

**HOUSE . . . . . No. 4458**

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**The Commonwealth of Massachusetts**



CHARLES D. BAKER  
GOVERNOR

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KARYN POLITO  
LIEUTENANT GOVERNOR

*February 12, 2022*

To the Honorable House of Representatives,

Pursuant to Section 5 of Article LXIII, as amended by Section 4 of Article XC, of the Amendments to the Constitution, I am today signing House Bill 4345, “An Act making appropriations for the fiscal year 2022 to provide for supplementing certain existing appropriations and for certain other activities and projects,” but disapproving certain language in two items, vetoing two sections, and returning two sections with amendment.

The bill I am signing today authorizes \$76 million in direct appropriations, primarily intended to increase access to masks, COVID tests, and vaccines. Additionally, the bill allots a \$25 million increase to the COVID-19 Massachusetts emergency paid sick leave program using federal funds. We will continue to work with the Legislature if additional funding is needed in the future for this important sick leave program. These spending authorizations will be helpful as we continue our COVID-19 public health efforts, and I am approving those amounts in full.

Sections of this bill make valuable extensions of special provisions that have served us well as a Commonwealth during the pandemic. For example, sections I am signing today extend town meeting laws in a manner consistent with assuring both participation in local government as well as reasonable efficiency in making decisions. Other sections extend flexibility around rules for assisted living facilities, and temporarily reinstate liability protections for health care providers in certain situations where a patient’s care may have been impacted by COVID-19.

I am signing a section that sets the date for the fall primary as September 6, 2022, as well as sections that give the Legislature more time to complete work on two commissions.

While I am signing the spending of this bill, I disapprove language in two items. First, I disapprove a proviso that requires the acquisition and distribution of \$25 million worth of masks by February 28. We will make funds quickly available to local partners so that they in turn can acquire and distribute masks, but to expect this entire sequence to be executed in 16 days is simply unrealistic.

Second, I disapprove a proviso that would require that \$50 million available to health care providers, municipalities, and potentially other local entities for testing and vaccines also be distributed by February 28. We agree time is of the essence, and in fact these efforts merge into work that is well underway, but the requirements of the line item, including the development of various grant programs, is simply inconsistent with a 16 day turnaround. Additionally, it would require expenditures by that date in accordance with a plan included in Section 30, which is not due until 30 days after the effective date of this act. As such, this timeline is unworkable. Instead, we commit to issuing solicitations or entering into contracts for the award or disbursement of these funds by February 25, and distributing funds within 5 days of receipt of complete applications or executed agreements.

I am vetoing two outside sections. Together these sections require the Department of Public Health (DPH) to issue and post guidance on mask usage and testing, quarantining, and isolation periods related to COVID-19 within 30 days. DPH has consistently published guidance on these topics throughout the pandemic to keep Massachusetts residents updated, informed, and safe, and it reviews and updates its guidance on a regular basis. DPH is already in compliance with these requirements; therefore these sections will serve no purpose if signed into law.

I am returning two sections with amendment. The first extends a COVID-era waiver from earnings and hours caps for public employees who return to work for their employer following their retirement. While I have supported a waiver of this cap during COVID state of emergency, in light of the critical resources that recent retirees have represented to the state and local governments during the pandemic, I have reservations about transitioning to a blanket waiver for the entire calendar year. I propose instead to link the extension expressly to the current public health emergency declaration.

The second section I am returning with amendment attempts to codify an equity lens on the COVID pandemic. Our administration, in partnership with thoughtful and energetic local leaders across the state, has worked tirelessly to increase vaccine access in diverse communities, and our effectiveness in vaccine distribution, both overall and to vulnerable communities, is the envy of the nation. For many complicated reasons, disparities remain.

Outreach efforts addressing vaccine hesitancy and access in the twenty communities hit the hardest by COVID have never stopped, with vaccine rates continuing to increase. Out of the 20 communities, 12 are now above the national average of eligible residents with one dose.

These efforts have led to Massachusetts becoming a national leader in vaccinating communities of color. The Kaiser Family Foundation recently ranked Massachusetts 2nd in the country for the percentage of Black residents vaccinated, 5th for Hispanic residents and 7th for Asian residents.

