

# HOUSE . . . . . No. 4328

---

---

## The Commonwealth of Massachusetts

---

HOUSE OF REPRESENTATIVES, January 13, 2022.

The committee on Public Health, to whom was referred the petition (accompanied by bill, Senate, No. 1386) of Joanne M. Comerford, Hannah Kane, Thomas M. Stanley, Susannah M. Whipps and other members of the General Court for legislation relative to accelerate improvements to the local and regional public health system to address disparities in the delivery of public health services, and the joint petition (accompanied by bill, House, No. 2329) of Hannah Kane, Denise C. Garlick and others relative to improvements to the local and regional public health systems to address disparities in the delivery of public health services, reports recommending that the accompanying bill (House, No. 4328) ought to pass.

For the committee,

MARJORIE C. DECKER.

**HOUSE . . . . . No. 4328**

---

---

**The Commonwealth of Massachusetts**

\_\_\_\_\_  
**In the One Hundred and Ninety-Second General Court  
(2021-2022)**  
\_\_\_\_\_

An Act relative to accelerating improvements to the local and regional public health system to address disparities in the delivery of public health services.

*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. Chapter 111 of the General Laws is hereby amended by striking out section  
2 27D, as appearing in the 2020 Official Edition, and inserting in place thereof the  
3 following section: -

4           Section 27D. (a) As used in this section the following words and phrases shall have the  
5 following meanings, unless the context clearly requires otherwise:

6           “Board of health”, any body politic or political subdivision of the commonwealth that  
7 acts as a board of health, public health commission or a health department for a municipality,  
8 region or district, including, but not limited to, municipal boards of health, regional health  
9 districts established under section 27B and boards of health that share services pursuant to  
10 section 4A of chapter 40.

11 “Foundational public health services”, a nationally recognized framework for a minimum  
12 set of public health services, including public health programs and foundational capabilities, as  
13 defined by the department for the purposes of this section.

14 “Foundational capabilities”, cross-cutting skills and capacities needed to support basic  
15 public health protections and other programs and activities including, but not limited to: (i)  
16 assessment and surveillance; (ii) emergency preparedness and response; (iii) policy development;  
17 (iv) communications; (v) community partnership development; (vi) organizational administrative  
18 competences; (vii) data-driven interventions; and (viii) accountability and performance  
19 management.

20 “Public health programs”, programs including, but not limited to: (i) communicable  
21 disease control; (ii) public health nursing services; (iii) epidemiology; (iv) food and water  
22 protection; (v) chronic disease and injury prevention; (vi) environmental public health; (vii)  
23 maternal, child and family health; and (viii) access to and linkage with clinical care, where  
24 applicable.

25 (b) The department, in consultation with municipalities and other stakeholders, shall  
26 establish a state action for public health excellence program to: (i) provide every resident of the  
27 commonwealth with foundational public health services, including services to further racial and  
28 health equity, including for historically underrepresented communities; (ii) assist boards of  
29 health to adopt practices that will improve the efficiency and effectiveness of the delivery of  
30 foundational public health services; (iii) develop a set of standards for foundational public health  
31 services across the commonwealth; and (iv) promote and provide adequate resources for boards  
32 of health that shall include, but not be limited to:

33 (A) ensuring boards of health to meet the standards set under subsection (c) to  
34 improve the municipal and regional health systems;

35 (B) increasing cross-jurisdictional sharing of public health services to strengthen the  
36 service delivery capabilities of the municipal and regional public health systems;

37 (C) improving planning and system accountability of the municipal and regional public  
38 health systems, including statewide data collection and reporting systems;

39 (D) establishing workforce credentialing standards, including, but not limited to,  
40 education and training standards for municipal and regional public health officials and staff; and

41 (E) expanding access to professional development, training and technical assistance for  
42 municipal and regional public health officials and staff.

43 (c) The standards for foundational local public health services developed pursuant to  
44 subsection (b) shall include: (i) standards for inspections, epidemiology and communicable  
45 disease investigation and reporting, permitting and other local public health responsibilities as  
46 required by law or under applicable regulations of the department or the department of  
47 environmental protection; (ii) workforce education, training and credentialing standards; and (iii)  
48 standards for contributing required data. The standards shall consider national standards and  
49 shall be developed in consultation with local boards of health, public health organizations,  
50 academic experts in the field of public health and members of the special commission on local  
51 and regional public health established in chapter 3 of the resolves of 2016.

