

HOUSE No. 4714

The Commonwealth of Massachusetts

HOUSE OF REPRESENTATIVES, April 21, 2022.

The committee on Covid-19 and Emergency Preparedness and Management to whom was referred the petition (accompanied by bill, House, No. 480) of Mindy Domb and others that the Department of Public Health be authorized to purchase face coverings, a petition (accompanied by bill, Senate, No. 253) of Walter F. Timilty, Michael D. Brady and Carol A. Doherty for legislation relative to PPE data transparency, and , a petition (accompanied by bill, House, No. 496) of John J. Lawn, Jr., and others relative to the process for and attempts by health care facilities at obtaining personal protective equipment to meet the standards in place at the Centers for Disease Control, reports recommending that the accompanying bill (House, No. 4714) ought to pass.

For the committee,

WILLIAM J. DRISCOLL, JR..

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

An Act for a Better Prepared Massachusetts.

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 15 of the General Laws is hereby amended by adding the following
2 section: -

3 Section 67. Notwithstanding any general or special law to the contrary, the department of
4 elementary and secondary education shall require each school district to submit, before the start
5 of each new school year, a continuity of operations plan (COOP). The plan shall detail the
6 implementation of testing, isolation, social distancing, masking and other emergency response
7 efforts and should account for a number of hazards, including, but not limited to, respiratory
8 viruses.

9 SECTION 2. Chapter 21A of the General Laws is hereby amended by adding the
10 following 2 sections: -

11 Section 29 (a) Notwithstanding any general or special law to the contrary, the department
12 of environmental protection shall publish guidance for improving indoor air quality in a variety
13 of settings, including, but not limited to, private homes, offices, restaurants, retail locations,

schools and medical settings. This guidance should detail short-term, medium-term and long-term methods to improve indoor air quality, as well as including low-cost options for each time frame. This guidance shall be rooted in current academic, scientific, and professional research regarding airflow, ventilation, filtration and purification methods and technologies, and shall condense this information into a manner usable by the general public.

(b) The department of environmental protection shall publish the guidance within 120 days of the passage of this act and shall update the guidance every 2 years.

Section 30. (a) Notwithstanding any general or special law to the contrary, there shall be a fund established to provide financial assistance for projects aimed at improving indoor air quality in public buildings, including, but not limited to, government buildings, school buildings and non-profit or publicly-owned hospitals, provided that the building is either owned or operated by a municipality, regional school authority, county government or the commonwealth and that the building is utilized by a significant number of public employees or members of the general public.

(b) The commissioners of the departments of environmental protection and public health shall have joint fiduciary duties over the fund, including determining the best method for allocating funds to the proper authorities.

(c) The fund shall primarily target the municipalities with the highest portion of residents below the federal poverty line, with support to other municipalities being provided on a basis of financial need. The departments of public health environmental protection, in collaboration with the Massachusetts School Building Authority, shall promulgate the exact specifications for the application and administration of these funds, provided that they are crafted with a focus on

addressing disparities in funding across the commonwealth’s school districts and in line with the commonwealth’s equity goals.

(d) Funding sources for the fund shall come from appropriated funds as needed, drawing from federal and state funding, provided that the department maximizes available federal funding options.

(e) The departments of environmental protection and public health shall report to the clerks of the house of representatives and the senate each year the usage of these funds and the current amount of money remaining in the fund.

SECTION 3. Section 1 of chapter 111 of the General Laws, as appearing in the 2020 Official Edition, is hereby amended by inserting before the definition of “Health care provider” the following definitions: -

“High-quality mask”, an adult use high-quality mask or a child use high-quality masks.

“Adult use high-quality mask”, an N95 respirator sourced from a National Institute for Occupational Safety and Health-approved particulate filtering facepiece respirator manufacturer.

“Child use high-quality mask”, a KN95 or KF94 respirator, sourced from a United States Food and Drug Administration registered manufacturer.

SECTION 4. Said chapter 111 of the General Laws is hereby further amended by inserting after section 2J the following section: -

Section 2K. (a) There shall be established and set up on the books of the commonwealth a Better Prepared Trust Fund to be expended, without further appropriation, by the department of public health. The commissioner of public health shall, as trustee, administer the fund. The fund

shall consist of revenues collected by the commonwealth including: (i) any revenue from appropriations or other monies authorized by the general court and specifically designated to be credited to the fund; (ii) any funds from public and private sources, including gifts, grants and donations for Covid relief; (iii) any interest earned on such revenues; and (iv) any funds provided from other sources. Money remaining in the fund at the end of a fiscal year shall not revert to the General Fund.

