

HOUSE No. 4714

The Commonwealth of Massachusetts

HOUSE OF REPRESENTATIVES, April 21, 2022.

The committee on Covid-19 and Emergency Preparedness and Management to whom was referred the petition (accompanied by bill, House, No. 480) of Mindy Domb and others that the Department of Public Health be authorized to purchase face coverings, a petition (accompanied by bill, Senate, No. 253) of Walter F. Timilty, Michael D. Brady and Carol A. Doherty for legislation relative to PPE data transparency, and , a petition (accompanied by bill, House, No. 496) of John J. Lawn, Jr., and others relative to the process for and attempts by health care facilities at obtaining personal protective equipment to meet the standards in place at the Centers for Disease Control, reports recommending that the accompanying bill (House, No. 4714) ought to pass.

For the committee,

WILLIAM J. DRISCOLL, JR..

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In the One Hundred and Ninety-Second General Court
(2021-2022)

An Act for a Better Prepared Massachusetts.

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 15 of the General Laws is hereby amended by adding the following
2 section: -

3 Section 67. Notwithstanding any general or special law to the contrary, the department of
4 elementary and secondary education shall require each school district to submit, before the start
5 of each new school year, a continuity of operations plan (COOP). The plan shall detail the
6 implementation of testing, isolation, social distancing, masking and other emergency response
7 efforts and should account for a number of hazards, including, but not limited to, respiratory
8 viruses.

9 SECTION 2. Chapter 21A of the General Laws is hereby amended by adding the
10 following 2 sections: -

11 Section 29 (a) Notwithstanding any general or special law to the contrary, the department
12 of environmental protection shall publish guidance for improving indoor air quality in a variety
13 of settings, including, but not limited to, private homes, offices, restaurants, retail locations,

14 schools and medical settings. This guidance should detail short-term, medium-term and long-
15 term methods to improve indoor air quality, as well as including low-cost options for each time
16 frame. This guidance shall be rooted in current academic, scientific, and professional research
17 regarding airflow, ventilation, filtration and purification methods and technologies, and shall
18 condense this information into a manner usable by the general public.

19 (b) The department of environmental protection shall publish the guidance within 120
20 days of the passage of this act and shall update the guidance every 2 years.

21 Section 30. (a) Notwithstanding any general or special law to the contrary, there shall be
22 a fund established to provide financial assistance for projects aimed at improving indoor air
23 quality in public buildings, including, but not limited to, government buildings, school buildings
24 and non-profit or publicly-owned hospitals, provided that the building is either owned or
25 operated by a municipality, regional school authority, county government or the commonwealth
26 and that the building is utilized by a significant number of public employees or members of the
27 general public.

28 (b) The commissioners of the departments of environmental protection and public health
29 shall have joint fiduciary duties over the fund, including determining the best method for
30 allocating funds to the proper authorities.

31 (c) The fund shall primarily target the municipalities with the highest portion of residents
32 below the federal poverty line, with support to other municipalities being provided on a basis of
33 financial need. The departments of public health environmental protection, in collaboration with
34 the Massachusetts School Building Authority, shall promulgate the exact specifications for the
35 application and administration of these funds, provided that they are crafted with a focus on

36 addressing disparities in funding across the commonwealth’s school districts and in line with the
37 commonwealth’s equity goals.

38 (d) Funding sources for the fund shall come from appropriated funds as needed, drawing
39 from federal and state funding, provided that the department maximizes available federal funding
40 options.

41 (e) The departments of environmental protection and public health shall report to the
42 clerks of the house of representatives and the senate each year the usage of these funds and the
43 current amount of money remaining in the fund.

44 SECTION 3. Section 1 of chapter 111 of the General Laws, as appearing in the 2020
45 Official Edition, is hereby amended by inserting before the definition of “Health care provider”
46 the following definitions: -

47 “High-quality mask”, an adult use high-quality mask or a child use high-quality masks.

