The Commonwealth of Massachusetts

PRESENTED BY:

**Jon Santiago and Mindy Domb**

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 preventing a COVID-19 resurgence.

PETITION OF:

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<tr>
<th>NAME</th>
<th>DISTRICT/ADDRESS</th>
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<tbody>
<tr>
<td>Jon Santiago</td>
<td>9th Suffolk</td>
<td>6/30/2020</td>
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<tr>
<td>Christina A. Minicucci</td>
<td>14th Essex</td>
<td>7/16/2020</td>
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<tr>
<td>Kay Khan</td>
<td>11th Middlesex</td>
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<td>Marcos A. Devers</td>
<td>16th Essex</td>
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<td>Tami L. Gouveia</td>
<td>14th Middlesex</td>
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<td>Michelle L. Ciccolo</td>
<td>15th Middlesex</td>
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<td>Peter Capano</td>
<td>11th Essex</td>
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<td>Bud L. Williams</td>
<td>11th Hampden</td>
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<td>Carol A. Doherty</td>
<td>3rd Bristol</td>
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<td>Carmine Lawrence Gentile</td>
<td>13th Middlesex</td>
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<td>Maria Duaine Robinson</td>
<td>6th Middlesex</td>
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<td>Tommy Vitolo</td>
<td>15th Norfolk</td>
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<td>Jay D. Livingstone</td>
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<td>Elizabeth A. Malia</td>
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<td>Denise Provost</td>
<td>27th Middlesex</td>
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<td>Ruth B. Balser</td>
<td>12th Middlesex</td>
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<tr>
<td>David Henry Argosky LeBoeuf</td>
<td>17th Worcester</td>
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<td>Carlos González</td>
<td>10th Hampden</td>
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<td>Alan Silvia</td>
<td>7th Bristol</td>
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<td>Daniel J. Ryan</td>
<td>2nd Suffolk</td>
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<tr>
<td>Joanne M. Comerford</td>
<td>Hampshire, Franklin and Worcester</td>
<td>7/21/2020</td>
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<td>Natalie M. Blais</td>
<td>1st Franklin</td>
<td>7/21/2020</td>
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<td>Jack Patrick Lewis</td>
<td>7th Middlesex</td>
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An Act relative to preventing a COVID-19 resurgence.

Whereas, The deferred operation of this act would tend to defeat its purposes, which are to ensure appropriate public measures be taken to prevent the resurgence of the COVID-19 virus in the Commonwealth, therefore it is hereby declared to be an emergency law, necessary for the immediate preservation of the public safety and 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: For the purposes of this section, ‘face covering’ shall mean any cloth material covering the nose and mouth. A face covering can include any home-made cloth covering, surgical mask, or covering that covers an individual’s nose and mouth, and provides a higher level of protection, including an N95 mask.

Notwithstanding any laws to the contrary, every person in Massachusetts must wear a face covering correctly when in any indoor or outdoor public setting, including, but not limited to, any building open to the public, including in elevators; in any healthcare setting such as hospitals, health clinics, physician or dentist's office; while using public transportation,
including, but not limited to, any taxi, ride-sharing vehicle, bus, and train; in outdoors public
spaces including public parks, streets, sidewalks, or recreation areas when a distance of at least
six feet cannot be maintained by any non-household member.

Individuals may remove their face coverings in public settings when seated at a restaurant
or other food or beverage service establishment while eating or drinking, provided that a distance
of at least six feet is maintained between patrons seated at other tables; when engaged in exercise
activities, provided that a distance of at least six feet is maintained from non-household
members; when in an outdoor public area, provided that a distance of at least six feet is
maintained from non-household members; when any person deaf or hard of hearing may be
prevented from communicating as a result of a face covering; when federal or state law prohibits
wearing a face covering.

Individuals may be exempted from the requirements of this section if they are children
under the age of two years old; persons with a medical condition, a breathing problem, mental
health condition, or disability that prevents them from wearing a face covering due to said
condition or prevents them from removing it without assistance, provided that medical
documentation can be readily verified.

The commissioner of the Department of Public Health ("the commissioner"), in
coordination with the director of the Massachusetts Emergency Management Agency, shall
create and oversee a process to distribute cloth face coverings to local Emergency Management
directors or local health officers for use by municipal employees and residents to ensure access
to such measures.
This section shall be enforced by local boards of health. A violation of this section shall be punishable with a written warning for first violation, followed by a civil penalty of up to $100 for each subsequent violation which may be enforced by local boards of health.

