

**SENATE . . . . . No. 1576**

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**The Commonwealth of Massachusetts**

PRESENTED BY:

*Liz Miranda*

*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 culturally competent and effective health care.

PETITION OF:

NAME:

*Liz Miranda*

DISTRICT/ADDRESS:

*Second Suffolk*

**SENATE . . . . . No. 1576**

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By Ms. Miranda, a petition (accompanied by bill, Senate, No. 1576) of Liz Miranda for legislation relative to culturally competent and effective health care. Public Health.

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[SIMILAR MATTER FILED IN PREVIOUS SESSION  
SEE SENATE, NO. 1413 OF 2023-2024.]

**The Commonwealth of Massachusetts**

\_\_\_\_\_  
**In the One Hundred and Ninety-Fourth General Court  
(2025-2026)**  
\_\_\_\_\_

An Act relative to culturally competent and effective health care.

*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, as appearing in the 2022 Official Edition,  
2 is hereby amended by inserting after section 244 the following new section:-

3           Section 245: Notwithstanding any special or general law to the contrary, the Board of  
4 Registration in Medicine shall collect data and information concerning the cultural, ethnic,  
5 linguistic, and educational composition of the physician workforce. The Board of Registration in  
6 Medicine shall provide such data to the Center for Health Information and Analysis, to be made  
7 publicly available for the purposes of assessing the impact of physician workforce diversity and  
8 health outcomes in the Commonwealth of Massachusetts.

9 (a) The Board of Registration in Medicine shall request all applicants who submit  
10 applications for licensure under Section 2 of Chapter 112 of the Massachusetts General Laws on  
11 or after January 1, 2027, to provide the following information with their application:

12 1. Demographic information, including but not limited to race, ethnicity, and gender  
13 identity.

14 2. Linguistic information

15 3. Medical specialty/subspecialty

16 4. Primary and secondary practice location, if known at the time of application;

17 5. Duration of practice in Massachusetts; and

18 6. Employment status: Part-time / full-time / per diem

19 (b) The Board of Registration in Medicine shall ask all license holders to provide the  
20 following information when they renew their licenses on or after January 1, 2027, in addition to  
21 any other information required by the relevant disciplining authority:

22 1. The information in subsection a(1) through (6) of this section, except, after license  
23 holders who have provided this information one time, they shall be requested to provide only  
24 changes to this information with subsequent renewals;

25 2. Whether the licensee is currently practicing;

26 3. Primary and secondary practice location at the time of renewal; and

27 4. Employment status: Part-time / full-time / per diem

28 (c) License applicants and licensees are not required to provide the requested data,  
29 participation shall be voluntary. Data collected under this section shall be held separately and  
30 will not be considered part of determinations for granting or renewing licensure.

31 (d) Data collected under this section shall be aggregated, de-identified and made publicly  
32 available by the Center for Health Information and Analysis website no more than 60 days after  
33 the end of each year.

34 (e) The Board of Registration in Medicine and The Center for Health Information and  
35 Analysis shall not sell the information collected pursuant to subsection (1) or (2) of this section  
36 to any third party.

37 SECTION 2. The Center for Health Information and Analysis shall report on the data  
38 collected under this section to the Clerks of the House and Senate, the Joint Committee on Public  
39 Health, and the Department of Public Health no later than February 28th of each calendar year.

40 SECTION 3. This act shall become effective 90 days after enactment.