(b) All expenditures from the fund shall support the establishment and maintenance of the stockpile of high-quality masks for distribution to residents of the commonwealth.

(c) The commissioner of public health shall report quarterly to the executive office for administration and finance, the joint committee on COVID-19 and emergency preparedness and management and the house and senate committees on ways and means on the way funds were spent in the previous quarter and procurement and service goals for the subsequent quarter.

SECTION 5. Said chapter 111 of the General Laws is hereby further amended by inserting after section 160G the following section: -

Section 160H (a) Notwithstanding any general or special law to the contrary, the commissioners of the departments of public health and environmental protection shall jointly expand wastewater sampling for epidemiological monitoring purposes, across a number of different sampling techniques, for the purposes of establishing a network of consistent epidemiological data gathering. For purposes of this section, the term “wastewater monitoring” shall mean the method of conducting epidemiological surveillance for COVID-19 and other infectious diseases by sampling wastewater at water treatment plants.

(b) The departments shall jointly support initiatives to gather wastewater monitoring data at an institutional and individual level, where appropriate, using the most effective sampling methods. This program should be open to schools, universities, public offices and large private offices, correctional facilities and other congregate care facilities as the department deems fit; provided, however, that the organization establishing the program shall participate in state level data gathering and reporting. The departments shall provide financial support to cover the costs of sampling supplies and contracting with a health laboratory to analyze samples, and any additional logistical costs associated with these initiatives.

(c) The departments shall jointly coordinate with the Centers for Disease Control and Prevention's National Wastewater Surveillance System and other regional or local partners on an as needed basis, to establish municipal and regional wastewater epidemiological monitoring programs, in a similar fashion to the regional wastewater monitoring conducted by the Massachusetts Water Resources Authority through the Deer Island Treatment Plant. This initiative shall prioritize the distribution of the sites of these monitoring programs to geographically diverse parts of the commonwealth, as well as communities most impacted by COVID-19 based on the number of cases per capita. The departments shall provide financial support to cover the costs of sampling supplies, contracting with health laboratories to analyze samples and any additional logistical costs associated with these initiatives and shall prioritize providing economic support to communities most unable to cover such costs through either local or federal channels.

(d) Not later than 1 year after the passage of this act, and every subsequent year thereafter, the departments shall report to the clerks of the house and senate the status of this initiative, including: (i) any new or pending wastewater monitoring projects; (ii) the status of any

101 existing wastewater monitoring projects; and (iii) any challenges related to the implementation of
102 wastewater monitoring in the commonwealth.

103 (e) The project shall be funded by federal and state funding, provided that the department
104 maximizes available federal funding options.

105 SECTION 6. Chapter 111 of the General Laws is hereby amended by adding the
106 following section: -

107 Section 243. (a) For the purposes of this section, the following words shall, unless the
108 context clearly requires otherwise, have the following meaning: -

109 “Adult use high-quality mask”, an N95 respirator sourced from a National Institute for
110 Occupational Safety and Health-approved particulate filtering facepiece respirator manufacturer.

111 “Child use high-quality mask”, a KN95 or KF94 respirator, sourced from a United States
112 Food and Drug Administration registered manufacturer.

113 “Department”, the department of public health.

114 “Frontline healthcare worker”, staff working as or with health care and social assistance
115 programs, ambulatory health care services, hospitals, primary care offices, nursing or other long-
116 term care facilities, school nurses, personal care attendants, home health aides and mental and
117 behavioral health providers, who directly interact with patients or the public during their duties.

118 “High-quality mask”, adult use high-quality masks and child use high-quality masks.

119 (b) The department shall, in collaboration with appropriate agencies and stakeholders,
120 establish and maintain a supply of personal use high-quality masks for all adults and children

residing of the commonwealth consistent with the expected duration of a surge in COVID-19 cases. This shall be in addition to the existing Statewide Inventory PPE stockpile. This supply shall be the basis of a long-term stockpile of high-quality masks to be distributed to the general public in the event of future outbreaks of COVID-19 or other disasters requiring respiratory protection.

(c) The department shall purchase this supply in accordance section 2K.

