BIlls approved by the Joint Committee on COVID-19 and Emergency Preparedness and Management
and reported favorably by the Committee on Health Care Financing

H. 4670 - An Act establishing a commission to study the Commonwealth's response to the COVID-19 pandemic

Section 1(a) – Establishment of Special Legislative Commission

Section 1 establishes a special legislative commission to investigate and make recommendations regarding the commonwealth's response to the COVID-19 pandemic.

Section 1(b) – Commission Membership

The commission shall have 17 members, and the co-chairs shall be the house and senate chairs of the joint committee on COVID-19 and emergency preparedness and management (or their designees). The president of the senate and speaker of the house shall each appoint 1 member, the co-chairs shall appoint 6 members, and the governor shall appoint 5 members, each of whom must have expertise in infectious disease, COVID treatment in various care settings, municipal leadership, or emergency management. One of the 3 medical professionals shall be a registered nurse, and 2 shall have expertise in racial and ethnic disparities.

Section 1(c) – Scope of Investigation

The commission shall investigate the facts and circumstances related to (1) the outbreak and spread of COVID-19 in Massachusetts and the response by the state; (2) the efficiency, effectiveness, equity and transparency of the use of state funds and relief programs to address COVID-19; (3) the preparedness for and response to COVID-19, including testing, containment, and distribution of protective equipment; (4) the economic and social impact of COVID-19 on individuals, communities, small businesses, health care providers, and public entities; (5) the disparate impact of COVID-19 on various communities and vulnerable or historically disadvantaged populations; (6) the use and impact of social distancing, stay-at-home directives, and disruptions to businesses, schools and childcare; (7) the efficacy of public outreach to inform residents; (8) the disparate impacts in nursing homes and long-term care facilities; (9) identify lessons learned from the outbreak and the state's response; and (10) any other concerns relevant to the purpose of the commission.

Section 1(d) – Subpoena Power

The commission shall have the power to issue subpoenas to compel the attendance of witnesses and the production of documents, records, and other evidence relating to any matter under investigation. The commission shall also have the power to administer oaths and affirmations to individuals whose testimony is required.

Section 1(e) – Report on Findings and Recommendations

No later than 1 year after the effective date of the act, the commission shall submit a report of its findings and recommendations to the legislature, including draft legislation.

***H. 4671 - An Act establishing the Coronavirus Recovery Corps*.**

Section 1(a) – Establishment of Coronavirus Recovery Corps.

Section 1 expands the Commonwealth Corps to include the Coronavirus Recovery Corps, established in response to the COVID-19 pandemic in the Commonwealth. The Coronavirus Recovery Corps shall be administered by the Massachusetts Service Alliance, which shall deploy members to support organizations directly addressing the impacts of the ongoing pandemic, including disaster preparedness, workforce development, and health care access.

Service members shall be placed in health-focused organizations, such as community health centers and municipal health departments, in high-risk communities, as determined by the Massachusetts Service Alliance. Service members shall also be placed in disaster service organizations responding to needs, such as distribution of food, medical equipment, and future vaccines, and shall also support workforce development organizations that connect unemployed or underemployed residents with job training, education, and employment opportunities.

Section 1(b) – Duration

The Massachusetts Coronavirus Recovery Corps shall exist until its mission is deemed complete, as determined by the Massachusetts Service Alliance and in conjunction with state agency leadership, or no more than four years after the state of emergency declaration is lifted, whichever is sooner.

Section 1(c) – Funding

The Massachusetts Coronavirus Recovery Corps shall be supported by public and private funds administered by the Massachusetts Service Alliance.

Section 1(d) – Support from State Agencies

The Massachusetts Service Alliance shall be supported by relevant agencies, including the Executive Office of Health and Human Services, the Executive Office of Public Safety and Security, the Executive Office of Labor and Workforce Development, as needed to obtain relevant information and data.

Section 1(e) – Selection of Organizations for Placement

The Massachusetts Service Alliance shall receive applications from organizations to be considered for placement through the Coronavirus Recovery Corps. Selected organizations shall report bi-anually to the Massachusetts Service Alliance on key metrics on how members work is addressing needs stemming from the COVID-19 pandemic.

Section 1(f) – Report on Findings and Recommendations

The Massachusetts Service Alliance, in conjunction with the Executive Office of Public Safety and Security, shall conduct a study to determine the effectiveness and utility of the Massachusetts Coronavirus Recovery Corps during the COVID-19 pandemic, the additional measures and resources required to operate the Corps effectively, and the potential need for a similar program in the future.

Within 120 days following the termination of the Massachusetts Coronavirus Recovery Corps, the Executive Office of Public Safety and Security shall file a written report of its findings and recommendations with the clerks of the house of representatives and the senate.

H. 4714 - An Act for a Better Prepared Massachusetts

Section 1 – Continuity of Operations Planning in Schools

Section 1 requires school districts to annually submit a continuity of operations plan, detailing the implementation of testing, isolation, social distancing, masking and other emergency response efforts for respiratory viruses or other hazards.

