SECTION 224. Chapter 111 of the General Laws is hereby amended by striking out section 27D, as so appearing, and inserting in place thereof the following section:-

Section 27D. (a) As used in this section, the following words shall have the following meanings unless the context clearly requires otherwise:-

"Board of health", any body politic or political subdivision of the commonwealth that acts as a board of health, public health commission or a health department for a municipality, region or district including, but not limited to, municipal boards of health, regional health districts established pursuant to section 27B and boards of health that share services pursuant to section 4A of chapter 40.

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

"Foundational public health services", a nationally recognized framework for a minimum set of public health service, including, but not limited to, public health programs and foundational capabilities.

"Public health programs", programs that include, but shall not be limited to: (i) communicable disease control; (ii) public health nursing services; (iii) epidemiology; (iv) food

and water protection; (v) chronic disease and injury prevention; (vi) environmental public health; (vii) maternal, child and family health; or (viii) access to and linkage with clinical care, where applicable.

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- (b) The department, in consultation with municipalities and other stakeholders, shall establish a state action for public health excellence program to: (i) provide uniform access for every resident to foundational public health services; provided, however, that foundational public health services shall further equity, including for historically underrepresented communities; (ii) assist boards of health in adopting practices to improve the efficiency and effectiveness of the delivery of foundational public health services; (iii) develop a set of standards for foundational public health services across the commonwealth; and (iv) promote and provide adequate resources for boards of health that shall include, but shall not be limited to: (A) supporting boards of health to meet the standards established pursuant to clause (iii) and pursuant to subsection (c) to improve municipal and regional health systems; (B) increasing crossjurisdictional sharing of public health programs to strengthen the service delivery capabilities of municipal and regional public health systems; (C) improving planning and system accountability of municipal and regional public health systems, including, but not limited to, statewide data collection and reporting systems; (D) establishing workforce credentialing standards, including, but not limited to, education and training standards for municipal and regional public health officials and staff; and (E) expanding access to professional development, training and technical assistance for municipal and regional public health officials and staff.
- (c) The standards for local foundational public health services developed pursuant to clause (iii) of subsection (b) shall include, but not be limited to: (i) standards for inspections,

epidemiology and communicable disease investigation and reporting, permitting and other local public health responsibilities as required by law or under regulations of the department or the department of environmental protection; (ii) workforce education, training and credentialing standards; and (iii) standards for contributing required data. The standards shall consider applicable national standards and shall be developed in consultation with local boards of health, public health organizations, academic experts in the field of public health and members of the special commission on local and regional public health established in chapter 3 of the resolves of 2016.

- (d)(1) Subject to appropriation, boards of health shall implement and comply with the standards developed pursuant to subsections (b) and (c), individually or through cross-jurisdictional sharing of public health programs in the form of comprehensive public health districts, formal shared services or other arrangements for sharing public health programs.
- (2) Annually, not later than August 31, boards of health shall submit a report to the department, which shall include information demonstrating compliance with the standards pursuant to subsections (b) and (c) during the preceding fiscal year.
- (e) Subject to appropriation, the department and the department of environmental protection shall, according to each agency's jurisdiction and authority, provide comprehensive core public health educational and training opportunities and technical assistance to municipal and regional public health officials and staff to support such officials in obtaining credentials and foundational capabilities required by the standards developed pursuant to subsections (b) and (c); provided, however, that such educational and training opportunities and technical assistance shall

be offered in diverse geographic locations throughout the commonwealth or online. The department and the department of environmental protection may contract with other state agencies or external entities to provide said educational and training opportunities and technical assistance and shall provide such training opportunities and technical assistance free of charge.

- (f)(1) Subject to appropriation, the department shall provide funds to boards of health to implement and comply with the standards developed pursuant to subsections (b) and (c), including through cross-jurisdictional sharing of public health programs in the form of comprehensive public health districts, formal shared services and other arrangements for sharing public health programs.
  - (2) The funds under this subsection may be used to provide:

- (i) grants and technical assistance to municipalities that demonstrate limited operational capacity to meet local public health responsibilities as required by law or regulations;
- (ii) competitive grants to increase the efficiency and effectiveness of the delivery of public health programs across not less than 2 municipalities through:
  - (A) expanding shared services arrangements to include more municipalities;
- (B) expanding shared services arrangements to provide a more comprehensive and equitable set of public health programs or sustainable business model; or
- (C) supporting new cross-jurisdictional sharing arrangements; provided, however, that grants provided pursuant to this clause shall supplement and shall not replace existing state, local, private or federal funding to boards of health and regional health districts; provided

further, that boards of health shall apply for funds pursuant to this clause in a manner determined by the department; provided further, that the application shall include, but not be limited to: (I) a description of how the applicant will increase the efficiency and effectiveness in the delivery of public health programs; (II) certification by the applicant that, at the time of the application, the applicant meets or will use funding to meet workforce standards as determined by the department; (III) certification that the applicant shall submit written documentation on the implementation of systems to increase efficiency in providing local public health programs, including data, to the department in a manner to be prescribed by the department; and (IV) the applicant's plan for the long-term sustainability of strengthening local public health programs; provided further, that the department shall adopt rules, regulations or guidelines for the administration and enforcement of this clause including, but not limited to, establishing applicant selection criteria, funding priorities, application forms and procedures, grant distribution and other requirements; and provided further, that not less than 33 per cent of the grants awarded shall be distributed to municipalities with a median household income below the median income of the commonwealth; and