(d) The department shall, in collaboration with the Massachusetts emergency management agency, the office of preparedness and emergency management and other stakeholders, establish standards for maintaining the stockpile, including, but not limited to, supply rotation, acquisition, distribution, oversight and management.

(e) The department shall ensure that at least half of the long-term stockpile of high-quality masks remains stored within the geographic borders of the commonwealth and the stockpile shall be stored in such a manner as to maintain easy access in the event of an emergency.

(f) The department shall establish procedures for local emergency managers, boards of public health, select boards, boards of selectmen, city or town managers or other local executive body or office, to formally request a distribution of high-quality personal use masks from the stockpile, provided that the request be for a specific number of high-quality personal use masks, and that the number requested does not exceeded a reasonable amount to combat the particular crisis for each adult and child resident within the city or town. The department shall respond to any request within 72 hours after receiving a request.

(g) The department, in collaboration with any necessary state or local organization, may utilize the supplies within this stockpile in any instance where use of high-quality masks may be deemed necessary to protect the health and wellbeing of the residents of the commonwealth.

(g) The status of this stockpile, including the current supply levels, regulations related to supply rotation and acquisition and any withdrawals or requests to withdraw from the stockpile, shall be a matter of public record, and the department shall file public reports every 3 months.

(h) Funds to purchase, maintain and manage this stockpile shall come from the Better Prepared Trust Fund established pursuant to section 2K, with additional funding sources to be appropriated by the legislature as needed, drawing from federal and state funding, provided that the department maximizes available federal funding options.

SECTION 7. (a) The department shall, in collaboration with the Massachusetts emergency management agency and local municipalities, identify potential distribution sites and create guidelines for mobile distribution programs, for residents to receive a supply of masks. The department may delegate to local municipalities the identification of distribution sites and the distribution of masks when both the department and the municipality deem it to be appropriate. The department shall also collaborate with the executive office of technology services and security to establish a phone line and online web portal, allowing residents to access more information about the distribution process, and allowing residents who are unable to travel to a distribution site to sign up to receive a distribution directly to their homes. The department shall also collaborate with any necessary stakeholders to craft culturally competent outreach to ensure that the program reaches as many residents as possible.

(b) The department shall, in coordination with Massachusetts emergency management agency, local boards of health or local public health departments, community-based organizations and locally based health care providers, distribute high-quality masks to local emergency management directors, local health officers, school districts or community-based organizations to respond to an ongoing emergency.

(c) The department shall, in collaboration with the necessary partners, establish a system for receiving both direct feedback and questions from residents receiving high-quality masks – including feedback on the ease of use, adequacy of supplies and ease of receiving the supplies requested. In addition to hearing feedback from residents, the department shall elicit feedback from any partner organization throughout the process, including community-based organizations, local emergency management officials, local boards of public health and other organizations that the department determines may provide important feedback.

(d) The department shall, not later than 45 days after a distribution of high-quality masks, submit to the chairs of the senate and house committees on ways and means and the chairs of the joint committee on COVID-19 and emergency preparedness and management, a report detailing the successes, challenges and lessons learned from the initial distribution.

(e) Any excess masks purchased in accordance with this section shall be added to the relevant state supply stockpile, for use in alignment with section 243 of chapter 111 of the General Laws, as inserted by this act.

(f) The department shall establish partnerships, contracts or memoranda of understanding, as applicable, with local health officers, school districts or community-based organizations as identified by the department, to develop direct delivery methods and plans for the distribution of

the high-quality masks. The department shall include within its plans for distribution, an outreach plan to disseminate to the target populations information effectively and clearly on the safety, efficacy and benefits of using the distributed high-quality masks, as well as an explanation of how the masks should be worn and their effective shelf-lifespan in a manner that is culturally competent, linguistically diverse and contains information on where additional information may be procured. The department shall devise guidelines for a person or household that qualified to receive an adult or child use mask but did not receive one.

(g) The department shall, in coordination with Massachusetts emergency management agency, local boards of health or local public health departments, community-based organizations and locally based health care providers, craft a plan to distribute a supply of high-quality masks in accordance with the following priorities:

(i) residents of 20 prioritized equity communities in the department's COVID-19 vaccine equity initiative;

(ii) residents of the municipalities with the highest proportion of households living at or below the federal poverty line in the commonwealth;

(iii) residents of any municipality working as a frontline healthcare worker; provided, that the resident is not already covered in the above subsections;

(iv) residents of any municipality self-identifying as being immunocompromised or otherwise at high-risk of severe infection from respiratory illnesses; provided, that the resident is not already covered in the above subsections; and

(h) residents of any municipality; provided, that the resident is not already covered in the above subsections.

