the General Laws; or (8) any other  
11   facility licensed as a long-term care facility by the department of public health.

12           (b) Notwithstanding any general or special law to the contrary, elder care facilities shall  
13   report daily to the local department of health in the municipality where said facilities are located  
14   and to the department of public health data including without limitation the number of known

15 COVID-19 positive cases among residents; the number of known mortalities among the  
16 residents; the number of known positive cases among the staff; and the number of known  
17 mortalities among the staff.

18

19 (c) Notwithstanding any general or special law to the contrary, the department of public  
20 health shall, on a daily basis, collect and compile data from all boards of health, as defined in  
21 section 1 of chapter 111 of the General Laws, and from any person, corporation, association,  
22 partnership or other legal entity over which the department has regulatory authority, that is  
23 related to the outbreak of the 2019 novel coronavirus, also known as COVID-19, in the  
24 commonwealth. Said data shall include, but shall not be limited to, the following: (1) the total  
25 number of people tested for COVID-19 within the previous 24 hours; (2) the aggregate number  
26 of people tested for COVID-19 since the governor's March 10, 2020 declaration of a state of  
27 emergency; (3) the total number of people who have tested positive for COVID-19 within the  
28 previous 24 hours; (4) the aggregate number of people who have tested positive for COVID-19  
29 since the governor's March 10, 2020 declaration of a state of emergency; (5) the total number of  
30 people hospitalized due to a probable or confirmed case of COVID-19 or from complications  
31 related to COVID-19 within the previous 7 days; (6) the aggregate number of people hospitalized  
32 due to a probable or confirmed case of COVID-19 or from complications related to COVID-19  
33 since the governor's March 10, 2020 declaration of a state of emergency; (7) the total number of  
34 people who have died due to a probable or confirmed case of COVID-19 or from complications  
35 related to COVID-19, as reported in the previous 24 hours through the department's receipt of  
36 vital records; (8) the aggregate number of people who have died due to a probable or confirmed  
37 case of COVID-19 or from complications related to COVID-19 since the governor's March 10,

38 2020 declaration of a state of emergency; (9) the number of known COVID-19 positive cases  
39 among elder care facility residents; the number of known mortalities among the residents; the  
40 number of known positive cases among elder care facility staff; and the number of known  
41 mortalities among the staff; and (10) demographic information for all individuals tested for,  
42 found positive for, hospitalized due to a probable or confirmed case of or who died from a  
43 confirmed case of COVID-19, including, but not limited to: (i) gender; (ii) race; (iii) ethnicity;  
44 (iv) primary city or town of residence; (v) age; (vi) disability; (vii) primary language; (viii)  
45 occupation; and (ix) any other demographic information that the department deems important to  
46 understand the disparate impact of COVID-19 on certain populations; provided, however, that  
47 demographic information for individuals tested for COVID-19 and individuals hospitalized due  
48 to a confirmed case of COVID-19 shall be compiled and reported not less than every 3 days.

49 (d) Notwithstanding any general or special law to the contrary, the department of public  
50 health shall compile and report daily the data from all boards of health or elder care facilities  
51 pursuant to subsections (b) and (c) on its website. Said report shall include data broken down as  
52 follows: (1) geographic location, including statewide, by county and by municipality with 25 or  
53 more confirmed cases; provided, however, that such data shall reflect the primary residence of  
54 the impacted populations; (2) elder care facilities reporting COVID-19 positive cases or  
55 mortalities and the aggregate known number of COVID-19 positive cases and the aggregate  
56 known number of mortalities among residents, at each residence or facility, as well as the  
57 aggregate known number of COVID-19 positive cases and the aggregate known number of  
58 mortalities among staff, by occupation, at each residence or facility; and (3) state and county  
59 correctional facilities, including the aggregate number of COVID-19 positive cases and

60 mortalities among individuals who are incarcerated, as well as the aggregate number of COVID-  
61 19 positive cases and mortalities among staff, by occupation, at each facility.

62 The department shall also report on its website, for each state and county correctional  
63 facility: (1) the total number of residents per correctional facility; and (2) the number of residents  
64 within each facility who are housed in a cell: (i) alone; (ii) with 1 other person; or (ii) with 2 or  
65 more other people; provided, however, that the department of correction and each sheriff shall  
66 provide this residential housing count information not less than weekly to the department of  
67 public health.

68 (e) Each daily report shall be structured in a manner that permits the comparison and  
69 stratification of data and the identification of trends, testing, infection, hospitalization and  
70 mortality based on demographic factors collected under this section. All data collected pursuant  
71 to this section shall be available for download from the department of public health's website in  
72 a machine-readable format consistent with commonly available data analysis software.

73 (f) The department of public health shall report to the clerks of the house of  
74 representatives and the senate and the joint committee on public health on its implementation of  
75 this section. Said report shall include, but shall not be limited to, information on the issuance of  
76 relevant guidance and the implementation of training protocols for and compliance by relevant  
77 entities regarding the collection and reporting of data under this section to the department and a  
78 summary, prepared by the executive office of health and human services, of actions being taken  
79 to respond to disparities identified through data collected under this section. Said report shall  
80 also identify any barriers to receiving or reporting data pursuant to this section and specify the  
81 manner in which the department shall seek to improve compliance with this section.

82 (g) An elder care facility shall notify residents and each resident’s health care proxy,  
83 emergency contact, legal guardian or other legally authorized representative by 5:00 P.M. the  
84 next calendar day if: (1) there is a new confirmed case of or mortality due to COVID-19 among  
85 residents or staff; or (2) 3 or more residents or staff at the residence or facility present with new-  
86 onset of respiratory symptoms within the previous 72 hours.

