

October 15, 2020

To the Honorable Michael D. Hurley  
Clerk of the Senate  
State House, Room 335  
Boston, MA 02133

To the Honorable Steven T. James  
Clerk of the House of Representatives  
State House, Room 145  
Boston, MA 02133

Dear Mr. Hurley and Mr. James:

Please find attached the Interim Report of the Health Equity Task Force (pursuant to §2 of Chapter 93 of the Acts of 2020, which is attached to this letter as a description of the legislative mandate vested in the Health Equity Task Force).

The Task Force is charged to study and make recommendations that will promote an equitable COVID-19 response and address troubling health inequities by learning from experiences to-date. Drawing on the significant work done by others, the Task Force has an ultimate goal of making progress on longstanding structural inequities and improvements in ongoing and future pandemic response efforts, which will be a focus of a future Final Report. Health disparities are not new, but have been amplified in the COVID-19 pandemic and its economic aftermath.

Based on extensive stakeholder input of approximately 100 organizations and individuals thus far, this Interim Report is issued to provide timely considerations for state policy makers about immediate needs in the ongoing COVID-19 response, as we face the possibility of a second surge. To that end, the Interim Report highlights key priorities for the FY 2021 state budget and policy action expected this Fall.

Respectfully,

**Michael Curry, Task Force Co-Chair**, Esq., Deputy CEO  
and General Counsel at Massachusetts League of  
Community Health Centers

**Senate Appointees**

**Senator Sonia Chang-Diaz**

**Senator Julian Cyr\***

**Dr. Milagros Abreu**, Executive Director, President and  
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**Dr. Cassandra Pierre**, Infectious Diseases Physician and  
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**Dr. Frank Robinson**, Vice President, Public Health and  
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**Hirak Shah**, Legal Counsel for Senate Minority Leader  
Bruce Tarr

**Chair of the MA Black and Latino Legislative Caucus**  
**Representative Carlos González**

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**House Appointees**

**Representative Chynah Tyler**

**Representative José F. Tosado**

**Dr. Kiame Mahaniah**, CEO, Lynn Community Health  
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**Dr. Myechia Minter-Jordan**, President & CEO, DentaQuest  
Partnership for Oral Health Advancement and Catalyst  
Institute

**Jeffrey Sanchez**, Lecturer, Center for Public Health  
Leadership, TH Chan School of Public Health; Senior  
Advisor, Rasky Partners

**Beverly Stables**, Health Care Policy Analyst for House  
Minority Leader Bradley H. Jones, Jr.

**Chair of the MA Asian-American Legislative Caucus**  
**Representative Donald H. Wong**

\*Senator Cyr voted to approve the Health Equity Interim Report, noting his recusal on the report's telehealth provisions related to his service on the pending Health Care Conference Committee and on Appendix IV of the Interim Report.

## **Chapter 93 of the Acts of 2020: Legislative Mandate to the Health Equity Task Force**

### AN ACT ADDRESSING COVID-19 DATA COLLECTION AND DISPARITIES IN TREATMENT.

Whereas, The deferred operation of this act would tend to defeat its purpose, which is to protect forthwith the health and wellness of the residents of the Commonwealth, therefore it is hereby declared to be an emergency law, necessary for the immediate preservation of the public health.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

SECTION 2. (a) Notwithstanding any general or special law to the contrary, there shall be a task force to study and make recommendations to the general court that address health disparities for underserved or underrepresented populations based on culture, race, ethnicity, language, disability, gender identity, sexual orientation, geographic location, including, but not limited to, gateway cities with hospitals dedicated to caring for patients who test positive for COVID-19, and age in the commonwealth during the COVID-19 pandemic.

