

SENATE No. 1515

The Commonwealth of Massachusetts

PRESENTED BY:

Rebecca L. Rausch

To the Honorable Senate and House of Representatives of the Commonwealth of Massachusetts in General Court assembled:

The undersigned legislators and/or citizens respectfully petition for the adoption of the accompanying bill:

An Act effectuating equity in COVID-19 vaccination.

PETITION OF:

| NAME: | DISTRICT/ADDRESS: | |
|-------------------------------|--|-----------------|
| <i>Rebecca L. Rausch</i> | <i>Norfolk, Bristol and Middlesex</i> | |
| <i>Sonia Chang-Diaz</i> | <i>Second Suffolk</i> | |
| <i>Liz Miranda</i> | <i>5th Suffolk</i> | |
| <i>Mindy Domb</i> | <i>3rd Hampshire</i> | |
| <i>Joanne M. Comerford</i> | <i>Hampshire, Franklin and Worcester</i> | |
| <i>Adam Gomez</i> | <i>Hampden</i> | <i>2/4/2021</i> |
| <i>Steven C. Owens</i> | <i>29th Middlesex</i> | <i>2/4/2021</i> |
| <i>Mike Connolly</i> | <i>26th Middlesex</i> | <i>2/4/2021</i> |
| <i>Kip A. Diggs</i> | <i>2nd Barnstable</i> | <i>2/4/2021</i> |
| <i>Maria Duaine Robinson</i> | <i>6th Middlesex</i> | <i>2/5/2021</i> |
| <i>Marcos A. Devers</i> | <i>16th Essex</i> | <i>2/5/2021</i> |
| <i>Patricia D. Jehlen</i> | <i>Second Middlesex</i> | <i>2/5/2021</i> |
| <i>Diana DiZoglio</i> | <i>First Essex</i> | <i>2/5/2021</i> |
| <i>Harriette L. Chandler</i> | <i>First Worcester</i> | <i>2/5/2021</i> |
| <i>Sal N. DiDomenico</i> | <i>Middlesex and Suffolk</i> | <i>2/5/2021</i> |
| <i>Antonio F. D. Cabral</i> | <i>13th Bristol</i> | |
| <i>Christina A. Minicucci</i> | <i>14th Essex</i> | <i>2/5/2021</i> |
| <i>Jason M. Lewis</i> | <i>Fifth Middlesex</i> | <i>2/5/2021</i> |

| | | |
|------------------------------------|--------------------------------------|------------------|
| <i>Julian Cyr</i> | <i>Cape and Islands</i> | <i>2/5/2021</i> |
| <i>Carol A. Doherty</i> | <i>3rd Bristol</i> | <i>2/5/2021</i> |
| <i>Jack Patrick Lewis</i> | <i>7th Middlesex</i> | <i>2/6/2021</i> |
| <i>John Cronin</i> | <i>Worcester and Middlesex</i> | <i>2/8/2021</i> |
| <i>David Henry Argosky LeBoeuf</i> | <i>17th Worcester</i> | <i>2/8/2021</i> |
| <i>Kay Khan</i> | <i>11th Middlesex</i> | <i>2/8/2021</i> |
| <i>Tami L. Gouveia</i> | <i>14th Middlesex</i> | <i>2/8/2021</i> |
| <i>Michael O. Moore</i> | <i>Second Worcester</i> | <i>2/8/2021</i> |
| <i>Kevin G. Honan</i> | <i>17th Suffolk</i> | <i>2/8/2021</i> |
| <i>Mark C. Montigny</i> | <i>Second Bristol and Plymouth</i> | <i>2/8/2021</i> |
| <i>Christopher Hendricks</i> | <i>11th Bristol</i> | <i>2/10/2021</i> |
| <i>Steven Ultrino</i> | <i>33rd Middlesex</i> | <i>2/10/2021</i> |
| <i>Thomas M. Stanley</i> | <i>9th Middlesex</i> | <i>2/10/2021</i> |
| <i>Carmine Lawrence Gentile</i> | <i>13th Middlesex</i> | <i>2/12/2021</i> |
| <i>Eric P. Lesser</i> | <i>First Hampden and Hampshire</i> | <i>2/15/2021</i> |
| <i>Danillo A. Sena</i> | <i>37th Middlesex</i> | <i>2/24/2021</i> |
| <i>Michael J. Barrett</i> | <i>Third Middlesex</i> | <i>2/26/2021</i> |
| <i>Erika Uyterhoeven</i> | <i>27th Middlesex</i> | <i>2/26/2021</i> |
| <i>Lori A. Ehrlich</i> | <i>8th Essex</i> | <i>2/26/2021</i> |
| <i>Carlos González</i> | <i>10th Hampden</i> | <i>2/26/2021</i> |
| <i>Nika C. Elugardo</i> | <i>15th Suffolk</i> | <i>2/26/2021</i> |
| <i>James B. Eldridge</i> | <i>Middlesex and Worcester</i> | <i>3/1/2021</i> |
| <i>Patrick M. O'Connor</i> | <i>Plymouth and Norfolk</i> | <i>3/3/2021</i> |
| <i>Walter F. Timilty</i> | <i>Norfolk, Bristol and Plymouth</i> | <i>3/5/2021</i> |
| <i>Adam J. Scanlon</i> | <i>14th Bristol</i> | <i>3/5/2021</i> |
| <i>Nick Collins</i> | <i>First Suffolk</i> | <i>3/11/2021</i> |
| <i>Michael D. Brady</i> | <i>Second Plymouth and Bristol</i> | <i>3/26/2021</i> |
| <i>Joan B. Lovely</i> | <i>Second Essex</i> | <i>3/31/2021</i> |
| <i>John F. Keenan</i> | <i>Norfolk and Plymouth</i> | <i>3/31/2021</i> |

