
HOUSE No. 4101

The Commonwealth of Massachusetts

HOUSE OF REPRESENTATIVES, October 4, 2023.

The committee on Public Health to whom were referred the petition (accompanied by bill, Senate, No. 1334) of Joanne M. Comerford, Hannah Kane, Jack Patrick Lewis, Sal N. DiDomenico 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 petition (accompanied by bill, House, No. 2204) of Hannah Kane, Denise C. Garlick and others relative to accelerating improvements to the local and regional public health system to address disparities in the delivery of public health services, reports recommending that the accompanying bill (House, No. 4101) ought to pass.

For the committee,

MARJORIE C. DECKER.

HOUSE No. 4101

The Commonwealth of Massachusetts

In the One Hundred and Ninety-Third General Court
(2023-2024)

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 shall, unless the context
- 5. clearly requires otherwise, have the following meanings:-

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

- 11. “Foundational capabilities”, cross-cutting skills and capacities needed to support basic
- 12. public health programs and other protections and activities including, but not limited to: (i)

13. assessment and surveillance; (ii) emergency preparedness and response; (iii) policy development;
14. (iv) communications; (v) community partnership development; (vi) organizational administrative
15. competences; (vii) data-driven interventions; or (viii) accountability and performance
16. management.

17. “Foundational public health services”, a nationally recognized framework for a minimum
18. set of public health services, including, but not limited to, public health programs and
19. foundational capabilities.

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

34. (A) supporting boards of health to meet the standards established pursuant to subsection
35. (c) to improve the municipal and regional health systems;

36. (B) increasing cross-jurisdictional sharing of public health programs to strengthen the
37. service delivery capabilities of the municipal and regional public health systems;

38. (C) improving planning and system accountability of the municipal and regional public
39. health systems, including, but not limited to, statewide data collection and reporting systems;

40. (D) establishing workforce credentialing standards, including, but not limited to,
41. education and training standards for municipal and regional public health officials and staff; and

42. (E) expanding access to professional development, training and technical assistance for
43. municipal and regional public health officials and staff.

44. (c) The standards for local foundational public health services developed pursuant to

45. clause (iii) of subsection (b) shall include, but not be limited to, the standards for: (i) inspections,

46. epidemiology and communicable disease investigation and reporting, permitting and other local

47. public health responsibilities as required by law or under regulations of the department or the

48. department of environmental protection; (ii) workforce education, training and credentialing

49. standards; and (iii) contributing required data. The standards shall consider national standards

50. and shall be developed in consultation with local boards of health, public health organizations,

51. academic experts in the field of public health, members of the public, and members of the special
commission on local

52. and regional public health established in chapter 3 of the resolves of 2016.

53. (d)(i) Subject to appropriation, boards of health may voluntarily shall implement and

comply with the

54. standards developed pursuant to subsections (b) and (c), individually or through cross-
55. jurisdictional sharing of public health programs in the form of comprehensive public health
56. districts, formal shared services or other arrangements for sharing public health programs.

57. (ii) Annually, not later than August 31, boards of health shall submit a report to the
58. department including information demonstrating compliance during the preceding fiscal year
59. with the standards pursuant to subsections (b) and (c).

60. (e) Subject to appropriation, the department and the department of environmental
61. protection shall, according to each agency's jurisdiction and authority, provide comprehensive
62. core public health educational and training opportunities and technical assistance to municipal
63. and regional public health officials and staff to support them in obtaining credentials and
64. foundational capabilities required by the standards developed pursuant to subsections (b) and (c);
65. provided, that said educational and training opportunities and technical assistance shall be
66. offered in diverse geographic locations throughout the commonwealth or online. The department
67. and the department of environmental protection shall provide such training and technical
68. assistance opportunities free of charge. The department and the department of environmental
69. protection may contract with other state agencies or external entities to provide said educational
70. and training and technical assistance.

71. (f)(1) Subject to appropriation, the department shall provide funds to boards of health to
72. assist boards to adopt practices to improve the efficiency and effectiveness of the delivery of
73. public health services ~~implement and comply with the standards developed pursuant to subsections~~
~~(b) and (c),~~

73. including through cross-jurisdictional sharing of public health programs in the form of

74. comprehensive public health districts, formal shared services and other arrangements for sharing
75. public health programs.

