

HOUSE No. 5104

The Commonwealth of Massachusetts

HOUSE OF REPRESENTATIVES, July 28, 2022.

The committee on Ways and Means, to whom was referred the Bill relative to accelerating improvements to the local and regional public health system to address disparities in the delivery of public health services (House, No. 4328), reports recommending that the same ought to pass with an amendment substituting therefor the accompanying bill (House, No. 5104).

For the committee,

AARON MICHLEWITZ.

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**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 shall, unless the context
5 clearly requires otherwise, have the following meanings:-

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 pursuant to section 27B and boards of health that share services pursuant to
10 section 4A of chapter 40.

11 “Foundational capabilities”, cross-cutting skills and capacities needed to support basic
12 public health programs and other protections and activities including, but not limited to: (i)

13 assessment and surveillance; (ii) emergency preparedness and response; (iii) policy development;
14 (iv) communications; (v) community partnership development; (vi) organizational administrative
15 competences; (vii) data-driven interventions; or (viii) accountability and performance
16 management.

17 “Foundational public health services”, a nationally recognized framework for a minimum
18 set of public health services, including, but not limited to, public health programs and
19 foundational capabilities.

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; or (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 foundational public health services; provided, that foundational public health
28 services shall further racial and health equity, including for historically underrepresented
29 communities; (ii) assist boards of health to adopt practices to improve the efficiency and
30 effectiveness of the delivery of foundational public health services; (iii) develop a set of
31 standards for foundational public health services across the commonwealth; and (iv) promote and
32 provide adequate resources for boards of health that shall include, but shall not be limited to:

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

35 (B) increasing cross-jurisdictional sharing of public health programs 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, but not limited to, 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 local foundational public health services developed pursuant to
44 clause (iii) of subsection (b) shall include, but not be limited to, the standards for: (i) inspections,
45 epidemiology and communicable disease investigation and reporting, permitting and other local
46 public health responsibilities as required by law or under regulations of the department or the
47 department of environmental protection; (ii) workforce education, training and credentialing
48 standards; and (iii) contributing required data. The standards shall consider national standards
49 and 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)(i) Boards of health shall implement and comply with the standards developed
53 pursuant to subsections (b) and (c), individually or through cross-jurisdictional sharing of public
54 health programs in the form of comprehensive public health districts, formal shared services or
55 other arrangements for sharing public health programs.

56 (ii) Annually, not later than December 1, boards of health shall submit a report to the
57 department including information demonstrating compliance with the standards pursuant to
58 subsections (b) and (c).

59 (e) Subject to appropriation, the department and the department of environmental
60 protection shall, according to each agency's jurisdiction and authority, provide comprehensive
61 core public health educational and training opportunities and technical assistance to municipal
62 and regional public health officials and staff to support them in obtaining credentials and
63 foundational capabilities required by the standards developed pursuant to subsections (b) and (c);
64 provided, that said educational and training opportunities and technical assistance shall be
65 offered in diverse geographic locations throughout the commonwealth or online. The department
66 and the department of environmental protection shall provide such training and technical
67 assistance opportunities free of charge. The department and the department of environmental
68 protection may contract with other state agencies or external entities to provide said educational
69 and training and technical assistance.

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

75 (2) The funds may be expended to provide:

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

78 (ii) competitive grants to increase the efficiency and effectiveness of the delivery of
79 public health programs across 3 or more municipalities through:

80 (A) expanding shared services arrangements to include more municipalities;

81 (B) expanding shared services arrangements to provide a more comprehensive and
82 equitable set of public health programs or sustainable business model; or

83 (C) supporting new cross-jurisdictional sharing arrangements; provided however, that
84 grants provided pursuant to this clause shall supplement and shall not replace existing state,
85 local, private or federal funding to boards of health and regional health districts; provided
86 further, that boards of health shall apply for funds pursuant to this clause in a manner determined
87 by the department; provided further, that the application shall include, but not be limited to: (1) a
88 description of how the applicant will increase the efficiency and effectiveness in the delivery of
89 public health programs; (2) certification that, at the time of the application, the applicant meets
90 or will use funding to meet workforce standards as determined by the department; (3)
91 certification that the applicant shall submit written documentation on the implementation of
92 systems to increase efficiency in providing local public health programs, including data, to the
93 department in a manner to be prescribed by the department; and (4) a plan for the long-term
94 sustainability of strengthening local public health programs; provided further, that the
95 department shall adopt rules, regulations or guidelines for the administration and enforcement of
96 this clause, including, but not limited to, establishing applicant selection criteria, funding
97 priorities, application forms and procedures, grant distribution and other requirements; and
98 provided further, that not less than 33 per cent of the grants awarded shall be distributed to