While Massachusetts is a national leader in vaccine rates across demographics, we appreciate there is more work to do. However, “eliminating” disparities in 120 days is not realistic. We remain committed to delivering even more improvements on racial disparities in health and opportunity.

The remainder of this bill I approve.

Respectfully submitted,

Charles D. Baker,  
*Governor*

**Attachment A**

**An Act making appropriations for the fiscal year 2022 to provide for supplementing certain existing appropriations and for certain other activities and projects**

<b>Item Number</b>	<b>Action</b>	<b>Reduce By</b>	<b>Reduce To</b>
TESTING RESERVE			
1599-0080	Strike Wording		
I am striking this language because the specified deadline is unduly burdensome.			
MASK RESERVE			
1599-0767	Strike Wording		
I am striking this language because the specified deadline is unduly burdensome.			

**Attachment B**

**An Act making appropriations for the fiscal year 2022 to provide for supplementing certain existing appropriations and for certain other activities and projects**

**Veto Items: Outside Sections**

Mask Usage Guidance Requirement

Section 31

I am vetoing this section because the Department of Public Health is already in compliance with this requirement and as a result this section will serve no purpose if signed into law.

Testing and Quarantining Guidance Requirement

Section 32

I am vetoing this section because the Department of Public Health is already in compliance with this requirement and as a result this section will serve no purpose if signed into law.

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**– ATTACHMENT C –**

February 12, 2022

To the Honorable Senate and House of Representatives:

Pursuant to Article LVI, as amended by Article XC, Section 3 of the Amendments to the Constitution of the Commonwealth of Massachusetts, I am returning to you for amendment Section 14 of House Bill No. 4435, “An Act making appropriations for fiscal year 2022 to provide for supplementing certain existing appropriations and for certain other activities and projects”

Section 14 provides an exemption to the public sector hours and earnings caps that would apply to a retiree collecting a pension for hours and earnings received during the outbreak of COVID-19, and subsequent variants in 2022. I support providing municipalities and state agencies with increased flexibility to help with the ongoing response to COVID-19, and I proposed and signed provisions that applied the exemptions during the state of emergency that was in effect from March 10, 2020 until June 15, 2021. However, this section proposes that all hours and earnings shall be uncapped for the entire year simply due to the presence of COVID-19 or a variant. I believe that the exemptions should be tied to a specific time period where a heightened response may be necessary.

As a result, I am proposing to apply the exemptions that the Legislature has enacted to the earnings and hours worked during the public health emergency that has been in effect since May 28, 2021 plus an additional period of 90 days, in order for public entities to manage appropriate staffing levels going forward. If the exemption has not lapsed by the end of the year under this rule, it will cease on December 31, 2022.

For these reasons, I recommend amending Section 14 in subsection (a) by striking out the words “outbreak of the 2019 novel coronavirus, also known as COVID-19, and subsequent variants” and inserting in place thereof the following words:- May 28, 2021 declaration of a state of emergency pursuant to section 2A of chapter 17 of the General Laws and up to 90 days after the rescission of said emergency or December 31, 2022, whichever occurs first.

Respectfully submitted,

Charles D. Baker  
Governor

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**– ATTACHMENT D –**

February 12, 2022

To the Honorable Senate and House of Representatives:

Pursuant to Article LVI, as amended by Article XC, Section 3 of the Amendments to the Constitution of the Commonwealth of Massachusetts, I am returning to you for amendment Section 30 of House Bill No. 4345, “An Act making appropriations for fiscal year 2022 to provide for supplementing certain existing appropriations and for certain other activities and projects.”

Section 30 requires the Secretary of Health and Human Services to prepare and implement a comprehensive COVID-19 vaccination equity plan, including interim goals, benchmarks, and timelines with the goal of eliminating disparities in vaccination rates within 120 days. The plan must be filed with the Legislature and published on a public website within 30 days. Progress reports must be filed every 60 days.

