

HOUSE No. 2070

The Commonwealth of Massachusetts

PRESENTED BY:

Jeffrey Sánchez

To the Honorable Senate and House of Representatives of the Commonwealth of Massachusetts in General Court assembled:

The undersigned legislators and/or citizens respectfully petition for the adoption of the accompanying bill:

An Act relative to public health data sharing with the Boston Public Health Commission.

PETITION OF:

NAME:	DISTRICT/ADDRESS:	DATE ADDED:
<i>Jeffrey Sánchez</i>	<i>15th Suffolk</i>	<i>1/18/2013</i>
<i>Carlo Basile</i>	<i>1st Suffolk</i>	
<i>William N. Brownsberger</i>	<i>Second Suffolk and Middlesex</i>	
<i>Martin J. Walsh</i>	<i>13th Suffolk</i>	
<i>Carlos Henriquez</i>	<i>5th Suffolk</i>	

HOUSE No. 2070

By Mr. Sánchez of Boston, a petition (accompanied by bill, House, No. 2070) of Jeffrey Sánchez and others (with the approval of the mayor and city council) relative to public health data sharing with the public health commission of the city of Boston. Public Health. [Local Approval Received.]

The Commonwealth of Massachusetts

In the Year Two Thousand Thirteen

An Act relative to public health data sharing with the Boston Public Health Commission.

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

1 SECTION 1. Subsection (a) of Section 1 of chapter 147 of the acts of 1995 is hereby
2 amended by inserting after the word “prevention,” the following words:-

3 public health surveillance,

4 SECTION 2. Section 2 of chapter 147 of the acts of 1995 is hereby amended by inserting
5 the following definitions:-

6 “Center”, the center for health information and analysis

7 “Department”, the Massachusetts department of public health

8 “Public health surveillance”, the ongoing, systematic collection, analysis, interpretation,
9 and dissemination of data for use in planning, implementation, and evaluation of public health
10 programs and practice, to reduce morbidity and mortality and to improve health

11 SECTION 3. Section 7 of chapter 147 of the acts of 1995 is hereby amended by inserting
12 after subsection (a)(16), the following subsection:-

13 (17) Notwithstanding any general or special law to the contrary, to receive, in a timely
14 manner, confidential health data pertaining to the residents of the city from the department and
15 the center only for the purposes of public health surveillance and the preparation of the annual
16 assessment of public health needs of the city. In the receipt, use, maintenance and destruction of
17 such health data the commission shall be subject to the same provisions of law providing for

confidentiality and security of personal data as is the department or the division, including but not limited to G.L. c. 66A, G.L. c. 93H and G.L. c. 93I, provided however that the commission may not disclose the data received pursuant to this section except in aggregate form. Any public health surveillance activity which is also research shall be subject to the requirements for research using human subjects. Unless specified otherwise, data received shall not include social security numbers or be used for direct patient follow-up. Data received shall include either the zip code or census tract of the individual case, to the extent this is collected by the department or division, and shall include, but not be limited to, the following information about residents of the city:

(A) Records of births and deaths in the city, including address, for each record, no later than June 1st of the year following the closure of the data set;

(B) Records of infant deaths linked to birth records, including address, for each record, no later than June 1st of the year following the closure of the data set;

(C) Records of fetal deaths, no later than June 1st of the year following the closure of the data set;

(D) Case reports of venereal disease, provided that these reports shall be submitted not more than thirty days after confirmation of the case by the department and that such case reports shall include name, address, demographic, risk factor and treatment information, to the extent this information is available, for the purposes of surveillance, prevention and disease control activities, and direct patient follow-up, provided that follow-up by the commission shall be governed by a written agreement between the commission and the department;

(E) Data from the Massachusetts behavioral risk factor surveillance system, provided within two months of finalizing data set;

(F) Data from the Massachusetts cancer registry, provided annually;

(G) Data from the pregnancy risk assessment and monitoring system, provided annually;

(H) Data of hospital discharges, provided annually;

(I) Data of hospital observational cases, provided annually; and

(J) Data of hospital emergency room visits, provided annually.