99 municipalities with a median household income below the median income of the commonwealth;
100 and

101 (iii) annual non-competitive funding to ensure that all residents of the commonwealth
102 are provided with foundational public health services that meet or exceed the standards set
103 pursuant to this section; provided, however, that funds provided pursuant to this clause shall be
104 distributed based on the level of implementation of the standards established in this section and
105 using a formula based on population, level of cross-jurisdictional sharing and sociodemographic
106 data; provided further, that, to receive funding pursuant to this clause, a board of health shall
107 demonstrate progress or implementation of the standards in an annual report to the department
108 and to the department of environmental protection; provided further, that the report shall not
109 require data that is otherwise reported to the department under subsection (d); and provided
110 further, that data demonstrating implementation and compliance with the standards shall be
111 submitted in a form prescribed by the department.

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

121 (h) The department shall estimate the amount of funds necessary to meet the
122 requirements of this section for each fiscal year. The department shall report the estimate to the
123 secretary of administration and finance and the house and senate committees on ways and means
124 for the upcoming fiscal year in advance of the day assigned for submission of the budget by the
125 governor to the general court pursuant to section 7H of chapter 29 and shall publish the estimate
126 on the website of the department.

127 (i) In the event of an outbreak of a disease or health care situation important to the public
128 health, as determined by the commissioner or the commissioner of the department of
129 environmental protection affecting more than 1 board of health, the department may coordinate
130 the affected boards of health, assemble and share data on affected residents and organize the
131 public health response within and across the affected communities.

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

143 on ways and means and the joint committee on public health and publicly posted on the websites
144 of the department and the department of environmental protection.

145 (k) Notwithstanding any general or special law to the contrary, if the commissioner, the
146 commissioner of the department of environmental protection or their authorized representatives,
147 determine that failure to meet standards established under subsection (c) in a timeframe
148 consistent with the timeframe established in subsection (d), constitutes a threat to public health,
149 they shall, in writing, notify the appropriate board of health of such determination and request
150 that the board of health, in writing, notify the department of actions taken to effect appropriate
151 protection. If the commissioner is not so notified, or if after notification the commissioner
152 determines the actions are not sufficient to protect public health, the department may restrict
153 future funding provided under clause (iii) of subsection (f) and will report these insufficiencies in
154 its report issued under subsection (i).

155 (l) Nothing in this section shall limit the authority or responsibility of a board of health
156 otherwise established by the general laws, including, but not limited to, section 127A.

157 SECTION 2. (a) Not more than 1 year after the effective date of this act and before the
158 adoption of any regulation for the administration of the state action for public health excellence
159 program pursuant to section 27D of chapter 111 of the General Laws, the department of public
160 health shall hold not fewer than 4 public hearings in diverse geographic locations throughout the
161 commonwealth or online to identify ways to improve the efficiency and effectiveness of the
162 delivery of local public health services, in alignment with the recommendations of the special
163 commission on local and regional public health established in chapter 3 of the resolves of 2016.

164 (b) Not later than June 1, 2023, the department of public health shall submit a report to
165 the clerks of the house of representatives and the senate, the house and senate committee on
166 ways and means and the joint committee on public health. The report shall include an analysis of
167 needs, opportunities, challenges, timeline and cost analysis for the implementation of said
168 section 27D of said chapter 111.

169 SECTION 3. The special commission on local and regional public health established in
170 chapter 3 of the resolves of 2016 is hereby revived and continued to December 31, 2023. The
171 special commission shall convene not later than 30 days following the effective date of this act to
172 review the changes made to section 27D of chapter 111 of the General Laws, inserted by
173 section 1, and funding available to support and enhance the commonwealth's local and regional
174 public health system.

175 SECTION 4. The standards for foundational public health services developed pursuant to
176 subsections (b) and (c) of section 27D of chapter 111 of the General Laws, as inserted by section
177 1, shall be consistent with the recommendations of the report of the special commission on local
178 and regional and public health approved in June 2019 and shall be implemented and complied
179 with by a phased schedule adopted by the department of public health. The department of public
180 health shall publish a list of minimum statutory and regulatory local public health standards
181 established pursuant to said subsections (b) and (c) of said section 27D of said chapter 111 not
182 later than 60 days after the effective date of this act.