48 “Adult use high-quality mask”, an N95 respirator sourced from a National Institute for
49 Occupational Safety and Health-approved particulate filtering facepiece respirator manufacturer.

50 “Child use high-quality mask”, a KN95 or KF94 respirator, sourced from a United States
51 Food and Drug Administration registered manufacturer.

52 SECTION 4. Said chapter 111 of the General Laws is hereby further amended by
53 inserting after section 2J the following section: -

54 Section 2K. (a) There shall be established and set up on the books of the commonwealth
55 a Better Prepared Trust Fund to be expended, without further appropriation, by the department of
56 public health. The commissioner of public health shall, as trustee, administer the fund. The fund

57 shall consist of revenues collected by the commonwealth including: (i) any revenue from
58 appropriations or other monies authorized by the general court and specifically designated to be
59 credited to the fund; (ii) any funds from public and private sources, including gifts, grants and
60 donations for Covid relief; (iii) any interest earned on such revenues; and (iv) any funds provided
61 from other sources. Money remaining in the fund at the end of a fiscal year shall not revert to the
62 General Fund.

63 (b) All expenditures from the fund shall support the establishment and maintenance of the
64 stockpile of high-quality masks for distribution to residents of the commonwealth.

65 (c) The commissioner of public health shall report quarterly to the executive office for
66 administration and finance, the joint committee on COVID-19 and emergency preparedness and
67 management and the house and senate committees on ways and means on the way funds were
68 spent in the previous quarter and procurement and service goals for the subsequent quarter.

69 SECTION 5. Said chapter 111 of the General Laws is hereby further amended by
70 inserting after section 160G the following section: -

71 Section 160H (a) Notwithstanding any general or special law to the contrary, the
72 commissioners of the departments of public health and environmental protection shall jointly
73 expand wastewater sampling for epidemiological monitoring purposes, across a number of
74 different sampling techniques, for the purposes of establishing a network of consistent
75 epidemiological data gathering. For purposes of this section, the term “wastewater monitoring”
76 shall mean the method of conducting epidemiological surveillance for COVID-19 and other
77 infectious diseases by sampling wastewater at water treatment plants.

78 (b) The departments shall jointly support initiatives to gather wastewater monitoring data
79 at an institutional and individual level, where appropriate, using the most effective sampling
80 methods. This program should be open to schools, universities, public offices and large private
81 offices, correctional facilities and other congregate care facilities as the department deems fit;
82 provided, however, that the organization establishing the program shall participate in state level
83 data gathering and reporting. The departments shall provide financial support to cover the costs
84 of sampling supplies and contracting with a health laboratory to analyze samples, and any
85 additional logistical costs associated with these initiatives.

86 (c) The departments shall jointly coordinate with the Centers for Disease Control and
87 Prevention's National Wastewater Surveillance System and other regional or local partners on an
88 as needed basis, to establish municipal and regional wastewater epidemiological monitoring
89 programs, in a similar fashion to the regional wastewater monitoring conducted by the
90 Massachusetts Water Resources Authority through the Deer Island Treatment Plant. This
91 initiative shall prioritize the distribution of the sites of these monitoring programs to
92 geographically diverse parts of the commonwealth, as well as communities most impacted by
93 COVID-19 based on the number of cases per capita. The departments shall provide financial
94 support to cover the costs of sampling supplies, contracting with health laboratories to analyze
95 samples and any additional logistical costs associated with these initiatives and shall prioritize
96 providing economic support to communities most unable to cover such costs through either local
97 or federal channels.

98 (d) Not later than 1 year after the passage of this act, and every subsequent year
99 thereafter, the departments shall report to the clerks of the house and senate the status of this
100 initiative, including: (i) any new or pending wastewater monitoring projects; (ii) the status of any

101 existing wastewater monitoring projects; and (iii) any challenges related to the implementation of
102 wastewater monitoring in the commonwealth.

103 (e) The project shall be funded by federal and state funding, provided that the department
104 maximizes available federal funding options.