Since the COVID-19 vaccine first became available, I have been committed to the goal of achieving the highest vaccination rates possible among the Massachusetts population and, as a part of this effort, to working with the communities hardest hit by COVID-19 to increase awareness and acceptance of the vaccine, access to vaccination locations, and vaccine administration rates. Through the COVID-19 Vaccine Equity Initiative, launched one year ago, my administration has effectively worked to increase trust in the vaccine’s safety and efficacy, overcoming the mistrust and hesitancy in many communities of color stemming from a history of medical mistreatment. We prioritized 20 cities and towns hit hardest by COVID-19, taking into account case rates as well as the social determinants of health and the disproportionate impact of

COVID-19 on Black, Indigenous, People of Color, and Latinx individuals. During the period when vaccine supply was limited, these 20 equity communities received additional COVID-19 vaccine allocations for priority populations, separate and apart from weekly allocations that came from the state and federal government to other providers (e.g. vaccination sites, regional collaboratives, community health centers, and pharmacies). We awarded over \$46.5 million to 167 community organizations through the Vaccine Equity Initiative; this includes community- and faith-based organizations, Tribal and Indigenous People Serving Organizations, Community Health Centers, and other community-based healthcare organizations to advance vaccine equity. These organizations have helped lead grassroots outreach efforts with trusted community leaders to increase acceptance of the vaccine in these communities and have helped vaccinate residents. To date, over 3,100 mobile clinics have been held in the 20 communities.

These efforts have never stopped, and we have seen tangible results making Massachusetts a national leader.

Out of the 20 equity communities, 12 are above the national average rate of eligible residents with at least one dose. In Chelsea, one of the communities hit the hardest by COVID in the early days of the pandemic, over 99% of the eligible population has a first dose. Thanks to progress made in just the past two months, the first dose average for the 20 equity communities now exceeds the statewide average.

Massachusetts has some of the highest vaccination rates in the nation for each racial demographic. According to data from the Kaiser Family Foundation, in Massachusetts, 98% of Asian residents, 86% of White residents, 80% of Black residents and 76% of Hispanic residents have received at least one dose. This compares nationally to 83% of Asian residents, 61% of White residents, 55% of Black residents and 62% of Hispanic residents. Massachusetts is ranked 2<sup>nd</sup> in the country for the number of Black residents vaccinated, 5<sup>th</sup> for the number of Hispanic residents vaccinated, 7<sup>th</sup> for the number of Asian residents vaccinated and 1<sup>st</sup> in the country for the number of white residents vaccinated.

As our shared work through the Vaccine Equity Initiative demonstrates, I wholeheartedly support the spirit of Section 30. More information on the Vaccine Equity Initiative is publicly available at <https://www.mass.gov/info-details/covid-19-vaccine-equity-initiative>. Going back years now, the Department of Public Health regularly provides updates on these efforts and their outcomes through a public dashboard.

Our administration is committed to continuing our efforts to reduce disparities in vaccination rates in Massachusetts. But the challenge of eliminating disparities in vaccination rates altogether is a project that will require us all to work beyond the 120 day deadline envisioned by the language of this section. Accordingly, as directed by this section, my administration will file a vaccination equity plan with the Legislature within 30 days and will file progress reports on our continuing work every 60 days.

I recommend, however, that Section 30 be amended to reflect the continuing challenge faced by nearly every country in the world and every state in the country of achieving total

vaccine equity by striking out in the second sentence the following words:- within 120 days of the effective date of this section.

Respectfully submitted,

Charles D. Baker  
Governor

The actions taken by the Governor are delineated on this excerpt from the original parchment:—

I disapprove Sections 31 and 32.

I disapprove in the following items in Section 2A the wording as indicated:

Section 2A	Wording Stricken
1599-0080	"; and provided further, that funds shall be distributed not later than February 28, 2022"
1599-0767	"; provided further, that such masks shall be distributed not later than February 28, 2022"

I return for amendment, pursuant to the authority vested in me by Article 56, as amended by Article 90, Section 3, of the Amendments to the Constitution, Sections 14 and 30. The text of my recommended amendments is set forth in separate letters of this date to the Senate and House of Representatives.

The remainder of this bill I approve.

Approved, February 12, 2022

at                    o'clock and                    minutes,                    .M.

Charles D. Baker  
Governor