SECTION 1. (a) As used in this section, the following words shall have the following meanings unless the context clearly requires otherwise:

“Long-term care facilities”, the Soldiers’ Home in Chelsea, the Soldiers’ Home in Holyoke or a convalescent home, a nursing home, a skilled nursing facility, an intermediate care facility, a rest home, a charitable home for the aged licensed under section 71 of chapter 111 of the General Laws, or any other facility licensed as a long-term care facility by the department of public health.

(b) Notwithstanding any general or special law to the contrary, the department of public health shall daily collect and compile data 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, that is related to the outbreak of the 2019 novel coronavirus, also known as COVID-19, in the commonwealth.

The data shall include, but not be limited to: (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 probable or confirmed 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 probable or confirmed 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 probable or confirmed case of COVID-19 or from complications related to COVID-19, as reported in the previous 24 hours through the department’s receipt of vital records; (viii) the aggregate number of people who have died due to a probable or confirmed 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 for all individuals tested for, found positive for, hospitalized due to a probable or confirmed case of or who died from a confirmed case of COVID-19, including, but not limited to: (A) gender; (B) race; (C) ethnicity; (D) primary city or town of residence; (E) age; (F) disability; (G) primary language; (H) occupation; and (I) any other demographic information that the department deems important to understand the disparate impact of COVID-19 on certain populations; provided, however, that demographic information for individuals tested for COVID-19 and individuals hospitalized due to a confirmed case of COVID-19 shall be compiled and reported not less than every 3 days.

(c) Daily, the department of public health shall publish a report on the data compiled pursuant to subsection (b) on its website. The report shall include data compiled pursuant to said subsection (b) as it applies to the following categories: (i) geographic location, including statewide, by county and by municipality with 25 or more confirmed cases; provided, however,
that such data shall reflect the primary residence of the impacted populations; (ii) assisted living
residences licensed by the executive office of elder affairs and long-term care facilities, including
the number of COVID-19 positive cases and mortalities among residents, as well as the
aggregate number of COVID-19 positive cases and mortalities among staff, by occupation, at
each residence or facility; and (iii) state and county correctional facilities, including the number
of COVID-19 positive cases and mortalities among individuals who are incarcerated, as well as
the aggregate number of COVID-19 positive cases and mortalities among staff, by occupation, at
each facility. The department shall also report on its website, for each state and county
correctional facility: (i) the total number of residents per correctional facility; and (ii) the number
of residents within each facility who are housed in a cell: (A) alone; (B) with 1 other person; or
(C) with 2 or more other people; provided, however, that the department of correction and each
sheriff shall provide this residential housing count information not less than weekly to the
department of public health.

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

If the department determines that a provision of this section would violate any privacy
law, disclose personal identifying information or otherwise make any individual identifiable, the
department may aggregate information for any particular demographic factor over several days.
(d) An assisted living residence licensed by the executive office of elder affairs or a long-term care facility shall notify residents and their representatives within 12 hours if: (i) there is a confirmed case of or mortality due to COVID-19 among residents or staff; or (ii) 3 or more residents or staff at the residence or facility present with new-onset of respiratory symptoms within the previous 72 hours.

(e) Two weeks after the effective date of this act and every 2 weeks thereafter, the department of public health shall report to the clerks of the house of representatives and senate and the joint committee on public health on its implementation of this section. The report shall include, but not be limited to, information on the issuance of relevant guidance and the implementation of training protocols for and compliance by relevant entities regarding the collection and reporting of data under this section to the department and a summary, prepared by the executive office of health and human services, of actions being taken to respond to disparities identified through data collected under this section. The report shall also 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 health disparities for underserved or underrepresented populations based on culture, race, ethnicity, language, disability, gender identity, sexual orientation, geographic location, including, but not limited to, gateway cities with hospitals dedicated to caring for patients who test positive for COVID-19, and age in the commonwealth during the COVID-19 pandemic.
(b) The recommendations shall include, but not be limited to, ways to: (i) improve safety for populations at increased risk for COVID-19, which may include, but shall not be limited to: (A) employees of businesses and organizations defined as providing “COVID-19 Essential Services” under the governor’s March 23, 2020 emergency order; (B) individuals residing in congregate housing and group home facilities, including, but not limited to, those operating under contract 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, and the department of public health; (C) individuals confined within a house of correction or department of correction facility; (D) individuals with underlying medical conditions linked to increased risk of severe illness from COVID-19 according to the federal Centers for Disease Control and Prevention; and (E) individuals residing in municipalities or neighborhoods disproportionately impacted by COVID-19; (ii) remove barriers and increase access to quality and equitable health care services and treatment; (iii) increase access to medical supplies; (iv) increase access to testing for COVID-19, including identifying ways to ensure that testing occurs in diverse geographic locations throughout the commonwealth; (v) 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 (vi) address any other factor the task force deems relevant to address health disparities for underserved or underrepresented populations based on culture, race, ethnicity, language, disability, gender identity, sexual orientation, geographic location and age in the commonwealth during the COVID-19 pandemic.
As part of its recommendations, the task force may recommend the further study of the impact of disparities on populations not subject to this study.

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

Appointees of the senate president, speaker of the house, minority leader of the senate and minority leader of the house who are not members of the general court shall be knowledgeable in public health or healthcare. When making appointments, the senate president, speaker of the house, minority leader of the senate and minority leader of the house shall give consideration to individuals who have experience addressing disparities in underserved or underrepresented populations based on culture, race, ethnicity, language, disability, gender identity, sexual orientation, geographic location and age or who work 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 general court.
The task force may consult with the office of healthy equity to inform its work. The office of health equity shall provide requested information to the task force upon request.

(d) The task force shall file its recommendations with the clerks of the house of representatives and the senate and the house and senate committees 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 and the house and senate committees on ways and means not later than June 1, 2020; provided, however, that the task force may file earlier interim recommendations if deemed advisable or additional interim recommendations between June 1, 2020 and August 1, 2020.

(f) The task force shall hold at least 1 public hearing and accept public comment before filing its interim report under subsection (e) and shall hold not less than 2 additional public hearings and accept public comment before filing its final report under subsection (d); provided, however, that the task force may hold virtual public hearings if it is in the interest of public health.

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

SECTION 4. Notwithstanding any general or special law to the contrary, the department of public health may enter into interagency agreements with other state agencies to facilitate data requested pursuant to this act.
SECTION 5. As used in this section, the term “elderly housing facilities” shall mean a residential premises available for lease by elderly or disabled individuals that is financed or subsidized in whole or in part by state or federal housing programs established primarily to furnish housing rather than housing and personal services, as set forth in a listing established by the secretary of elder affairs, and that was never licensed under chapter 111 of the General Laws.

To the extent feasible, the department of public health shall collect data from elder housing facilities, including the number of COVID-19 positive cases and mortalities among residents and staff. The department may contract with or collaborate with an academic research institution in order to collect data.

The data may include, but shall not be limited to, the data described under subsection (b) of section 1; provided, however, that any data collected under this section shall be incorporated into the reports under subsection (c) of section 1.

SECTION 6. Sections 1 and 3 to 5, inclusive, are hereby repealed.

SECTION 7. Section 6 shall take effect on the date on which the governor certifies that the department of public health has not received a report within the preceding 30 days of a positive test of COVID-19 in the commonwealth.