Section 2 – Indoor Ventilation

Section 2 addresses indoor air quality efforts. The first provision requires the Department of Environmental Protection (DEP) to release guidance to improve indoor air quality across a number of settings, including homes, offices,

restaurants, and schools. The guidance is to include low-cost short-, medium-, and long-term options to improve indoor air quality. The department is to update this guidance every two years.

The second provision creates a fund under DEP and the Department of Public Health (DPH) to provide financial assistance to projects to improve indoor air quality in public buildings, including schools, hospitals, and government buildings. Municipalities with the highest portion of residents below the federal poverty line would receive priority for the funds.

Section 3 – Definitions of Mask-related terms

Section 3 creates statutory definitions for “high quality mask,” as well as “adult use high quality mask” and “child use high quality mask,” which are N95 or KN95/KF94 respirator style masks respectively, with “high quality masks” being a general term for both.

Section 4 – Better Prepared Trust Fund

Section 4 creates the “Better Prepared Trust Fund” within DPH, which funds the personal use mask stockpile under section 6.

Section 5 – Expansion of Wastewater Monitoring

Section 5 expands the use of wastewater monitoring as an epidemiological tool, both in institutions and regionally. At an institutional level, DEP and DPH will provide financial support for sampling supplies and contracts with a health lab to analyze samples, provided that these institutions report the data gathered to the state. The program will serve schools, universities, congregate care facilities, correctional facilities, or public and large private offices.

On a larger scale, these efforts will also cover municipal and regional wastewater treatment plants. The goal would be to target geographically diverse parts of the Commonwealth, as well as areas most impacted by COVID-19. These efforts will be in collaboration with the CDC’s National Wastewater Surveillance System or similar initiatives. Results would be reported to the Commonwealth government to be eligible for assistance..

The department will report annually on these initiatives and is required to maximize available federal funding options.

Section 6: Personal use Mask Stockpile

Section 6 directs DPH to create a long-term stockpile of high-quality masks. This stockpile would consist of a supply for all adults and children in the Commonwealth sufficient for an expected COVID-19 surge. This stockpile would be in addition to existing stockpiles of PPE. DPH will set standards for maintaining this stockpile, including supply rotation, acquisition, distribution, and oversight. Half of this stockpile must be stored in the geographic borders of the Commonwealth. The department will create a mechanism for local officials to access the masks from this stockpile, in the event of a local or regional emergency, and the department is required to respond to such requests within 72 hours. The department may also use these supplies as needed to respond to statewide emergencies.

Section 7 – Mask Distribution

Section 7 directs DPH to distribute high-quality masks to the general public in the event of an emergency. The distribution plan may include partnerships with local health officials, school districts or community-based organizations, with priority given to the 20 COVID response equity communities, municipalities with a high concentration of residents below the federal poverty line. frontline healthcare workers and immunocompromised people or those otherwise at high-risk of severe infection from respiratory illnesses.

The department is required to gather feedback from residents and stakeholders regarding the efficacy of the distribution, and report to the legislature on costs and experience of any distribution.

Section 8 – Wastewater Monitoring Data Collection and Publishing

Section 8 adds the MWRA wastewater monitoring to DPH's daily data reports.

Section 9 – At Home Test Reporting

Section 9 directs DPH to establish a mechanism to gather data from at-home COVID tests to allow users to report results of up to two per day self-administered at-home tests. Any at-home tests distributed by the department must come with simplified reporting instructions. The department would be tasked with gathering these results through an online portal and automated telephone line, in collaboration with local public health boards. The consumer reporting system will provide immediate guidance for those who report a positive test result, including instructions for following up with medical providers and any additional guidance needed for those in high-risk groups. DPH will track the data and report daily.

Sections 10, 11, and 12 – Additional Data Requirements

Section 10 adds the above two sections to the existing data reporting and collection.

Section 11 adds the data to the DPH Dashboard.

Section 12 amends the sunset date for data collection to March 1, 2023.

Section 13 – Special Assistant for COVID-19 Vaccination Administration

Section 13 would enable the creation of a senior level executive position, the "Special Assistant to the Governor for COVID-19 Vaccine Administration," to coordinate vaccinations in the Commonwealth. The duties of this role include managing funding for vaccination outreach, implementing vaccination allocation guidelines, maintaining reporting of demographic data related to COVID-19, communicating with the public regarding the vaccine, and crafting culturally, linguistically, and technologically competent vaccination outreach, among others. The special assistant would be housed within DPH, and report every 90 days to the joint committee. The DPH Office of Health Equity, will serve in an advisory capacity to the special assistant.

Section 14: Surge Planning for Next Winter

Section 14 directs DPH, working with MEMA and DESE, to create a comprehensive plan to prepare for and respond to a possible winter 2022-23 surge in the virus. The agencies are to convene a stakeholder planning group by July 31, and the group is to convene and set their plan by September 15. The group will identify specific data thresholds/trigger points that would spur action from the Commonwealth, and what those specific actions would be, including pharmaceutical and non-pharmaceutical response tools. The planning group will identify gaps in potential vaccination sites, focusing on geographical areas with low vaccination rates. The group will continue to meet from November 2022 through February 2023.