(b) The recommendations shall include, but shall not be limited to, ways to: (1) improve safety for populations at increased risk for COVID-19, which may include, but shall not be limited to: (i) employees of businesses and organizations defined as providing "COVID-19 Essential Services" under the governor's March 23, 2020 emergency order; (ii) individuals residing in congregate housing and group home facilities, including, but not limited to, those operating under contracts with the department of developmental services, the department of mental health, the department of children and families, executive office of elder affairs, the department of housing and community development, the department of youth services, or the department of public health; (iii) inmates confined to a house of correction or state prison; (iv) individuals with serious underlying medical conditions linked to increased risk of severe illness from COVID-19 according to the federal Centers for Disease Control and Prevention; and (v) individuals residing in municipalities or neighborhoods disproportionately impacted by COVID-19; (2) remove barriers and increase access to quality and equitable health care services and treatment; (3) increase access to medical supplies; (4) increase access to testing for COVID-19, including identifying ways to ensure that testing occurs in diverse geographic locations throughout the commonwealth; (5) provide informational materials to underserved or underrepresented populations in multiple languages on available and affordable health care resources in the commonwealth, including, but not limited to, prevention, testing, treatment and recovery; and (6) address any other factor the task force deems relevant to address health disparities for underserved or underrepresented populations based on culture, race, ethnicity, language, disability, gender identity, sexual orientation, geographic location and age in the commonwealth during the COVID-19 pandemic. As part of its recommendations, the task force may recommend the further study of the impact of disparities on populations not subject to this study.

(c) The task force shall consist of: 6 members appointed by the senate president, not more than 2 of whom shall be members of the senate; 6 members appointed by the speaker of the house of representatives, not more than 2 of whom shall be members of the house of representatives; 1 member appointed by the minority leader of the senate; 1 member appointed by the minority leader of the house of representatives; the chair of the Massachusetts Asian-American Legislative Caucus or a designee; and the chair of the Massachusetts Black and Latino Legislative Caucus or a designee. Task force membership shall reflect diverse representation in the commonwealth including, but not limited to, diverse cultures, races, ethnicities, languages, disabilities, gender identities, sexual orientations, geographic locations and ages.

Appointees of the senate president, speaker of the house, minority leader of the senate and minority leader of the house who are not members of the general court shall be knowledgeable in public health or healthcare. When making appointments, the senate president, speaker of the house, minority leader of the senate and minority leader of the house shall give consideration to individuals who have experience addressing disparities in underserved or underrepresented populations based on culture, race, ethnicity, language, disability, gender identity, sexual orientation, geographic location and age or who work in the healthcare system with a diverse patient population. Two members of the task force shall be elected by a majority of the task force membership to serve as co-chairs; provided, however, that neither member shall be a member of the general court.

The task force may consult with the office of health equity to inform its work. The office of health equity shall provide requested information to the task force upon request.

(d) The task force shall file its recommendations with the clerks of the house of representatives and the senate and the house and senate committees on ways and means not later than August 1, 2020.

(e) The task force shall file an interim report describing any initial recommendations and issues requiring further study with the clerks of the house of representatives and the senate and the house and senate committees on ways and means not later than June 30, 2020; provided, however, that the task force may file earlier interim recommendations if deemed advisable or additional interim recommendations between June 30, 2020 and August 1, 2020.

(f) The task force shall hold at least 1 public hearing and accept public comment before filing its interim report under subsection (e) and shall hold not less than 2 additional public hearings and accept public comment before filing its final report under subsection (d); provided, however, that the task force may hold virtual public hearings if it is in the interest of public health.

Approved, June 7, 2020.

# Health Equity Task Force

*Established by Chapter 93 of the Acts of 2020*

## Interim Report

October 14, 2020

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# Executive Summary & Overview

