

October 15, 2020

To the Honorable Michael D. Hurley  
Clerk of the Senate  
State House, Room 335  
Boston, MA 02133

To the Honorable Steven T. James  
Clerk of the House of Representatives  
State House, Room 145  
Boston, MA 02133

Dear Mr. Hurley and Mr. James:

Please find attached the Interim Report of the Health Equity Task Force (pursuant to §2 of Chapter 93 of the Acts of 2020, which is attached to this letter as a description of the legislative mandate vested in the Health Equity Task Force).

The Task Force is charged to study and make recommendations that will promote an equitable COVID-19 response and address troubling health inequities by learning from experiences to-date. Drawing on the significant work done by others, the Task Force has an ultimate goal of making progress on longstanding structural inequities and improvements in ongoing and future pandemic response efforts, which will be a focus of a future Final Report. Health disparities are not new, but have been amplified in the COVID-19 pandemic and its economic aftermath.

Based on extensive stakeholder input of approximately 100 organizations and individuals thus far, this Interim Report is issued to provide timely considerations for state policy makers about immediate needs in the ongoing COVID-19 response, as we face the possibility of a second surge. To that end, the Interim Report highlights key priorities for the FY 2021 state budget and policy action expected this Fall.

Respectfully,

**Michael Curry, Task Force Co-Chair**, Esq., Deputy CEO  
and General Counsel at Massachusetts League of  
Community Health Centers

**Senate Appointees**

**Senator Sonia Chang-Diaz**

**Senator Julian Cyr\***

**Dr. Milagros Abreu**, Executive Director, President and  
Founder of The Latino Health Insurance Program

**Dr. Cassandra Pierre**, Infectious Diseases Physician and  
Assistant Professor of Medicine at Boston University

**Dr. Frank Robinson**, Vice President, Public Health and  
Community Relations, Baystate Health

**Hirak Shah**, Legal Counsel for Senate Minority Leader  
Bruce Tarr

**Chair of the MA Black and Latino Legislative Caucus**  
**Representative Carlos González**

**Dr. Assaad Sayah, Task Force Co-Chair**, CEO, Cambridge  
Health Alliance; Commissioner of Public Health, City of  
Cambridge; Assistant Professor, Harvard Medical School

**House Appointees**

**Representative Chynah Tyler**

**Representative José F. Tosado**

**Dr. Kiame Mahaniah**, CEO, Lynn Community Health  
Center

**Dr. Myechia Minter-Jordan**, President & CEO, DentaQuest  
Partnership for Oral Health Advancement and Catalyst  
Institute

**Jeffrey Sanchez**, Lecturer, Center for Public Health  
Leadership, TH Chan School of Public Health; Senior  
Advisor, Rasky Partners

**Beverly Stables**, Health Care Policy Analyst for House  
Minority Leader Bradley H. Jones, Jr.

**Chair of the MA Asian-American Legislative Caucus**  
**Representative Donald H. Wong**

\*Senator Cyr voted to approve the Health Equity Interim Report, noting his recusal on the report's telehealth provisions related to his service on the pending Health Care Conference Committee and on Appendix IV of the Interim Report.

## **Chapter 93 of the Acts of 2020: Legislative Mandate to the Health Equity Task Force**

### **AN ACT ADDRESSING COVID-19 DATA COLLECTION AND DISPARITIES IN TREATMENT.**

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:

SECTION 2. (a) Notwithstanding any general or special law to the contrary, there shall be a task force to study and make recommendations to the general court that address health disparities for underserved or underrepresented populations based on culture, race, ethnicity, language, disability, gender identity, sexual orientation, geographic location, including, but not limited to, gateway cities with hospitals dedicated to caring for patients who test positive for COVID-19, and age in the commonwealth during the COVID-19 pandemic.

(b) The recommendations shall include, but shall not be limited to, ways to: (1) improve safety for populations at increased risk for COVID-19, which may include, but shall not be limited to: (i) employees of businesses and organizations defined as providing "COVID-19 Essential Services" under the governor's March 23, 2020 emergency order; (ii) individuals residing in congregate housing and group home facilities, including, but not limited to, those operating under contracts with the department of developmental services, the department of mental health, the department of children and families, executive office of elder affairs, the department of housing and community development, the department of youth services, or the department of public health; (iii) inmates confined to a house of correction or state prison; (iv) individuals with serious underlying medical conditions linked to increased risk of severe illness from COVID-19 according to the federal Centers for Disease Control and Prevention; and (v) individuals residing in municipalities or neighborhoods disproportionately impacted by COVID-19; (2) remove barriers and increase access to quality and equitable health care services and treatment; (3) increase access to medical supplies; (4) increase access to testing for COVID-19, including identifying ways to ensure that testing occurs in diverse geographic locations throughout the commonwealth; (5) provide informational materials to underserved or underrepresented populations in multiple languages on available and affordable health care resources in the commonwealth, including, but not limited to, prevention, testing, treatment and recovery; and (6) address any other factor the task force deems relevant to address health disparities for underserved or underrepresented populations based on culture, race, ethnicity, language, disability, gender identity, sexual orientation, geographic location and age in the commonwealth during the COVID-19 pandemic. As part of its recommendations, the task force may recommend the further study of the impact of disparities on populations not subject to this study.

(c) The task force shall consist of: 6 members appointed by the senate president, not more than 2 of whom shall be members of the senate; 6 members appointed by the speaker of the house of representatives, not more than 2 of whom shall be members of the house of representatives; 1 member appointed by the minority leader of the senate; 1 member appointed by the minority leader of the house of representatives; the chair of the Massachusetts Asian-American Legislative Caucus or a designee; and the chair of the Massachusetts Black and Latino Legislative Caucus or a designee. Task force membership shall reflect diverse representation in the commonwealth including, but not limited to, diverse cultures, races, ethnicities, languages, disabilities, gender identities, sexual orientations, geographic locations and ages.

Appointees of the senate president, speaker of the house, minority leader of the senate and minority leader of the house who are not members of the general court shall be knowledgeable in public health or healthcare. When making appointments, the senate president, speaker of the house, minority leader of the senate and minority leader of the house shall give consideration to individuals who have experience addressing disparities in underserved or underrepresented populations based on culture, race, ethnicity, language, disability, gender identity, sexual orientation, geographic location and age or who work in the healthcare system with a diverse patient population. Two members of the task force shall be elected by a majority of the task force membership to serve as co-chairs; provided, however, that neither member shall be a member of the general court.

The task force may consult with the office of health equity to inform its work. The office of health equity shall provide requested information to the task force upon request.

(d) The task force shall file its recommendations with the clerks of the house of representatives and the senate and the house and senate committees on ways and means not later than August 1, 2020.

(e) The task force shall file an interim report describing any initial recommendations and issues requiring further study with the clerks of the house of representatives and the senate and the house and senate committees on ways and means not later than June 30, 2020; provided, however, that the task force may file earlier interim recommendations if deemed advisable or additional interim recommendations between June 30, 2020 and August 1, 2020.

(f) The task force shall hold at least 1 public hearing and accept public comment before filing its interim report under subsection (e) and shall hold not less than 2 additional public hearings and accept public comment before filing its final report under subsection (d); provided, however, that the task force may hold virtual public hearings if it is in the interest of public health.

Approved, June 7, 2020.