105 SECTION 6. Chapter 111 of the General Laws is hereby amended by adding the
106 following section: -

107 Section 243. (a) For the purposes of this section, the following words shall, unless the
108 context clearly requires otherwise, have the following meaning: -

109 “Adult use high-quality mask”, an N95 respirator sourced from a National Institute for
110 Occupational Safety and Health-approved particulate filtering facepiece respirator manufacturer.

111 “Child use high-quality mask”, a KN95 or KF94 respirator, sourced from a United States
112 Food and Drug Administration registered manufacturer.

113 “Department”, the department of public health.

114 “Frontline healthcare worker”, staff working as or with health care and social assistance
115 programs, ambulatory health care services, hospitals, primary care offices, nursing or other long-
116 term care facilities, school nurses, personal care attendants, home health aides and mental and
117 behavioral health providers, who directly interact with patients or the public during their duties.

118 “High-quality mask”, adult use high-quality masks and child use high-quality masks.

119 (b) The department shall, in collaboration with appropriate agencies and stakeholders,
120 establish and maintain a supply of personal use high-quality masks for all adults and children

121 residing of the commonwealth consistent with the expected duration of a surge in COVID-19
122 cases. This shall be in addition to the existing Statewide Inventory PPE stockpile. This supply
123 shall be the basis of a long-term stockpile of high-quality masks to be distributed to the general
124 public in the event of future outbreaks of COVID-19 or other disasters requiring respiratory
125 protection.

126 (c) The department shall purchase this supply in accordance section 2K.

127 (d) The department shall, in collaboration with the Massachusetts emergency
128 management agency, the office of preparedness and emergency management and other
129 stakeholders, establish standards for maintaining the stockpile, including, but not limited to,
130 supply rotation, acquisition, distribution, oversight and management.

131 (e) The department shall ensure that at least half of the long-term stockpile of high-
132 quality masks remains stored within the geographic borders of the commonwealth and the
133 stockpile shall be stored in such a manner as to maintain easy access in the event of an
134 emergency.

135 (f) The department shall establish procedures for local emergency managers, boards of
136 public health, select boards, boards of selectmen, city or town managers or other local executive
137 body or office, to formally request a distribution of high-quality personal use masks from the
138 stockpile, provided that the request be for a specific number of high-quality personal use masks,
139 and that the number requested does not exceeded a reasonable amount to combat the particular
140 crisis for each adult and child resident within the city or town. The department shall respond to
141 any request within 72 hours after receiving a request.

142 (g) The department, in collaboration with any necessary state or local organization, may
143 utilize the supplies within this stockpile in any instance where use of high-quality masks may be
144 deemed necessary to protect the health and wellbeing of the residents of the commonwealth.

145 (g) The status of this stockpile, including the current supply levels, regulations related to
146 supply rotation and acquisition and any withdrawals or requests to withdraw from the stockpile,
147 shall be a matter of public record, and the department shall file public reports every 3 months.

148 (h) Funds to purchase, maintain and manage this stockpile shall come from the Better
149 Prepared Trust Fund established pursuant to section 2K, with additional funding sources to be
150 appropriated by the legislature as needed, drawing from federal and state funding, provided that
151 the department maximizes available federal funding options.

152 SECTION 7. (a) The department shall, in collaboration with the Massachusetts
153 emergency management agency and local municipalities, identify potential distribution sites and
154 create guidelines for mobile distribution programs, for residents to receive a supply of masks.
155 The department may delegate to local municipalities the identification of distribution sites and
156 the distribution of masks when both the department and the municipality deem it to be
157 appropriate. The department shall also collaborate with the executive office of technology
158 services and security to establish a phone line and online web portal, allowing residents to access
159 more information about the distribution process, and allowing residents who are unable to travel
160 to a distribution site to sign up to receive a distribution directly to their homes. The department
161 shall also collaborate with any necessary stakeholders to craft culturally competent outreach to
162 ensure that the program reaches as many residents as possible.