SENATE No. 1515

By Ms. Rausch, a petition (accompanied by bill, Senate, No. 1515) of Rebecca L. Rausch, Sonia Chang-Diaz, Liz Miranda, Mindy Domb and other members of the General Court for legislation relative to equity in COVID-19 vaccination. Public Health.

The Commonwealth of Massachusetts

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

An Act effectuating equity in COVID-19 vaccination.

Whereas, The deferred operation of this act would tend to defeat its purpose, which is to effectuate equity in COVID-19 vaccination, therefore it is hereby declared to be an emergency law, necessary for the immediate preservation of the public safety and health.

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. The governor shall immediately appoint or designate a director of COVID-
2 19 vaccination equity and outreach who shall be a new member of leadership within the
3 executive office of health and human services in its functionality as the COVID-19 command
4 center, who shall report directly to the secretary of the executive office of health and human
5 services, and whose sole and full-time responsibility shall be to plan and implement actions to
6 overcome disparities in COVID-19 vaccination rates rooted in historic and current racism; biases
7 based on ethnicity, income, primary language, immigration status, or disability; geography; or
8 transportation access, language access, or internet access. The director’s responsibilities shall
9 include without limitation implementing the provisions of this act. The director shall have
10 significant expertise in public health and experience with a successful mass vaccination

11 campaign, a statewide campaign in the commonwealth, or extensive existing connections with
12 multiple socially and economically disadvantaged communities across the commonwealth. The
13 director shall be made known to the full membership of the general court and the public no later
14 than the hour of 5 o'clock in the afternoon on Friday, February 12, 2021.

15 SECTION 2. (a) The director shall immediately establish partnerships, contracts, or
16 memoranda of understanding, as applicable, with trusted community-based organizations, local
17 public health departments or boards of health, community-rooted faith-based organizations, and
18 locally-based health care providers, including without limitation community health centers and
19 primary care physicians, to directly deliver medically and scientifically accurate, culturally
20 competent, and linguistically diverse information about the safety and efficacy of vaccination,
21 including particularly the COVID-19 vaccine, and the pathways to receiving a COVID-19
22 vaccine to residents of demographic communities disproportionately and negatively impacted by
23 the COVID-19 pandemic. Directly delivered information shall also include transmission
24 prevention measures, including but not limited to ventilation, mask-wearing, and physical
25 distancing. Direct delivery may include phone calls, text messages, physically distanced door-to-
26 door and street canvassing, and digital event-based communication involving live and interactive
27 messengers. Television, radio, newspaper, and other mass media campaigns shall not constitute
28 direct delivery of information for purposes of this section. The provisions of this paragraph shall
29 not in any way interfere with, alleviate, strike, subordinate, supersede, or remove the vaccination
30 education and outreach requirements established in line item 4512-2021 of Chapter 227 of the
31 Acts of 2020.

32 (b) The director shall undertake similar direct delivery methods and community
33 partnerships to: (i) assist residents of communities described in paragraph (a) in completing self-

34 attestation forms and otherwise preparing for vaccination appointments; and (ii) support
35 transportation-limited residents of communities described in paragraph (a) in getting to
36 vaccination appointments or arranging for vaccinators to otherwise reach said residents.

37 (c) The director shall expand upon the vaccination education and outreach campaign
38 required by line item 4512-2021 of Chapter 227 of the Acts of 2020 in order to: (i) sustain and,
39 as necessary, increase the penetration of mass media buys in target populations in demographic
40 communities disproportionately and negatively impacted by COVID-19; (ii) communicate the
41 safety, efficacy, science, and benefits of COVID-19 vaccines, as well as pathways to receiving a
42 COVID-19 vaccine, in a manner that is culturally competent and utilizes diverse messengers
43 trusted in target communities. This expansion may utilize, but shall not be limited to, the funds
44 appropriated under said line item 4512-2021.

