

**SENATE . . . . . No. 2695**

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**The Commonwealth of Massachusetts**

—  
In the One Hundred and Ninety-First General Court  
(2019-2020)  
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SENATE, May 11, 2020.

The committee on Senate Ways and Means to whom was referred the House Bill addressing COVID-19 data collection and disparities in treatment (House, No. 4672); reports, recommending that the same ought to pass with an amendment striking out all after the enacting clause and inserting in place thereof the text of Senate document numbered 2695.

For the committee,  
Michael J. Rodrigues

**The Commonwealth of Massachusetts**

**In the One Hundred and Ninety-First General Court  
(2019-2020)**

1           SECTION 1. (a) Notwithstanding any general or special law to the contrary, the  
2 department of public health shall daily collect and compile data from all boards of health, as  
3 defined in section 1 of chapter 111 of the General Laws, and from any person, corporation,  
4 association, partnership or other legal entity over which the department has regulatory authority,  
5 that is related to the outbreak of the 2019 novel coronavirus, also known as COVID-19, in the  
6 commonwealth.

7           The data shall include, but not be limited to: (i) the total number of people tested for  
8 COVID-19 within the previous 24 hours; (ii) the aggregate number of people tested for COVID-  
9 19 since the governor’s March 10, 2020 declaration of a state of emergency; (iii) the total  
10 number of people who have tested positive for COVID-19 within the previous 24 hours; (iv) the  
11 aggregate number of people who have tested positive for COVID-19 since the governor’s March  
12 10, 2020 declaration of a state of emergency; (v) the total number of people hospitalized due to a  
13 probable or confirmed case of COVID-19 or from complications related to COVID-19 within the  
14 previous 7 days; (vi) the aggregate number of people hospitalized due to a probable or confirmed  
15 case of COVID-19 or from complications related to COVID-19 since the governor’s March 10,  
16 2020 declaration of a state of emergency; (vii) the total number of people who have died due to a  
17 probable or confirmed case of COVID-19 or from complications related to COVID-19, as

18 reported in the previous 24 hours through the department's receipt of vital records; (viii) the  
19 aggregate number of people who have died due to a probable or confirmed case of COVID-19 or  
20 from complications related to COVID-19 since the governor's March 10, 2020 declaration of a  
21 state of emergency; and (ix) demographic information for all individuals tested for, found  
22 positive for, hospitalized due to a probable or confirmed case of or who died from a confirmed  
23 case of COVID-19, including, but not limited to: (A) gender; (B) race; (C) ethnicity; (D) primary  
24 city or town of residence; (E) age; (F) disability; (G) primary language; (H) occupation; and (I)  
25 any other demographic information that the department deems important to understand the  
26 disparate impact of COVID-19 on certain populations; provided, however, that demographic  
27 information for individuals tested for COVID-19 and individuals hospitalized due to a confirmed  
28 case of COVID-19 shall be compiled and reported not less than every 3 days.

29 (b) Daily, the department of public health shall publish a report on the data compiled  
30 pursuant to subsection (a) on its website. The report shall include data compiled pursuant to said  
31 subsection (a) as it applies to the following categories: (i) geographic location, including  
32 statewide, by county and by municipality with 25 or more confirmed cases; provided, however,  
33 that such data shall reflect the primary residence of the impacted populations; (ii) assisted living  
34 residences licensed by the executive office of elder affairs and long-term care facilities licensed  
35 by the department of public health, including the number of COVID-19 positive cases and  
36 mortalities among residents, as well as the aggregate number of COVID-19 positive cases and  
37 mortalities among staff at each residence or facility; and (iii) state and county correctional  
38 facilities, including the number of COVID-19 positive cases and mortalities among individuals  
39 who are incarcerated, as well as the aggregate number of COVID-19 positive cases and  
40 mortalities among staff, by occupation, at each facility.

41 Each daily report shall be structured in a manner that permits the comparison and  
42 stratification of data and the identification of trends, testing, infection, hospitalization and  
43 mortality based on demographic factors collected under this section.

44 If the department determines that a provision of this section would violate any privacy  
45 law, disclose personal identifying information or otherwise make any individual identifiable, the  
46 department may aggregate information for any particular demographic factor over several days.

47 (c) An assisted living residence licensed by the executive office of elder affairs or long-  
48 term care facility licensed by the department of public health shall notify residents and their  
49 representatives within 12 hours if: (i) there is a confirmed case of or mortality due to COVID-19  
50 among residents or staff; or (ii) 3 or more residents or staff at the residence or facility present  
51 with new-onset of respiratory symptoms within the previous 72 hours.

52 (d) Two weeks after the effective date of this act and every 2 weeks thereafter, the  
53 department of public health shall report to the clerks of the house of representatives and senate  
54 and the joint committee on public health on its implementation of this section.