87 SECTION 2. (a) Notwithstanding any general or special law to the contrary, there shall  
88 be a task force to study and make recommendations to the general court that address health  
89 disparities for underserved or underrepresented populations based on culture, race, ethnicity,  
90 language, disability, gender identity, sexual orientation, geographic location, including, but not  
91 limited to, gateway cities with hospitals dedicated to caring for patients who test positive for  
92 COVID-19, and age in the commonwealth during the COVID-19 pandemic.

93 (b) The recommendations shall include, but shall not be limited to, ways to: (1) improve  
94 safety for populations at increased risk for COVID-19, which may include, but shall not be  
95 limited to: (i) employees of businesses and organizations defined as providing “COVID-19  
96 Essential Services” under the governor’s March 23, 2020 emergency order; (ii) individuals  
97 residing in congregate housing and group home facilities, including, but not limited to, those  
98 operating under contracts with the department of developmental services, the department of  
99 mental health, the department of children and families, executive office of elder affairs, the  
100 department of housing and community development, the department of youth services, or the  
101 department of public health; (iii) inmates confined to a house of correction or state prison; (iv)  
102 individuals with serious underlying medical conditions linked to increased risk of severe illness  
103 from COVID-19 according to the federal Centers for Disease Control and Prevention; and (v)  
104 individuals residing in municipalities or neighborhoods disproportionately impacted by COVID-

105 19; (2) remove barriers and increase access to quality and equitable health care services and  
106 treatment; (3) increase access to medical supplies; (4) increase access to testing for COVID-19,  
107 including identifying ways to ensure that testing occurs in diverse geographic locations  
108 throughout the commonwealth; (5) provide informational materials to underserved or  
109 underrepresented populations in multiple languages on available and affordable health care  
110 resources in the commonwealth, including, but not limited to, prevention, testing, treatment and  
111 recovery; and (6) address any other factor the task force deems relevant to address health  
112 disparities for underserved or underrepresented populations based on culture, race, ethnicity,  
113 language, disability, gender identity, sexual orientation, geographic location and age in the  
114 commonwealth during the COVID-19 pandemic. As part of its recommendations, the task force  
115 may recommend the further study of the impact of disparities on populations not subject to this  
116 study.

117 (c) The task force shall consist of: 6 members appointed by the senate president, not more  
118 than 2 of whom shall be members of the senate; 6 members appointed by the speaker of the  
119 house of representatives, not more than 2 of whom shall be members of the house of  
120 representatives; 1 member appointed by the minority leader of the senate; 1 member appointed  
121 by the minority leader of the house of representatives; the chair of the Massachusetts Asian-  
122 American Legislative Caucus or a designee; and the chair of the Massachusetts Black and Latino  
123 Legislative Caucus or a designee. Task force membership shall reflect diverse representation in  
124 the commonwealth including, but not limited to, diverse cultures, races, ethnicities, languages,  
125 disabilities, gender identities, sexual orientations, geographic locations and ages.

126 Appointees of the senate president, speaker of the house, minority leader of the senate  
127 and minority leader of the house who are not members of the general court shall be

128 knowledgeable in public health or healthcare. When making appointments, the senate president,  
129 speaker of the house, minority leader of the senate and minority leader of the house shall give  
130 consideration to individuals who have experience addressing disparities in underserved or  
131 underrepresented populations based on culture, race, ethnicity, language, disability, gender  
132 identity, sexual orientation, geographic location and age or who work in the healthcare system  
133 with a diverse patient population. Two members of the task force shall be elected by a majority  
134 of the task force membership to serve as co-chairs; provided, however, that neither member shall  
135 be a member of the general court.

136           The task force may consult with the office of health equity to inform its work. The office  
137 of health equity shall provide requested information to the task force upon request.

138           (d) The task force shall file its recommendations with the clerks of the house of  
139 representatives and the senate and the house and senate committees on ways and means not later  
140 than August 1, 2020.

141           (e) The task force shall file an interim report describing any initial recommendations and  
142 issues requiring further study with the clerks of the house of representatives and the senate and  
143 the house and senate committees on ways and means not later than June 1, 2020; provided,  
144 however, that the task force may file earlier interim recommendations if deemed advisable or  
145 additional interim recommendations between June 1, 2020 and August 1, 2020.

146           (f) The task force shall hold at least 1 public hearing and accept public comment before  
147 filing its interim report under subsection (e) and shall hold not less than 2 additional public  
148 hearings and accept public comment before filing its final report under subsection (d); provided,

149 however, that the task force may hold virtual public hearings if it is in the interest of public  
150 health.

151 SECTION 3. Notwithstanding any general or special law to the contrary, the department  
152 of correction and each house of correction shall provide to the department of public health any  
153 data necessary to implement sections 1 and 2.

154 SECTION 4. Notwithstanding any general or special law to the contrary, the department  
155 of public health may enter into interagency agreements with other state agencies to facilitate the  
156 collection of data requested pursuant to this act.

157 SECTION 5. Sections 1 and 3 to 4, inclusive, are hereby repealed.

158 SECTION 6. The governor shall certify in writing to the state secretary when the  
159 department of public health has not received a report of a positive test of COVID-19 in the  
160 commonwealth within the preceding 30 days.

161 SECTION 7. Section 5 shall take effect upon the certification required by section 6.