163 (b) The department shall, in coordination with Massachusetts emergency management
164 agency, local boards of health or local public health departments, community-based
165 organizations and locally based health care providers, distribute high-quality masks to local
166 emergency management directors, local health officers, school districts or community-based
167 organizations to respond to an ongoing emergency.

168 (c) The department shall, in collaboration with the necessary partners, establish a system
169 for receiving both direct feedback and questions from residents receiving high-quality masks –
170 including feedback on the ease of use, adequacy of supplies and ease of receiving the supplies
171 requested. In addition to hearing feedback from residents, the department shall elicit feedback
172 from any partner organization throughout the process, including community-based organizations,
173 local emergency management officials, local boards of public health and other organizations that
174 the department determines may provide important feedback.

175 (d) The department shall, not later than 45 days after a distribution of high-quality masks,
176 submit to the chairs of the senate and house committees on ways and means and the chairs of the
177 joint committee on COVID-19 and emergency preparedness and management, a report detailing
178 the successes, challenges and lessons learned from the initial distribution.

179 (e) Any excess masks purchased in accordance with this section shall be added to the
180 relevant state supply stockpile, for use in alignment with section 243 of chapter 111 of the
181 General Laws, as inserted by this act.

182 (f) The department shall establish partnerships, contracts or memoranda of understanding,
183 as applicable, with local health officers, school districts or community-based organizations as
184 identified by the department, to develop direct delivery methods and plans for the distribution of

185 the high-quality masks. The department shall include within its plans for distribution, an
186 outreach plan to disseminate to the target populations information effectively and clearly on the
187 safety, efficacy and benefits of using the distributed high-quality masks, as well as an
188 explanation of how the masks should be worn and their effective shelf-lifespan in a manner that
189 is culturally competent, linguistically diverse and contains information on where additional
190 information may be procured. The department shall devise guidelines for a person or household
191 that qualified to receive an adult or child use mask but did not receive one.

192 (g) The department shall, in coordination with Massachusetts emergency management
193 agency, local boards of health or local public health departments, community-based
194 organizations and locally based health care providers, craft a plan to distribute a supply of high-
195 quality masks in accordance with the following priorities:

196 (i) residents of 20 prioritized equity communities in the department's COVID-19 vaccine
197 equity initiative;

198 (ii) residents of the municipalities with the highest proportion of households living at or
199 below the federal poverty line in the commonwealth;

200 (iii) residents of any municipality working as a frontline healthcare worker; provided, that
201 the resident is not already covered in the above subsections;

202 (iv) residents of any municipality self-identifying as being immunocompromised or
203 otherwise at high-risk of severe infection from respiratory illnesses; provided, that the resident is
204 not already covered in the above subsections; and

205 (h) residents of any municipality; provided, that the resident is not already covered in the
206 above subsections.

207 (i) Not later than September 1, 2022, the department shall submit to the chairs of the
208 senate and house committees on ways and means and the chairs of the joint committee on
209 COVID-19 and emergency preparedness and management a budget for effectuating the purposes
210 of mask distribution. Said budget shall specify the source or sources of funding, whether state,
211 federal or private sector partnership is planned for each implementation element and whether any
212 additional state appropriations are necessary to achieve compliance with said sections.

213 SECTION 8. Subsection (b) of said section 1 of said chapter 93 is hereby further
214 amended by adding the following sentence: - The department, in collaboration with the
215 Massachusetts Water Resources Authority, shall perform regular wastewater monitoring,
216 processing samples and publishing data on a daily basis, reflecting the current copies per
217 milliliter of COVID-19 detected at the Deer Island water treatment center, and any future
218 wastewater monitoring sites. For purposes of this section, the term “wastewater monitoring”
219 shall mean the method of conducting epidemiological surveillance for COVID-19 and other
220 infectious diseases by sampling wastewater at water treatment plants.