52 (d) Boards of health shall implement and comply with the standards developed pursuant  
53 to subsections (b) and (c) individually or through cross-jurisdictional sharing of public health

54 services in the form of comprehensive public health districts, formal shared services and other  
55 arrangements for sharing public health services. Annually, not later than December 1, boards of  
56 health shall demonstrate compliance with the standards by submitting a report to the department.

57 (e) Subject to the availability of funds, the department and the department of  
58 environmental protection shall, according to each agency's jurisdiction and authority, provide  
59 comprehensive core public health educational and training opportunities and technical assistance  
60 to municipal and regional public health officials and staff to support them in obtaining  
61 credentials and foundational capabilities required under the standards developed pursuant to  
62 subsections (b) and (c) in diverse geographic locations or online. The department and the  
63 department of environmental protection shall provide such training opportunities free of charge.  
64 The department and the department of environmental protection may contract with other state  
65 agencies or external entities to provide such training and technical assistance.

66 (f)(1) Subject to the availability of funds, the department shall provide funds to boards of  
67 health to implement and comply with the standards developed pursuant to subsections (b) and  
68 (c), including through cross-jurisdictional sharing of public health services in the form of  
69 comprehensive public health districts, formal shared services and other arrangements for sharing  
70 public health services.

71 (2) The provided funds may include:

72 (i) grants and technical assistance to municipalities that demonstrate limited operational  
73 capacity to meet local public health responsibilities as required by law or applicable regulations;

74 (ii) competitive grants to increase the efficiency and effectiveness of the delivery of  
75 public health services across 3 or more municipalities through: (A) expanding shared services

76 arrangements to include more municipalities; (B) expanding shared services arrangements to  
77 provide a more comprehensive and equitable set of public health services or sustainable business  
78 model; or (C) supporting new cross-jurisdictional sharing arrangements; provided, however, that  
79 grants provided under this clause shall supplement and not replace existing state, local, private or  
80 federal funding to boards of health and regional health districts; provided further, that board of  
81 health shall apply for funds under this clause in a manner determined by the department;  
82 provided further, that the application shall include, but not be limited to: (a) a description of how  
83 the applicant will increase the efficiency and effectiveness in the delivery of public health  
84 services; (b) certification that, at the time of the application, the applicant meets or will use  
85 funding to meet workforce standards as determined by the department; (c) certification that  
86 the applicant shall submit written documentation on the implementation of systems to increase  
87 efficiency in providing local public health services, including data, to the department in a manner  
88 to be prescribed by the department; and (d) a plan for the long-term sustainability of  
89 strengthening local public health services; provided further, that the department shall adopt rules,  
90 regulations or guidelines for the administration and enforcement of this clause, including, but not  
91 limited to, establishing applicant selection criteria, funding priorities, application forms and  
92 procedures, grant distribution and other requirements; and provided further, that not less than 33  
93 per cent of the grants awarded shall go to municipalities with a median household income below  
94 the median income of the commonwealth; and

95 (iii) annual non-competitive funding to ensure that all residents of the commonwealth  
96 are provided with foundational public health services that meet or exceed the standards set under  
97 this section; provided, however, that funds provided under this clause shall be distributed based  
98 on level of implementation of the standards established in this section and using a formula based

99 on population, level of cross-jurisdictional sharing and sociodemographic data; provided further,  
100 that, to receive funding under this clause, a board of health shall demonstrate progress or  
101 implementation of the standards in an annual report to the department and to the department of  
102 environmental protection; provided further, that the report shall not require data that is otherwise  
103 reported to the department under subsection (d); and provided further, that data  
104 demonstrating implementation and compliance with the standards shall be submitted in a form  
105 prescribed by the department.

106 (g) Subject to the availability of funds the department and the department of  
107 environmental protection shall develop systems to provide for increased standardization,  
108 integration and unification of public health reporting and systems for the measuring of standard  
109 responsibilities of boards of health, including, but not limited to, inspections, code enforcement,  
110 communicable disease management and local regulations. Where feasible and in compliance  
111 with state and federal privacy requirements, the data and an analysis of the data shall be available  
112 on the department's and department of environmental protection's websites in a form that allows  
113 the public to conduct further analysis; provided, however, that any such published data shall  
114 exclude personal identifying information.