(i) Not later than September 1, 2022, the department shall submit to the chairs of the senate and house committees on ways and means and the chairs of the joint committee on COVID-19 and emergency preparedness and management a budget for effectuating the purposes of mask distribution. Said budget shall specify the source or sources of funding, whether state, federal or private sector partnership is planned for each implementation element and whether any additional state appropriations are necessary to achieve compliance with said sections.

SECTION 8. Subsection (b) of said section 1 of said chapter 93 is hereby further amended by adding the following sentence: - The department, in collaboration with the Massachusetts Water Resources Authority, shall perform regular wastewater monitoring, processing samples and publishing data on a daily basis, reflecting the current copies per milliliter of COVID-19 detected at the Deer Island water treatment center, and any future wastewater monitoring sites. For purposes of this section, the term “wastewater monitoring” shall mean the method of conducting epidemiological surveillance for COVID-19 and other infectious diseases by sampling wastewater at water treatment plants.

SECTION 9. Section 1 of chapter 93 of the Acts of 2020 is hereby amended by adding the following subsection:-

(h) The department of public health shall, in collaboration with the executive office of technology services and security, establish a mechanism to gather data from at-home COVID-19 tests, to allow users to report the results of self-administered at-home tests. The department shall also work with the necessary partners to establish an online portal on the mass.gov website and

an automated telephone line designed for the same purpose. Residents shall be able to report up to two tests per-day, per-individual in the household. Each of these reporting mechanisms shall also have options for users to report test results for any dependents in their care. The department shall use these mechanisms to track (1) the total number of at-home tests reported, (2) the number of those tests that had positive results, (3) the average positivity rate of at home tests, and (4) the number of repeat or duplicative tests, including those testing positive after two or more positive tests. The department shall store and retain this data for an appropriate period and report daily on the data gathered. The department shall collaborate with local boards of public health and school districts to ensure that access to critical data is made available to all stakeholders. The department shall ensure that each of these methods are able to provide immediate guidance for those who report a positive test result, including instructions for following up with medical providers and any additional guidance needed for those in high-risk groups. Simplified reporting instructions for positive test results shall be provided for at-home tests distributed by the department of public health, department of elementary and secondary education, or other state agency.

SECTION 10. Subsection (d) of said section (1) of said chapter 93 is hereby amended by striking out the words “pursuant to subsections (b) and (c)” and inserting in place thereof the following words: - pursuant to subsections (b), (c) and (h).

SECTION 11. Said subsection (d) of said section (1) of said chapter 93 is hereby further amended by adding the following paragraph: -

The department shall report, on its website, an online COVID-19 Interactive Data Dashboard, that shall include data on city and town specific metrics; confirmed and probable cases; testing; age groups, race and ethnicity, and sex of cases; hospitalization demographic data, number of patients hospitalized who are vaccinated, incidental hospitalizations and deaths; hospital capacity; clusters; isolation and quarantine; contact tracing; and any additional data the department deems important for the general public and decision makers. This dashboard shall be presented in a user-friendly format, with a focus on ensuring accessibility in its design.

SECTION 12. Said chapter 93 is hereby further amended by striking out sections 6 and 7 and inserting in place thereof the following section: -

Section 6. Section 5 shall take effect on March 1, 2023.

SECTION 13. (a) Notwithstanding any general or special law to the contrary, there shall be established a “Special Assistant to the Governor for COVID-19 Vaccine Administration,” hereinafter referred to as the “special assistant,” who shall coordinate and manage all efforts related to COVID-19 vaccinations. This special assistant shall be tasked with guiding the commonwealth through updates in guidance related to vaccinations and future booster regimens and shall serve as a single point of accountability for the commonwealth’s vaccination efforts. Staff support for the special assistant shall be provided by the department of public health and activities of the special assistant shall be taken in consultation with the department of public health.