221 SECTION 9. Section 1 of chapter 93 of the Acts of 2020 is hereby amended by adding
222 the following subsection:-

223 (h) The department of public health shall, in collaboration with the executive office of
224 technology services and security, establish a mechanism to gather data from at-home COVID-19
225 tests, to allow users to report the results of self-administered at-home tests. The department shall
226 also work with the necessary partners to establish an online portal on the mass.gov website and

227 an automated telephone line designed for the same purpose. Residents shall be able to report up
228 to two tests per-day, per-individual in the household. Each of these reporting mechanisms shall
229 also have options for users to report test results for any dependents in their care. The department
230 shall use these mechanisms to track (1) the total number of at-home tests reported, (2) the
231 number of those tests that had positive results, (3) the average positivity rate of at home tests,
232 and (4) the number of repeat or duplicative tests, including those testing positive after two or
233 more positive tests. The department shall store and retain this data for an appropriate period and
234 report daily on the data gathered. The department shall collaborate with local boards of public
235 health and school districts to ensure that access to critical data is made available to all
236 stakeholders. The department shall ensure that each of these methods are able to provide
237 immediate guidance for those who report a positive test result, including instructions for
238 following up with medical providers and any additional guidance needed for those in high-risk
239 groups. Simplified reporting instructions for positive test results shall be provided for at-home
240 tests distributed by the department of public health, department of elementary and secondary
241 education, or other state agency.

242

243 SECTION 10. Subsection (d) of said section (1) of said chapter 93 is hereby amended by
244 striking out the words “pursuant to subsections (b) and (c)” and inserting in place thereof the
245 following words: - pursuant to subsections (b), (c) and (h).

246 SECTION 11. Said subsection (d) of said section (1) of said chapter 93 is hereby further
247 amended by adding the following paragraph: -

248 The department shall report, on its website, an online COVID-19 Interactive Data
249 Dashboard, that shall include data on city and town specific metrics; confirmed and probable
250 cases; testing; age groups, race and ethnicity, and sex of cases; hospitalization demographic data,
251 number of patients hospitalized who are vaccinated, incidental hospitalizations and deaths;
252 hospital capacity; clusters; isolation and quarantine; contact tracing; and any additional data the
253 department deems important for the general public and decision makers. This dashboard shall be
254 presented in a user-friendly format, with a focus on ensuring accessibility in its design.

255 SECTION 12. Said chapter 93 is hereby further amended by striking out sections 6 and 7
256 and inserting in place thereof the following section: -

257 Section 6. Section 5 shall take effect on March 1, 2023.

258 SECTION 13. (a) Notwithstanding any general or special law to the contrary, there shall
259 be established a “Special Assistant to the Governor for COVID-19 Vaccine Administration,”
260 hereinafter referred to as the “special assistant,” who shall coordinate and manage all efforts
261 related to COVID-19 vaccinations. This special assistant shall be tasked with guiding the
262 commonwealth through updates in guidance related to vaccinations and future booster regimens
263 and shall serve as a single point of accountability for the commonwealth’s vaccination efforts.
264 Staff support for the special assistant shall be provided by the department of public health and
265 activities of the special assistant shall be taken in consultation with the department of public
266 health.

267 (b) The duties of the special assistant shall include, but not be limited to, the following:

268 (1) managing funding for vaccination outreach and community engagement,
269 specifically ensuring that funds are directed to trusted community organizations with a special
270 focus on ensuring that the most impacted areas receive additional doses and allocations;

271 (2) implementing vaccination allocation guidelines in a consistent manner across
272 the commonwealth to eliminate inconsistency. When such guidelines cannot be implemented
273 properly, the special assistant shall be tasked with providing a public explanation as to why such
274 guidelines cannot be met and the broader implications of any challenges faced as a result;

275 (3) collecting, maintaining, and reporting of demographic data on COVID-19
276 infections, hospitalizations, and deaths across the commonwealth and utilizing this data to drive
277 outreach and vaccine distribution and measure the current impact on BIPOC and immigrant
278 communities;

