

August 12, 2021

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 ***A Blueprint for Health Equity, the Final Report of the Health Equity Task Force***, pursuant to Section 2 of Chapter 93 of the Acts of 2020, as amended by Section 90 of Chapter 124 of the Acts of 2020 and Section 67 of Chapter 29 of the Acts of 2021 (attached to this letter).

The Task Force is charged to study and make recommendations to promote an equitable COVID-19 response and recovery and address underlying, systemic health inequities that led to the unequal burden of disease and death during the pandemic and its aftermath.

Building on our Interim Report, the Task Force's blueprint serves as an actionable policy agenda in six areas:

- 1) Equity in the Ongoing COVID-19 Pandemic Response and Recovery;
- 2) Strengthen Access to Quality, Affordable Health Care and Other Services;
- 3) Address Social Factors in Health;
- 4) Strengthen the Local and State Public Health System;
- 5) Integrate Equity and Resilience into Emergency and Disaster Preparedness; and
- 6) Prioritize Equity in State Government.

Recommendations position Massachusetts to become an "equity leader" among states by building structures and systems that prioritize equity within state government so that there is durable progress on health equity and we are never in this place again with the next pandemic or public health emergency.

This blueprint is particularly timely as the Commonwealth continues to advance equity in the COVID-19 response and recovery and makes policy and investment decisions in the context of federal resources available through the American Rescue Plan Act and beyond.

We sincerely hope this report serves as a catalyst for concerted state policy action and comprehensive strategies to meet the challenge of this moment to move health and racial equity forward in a historic manner toward a more equitable Commonwealth and future for ***all*** residents.

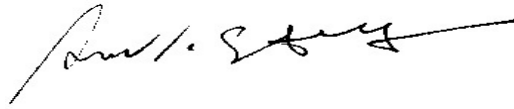
This report was adopted on July 1, 2021, after thoughtful deliberation and extensive stakeholder input of hundreds of individuals, organizations, and experts including a scan of national best practices across 17 public meetings.

We thank House Speaker Mariano, Senate President Spilka, and the state legislature for this important opportunity. Task Force Members are available as a resource in the critical work ahead.

Respectfully,



Michael Curry, Esq., Task Force Co-Chair
CEO, Massachusetts League of Community
Health Centers



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

The following Task Force Members voted to approve the report (in addition to the Co-Chairs):

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,
Boston University

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

Representative Carlos González

Representative Liz Miranda

Representative Chynah Tyler, Chair of the MA
Black and Latino Legislative Caucus

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

Legislative Mandate to the Health Equity Task Force

Chapter 93 of the Acts of 2020 (as amended by Section 90 of Chapter 124 of the Acts of 2020 and Section 67 of Chapter 29 of the Acts of 2021)

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. *(amended to December 31, 2021)*

(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. *(amended)*

(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. *(amended July 24, 2020 and July 29, 2021)*