(b) The duties of the special assistant shall include, but not be limited to, the following:

268 (1) managing funding for vaccination outreach and community engagement,
269 specifically ensuring that funds are directed to trusted community organizations with a special
270 focus on ensuring that the most impacted areas receive additional doses and allocations;

271 (2) implementing vaccination allocation guidelines in a consistent manner across
272 the commonwealth to eliminate inconsistency. When such guidelines cannot be implemented
273 properly, the special assistant shall be tasked with providing a public explanation as to why such
274 guidelines cannot be met and the broader implications of any challenges faced as a result;

275 (3) collecting, maintaining, and reporting of demographic data on COVID-19
276 infections, hospitalizations, and deaths across the commonwealth and utilizing this data to drive
277 outreach and vaccine distribution and measure the current impact on BIPOC and immigrant
278 communities;

279 (4) crafting culturally, linguistically, and technologically competent outreach
280 materials covering a number of languages, including Spanish, Portuguese, Haitian Creole, Cape
281 Verdean Creole, Vietnamese, Khmer, Mandarin and any others needed to honor the
282 commonwealth's commitment to an equitable response and recovery. Materials should be
283 disseminated through a variety of formats, including websites, call centers, print materials, staff
284 at major vaccination sites and broader media campaigns. The special assistant should also
285 continually engage with healthcare professionals, stakeholders and residents of color and those
286 of linguistically diverse backgrounds so as to ensure that outreach and vaccination efforts are in
287 line with the commonwealth's equity commitments;

(5) evaluating and analyzing the data collected by the department of public health and maintaining the daily COVID-19 vaccine report that is currently run by the department of public health; and

(6) serving as the main public health communicator around COVID-19 vaccine messaging, ensuring that the information being disseminated is up-to-date, comprehensible, coordinated, and consistent. Additionally, the special assistant shall be tasked with creating a multi-pronged communications strategy.

(c) The office of health equity, established in section 16AA of chapter 6A of the General Laws, shall serve in an advisory capacity to the special assistant.

(d) The special assistant position shall be funded through appropriated funds, drawing from federal and state funding, provided that the department maximizes available federal funding options. The distribution of funds may not be utilized to create or fund any contracts with third party servicers or consultants.

(e) The special assistant shall submit a written report to the joint committees on COVID-19 and emergency preparedness and management and public health every 90 days, detailing operational progress toward the commonwealth's short-term and long-term vaccination goals and any particular challenges faced or areas in need of additional support.

SECTION 14. (a) Notwithstanding any general or special law to the contrary, the department of public health, in collaboration with the Massachusetts emergency management agency and the department of elementary and secondary education shall draft a comprehensive surge plan to combat a potential seasonal increase in COVID-19 infections with the following timeline:

(1) by July 31st, 2022, the departments shall jointly identify any necessary stakeholders needed to ensure that the surge plan is comprehensive, reach out to the stakeholders and confirm their participation and publicly provide a list of the stakeholders that will be involved in the surge planning process. There shall be an opportunity for stakeholders not identified by the department to petition for their inclusion in the process;

(2) by September 15th, 2022, the planning group shall convene and set objectives for the winter season, as they relate to the commonwealth's response to COVID-19, and set any data thresholds or trigger points used to inform the commonwealth's response. The planning group shall also review the state of the commonwealth's emergency supply stockpiles. The planning group shall identify possible responses, both pharmaceutical and non-pharmaceutical, to be deployed when the identified thresholds shall be passed. These findings compiled into a report to be provided to the joint committee on COVID-19 and emergency preparedness and management by October 15th, 2022. The planning group shall identify potential vaccination sites designed to meet any particular gaps and focusing on geographical areas with low vaccination rates;

(3) by October 31, 2022, the planning group shall prepare to implement potential responses, including pre-staging supplies such as testing kits, masks, therapeutics and antiviral medications. Additionally, by this date, the planning group shall have assisted in running vaccination clinics at the identified sites and shall report on their progress up to date; and

(4) for the months of November 2022, December 2022, January 2023, and February 2023, the planning group shall meet on an ongoing basis, monitor the thresholds and provide regular written updates to the joint committee on COVID-19 and emergency preparedness and management, including the current data related to identified thresholds.

332 (b) The joint committee on COVID-19 and emergency preparedness and management
333 shall serve in both an advisory and oversight role throughout this process and the planning group
334 shall be expected to appear at public oversight hearings regarding the progress made on the
335 planning process, with at least 1 hearing to be held in December of 2022.