45 (d) The vaccination education and outreach requirements set forth in this section and
46 established in line item 4512-2021 of Chapter 227 of the Acts of 2020 shall be maintained until
47 parity is achieved and sustained between vaccination rates in communities disproportionately
48 and negatively impacted by COVID-19 and the statewide average vaccination rate, or the
49 termination of the COVID-19 public health state of emergency, whichever is sooner.

50 SECTION 3. (a) Notwithstanding any general or special law to the contrary, the
51 department of public health shall immediately deploy, in partnership with local or regional public
52 health officials and experts whenever practicable, no fewer than 30 vans, buses, or other vehicles
53 as vaccination vehicles to municipalities designated in this section for a minimum of 40 hours
54 per week per vehicle, including some early morning, late evening, and weekend hours, for the
55 sole and express purpose of vaccinating residents of those municipalities. The department shall

56 make reasonable efforts to utilize zero-emissions vehicles to satisfy the requirements of this
57 section. The vaccination vehicles shall be deployed as follows: (i) 1 to the communities in the
58 Cape and Islands region with the highest percent positivity rate in the region in the prior two
59 weeks; (ii) 1 to the communities in the MetroWest/495 region with the highest percent positivity
60 rate in the region in the prior two weeks; (iii) 2 to the communities in southeastern Massachusetts
61 with the highest percent positivity rate in the region in the prior two weeks; (iv) 2 to the
62 communities in the Merrimack Valley with the highest percent positivity rate in the region in the
63 prior two weeks; (v) 2 to the communities in western Massachusetts with the highest percent
64 positivity rate in the region in the prior two weeks; (vi) 2 to the communities in central
65 Massachusetts with the highest percent positivity rate in the region in the prior two weeks; (iv) 3
66 to the neighborhoods in the city of Boston experiencing the highest percent positivity rates in the
67 prior 2 weeks; and (viii) the remainder to other high-test, highest-contagion communities
68 throughout the commonwealth, provided, however, that the director may deviate from the high-
69 test, high-contagion requirement set forth in this element (viii) only if a strong health equity
70 rationale exists for so deviating and only upon publication of said rationale. For purposes of this
71 Act, the term “high-test, highest-contagion municipality” shall mean a municipality with one of
72 the highest percent positivity rates among the 30 municipalities with the highest test counts in the
73 commonwealth in the prior two weeks.

74 (b) Residents of the areas designated to be served by the vaccination vehicle program
75 described in paragraph (a) of this section shall be eligible for vaccination via said program
76 consistent with approvals by the federal drug administration and regardless of phase designations
77 in the commonwealth’s vaccine distribution plan. Residency may be established by self-
78 attestation.

79 (c) Each vaccination vehicle shall be staffed with at least the following individuals: a
80 medical provider who, acting within the scope of their license, may administer vaccines and
81 deliver basic life support, a medical assistant, a patient services coordinator, and two community
82 health workers, at least one of whom shall have direct experience in the municipality to which
83 the vehicle is deployed. A vaccination vehicle operating in a community that is home to limited
84 English proficiency residents shall also include a language interpreter. All vaccination vehicles
85 shall have telephonic access to language interpretation services. In the event multiple vehicles
86 are deployed in an area designated in paragraph (a), the staff specified in this paragraph (c) may
87 be assigned to any such vehicles, as appropriate.

88 (d) The department shall partner with local public health departments, local boards of
89 health, and locally-based health care providers to disseminate to target populations accurate,
90 user-friendly, culturally competent, and linguistically diverse information about the vaccination
91 vehicle program, including without limitation how residents can receive a vaccine via a vehicle
92 in their community.

93 (e) The vaccination vehicle program shall be maintained and operational until a sufficient
94 percentage of the residents of the commonwealth are vaccinated in order to protect the
95 population from the spread of COVID-19.

96 SECTION 4. The department of public health shall immediately partner with local public
97 health departments, local boards of health, locally-based health care providers, including without
98 limitation community health centers and primary care physicians, and local independent
99 pharmacies to distribute and administer COVID-19 vaccines.

100 SECTION 5. For all COVID vaccinations requiring a second dose, all vaccination
101 locations shall assist patients in scheduling a second vaccination appointment at the time of the
102 first appointment. This assistance may be provided during the observation period following
103 vaccination administration.

104 SECTION 6. No later than February 12, 2021, the governor shall appoint an expert on
105 vaccine disinformation to the Vaccine Advisory Group.