55 The report shall include, but not be limited to, information on the issuance of relevant  
56 guidance and the implementation of training protocols for and compliance by relevant entities  
57 regarding the collection and reporting of data under this section to the department. The report  
58 shall also identify any barriers to receiving or reporting data pursuant to this section and specify  
59 the manner in which the department shall seek to improve compliance with this section.

60 SECTION 2. (a) Notwithstanding any general or special law to the contrary, there shall  
61 be a task force to study and make policy recommendations to the general court that address  
62 health disparities for underserved or underrepresented populations based on culture, race,

63 ethnicity, language, disability, gender identity, sexual orientation, geographic location and age in  
64 the commonwealth during the COVID-19 pandemic.

65 (b) The recommendations shall include, but not be limited to, ways to: (i) improve safety  
66 for populations at increased risk for COVID-19, which may include, but shall not be limited to:  
67 (A) employees of businesses and organizations defined as providing “COVID-19 Essential  
68 Services” under the governor’s March 23, 2020 emergency order; (B) individuals residing in  
69 congregate housing and group home facilities, including, but not limited to, those operating  
70 under contract with the department of developmental services, the department of mental health,  
71 the department of children and families, executive office of elder affairs, the department of  
72 housing and community development, the department of youth services, and the department of  
73 public health; (C) individuals confined within a house of correction or department of correction  
74 facility; (D) individuals with underlying medical conditions linked to increased risk of severe  
75 illness from COVID-19 according to the federal Centers for Disease Control and Prevention; and  
76 (E) individuals residing in municipalities or neighborhoods disproportionately impacted by  
77 COVID-19; (ii) remove barriers and increase access to quality and equitable health care services  
78 and treatment; (iii) increase access to medical supplies; (iv) increase access to testing for  
79 COVID-19, including identifying ways to ensure that testing occurs in diverse geographic  
80 locations throughout the commonwealth; (v) provide informational materials to underserved or  
81 underrepresented populations in multiple languages on available and affordable health care  
82 resources in the commonwealth, including, but not limited to, prevention, testing, treatment and  
83 recovery; and (vi) address any other factor the task force deems relevant to address health  
84 disparities for underserved or underrepresented populations based on culture, race, ethnicity,

85 language, disability, gender identity, sexual orientation, geographic location and age in the  
86 commonwealth during the COVID-19 pandemic.

87 As part of its recommendations, the task force may recommend the further study of the  
88 impact of disparities on populations not subject to this study.

89 (c) The task force shall consist of: 6 members appointed by the senate president, not more  
90 than 2 of whom shall be members of the senate; 6 members appointed by the speaker of the  
91 house of representatives, not more than 2 of whom shall be members of the house of  
92 representatives; 1 member appointed by the minority leader of the senate; 1 member appointed  
93 by the minority leader of the house of representatives; the chair of the Massachusetts Asian-  
94 American Legislative Caucus or a designee; and the chair of the Massachusetts Black and Latino  
95 Legislative Caucus or a designee. Task force membership shall reflect diverse representation in  
96 the commonwealth including, but not limited to, diverse cultures, races, ethnicities, languages,  
97 disabilities, gender identities, sexual orientations, geographic locations and ages.

98 Appointees of the senate president, speaker of the house, minority leader of the senate  
99 and minority leader of the house who are not members of the general court shall be  
100 knowledgeable in public health or healthcare. When making appointments, the senate president,  
101 speaker of the house, minority leader of the senate and minority leader of the house shall give  
102 consideration to individuals who have experience addressing disparities in underserved or  
103 underrepresented populations based on culture, race, ethnicity, language, disability, gender  
104 identity, sexual orientation, geographic location and age or who work in the healthcare system  
105 with a diverse patient population. Two members of the task force shall be elected by a majority

106 of the task force membership to serve as co-chairs; provided, however, that neither member shall  
107 be a member of the general court.

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

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

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

118 (f) The task force shall hold at least 1 public hearing and accept public comment before  
119 filing its interim report under subsection (e) and shall hold not less than 2 additional public  
120 hearings and accept public comment before filing its final report under subsection (d); provided,  
121 however, that the task force may hold virtual public hearings if it is in the interest of public  
122 health.

123 SECTION 3. Notwithstanding any general or special law to the contrary, the department  
124 of correction and each house of correction shall provide any data that the department of public  
125 health determines is necessary to implement sections 1 and 2 to the department of public health.

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

129 SECTION 5. Sections 1, 3 and 4 are hereby repealed.

130 SECTION 6. Section 5 shall take effect on the date on which the governor certifies that  
131 the department of public health has not received a report within the preceding 30 days of a  
132 positive test of COVID-19 in the commonwealth.