

SENATE No. 1386

The Commonwealth of Massachusetts

PRESENTED BY:

Joanne M. Comerford

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

PETITION OF:

NAME:	DISTRICT/ADDRESS:	
<i>Joanne M. Comerford</i>	<i>Hampshire, Franklin and Worcester</i>	
<i>Hannah Kane</i>	<i>11th Worcester</i>	<i>2/11/2021</i>
<i>Thomas M. Stanley</i>	<i>9th Middlesex</i>	<i>2/17/2021</i>
<i>Susannah M. Whipps</i>	<i>2nd Franklin</i>	<i>2/17/2021</i>
<i>James B. Eldridge</i>	<i>Middlesex and Worcester</i>	<i>2/17/2021</i>
<i>Jacob R. Oliveira</i>	<i>7th Hampden</i>	<i>2/17/2021</i>
<i>Sal N. DiDomenico</i>	<i>Middlesex and Suffolk</i>	<i>2/17/2021</i>
<i>Christopher Hendricks</i>	<i>11th Bristol</i>	<i>2/19/2021</i>
<i>Rebecca L. Rausch</i>	<i>Norfolk, Bristol and Middlesex</i>	<i>2/19/2021</i>
<i>Jack Patrick Lewis</i>	<i>7th Middlesex</i>	<i>2/19/2021</i>
<i>Mindy Domb</i>	<i>3rd Hampshire</i>	<i>2/22/2021</i>
<i>Jason M. Lewis</i>	<i>Fifth Middlesex</i>	<i>2/23/2021</i>
<i>Carmine Lawrence Gentile</i>	<i>13th Middlesex</i>	<i>2/23/2021</i>
<i>Michael O. Moore</i>	<i>Second Worcester</i>	<i>2/24/2021</i>
<i>Barry R. Finegold</i>	<i>Second Essex and Middlesex</i>	<i>2/24/2021</i>
<i>Angelo J. Puppolo, Jr.</i>	<i>12th Hampden</i>	<i>2/24/2021</i>
<i>Susan L. Moran</i>	<i>Plymouth and Barnstable</i>	<i>2/26/2021</i>

<i>John H. Rogers</i>	<i>12th Norfolk</i>	<i>2/26/2021</i>
<i>John F. Keenan</i>	<i>Norfolk and Plymouth</i>	<i>2/26/2021</i>
<i>Carol A. Doherty</i>	<i>3rd Bristol</i>	<i>2/28/2021</i>
<i>Adam G. Hinds</i>	<i>Berkshire, Hampshire, Franklin and Hampden</i>	<i>3/3/2021</i>
<i>Linda Dean Campbell</i>	<i>15th Essex</i>	<i>3/4/2021</i>
<i>Daniel R. Carey</i>	<i>2nd Hampshire</i>	<i>3/5/2021</i>
<i>Walter F. Timilty</i>	<i>Norfolk, Bristol and Plymouth</i>	<i>3/5/2021</i>
<i>Eric P. Lesser</i>	<i>First Hampden and Hampshire</i>	<i>3/12/2021</i>
<i>Maria Duaine Robinson</i>	<i>6th Middlesex</i>	<i>3/16/2021</i>
<i>Brendan P. Crighton</i>	<i>Third Essex</i>	<i>3/31/2021</i>
<i>Tami L. Gouveia</i>	<i>14th Middlesex</i>	<i>4/20/2021</i>
<i>Erika Uyterhoeven</i>	<i>27th Middlesex</i>	<i>5/21/2021</i>
<i>Anne M. Gobi</i>	<i>Worcester, Hampden, Hampshire and Middlesex</i>	<i>6/14/2021</i>
<i>Sonia Chang-Diaz</i>	<i>Second Suffolk</i>	<i>7/1/2021</i>
<i>Julian Cyr</i>	<i>Cape and Islands</i>	<i>12/20/2021</i>
<i>Patrick M. O'Connor</i>	<i>Plymouth and Norfolk</i>	<i>1/5/2022</i>

SENATE No. 1386

By Ms. Comerford, a 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. Public Health.

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.

Whereas, The deferred operation of this act would tend to defeat its purpose, which is to protect forthwith the health and wellness of the residents of the Commonwealth, therefore it is hereby declared to be an emergency law, necessary for the immediate preservation of the public 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. Chapter 111 of the General Laws is hereby amended by inserting after
2 section 27D, added by section 1 of chapter 72 of the acts of 2020, the following section:-

3 Section 27E. (a) For the purposes of this section, the term “board of health” shall include
4 any body politic or political subdivision of the commonwealth that acts as a board of health,
5 public health commission or a health department for a municipality; provided however, that
6 “board of health” shall include, but not be limited to, municipal boards of health, regional health
7 districts established under section 27B and boards of health that share services pursuant to
8 section 4A of chapter 40.