76. (2) The funds may be used to provide:

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

79. (ii) competitive grants to increase the efficiency and effectiveness of the delivery of
80. public health programs across 2 or more municipalities through:

81. (A) expanding shared services arrangements to include more municipalities;

82. (B) expanding shared services arrangements to provide a more comprehensive and
83. equitable set of public health programs or sustainable business model; or

84. (C) supporting new cross-jurisdictional sharing arrangements; provided however, that
85. grants provided pursuant to this clause shall supplement and shall not replace existing state,
86. local, private or federal funding to boards of health and regional health districts; provided
87. further, that boards of health shall apply for funds pursuant to this clause in a manner determined
88. by the department; provided further, that the application shall include, but not be limited to: (1) a
89. description of how the applicant will increase the efficiency and effectiveness in the delivery of
90. public health programs; (2) certification that, at the time of the application, the applicant meets
91. or will use funding to meet workforce standards as determined by the department; (3)
92. certification that the applicant shall submit written documentation on the implementation of
93. systems to increase efficiency in providing local public health programs, including data, to the
94. department in a manner to be prescribed by the department; and (4) a plan for the long-term

95. sustainability of strengthening local public health programs; provided further, that the
96. department shall adopt rules, regulations or guidelines for the administration and enforcement of
97. this clause, including, but not limited to, establishing applicant selection criteria, funding
98. priorities, application forms and procedures, grant distribution and other requirements; and
99. provided further, that not less than 33 per cent of the grants awarded shall be distributed to
100. municipalities with a median household income below the median income of the commonwealth;
101. and

102. ~~(iii) annual non-competitive funding to ensure that all residents of the commonwealth~~
103. ~~are provided with foundational public health services that meet or exceed the standards set~~
104. ~~pursuant to this section; provided, however, that funds provided pursuant to this clause shall be~~
105. ~~distributed based on the level of implementation of the standards established in this section and~~
106. ~~using a formula based on population, level of cross-jurisdictional sharing and sociodemographic~~
107. ~~data; provided further, that, to receive funding pursuant to this clause, a board of health shall~~
108. ~~submit an annual report to the department of public health and department of environmental~~
109. ~~protection that (A) demonstrates progress or implementation of the standards; and (B) confirms~~
110. ~~that funding provided pursuant to this clause shall supplement and shall not replace existing~~
111. ~~state, local, private or federal funding to boards of health and regional health districts; provided~~
112. ~~further, that the report shall not require data that is otherwise reported to the department under~~
113. ~~subsection (d); and provided further, that data demonstrating implementation and compliance~~
114. ~~with the standards shall be submitted in a form prescribed by the department.~~

115. (g) Subject to appropriation, the department shall develop a system to provide for
116. increased standardization, integration and unification of public health reporting and systems for

117. the measuring of standard responsibilities of boards of health, including, but not limited to,
118. inspections, code enforcement, communicable disease management and local regulations. The
119. system shall be developed in coordination with the department of environmental protection.
120. Where feasible and in compliance with state and federal privacy requirements, the data and an
121. analysis of the data shall be available on the department's website in a form that allows the
122. public to conduct further analysis; provided, however, that any such published data shall exclude
123. personal identifying information.

124. (h) The department shall estimate the amount of funds necessary to meet the
125. requirements of this section for each fiscal year. The department shall report the estimate to the
126. secretary of administration and finance and the house and senate committees on ways and means
127. for the upcoming fiscal year in advance of the day assigned for submission of the budget by the
128. governor to the general court pursuant to section 7H of chapter 29 and shall publish the estimate
129. on the website of the department.

130. (i) In the event of an outbreak of a disease or health care situation important to the public
131. health, as determined by the commissioner or the commissioner of the department of
132. environmental protection affecting more than 1 board of health, the department may help
coordinate
133. the affected boards of health, assemble and share data on affected residents and assist with
organizing ~~organize~~ the
134. public health response within and across the affected communities.

