

SENATE No.

The Commonwealth of Massachusetts

PRESENTED BY:

Harriette L. Chandler

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:

NAME:	DISTRICT/ADDRESS:	
<i>Harriette L. Chandler</i>	<i>First Worcester</i>	
<i>Jon Santiago</i>	<i>9th Suffolk</i>	
<i>Mindy Domb</i>	<i>3rd Hampshire</i>	<i>7/13/2020</i>
<i>Kay Khan</i>	<i>11th Middlesex</i>	<i>7/16/2020</i>
<i>Joanne M. Comerford</i>	<i>Hampshire, Franklin and Worcester</i>	<i>7/21/2020</i>
<i>David Henry Argosky LeBoeuf</i>	<i>17th Worcester</i>	<i>7/22/2020</i>
<i>Jack Patrick Lewis</i>	<i>7th Middlesex</i>	<i>10/30/2020</i>

SENATE No.

By Ms. Chandler, a petition (accompanied by bill) (subject to Joint Rule 12) of Harriette L. Chandler, Jon Santiago, Mindy Domb, Kay Khan and others for legislation to require the mandatory wearing of face masks to preventing a COVID-19 resurgence. Public Health.

The Commonwealth of Massachusetts

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

An Act relative to preventing a COVID-19 resurgence.

Whereas, The deferred operation of this act would tend to defeat its purpose, which is 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:

1 SECTION 1. For the purposes of this section, ‘face covering’ shall mean any cloth
2 material covering the nose and mouth. A face covering can include any home-made cloth
3 covering, surgical mask, or covering that covers an individual’s nose and mouth, and provides a
4 higher level of protection, including an N95 mask.

5 (a) Notwithstanding any laws to the contrary, every person in Massachusetts must wear a
6 face covering correctly when in any indoor or outdoor public setting, including, but not limited
7 to, any building open to the public, including in elevators; in any healthcare setting such as
8 hospitals, health clinics, physician or dentist's office; while using public transportation,
9 including, but not limited to, any taxi, ride-sharing vehicle, bus, and train; in outdoors public

10 spaces including public parks, streets, sidewalks, or recreation areas when a distance of at least
11 six feet cannot be maintained by any non-household member.

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

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

25 (d) The commissioner of the Department of Public Health (“the commissioner”), in
26 coordination with the director of the Massachusetts Emergency Management Agency, shall
27 create and oversee a process to distribute cloth face coverings to local Emergency Management
28 directors or local health officers for use by municipal employees and residents to ensure access
29 to such measures.

30 (e) This section shall be enforced by local boards of health. A violation of this section
31 shall be punishable with a written warning for first violation, followed by a civil penalty of up to
32 \$100 for each subsequent violation which may be enforced by local boards of health.

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

36 (g) This section shall remain in effect until the end of the governor's COVID-19 State of
37 Emergency.

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

45 (a) The secretary may promulgate additional protocols, including exemptions, for military
46 personnel, essential workers, or other extraordinary circumstances, when quarantining is not
47 possible, provided such measures protect the public health.

48 (b) A civil penalty of up to \$1,000 may be enforced by local boards of health in the case
49 of any violation of a quarantine order issued to an individual pursuant to the secretary of the
50 executive office of health and human services travel advisory.

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

54 (a) individuals with symptoms of COVID-19,

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

57 (c) populations at increased risk for COVID-19, which may include, but shall not be
58 limited to: (i) employees of businesses and organizations defined as providing “COVID-19
59 Essential Services” under the governor’s March 23, 2020 emergency order; (ii) other individuals
60 required to report to work outside their own home; (iii) individuals residing in congregate
61 housing and group home facilities, including, but not limited to, those operating under contracts
62 with the department of developmental services, the department of mental health, the department
63 of children and families, executive office of elder affairs, the department of housing and
64 community development, the department of youth services, or the department of public health;
65 (iv) individuals confined to a house of correction or state prison; (v) individuals with serious
66 underlying medical conditions linked to increased risk of severe illness from COVID-19
67 according to the federal Centers for Disease Control and Prevention; and (vi) individuals residing
68 in municipalities or neighborhoods disproportionately impacted by COVID-19.

69 SECTION 4. (a) The secretary of labor and workforce development, in collaboration with
70 the secretary of health and human services shall develop a plan for proactive enforcement of the
71 governor’s mandatory safety standards for workplaces. Such a plan shall not rely solely on
72 complaints from employees or members of the public. The plan shall include an estimate of

73 required funding needed for the department of labor standards, municipal boards of health, or
74 other state or local agencies to conduct education, inspections, and other enforcement activities.
75 The secretary shall file the plan with the clerks of the house of representatives and the senate, the
76 joint committee on labor and workforce development, and the joint committee on public health
77 no later than September 1, 2020.

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

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

87 (d) The department of industrial accidents shall ensure that workers' compensation
88 benefits are mandated for workers who become sick with COVID-19 as a result of workplace
89 exposure, using a conclusive presumption.

90 SECTION 5. The secretary of health and human services shall develop a plan to improve
91 the effectiveness and efficiency of local and regional boards of health in accordance with the
92 recommendations of the special commission on local and regional public health, established
93 pursuant to chapter 3 of the resolves of 2016. Said plan shall include:

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

96 (b) the estimated cost to support municipalities to meet minimum standards and
97 recommended sources of funding; and

98 (c) recommendations for immediate actions to prepare for increased rates of COVID-19
99 infection.

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