

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, by occupation, at each residence or facility; and (iii) state and county
38 correctional facilities, including the number of COVID-19 positive cases and mortalities among
39 individuals who are incarcerated, as well as the aggregate number of COVID-19 positive cases
40 and mortalities among staff, by occupation, at each facility. The department shall also report on

41 its website, for each state and county correctional facility: (i) the total number of residents per
42 correctional facility; and (ii) the number of residents within each facility who are housed in a
43 cell: (A) alone; (B) with 1 other person; or (C) with 2 or more other people; provided, however,
44 that the department of correction and each sheriff shall provide this residential housing count
45 information not less than weekly to the department of public health.

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

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

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

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

62 The report shall include, but not be limited to, information on the issuance of relevant
63 guidance and the implementation of training protocols for and compliance by relevant entities
64 regarding the collection and reporting of data under this section to the department and a
65 summary, prepared by the executive office of health and human services, of actions being taken
66 to respond to disparities identified through data collected under this section. The report shall also
67 identify any barriers to receiving or reporting data pursuant to this section and specify the
68 manner in which the department shall seek to improve compliance with this section.

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

75 (b) The recommendations shall include, but not be limited to, ways to: (i) improve safety
76 for populations at increased risk for COVID-19, which may include, but shall not be limited to:
77 (A) employees of businesses and organizations defined as providing “COVID-19 Essential
78 Services” under the governor’s March 23, 2020 emergency order; (B) individuals residing in
79 congregate housing and group home facilities, including, but not limited to, those operating
80 under contract with the department of developmental services, the department of mental health,
81 the department of children and families, executive office of elder affairs, the department of
82 housing and community development, the department of youth services, and the department of
83 public health; (C) individuals confined within a house of correction or department of correction
84 facility; (D) individuals with underlying medical conditions linked to increased risk of severe

85 illness from COVID-19 according to the federal Centers for Disease Control and Prevention; and
86 (E) individuals residing in municipalities or neighborhoods disproportionately impacted by
87 COVID-19; (ii) remove barriers and increase access to quality and equitable health care services
88 and treatment; (iii) increase access to medical supplies; (iv) increase access to testing for
89 COVID-19, including identifying ways to ensure that testing occurs in diverse geographic
90 locations throughout the commonwealth; (v) provide informational materials to underserved or
91 underrepresented populations in multiple languages on available and affordable health care
92 resources in the commonwealth, including, but not limited to, prevention, testing, treatment and
93 recovery; and (vi) address any other factor the task force deems relevant to address health
94 disparities for underserved or underrepresented populations based on culture, race, ethnicity,
95 language, disability, gender identity, sexual orientation, geographic location and age in the
96 commonwealth during the COVID-19 pandemic.

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

99 (c) The task force shall consist of: 6 members appointed by the senate president, not more
100 than 2 of whom shall be members of the senate; 6 members appointed by the speaker of the
101 house of representatives, not more than 2 of whom shall be members of the house of
102 representatives; 1 member appointed by the minority leader of the senate; 1 member appointed
103 by the minority leader of the house of representatives; the chair of the Massachusetts Asian-
104 American Legislative Caucus or a designee; and the chair of the Massachusetts Black and Latino
105 Legislative Caucus or a designee. Task force membership shall reflect diverse representation in
106 the commonwealth including, but not limited to, diverse cultures, races, ethnicities, languages,
107 disabilities, gender identities, sexual orientations, geographic locations and ages.

108 Appointees of the senate president, speaker of the house, minority leader of the senate
109 and minority leader of the house who are not members of the general court shall be
110 knowledgeable in public health or healthcare. When making appointments, the senate president,
111 speaker of the house, minority leader of the senate and minority leader of the house shall give
112 consideration to individuals who have experience addressing disparities in underserved or
113 underrepresented populations based on culture, race, ethnicity, language, disability, gender
114 identity, sexual orientation, geographic location and age or who work in the healthcare system
115 with a diverse patient population. Two members of the task force shall be elected by a majority
116 of the task force membership to serve as co-chairs; provided, however, that neither member shall
117 be a member of the general court.

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

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

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

128 (f) The task force shall hold at least 1 public hearing and accept public comment before
129 filing its interim report under subsection (e) and shall hold not less than 2 additional public

130 hearings and accept public comment before filing its final report under subsection (d); provided,
131 however, that the task force may hold virtual public hearings if it is in the interest of public
132 health.

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

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

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

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