135. (j) Biennially, not later than December 1, in every even numbered year, the department,
136. in consultation with the department of environmental protection, shall submit a report detailing

137. the impact of the state action for public health excellence program established under subsection
138. (b), the status of the local public health programs and their ability to meet the requirements under
139. this section, including, but not limited to: (i) the number of board of health and regional health
140. district officials and staff that meet workforce standards as determined by the department; (ii) the
141. number of board of health and regional health district officials and staff that attended educational
142. and training opportunities; (iii) the number of boards of health and regional health districts that
143. are in compliance with data reporting requirements under this section; and (iv) the number of
144. municipalities participating in regional public health collaborations. In preparing the report, the
145. department shall consult with the department of environmental protection. The report shall be
146. filed with the clerks of the house of representatives and the senate, the house and senate
147. committees on ways and means and the joint committee on public health and publicly posted on
148. the websites of the department and the department of environmental protection.

149. (k) Notwithstanding any general or special law to the contrary, if the commissioner, the
150. commissioner of the department of environmental protection or their authorized representatives,
151. determine that failure to meet standards established under subsection (c) in a timeframe
152. consistent with the timeframe established in subsection (d), constitutes a threat to public health,
153. they shall, in writing, notify the appropriate board of health of such determination and request
154. that the board of health, in writing, notify the department of actions taken to effect appropriate
155. protection. If the commissioner is not so notified, or if after notification the commissioner
156. determines the actions are not sufficient to protect public health, the department may restrict
157. future funding provided under clause (iii) of subsection (f) and will report these insufficiencies in
158. its report issued under subsection (i).

159. (l) Nothing in this section shall limit the authority or responsibility of a board of health
160. otherwise established by the general laws, including, but not limited to, section 127A.

161. SECTION 2. (a) Not more than 1 year after the effective date of this act and before the
162. adoption of any regulation for the administration of the state action for public health excellence
163. program pursuant to section 27D of chapter 111 of the General Laws, the department of public
164. health shall hold not fewer than 3 public hearings in diverse geographic locations throughout the
165. commonwealth or online to identify ways to improve the efficiency and effectiveness of the
166. delivery of local public health services, in alignment with the recommendations of the special
167. commission on local and regional public health established in chapter 3 of the resolves of 2016.

168. (b) Not later than March 31, 2024, the department of public health shall submit a report to
169. the clerks of the house of representatives and the senate, the house and senate committee on
170. ways and means and the joint committee on public health. The report shall include an analysis of
171. needs, opportunities, challenges, timeline and cost analysis for the implementation of said
172. section 27D of said chapter 111.

173. SECTION 3. The special commission on local and regional public health established in
174. chapter 3 of the resolves of 2016 is hereby revived and continued to December 31, 2024. As
175. soon as possible following the effective date of this act, the department shall convene the special
176. commission at least once to review the changes made to section 27D of chapter 111 of the
177. General Laws, inserted by section 1, and funding available to support and enhance the
178. commonwealth's local and regional public health system.

179. SECTION 4. The standards for foundational public health services developed pursuant to
180. subsections (b) and (c) of section 27D of chapter 111 of the General Laws, as inserted by section

181. 1, shall be consistent with the recommendations of the report of the special commission on local
182. and regional and public health approved in June 2019 ~~and shall be implemented and complied~~
183. ~~with by a phased schedule adopted by the department of public health.~~ The department of public
184. health shall publish a list of ~~minimum statutory and regulatory~~ local public health standards
185. established pursuant to said subsections (b) and (c) of said section 27D of said chapter 111 not
186. later than 90 days after the effective date of this act.

187. SECTION 5. Nothing in this Act shall: a) Limit the authority of, or discriminate by the withholding of funds, the ability of a local Board of Health to act in its best judgment, and in the best interest of its residents, to address an outbreak of a disease or health care situation, or b) Infringe on a person's fundamental rights afforded under the United States Constitution or be used to coerce a person into relinquishing those rights, including the right to: accept or decline any medical procedure or treatment, testing, or collection of specimens, or the sharing of personal data or medical information; and the right to use complementary and alternative healthcare services; attend education; or be employed.