9 (b) The department, in consultation with municipalities and other stakeholders, including,
10 but not limited to, members of the Special Commission on Local and Regional and Public
11 Health, shall establish a uniform set of minimum local public health performance standards to
12 ensure that every resident of the commonwealth has access to a core set of public health
13 protections including, but not limited to, communicable disease control, public health nursing
14 services, food and water protection, chronic disease and injury prevention, environmental public
15 health, maternal, child and family health and access to and linkage with clinical care. The
16 standards shall take into account national public health standards.

17 (c) The local public health performance standards shall include: (1) workforce education,
18 training, and credentialing standards; (2) standards for contributing data to a unified standard
19 public health reporting system; and (3) minimum performance standards for inspections,
20 communicable disease investigation and reporting, permitting and other local public health
21 responsibilities as required under laws and regulations.

22 (d) Boards of health shall meet these standards individually or through cross-
23 jurisdictional sharing of public health services in the form of comprehensive public health
24 districts, formal shared services, and other arrangements for sharing public health services.
25 Boards of health shall demonstrate compliance with the standards in an annual report to the
26 department. Data demonstrating compliance shall be submitted in a form prescribed by the
27 department. The report shall not require data that is otherwise reported to the department under
28 subsection (e).

29 (e) The department of public health and the department of environmental protection shall
30 create a unified standard public health reporting system. The data collected and reported shall

31 include measures of standard responsibilities of boards of health, including inspections, code
32 enforcement, communicable disease management, and local regulations. The data and an
33 analysis of the data shall be available on the department of public health's website in a form that
34 allows the public to conduct further data analysis.

35 (f) The department shall issue a report every 2 years on the status of the local public
36 health system and its ability to meet the standards under this section. The report shall be
37 submitted to the house and senate committees on ways and means and joint committee on public
38 health. The report shall be posted on the department's website.

39 (g) (1) Subject to appropriation or availability of other funding, to supplement local
40 funding, dedicated state funding shall be provided to local boards of health which meet the
41 standards established in this section, using a formula based on population, relative equalized
42 valuations, level of cross-jurisdictional sharing and sociodemographic data. The department shall
43 determine for each fiscal year the amount of funds sufficient to meet the requirements of this
44 clause.

45 (2) Subject to appropriation or availability of other funding, the department shall make
46 funds available to support boards of health to meet the standards established in this section. To
47 receive such funds, boards of health shall demonstrate that they meet benchmarks established by
48 the department and demonstrate progress toward meeting the standards established in this
49 section.

50 (3) Subject to appropriation or availability of other funding, the department of public
51 health and the department of environmental protection shall offer sufficient training and
52 technical assistance for local public health staff to support them in obtaining credentials and

53 capabilities required under the standards. The department of public health may enter into
54 subcontracts with regional planning agencies, statewide organizations, or other entities to
55 provide training and technical assistance. The department of public health shall determine for
56 each fiscal year the amount of funds sufficient to meet the requirements of this clause.

57 (h) The department shall establish a statewide sustainable local public health cost
58 estimate, determined as the sum of the required local supplemental funding under clauses (1) to
59 (3), inclusive, of subsection (g) for every town and city in the commonwealth. The department
60 shall report the estimated statewide sustainable local public health cost estimate to the secretary
61 of administration and finance for the upcoming fiscal year on the day assigned for submission of
62 the budget by the governor to the general court pursuant to section 7H of chapter 29 and shall
63 publish it on the website of the department.

64 (i) The standards required by this section shall not be enforceable if sufficient funds, as
65 determined by the department under clause (1) of subsection (g), are not made available to local
66 boards of health and the department. If sufficient funds under clause (1) of subsection (g) are not
67 made available to boards of health, funds made available under clauses)(2) and (3) of subsection
68 (g) shall be expended for the purposes of those clauses.

69 (j) Subject to appropriation or availability of other funding, the department of public
70 health shall provide a comprehensive online permitting and inspection system available to all
71 boards of health.

72 SECTION 2. The initial standards under subsections (b) and (c) of section 27E of chapter
73 111 of the General Laws shall be consistent with the recommendations of the report of the
74 Special Commission on Local and Regional and Public Health approved in June 2019. The

75 standards shall become effective no later than 60 days following the passage of this act. The
76 standards may be amended by regulation no less than 1 year following approval of the initial
77 standards.

78 SECTION 3. Funds provided under clause (2) of subsection (g) of section 27E of the
79 General Laws shall be made available no longer than 3 years after the enactment of this act.