(iii) annual noncompetitive funding to ensure that all residents of the commonwealth are provided with foundational public health services that meet or exceed the standards set pursuant to this section; provided, however, that funds provided pursuant to this clause shall be distributed based on the level of implementation of the standards established in this section and using a formula based on population, level of cross-jurisdictional sharing and sociodemographic data; provided further, that to receive funding pursuant to this clause, a board of health shall submit an annual report to the department and the department of environmental protection that: (A)

demonstrates progress or implementation of the standards; and (B) confirms that funding provided pursuant to this clause shall supplement and shall not replace existing state, local, private or federal funding to boards of health and regional health districts; provided further, that the report shall not require data that is otherwise reported to the department under subsection (d); provided further, local governments shall be granted relief from the department for good cause, including, but not limited to economic or fiscal hardship; and provided further, that data demonstrating implementation and compliance with the standards shall be submitted in a form prescribed by the department.

- (g) Subject to appropriation, the department shall develop a system to provide for increased standardization, integration and unification of public health reporting and systems for the measuring of standard responsibilities of boards of health including, but not limited to, inspections, code enforcement, communicable disease management and local regulations. The system shall be developed in coordination with the department of environmental protection. If feasible and in compliance with state and federal privacy requirements, the data and an analysis of the data shall be available on the department's website; provided, however, that any such published data shall exclude personal identifying information.
- (h) Annually, the department shall estimate the amount of funds necessary to meet the requirements of this section for the upcoming fiscal year. The department shall report the estimate to the secretary of administration and finance and the house and senate committees on ways and means for the upcoming fiscal year in advance of the day assigned for submission of the budget by the governor to the general court pursuant to section 7H of chapter 29 and shall

publish the estimate on the department's website.

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- (i) If an outbreak of a disease or health care situation important to the public health occurs, as determined by the commissioner or the commissioner of environmental protection, affecting more than 1 board of health, the department may coordinate the affected boards of health, assemble and share data on affected residents and organize the public health response within and across the affected communities.
- 4697 (j) Biennially, not later than December 1, in every even numbered year, the department, 4698 in consultation with the department of environmental protection, shall submit a report detailing 4699 the impact of the state action for public health excellence program established in subsection (b), the status of the local public health programs and their ability to meet the requirements of this section including, but not limited to: (i) the number of board of health and regional health district officials and staff that meet workforce standards as determined by the department; (ii) the number of board of health and regional health district officials and staff that attended educational and training opportunities; (iii) the number of boards of health and regional health districts that are in compliance with data reporting requirements of this section; and (iv) the number of municipalities participating in regional public health collaborations. In preparing the report, the department shall consult with the department of environmental protection. The report shall be filed with the clerks of the house of representatives and the senate, the house and senate committees on ways and means and the joint committee on public health and be publicly posted on the websites of the department and the department of environmental protection.
  - (k) Notwithstanding any general or special law to the contrary, if the commissioner, the

commissioner of environmental protection or their authorized representatives determine that failure to meet standards established in subsections (b) and (c) in a timeframe consistent with the timeframe established in subsection (d) constitutes a threat to public health, they shall, in writing, notify the appropriate board of health of such determination and request that the board of health, in writing, notify the department of actions taken to effect appropriate protection. If the commissioner is not so notified or, if after notification, the commissioner determines the such actions are not sufficient to protect public health, the department may restrict future funding provided under clause (iii) of subsection (f) and shall report these insufficiencies in its report issued under subsection (j).

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

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SECTION 307. (a) Not later than 1 year after the effective date of this act and before the adoption of any regulations for the administration of the state action for public health excellence program pursuant to section 27D of chapter 111 of the General Laws, the department of public health shall hold not fewer than 3 public hearings in diverse geographic locations throughout the commonwealth or online to identify ways to improve the efficiency and effectiveness of the delivery of local public health services, in alignment with the recommendations of the special commission on local and regional public health established in chapter 3 of the resolves of 2016.

(b) Not later than March 31, 2025, the department of public health shall submit a report to the clerks of the house of representatives and the senate, the house and senate committees on ways and means and the joint committee on public health. The report shall include an analysis of needs, opportunities, challenges, timeline and cost for the implementation of section 27D of said chapter 111.

SECTION 308. The special commission on local and regional public health established in chapter 3 of the resolves of 2016 is hereby revived and continued to December 31, 2025. As soon as practicable following the effective date of this act, the department shall convene the special commission at least once to review the amendments to section 27D of chapter 111 of the

General Laws and funding available to support and enhance the commonwealth's local and regional public health system.

SECTION 309. The standards for foundational public health services developed pursuant to subsections (b) and (c) of section 27D of chapter 111 of the General Laws shall be consistent with the recommendations of the report approved in June 2019 by the special commission on local and regional and public health established by chapter 3 of the resolves of 2016, and shall be implemented and complied with by a phased schedule adopted by the department of public health. The department of public health shall publish a list of the local public health standards established pursuant to said subsections (b) and (c) of said section 27D of said chapter 111 not later than 90 days following the effective date of this act.