115 (h) The department shall determine the state sustainable local public health cost estimate,  
116 which shall be the amount of funds necessary to meet the requirements of this section for each  
117 fiscal year. The department shall report the commonwealth's sustainable local public health cost  
118 estimate to the secretary of administration and finance for the upcoming fiscal year on the day  
119 assigned for submission of the budget by the governor to the general court pursuant to section 7H  
120 of chapter 29 and shall publish the estimate on the website of the department.

121 (i) In the event of an outbreak of a disease or health care situation important to the public  
122 health, as determined by the commissioner or the commissioner of the department of  
123 environmental protection affecting more than one board of health, the department may  
124 coordinate the affected boards of health, assemble and share data on affected residents, and  
125 organize the public health response within and across the affected communities.

126 (j) Biennially, not later than December 1, in every even numbered year, the department  
127 and department of environmental protection shall submit a report detailing the impact of the state  
128 action for public health excellence program established under subsection (b), the status of the  
129 local public health systems and their ability to meet the requirements under this section,  
130 including, but not limited to: (i) the number of board of health and regional health district  
131 officials and staff that meet workforce standards as determined by the department; (ii) the  
132 number of board of health and regional health district officials and staff that attended educational  
133 and training opportunities; (iii) the number of boards of health and regional health districts that  
134 are in compliance with data reporting requirements under this section; and (iv) the number of  
135 municipalities participating in regional public health collaborations. The report shall be provided  
136 to the clerks of the house of representatives and the senate, the house and senate committees  
137 on ways and means and the joint committee on public health and posted on the websites of the  
138 department and the department of environmental protection.

139 (k) Notwithstanding any general or special law to the contrary, if the commissioner, the  
140 commissioner of the department of environmental protection, or their authorized representatives  
141 determine that failure to meet standards established under subsection (c) in a timeframe  
142 consistent with the timeframe established in subsection (d), constitutes a threat to public health,  
143 they shall, in writing, notify the appropriate board of health of such determination and request

144 that the board of health, in writing, notify the department of actions taken to effect appropriate  
145 protection. If the commissioner is not so notified, or if after notification the commissioner  
146 determines the actions are not sufficient to protect public health, the department may restrict  
147 future funding provided under clause (iii) of subsection (f) and will report these insufficiencies in  
148 its report issued under subsection (i).

149 (l) Nothing in this section shall limit the authority or responsibility of a board of health  
150 otherwise established by the General Laws, including, but not limited to, section 127A.

151 SECTION 2. (a) Not more than 1 year from the effective date of this act and before the  
152 adoption of any regulation for the administration of the state action for public health excellence  
153 program, the department of public health shall hold not fewer than 4 public hearings in diverse  
154 geographic locations or online to identify ways to improve the efficiency and effectiveness of the  
155 delivery of local public health services, in alignment with the recommendations of the special  
156 commission on local and regional public health established in chapter 3 of the resolves of 2016.

157 (b) Not later than December 1, 2022, the department of public health shall submit a report  
158 to the clerks of the house of representatives and the senate, the house and senate committee on  
159 ways and means and the joint committee on public health. The report shall include an analysis of  
160 needs, opportunities, challenges, timeline and cost analysis for the implementation of section  
161 27D of chapter 111 of the General Laws.

162 SECTION 3. The special commission on local and regional public health established in  
163 chapter 3 of the resolves of 2016 shall convene not later than 30 days following the effective date  
164 of this act to review the changes made to section 27D of chapter 111 of the General Laws

165 pursuant to section 1 and funding available to support and enhance the commonwealth's local  
166 and regional public health system.

167 SECTION 4. The standards developed under subsections (b) and (c) of section 27D of  
168 chapter 111 of the General Laws shall be consistent with the recommendations of the report of  
169 the special commission on local and regional and public health approved in June 2019 and shall  
170 be implemented and complied with pursuant to a phased schedule adopted by the department.  
171 The department shall publish a list of minimum statutory and regulatory local public health  
172 standards established under said subsections (b) and (c) of said section 27D of said chapter 111  
173 not later than 60 days following the effective date of this act.