

HOUSE No. 4328

The Commonwealth of Massachusetts

HOUSE OF REPRESENTATIVES, January 13, 2022.

The committee on Public Health, to whom was referred the 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, and the joint petition (accompanied by bill, House, No. 2329) of Hannah Kane, Denise C. Garlick and others relative to improvements to the local and regional public health systems to address disparities in the delivery of public health services, reports recommending that the accompanying bill (House, No. 4328) ought to pass.

For the committee,

MARJORIE C. DECKER.

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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 and phrases shall have the
5 following meanings, unless the context clearly requires otherwise:

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

11 “Foundational public health services”, a nationally recognized framework for a minimum
12 set of public health services, including public health programs and foundational capabilities, as
13 defined by the department for the purposes of this section.

14 “Foundational capabilities”, cross-cutting skills and capacities needed to support basic
15 public health protections and other programs and activities including, but not limited to: (i)
16 assessment and surveillance; (ii) emergency preparedness and response; (iii) policy development;
17 (iv) communications; (v) community partnership development; (vi) organizational administrative
18 competences; (vii) data-driven interventions; and (viii) accountability and performance
19 management.

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

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

35 (B) increasing cross-jurisdictional sharing of public health services 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 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 foundational local public health services developed pursuant to
44 subsection (b) shall include: (i) standards for inspections, epidemiology and communicable
45 disease investigation and reporting, permitting and other local public health responsibilities as
46 required by law or under applicable regulations of the department or the department of
47 environmental protection; (ii) workforce education, training and credentialing standards; and (iii)
48 standards for contributing required data. The standards shall consider national standards and
49 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) Boards of health shall implement and comply with the standards developed pursuant
53 to subsections (b) and (c) individually or through cross-jurisdictional sharing of public health

54 services in the form of comprehensive public health districts, formal shared services and other
55 arrangements for sharing public health services. Annually, not later than December 1, boards of
56 health shall demonstrate compliance with the standards by submitting a report to the department.

57 (e) Subject to the availability of funds, the department and the department of
58 environmental protection shall, according to each agency's jurisdiction and authority, provide
59 comprehensive core public health educational and training opportunities and technical assistance
60 to municipal and regional public health officials and staff to support them in obtaining
61 credentials and foundational capabilities required under the standards developed pursuant to
62 subsections (b) and (c) in diverse geographic locations or online. The department and the
63 department of environmental protection shall provide such training opportunities free of charge.
64 The department and the department of environmental protection may contract with other state
65 agencies or external entities to provide such training and technical assistance.

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

71 (2) The provided funds may include:

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

74 (ii) competitive grants to increase the efficiency and effectiveness of the delivery of
75 public health services across 3 or more municipalities through: (A) expanding shared services

76 arrangements to include more municipalities; (B) expanding shared services arrangements to
77 provide a more comprehensive and equitable set of public health services or sustainable business
78 model; or (C) supporting new cross-jurisdictional sharing arrangements; provided, however, that
79 grants provided under this clause shall supplement and not replace existing state, local, private or
80 federal funding to boards of health and regional health districts; provided further, that board of
81 health shall apply for funds under this clause in a manner determined by the department;
82 provided further, that the application shall include, but not be limited to: (a) a description of how
83 the applicant will increase the efficiency and effectiveness in the delivery of public health
84 services; (b) certification that, at the time of the application, the applicant meets or will use
85 funding to meet workforce standards as determined by the department; (c) certification that
86 the applicant shall submit written documentation on the implementation of systems to increase
87 efficiency in providing local public health services, including data, to the department in a manner
88 to be prescribed by the department; and (d) a plan for the long-term sustainability of
89 strengthening local public health services; provided further, that the department shall adopt rules,
90 regulations or guidelines for the administration and enforcement of this clause, including, but not
91 limited to, establishing applicant selection criteria, funding priorities, application forms and
92 procedures, grant distribution and other requirements; and provided further, that not less than 33
93 per cent of the grants awarded shall go to municipalities with a median household income below
94 the median income of the commonwealth; and

