

SENATE No. 2594

The Commonwealth of Massachusetts

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

SENATE, March 12, 2020.

The committee on Ways and Means to whom was referred the House Bill relative to strengthening the local and regional public health system (House, No. 4503),- 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 2594; and by inserting before the enacting clause the following emergency preamble: “*Whereas*, The deferred operation of this act would tend to defeat its purpose, which is to defeat its purpose, which is to strengthen forthwith the local and regional public health system, therefore it is hereby declared to be an emergency law, necessary for the immediate preservation of the public health.” (also based on Senate, No. 1294).

For the committee,
Michael J. Rodrigues

SENATE No. 2594

The Commonwealth of Massachusetts

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

1 SECTION 1. Chapter 111 of the General Laws is hereby amended by inserting after
2 section 27C the following section:-

3 Section 27D (a). For the purposes of this section, the term “board of health” shall include
4 any body politic or political subdivision of the commonwealth that acts as a board of health,
5 public health commission or a health department for a municipality; provided, however, that
6 “board of health” shall include, but not be limited to, municipal boards of health, regional health
7 districts established under section 27B and boards of health that share services pursuant to
8 section 4A of chapter 40.

9 (b) The department, in consultation with municipalities and other stakeholders, shall
10 establish a state action for public health excellence program to encourage boards of health to
11 adopt practices that will improve the efficiency and effectiveness of the delivery of local public
12 health services. The program shall be implemented in alignment with the recommendations of
13 the special commission on local and regional public health established under chapter 3 of the
14 resolves of 2016. Local public health services shall include, but not be limited to, communicable
15 disease control, chronic disease and injury prevention, environmental public health, maternal,

16 child and family health and access to and linkage with clinical care. The program shall promote
17 and provide resources for boards of health that shall include, but not be limited to:

18 (i) elevating performance standards to improve the municipal and regional public health
19 system;

20 (ii) increasing cross-jurisdictional sharing of public health services to strengthen the
21 service delivery capabilities of the municipal and regional public health system;

22 (iii) improving planning and system accountability of the municipal and regional public
23 health system, including how data is reported and analyzed;

24 (iv) establishing workforce standards, including, but not limited to, education and training
25 standards for municipal and regional public health officials and staff; and

26 (v) expanding access to professional development.

27 (c) Subject to appropriation, the department shall provide the foundations of public health
28 course or similar comprehensive core public health training to municipal and regional public
29 health officials and staff. The department shall provide the training not less than 4 times per year
30 and the training shall be held in diverse geographic locations. The department shall provide the
31 training free of charge.

32 (d) Subject to appropriation, the department shall establish a state action for public health
33 excellence grant program. Boards of health may apply for funding and technical assistance to
34 support:

35 (i) the implementation of regional, inter-municipal collaboration and to increase
36 efficiency and effectiveness in the delivery of local public health services; or

37 (ii) planning and capacity building to facilitate regional collaboration or other strategies
38 to implement regional collaboration.

39 Funds shall be awarded on a competitive basis and shall supplement and not replace
40 existing state, local, private or federal funding to boards of health. To be eligible to receive
41 funds, an applicant shall submit an application in a manner determined by the department;
42 provided, however, that the application shall include, but not be limited to: (i) a description of
43 how the applicant will increase the efficiency and effectiveness in the delivery of public health
44 services across 2 or more municipalities if awarded the grant; (ii) certification that, at the time of
45 the application, the applicant meets workforce standards as determined by the department; (iii)
46 certification that the applicant shall submit written documentation on the implementation of
47 systems to increase efficiency in providing local public health services, including data, to the
48 department at the end of the grant year in a manner to be prescribed by the department; and (iv) a
49 plan for the long-term sustainability of strengthening local public health services. The
50 department may offer grantees an option to renew at the end of each grant year.

51 (e) The department shall adopt rules, regulations or guidelines for the administration and
52 enforcement of this section including, but not limited to, establishing applicant selection criteria,
53 funding priorities, application forms and procedures, grant distribution and other requirements;
54 provided, however, that not less than 33 per cent of the grants awarded shall go to cities and
55 towns with a median household income below the average of the commonwealth.

56 (f) Biennially, not later than March 1 of each year ending in an even number, the
57 department shall submit a report detailing the program's impact, including, but not limited to: (i)
58 the number of board of health and regional health district officials and staff that meet workforce

59 standards; (ii) the number of board of health and regional health district officials and staff that
60 attended educational and training opportunities; (iii) the number of boards of health and regional
61 health districts that are compliant with data reporting requirements; and (iv) the number of
62 municipalities participating in regional public health collaborations. The report shall be provided
63 to the clerks of the house of representatives and the senate, the house and senate committees on
64 ways and means and the joint committee on public health.

65 SECTION 2. Subject to appropriation and not later than March 1, 2022, the department
66 of public health shall develop a set of minimum standards for foundational public health services
67 for the commonwealth. For the purposes of this section, “foundational public health services”
68 shall include, but not be limited to, local public health services as described in subsection (a) of
69 section 27D of chapter 111 of the General Laws and workforce standards that are necessary to
70 protect the community’s health and achieve equitable health outcomes. The department shall
71 consider recommendations from the National Association of County and City Health Officials,
72 the Robert Wood Johnson Foundation, the Public Health Leadership Forum and other relevant
73 experts.

74 SECTION 3. Not more than 1 year from the effective date of this act and before the
75 adoption of any rule, regulation or guideline for the administration of the state action for public
76 health excellence program, the department of public health shall hold not less than 4 public
77 hearings in diverse geographic locations for the purpose of identifying way to improve the
78 efficiency and effectiveness of the delivery of local public health services, in alignment with the
79 recommendations of the special commission on local and regional public health established in
80 chapter 3 of the resolves of 2016.