279 (4) crafting culturally, linguistically, and technologically competent outreach
280 materials covering a number of languages, including Spanish, Portuguese, Haitian Creole, Cape
281 Verdean Creole, Vietnamese, Khmer, Mandarin and any others needed to honor the
282 commonwealth's commitment to an equitable response and recovery. Materials should be
283 disseminated through a variety of formats, including websites, call centers, print materials, staff
284 at major vaccination sites and broader media campaigns. The special assistant should also
285 continually engage with healthcare professionals, stakeholders and residents of color and those
286 of linguistically diverse backgrounds so as to ensure that outreach and vaccination efforts are in
287 line with the commonwealth's equity commitments;

288 (5) evaluating and analyzing the data collected by the department of public health
289 and maintaining the daily COVID-19 vaccine report that is currently run by the department of
290 public health; and

291 (6) serving as the main public health communicator around COVID-19 vaccine
292 messaging, ensuring that the information being disseminated is up-to-date, comprehensible,
293 coordinated, and consistent. Additionally, the special assistant shall be tasked with creating a
294 multi-pronged communications strategy.

295 (c) The office of health equity, established in section 16AA of chapter 6A of the General
296 Laws, shall serve in an advisory capacity to the special assistant.

297 (d) The special assistant position shall be funded through appropriated funds, drawing
298 from federal and state funding, provided that the department maximizes available federal funding
299 options. The distribution of funds may not be utilized to create or fund any contracts with third
300 party servicers or consultants.

301 (e) The special assistant shall submit a written report to the joint committees on COVID-
302 19 and emergency preparedness and management and public health every 90 days, detailing
303 operational progress toward the commonwealth's short-term and long-term vaccination goals and
304 any particular challenges faced or areas in need of additional support.

305 SECTION 14. (a) Notwithstanding any general or special law to the contrary, the
306 department of public health, in collaboration with the Massachusetts emergency management
307 agency and the department of elementary and secondary education shall draft a comprehensive
308 surge plan to combat a potential seasonal increase in COVID-19 infections with the following
309 timeline:

310 (1) by July 31st, 2022, the departments shall jointly identify any necessary
311 stakeholders needed to ensure that the surge plan is comprehensive, reach out to the stakeholders
312 and confirm their participation and publicly provide a list of the stakeholders that will be
313 involved in the surge planning process. There shall be an opportunity for stakeholders not
314 identified by the department to petition for their inclusion in the process;

315 (2) by September 15th, 2022, the planning group shall convene and set objectives for
316 the winter season, as they relate to the commonwealth's response to COVID-19, and set any data
317 thresholds or trigger points used to inform the commonwealth's response. The planning group
318 shall also review the state of the commonwealth's emergency supply stockpiles. The planning
319 group shall identify possible responses, both pharmaceutical and non-pharmaceutical, to be
320 deployed when the identified thresholds shall be passed. These findings compiled into a report to
321 be provided to the joint committee on COVID-19 and emergency preparedness and management
322 by October 15th, 2022. The planning group shall identify potential vaccination sites designed to
323 meet any particular gaps and focusing on geographical areas with low vaccination rates;

324 (3) by October 31, 2022, the planning group shall prepare to implement potential
325 responses, including pre-staging supplies such as testing kits, masks, therapeutics and antiviral
326 medications. Additionally, by this date, the planning group shall have assisted in running
327 vaccination clinics at the identified sites and shall report on their progress up to date; and

328 (4) for the months of November 2022, December 2022, January 2023, and February
329 2023, the planning group shall meet on an ongoing basis, monitor the thresholds and provide
330 regular written updates to the joint committee on COVID-19 and emergency preparedness and
331 management, including the current data related to identified thresholds.

332 (b) The joint committee on COVID-19 and emergency preparedness and management
333 shall serve in both an advisory and oversight role throughout this process and the planning group
334 shall be expected to appear at public oversight hearings regarding the progress made on the
335 planning process, with at least 1 hearing to be held in December of 2022.