95 (iii) annual non-competitive funding to ensure that all residents of the commonwealth
96 are provided with foundational public health services that meet or exceed the standards set under
97 this section; provided, however, that funds provided under this clause shall be distributed based
98 on level of implementation of the standards established in this section and using a formula based

99 on population, level of cross-jurisdictional sharing and sociodemographic data; provided further,
100 that, to receive funding under this clause, a board of health shall demonstrate progress or
101 implementation of the standards in an annual report to the department and to the department of
102 environmental protection; provided further, that the report shall not require data that is otherwise
103 reported to the department under subsection (d); and provided further, that data
104 demonstrating implementation and compliance with the standards shall be submitted in a form
105 prescribed by the department.

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

115 (h) The department shall determine the state sustainable local public health cost estimate,
116 which shall be the amount of funds necessary to meet the requirements of this section for each
117 fiscal year. The department shall report the commonwealth's sustainable local public health cost
118 estimate to the secretary of administration and finance for the upcoming fiscal year on the day
119 assigned for submission of the budget by the governor to the general court pursuant to section 7H
120 of chapter 29 and shall publish the estimate on the website of the department.

121 (i) In the event of an outbreak of a disease or health care situation important to the public
122 health, as determined by the commissioner or the commissioner of the department of
123 environmental protection affecting more than one board of health, the department may
124 coordinate the affected boards of health, assemble and share data on affected residents, and
125 organize the public health response within and across the affected communities.

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

139 (k) Notwithstanding any general or special law to the contrary, if the commissioner, the
140 commissioner of the department of environmental protection, or their authorized representatives
141 determine that failure to meet standards established under subsection (c) in a timeframe
142 consistent with the timeframe established in subsection (d), constitutes a threat to public health,
143 they shall, in writing, notify the appropriate board of health of such determination and request

144 that the board of health, in writing, notify the department of actions taken to effect appropriate
145 protection. If the commissioner is not so notified, or if after notification the commissioner
146 determines the actions are not sufficient to protect public health, the department may restrict
147 future funding provided under clause (iii) of subsection (f) and will report these insufficiencies in
148 its report issued under subsection (i).

149 (l) Nothing in this section shall limit the authority or responsibility of a board of health
150 otherwise established by the General Laws, including, but not limited to, section 127A.

151 SECTION 2. (a) Not more than 1 year from the effective date of this act and before the
152 adoption of any regulation for the administration of the state action for public health excellence
153 program, the department of public health shall hold not fewer than 4 public hearings in diverse
154 geographic locations or online to identify ways to improve the efficiency and effectiveness of the
155 delivery of local public health services, in alignment with the recommendations of the special
156 commission on local and regional public health established in chapter 3 of the resolves of 2016.

157 (b) Not later than December 1, 2022, the department of public health shall submit a report
158 to the clerks of the house of representatives and the senate, the house and senate committee on
159 ways and means and the joint committee on public health. The report shall include an analysis of
160 needs, opportunities, challenges, timeline and cost analysis for the implementation of section
161 27D of chapter 111 of the General Laws.

162 SECTION 3. The special commission on local and regional public health established in
163 chapter 3 of the resolves of 2016 shall convene not later than 30 days following the effective date
164 of this act to review the changes made to section 27D of chapter 111 of the General Laws

165 pursuant to section 1 and funding available to support and enhance the commonwealth's local
166 and regional public health system.

167 SECTION 4. The standards developed under subsections (b) and (c) of section 27D of
168 chapter 111 of the General Laws shall be consistent with the recommendations of the report of
169 the special commission on local and regional and public health approved in June 2019 and shall
170 be implemented and complied with pursuant to a phased schedule adopted by the department.
171 The department shall publish a list of minimum statutory and regulatory local public health
172 standards established under said subsections (b) and (c) of said section 27D of said chapter 111
173 not later than 60 days following the effective date of this act.