The secretary may direct resources to produce and disseminate a public information campaign dedicated to support implementation of this legislation and promoting adherence with its requirements.

This section shall remain in effect until the end of the governor’s COVID-19 State of Emergency.

SECTION 2: The secretary of the executive office of health and human services ("the secretary") shall issue a travel advisory that all travelers entering Massachusetts from a state with a COVID-19 5% test positivity rate or higher, over a seven day rolling average as determined by the Massachusetts Department of Public Health, will be required to quarantine for a period of 14 days consistent with Massachusetts Department of Public Health quarantine regulations. The secretary will post such advisory at all points of entry into Massachusetts, including airports, maritime ports, bus and train stations, and digital electronic highway signs.

The secretary may promulgate additional protocols, including exemptions, for military personnel, essential workers, or other extraordinary circumstances, when quarantining is not possible, provided such measures protect the public health.
A civil penalty of up to $1,000 may be enforced by local boards of health in the case of any violation of a quarantine order issued to an individual pursuant to the secretary of the executive office of health and human services travel advisory.

SECTION 3: Any guidance, policy, or criteria issued by the governor or any state agency on testing for COVID-19 shall encourage and prioritize testing for high priority populations, including, but not limited to, the following groups:

(a) individuals with symptoms of COVID-19,

(b) individuals who have come in close contact with someone who has tested positive for COVID-19, and

(c) populations at increased risk for COVID-19, which may include, but shall not be limited to: (i) employees of businesses and organizations defined as providing “COVID-19 Essential Services” under the governor’s March 23, 2020 emergency order; (ii) other individuals required to report to work outside their own home; (iii) individuals residing in congregate housing and group home facilities, including, but not limited to, those operating under contracts with the department of developmental services, the department of mental health, the department of children and families, executive office of elder affairs, the department of housing and community development, the department of youth services, or the department of public health; (iv) individuals confined to a house of correction or state prison; (v) individuals with serious underlying medical conditions linked to increased risk of severe illness from COVID-19 according to the federal Centers for Disease Control and Prevention; and (vi) individuals residing in municipalities or neighborhoods disproportionately impacted by COVID-19.
SECTION 4: (a) The secretary of labor and workforce development, in collaboration with
the secretary of health and human services shall develop a plan for proactive enforcement of the
governor’s mandatory safety standards for workplaces. Such a plan shall not rely solely on
complaints from employees or members of the public. The plan shall include an estimate of
required funding needed for the department of labor standards, municipal boards of health, or
other state or local agencies to conduct education, inspections, and other enforcement activities.
The secretary shall file the plan with the clerks of the house of representatives and the senate, the
joint committee on labor and workforce development, and the joint committee on public health
no later than September 1, 2020.

(b) The governor shall amend the mandatory safety standards for workplaces to (i)
require a worksite safety assessment conducted jointly by employers and employees at all
worksites, (ii) require a method for timely issuance of fines or closure of a business for serious or
repeated worksite safety violations, (iii) state that municipal boards of health have authority to
apply higher safety standards or close businesses that they determine are endangering workers or
the public, and (iv) add such standards necessary to protect workers from aerosol transmission of
micro-droplets of the virus.

(c) The secretary of labor and workforce development shall ensure the right of all
workers to report and refuse dangerous work without retaliation.

(d) The department of industrial accidents shall ensure that workers’ compensation
benefits are mandated for workers who become sick with COVID-19 as a result of workplace
exposure, using a conclusive presumption.
SECTION 5: The secretary of health and human services shall develop a plan to improve the effectiveness and efficiency of local and regional boards of health in accordance with the recommendations of the special commission on local and regional public health, established pursuant to chapter 3 of the resolves of 2016. Said plan shall include:

mandatory minimum public health standards for all municipalities, which shall be provided by each municipality or through regional collaboration among multiple municipalities;

the estimated cost to support municipalities to meet minimum standards and recommended sources of funding; and

recommendations for immediate actions to prepare for increased rates of COVID-19 infection.

The secretary shall file the plan with the clerks of the House of Representatives and the Senate and the joint committee on public health no later than September 1, 2020.