106 SECTION 7. (a) The department of public health shall immediately comply with all data
107 collection and reporting provisions set forth in Chapter 93 of the Acts of 2020, including, but not
108 limited to, finalizing regulations on health care providers collecting COVID-19 data.

109 (b) Further to the interim draft vaccination plan published by the department on its
110 website in October of 2020 and submitted to and approved by the federal government, the
111 department shall immediately publish on its website any updates to said plan and a detailed set of
112 implementation protocols to overcome the vaccination disparities described in section 1 and
113 ensure that 20 percent of the commonwealth's vaccine supply will be administered to residents
114 of demographic communities with high social vulnerability and disproportionately and
115 negatively impacted by COVID-19. The vaccination plan and implementation protocols shall be
116 publicly updated within 24 hours of any subsequent modification or change thereto.

117 (c) To further effectuate transparency and equity regarding COVID vaccination, the
118 department shall: (i) no less than weekly on Wednesdays beginning on February 10, 2021,
119 publish on its website the number of unused vaccine doses in the commonwealth, an explanation
120 for why the doses remain unused, and its plan to redistribute the doses; (ii) no less than weekly
121 on Wednesdays beginning on February 10, 2021, publish on its website the vaccine doses

122 allocated throughout the commonwealth, delineated by vaccination location; and (iii) effective
123 immediately, collect COVID vaccination data by key socioeconomic and demographic
124 indicators, including race, gender, ethnicity, age, disability, sexual orientation and gender
125 identity, primary language, occupation, household income, residence in elder care facilities and
126 other congregate care settings, housing status, and zip code, and publish said data on its website
127 not less than weekly except where publication would result in disclosure of personal information
128 as defined in chapter 93H of the general laws.

129 SECTION 8. (a) No later than February 26, 2021, the director shall submit to the chairs
130 of the senate and house committees on ways and means, the chairs of the joint standing
131 committee on COVID-19 and emergency preparedness and management, the chairs of the joint
132 committee on public health, and the chairs of the joint committee on state administration and
133 regulatory oversight a budget for effectuating the purposes of sections 1 to 4, inclusive. Said
134 budget shall specify the source or sources of funding, whether state, federal, or both, is planned
135 for each implementation element and whether any additional state appropriations are necessary
136 to achieve compliance with said sections.

137 (b) No later than March 26, 2021, and at least on every subsequent final Friday of the
138 month for the duration of the COVID-19 public health state of emergency, the secretary of the
139 executive office of health and human services or her designee shall report to the chairs of the
140 senate and house committees on ways and means, the chairs of the joint standing committee on
141 COVID-19 and emergency preparedness and management, the chairs of the joint committee on
142 public health, the chairs of the joint committee on state administration and regulatory oversight,
143 and the auditor the following financial information pertaining to COVID-19 vaccination in the
144 commonwealth, including without limitation vaccination education and information

145 dissemination and vaccination distribution: (i) funds expended on vaccinating residents of the
146 commonwealth, delineated by spending item and region of the commonwealth; provided,
147 however, that compliance with section 104 of Chapter 227 of the Acts of 2020 shall be
148 considered compliance with the requirements of this section; (ii) any amounts beyond existing
149 state and federal appropriations and reimbursements that may be needed to effectuate the
150 commonwealth's vaccination distribution plan generally, and the purposes of section 1
151 specifically; (iii) any updates to the budget submitted pursuant to paragraph (a) of this section;
152 (iv) a detailed accounting of all funds, including state and federal funds, distributed to local
153 boards of health, including any body that acts as a board of health, public health commission,
154 regional health district or health department of a municipality, since the last report, indicating
155 whether the funds came from state or federal sources, and a budget plan detailing planned or
156 anticipated distribution of funds to these local health agencies in the coming 3 months, indicating
157 the source of the funds; and (v) any additional financial information pertinent to the
158 implementation of the commonwealth's vaccination distribution plan and other provisions of this
159 act.

160 SECTION 9. The department of public health shall implement all reasonable efforts to
161 maximize federal reimbursement for COVID vaccination implementation efforts and efforts
162 pursuant to section 1. Such reasonable efforts shall include consideration of mobilizing the
163 Massachusetts National Guard to staff phone banking efforts undertaken pursuant to section 2.

164 SECTION 10. The department of public health shall take immediate action to eliminate
165 COVID-19 testing deserts in the commonwealth by launching at least 1 open access, no-
166 appointment, no-cost testing site in every gateway city in the commonwealth, to the extent no
167 such testing site already exists.

168 SECTION 11. This act shall remain in effect until the termination of the COVID-19
169 public health state of emergency.