HOUSE . . . . . No. 4672

The Commonwealth of Massachusetts

HOUSE OF REPRESENTATIVES, April 23, 2020.

The committee on Ways and Means, to whom was referred the message from His Excellency the Governor recommending legislation relative to making appropriations for the fiscal year 2020 to provide for supplementing certain existing appropriations and for certain other activities and projects (House, No. 4354), reports, in part, recommending that the accompanying bill ought to pass (House, No. 4672).

For the committee,

AARON MICHLEWITZ.

FILED ON: 4/23/2020

HOUSE . . . . . No. 4672

The Commonwealth of Massachusetts

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

An Act addressing COVID-19 data collection and disparities in treatment.

Whereas, The deferred operation of this act would tend to defeat its purpose, which is to protect forthwith the health and wellness of the residents of the Commonwealth, therefore it is hereby declared to be an emergency law, necessary for the immediate preservation of the public health.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

SECTION 1. (a) Notwithstanding any general or special law to the contrary, the department of public health, hereinafter referred to as the department, shall compile data daily from all boards of health as defined in section 1 of chapter 111 of the General Laws and from any person, corporation, association, partnership or other legal entity over which the department has regulatory authority, related to the outbreak of the 2019 novel coronavirus, also known as COVID-19, in the commonwealth. Said data shall include, but shall not be limited to, the following:

(i) the total number of people tested for COVID-19 within the previous 24 hours;

(ii) the aggregate number of people tested for COVID-19 since the governor's March 10, 2020 declaration of a state of emergency;

(iii) the total number of people who have tested positive for COVID-19 within the previous 24 hours;

(iv) the aggregate number of people who have tested positive for COVID-19 since the governor's March 10, 2020 declaration of a state of emergency;

(v) the total number of people hospitalized due to a confirmed or presumed case of COVID-19 or from complications related to COVID-19 within the previous 7 days;

(vi) the aggregate number of people hospitalized due to a confirmed or presumed case of COVID-19 or from complications related to COVID-19 since the governor's March 10, 2020 declaration of a state of emergency;

(vii) the total number of people who have died due to a confirmed or presumed case of COVID-19 or from complications related to COVID-19 within the previous 24 hours;

(viii) the aggregate number of people who have died due to a confirmed or presumed case of COVID-19 or from complications related to COVID-19 since the governor's March 10, 2020 declaration of a state of emergency; and

(ix) demographic information, including, but not limited to: (1) gender; (2) race and ethnicity; (3) primary city or town of residence; and (4) age for all individuals tested for, found positive for, hospitalized due to a confirmed or presumed case of, or who died from a confirmed or presumed case of COVID-19; provided, however, that demographic information for individuals tested for COVID-19 and individuals hospitalized due to a confirmed or presumed case of COVID-19 shall be compiled and reported for a period no longer than every 3 days; provided further, that information compiled and reported for individuals hospitalized due to a

confirmed or presumed case of COVID-19 shall include whether the individual hospitalized speaks English as a second language.

(b) The department shall report daily on its website the data compiled pursuant to subsection (a). Said report shall include data compiled pursuant to subsection (a) as applied to the following categories:

(i) geographic location, including statewide, by county and by municipality with 25 or more confirmed cases; provided, that such data shall reflect the primary residence of the impacted populations;

(ii) long-term care facilities licensed by the department of public health, including the number of impacted residents and employees; and

(iii) state and county correctional facilities, including the number of impacted inmates and employees.

The department may aggregate information for any particular demographic factor over several days if it believes not doing so would violate federal law or the privacy of any individual. Each daily report shall be structured in a manner that permits the comparison and stratification of data, as well as, the identification of trends, testing, infection, hospitalization and mortality among people of various demographic factors, including, but not limited to, gender, race and ethnicity, geographic location, age and, for data regarding hospitalizations, English as a second language.

(c) The department shall report 2 weeks after the effective date of this act and every 2 weeks thereafter to the chairs of the joint committee on public health on its implementation of this section. Said report shall include, but shall not be limited to, the issuance of relevant guidance, the implementation of training protocols and compliance by relevant entities with the collection and reporting of data under this section to the department. The report shall identify any barriers to receiving or reporting data pursuant to this section and specify the manner in which the department shall seek to improve compliance with this section.

SECTION 2. (a) Notwithstanding any general or special law to the contrary, there shall be a task force to study and make policy recommendations to the general court that address current disparities in the health care system for underserved or underrepresented cultural, racial, ethnic and linguistic populations and people with disabilities in the commonwealth during the COVID-19 pandemic.

(b) The task force shall develop recommendations, which shall include, but not be limited to, the following:

(i) removing barriers and increasing access to quality and equitable health care services and treatment;

(ii) increasing access to personal protective equipment;

(iii) increasing access to testing for COVID-19, including identifying diverse geographic locations throughout the commonwealth for testing;

(iv) opportunities to provide informational materials to underserved or underrepresented populations, in multiple languages, on available and affordable health care resources in the commonwealth, including, but not limited to, prevention, testing, treatment and recovery; and

(v) any other factor the task force deems relevant. As part of its recommendations, the task force may recommend the further study of the impact of health care disparities on populations not subject to this study.

(c) The task force shall consist of 13 members: 5 members appointed by the senate president, provided, that not more than 2 shall be members of the senate; 5 members appointed by the speaker of the house of representatives, provided, that not more than 2 shall be members of the house of representatives; 1 member appointed by the minority leader of the senate; 1 member appointed by the minority leader of the house of representatives; and 1 member who shall be the chair of the Massachusetts Black and Latino Legislative Caucus. Task force membership shall reflect diverse representation in the commonwealth including, but not limited to, diverse geographic locations, cultural, racial, ethnic and linguistic populations, and people with disabilities. Unless otherwise specified, members of the task force shall be knowledgeable in public health or healthcare and appointments shall give consideration to individuals who have experience addressing health care disparities in underserved or underrepresented cultural, racial, ethnic and linguistic populations and people with disabilities or working in the healthcare system with a diverse patient population. Two members of the task force shall be elected by a majority of the task force membership to serve as co-chairs; provided, however, that neither member shall be a member of the senate nor a member of the house of representatives.

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

(e) The task force shall file an interim report describing any initial recommendations and issues requiring further study with the clerks of the house of representatives and the senate, the house committee on ways and means and the senate committee on ways and means not later than June 1, 2020.