- The disproportionate impacts of COVID-19 on racially and ethnically diverse populations, as well as other vulnerable populations, is a moment of reckoning for this country, and for Massachusetts. The Health Equity Task Force Members have reflected that this is our “national Katrina” where longstanding health disparities and economic inequities have foreseeably resulted in higher rates of infection and mortality in some communities during this public health emergency. The knowledge of the unequal burden of this disease, combined with our heightened awareness of systemic racism, demands our concerted action.
- The Task Force takes seriously its responsibilities to study and advance near-term recommendations that will promote an equitable COVID-19 response and address the troubling health inequities by learning from experiences to-date. Drawing on the significant work done by others, the Task Force has an ultimate goal of making progress on longstanding structural inequities and improvements in future pandemic response efforts. Health disparities are not new, but have been amplified in the COVID-19 pandemic and its economic aftermath. In recognition of this, the Task Force intends to build upon prior and current health equity work with extensive stakeholder input and has heard from approximately 100 organizations and individuals thus far.
- This Interim Summary Report is issued to provide timely considerations for state policy makers about immediate needs in the ongoing COVID-19 response, as we face the possibility of a second surge. To that end, this summary highlights key priorities for the FY 2021 state budget expected this Fall.
- A final Health Equity Task Force Report will provide findings and mid- and long-term recommendations in the detailed areas statutorily defined in the Legislature’s charge to the Task Force.

# Priority Areas for Urgent FY 2021 State Budget/Policy Action

- In light of urgent COVID-19 and pressing health equity needs, the Health Equity Task Force focused its Interim Summary Report on urgent, time-sensitive initial funding and policy priorities for action by the state legislature and the Administration in the FY 2021 state budget.
- We are cognizant of the uncertain state revenue outlook for FY 2021 and needed, pending federal action for timely COVID-19 economic support for state and local governments and other critical federal support for our residents, health care providers and businesses, particularly for those disproportionately impacted.

**Health Equity Task Force Recommendations:** The Task Force's recommendations are organized in critical priorities we have grouped as **3 specific FY21 state budget and policy legislative requests**, reflecting the multi-faceted COVID-19 and Health Equity steps that must urgently be taken now to guide the response efforts: both to mitigate the spread of COVID-19 especially for diverse and vulnerable populations and to respond to disproportionate impacts based on learning to-date. **Slides 5 – 6, 8 – 12 and Appendix I**

## **Additional Areas of Near-term COVID-19/ Health Equity State Budget Actions Based on Testimony:**

The Task Force, based on extensive testimony, recognizes and lends support to **9 additional areas** as important to the near-term COVID-19 Health Equity response, which are led by other coalitions. **Slide 7 and Appendix II**

- By sharing this interim report, we aim to inform the state legislature and Administration's important state budget work with a health equity lens.

# Health Equity Task Force Recommends 3 Critical FY 21 State Budget and Policy Priorities & Additional Action Areas

#1

**Data and Reporting for Health Equity Informed COVID- 19 Efforts** **Slides 8 - 9**

#2

**Equitable COVID-19 Vaccines** **Slides 10 - 11**

#3

**COVID-19 and Health Equity Response Initiatives Reserve Account** **Slides 6, 12 and Appendix I** modeled on <https://malegislature.gov/Laws/SessionLaws/Acts/2020/Chapter124> )

- Urgent Initiatives to Mitigate the Spread of COVID-19 Especially for Diverse and Other Vulnerable Populations
- Respond to Disproportionate Impacts on Diverse Populations including Racially and Ethnically Diverse Populations and Other Vulnerable Populations

#4-  
#12

**Additional Areas of Near-term COVID-19/ Health Equity State Budget Actions Based on Testimony** **Slide 7 and Appendix II**



# COVID-19 and Health Equity Initiatives Response Reserve Account

Address pressing needs through a reserve account such as the example of the Chapter 124 of the Acts of 2020 (the FY20 emergency supplemental law that included reserve accounts for COVID-19 related expenditures that leverage federal funding, tapping federal funds to greatest extent). Its purposes will be detailed and include but are not limited to the following areas. Upon filing the report, the intent is to work with legislative/Administration leaders on the funding build-up and other important details for this account. Such information is not presently available to the Task Force. **See Appendix I and Appendix IV.**

## Urgent Initiatives to Mitigate the Spread of COVID-19 Especially for Diverse and Vulnerable Populations

Expand and Extend Stop the Spread Initiatives

COVID-19 Testing and Enhanced Contact Tracing

Statewide Surveillance Testing

Support for Local Public Health COVID-19 & Health Equity Response

Isolation Housing/Hotels re COVID-19

Uniform COVID-19 Testing Requirements for Entry/Re-entry to Congregate Settings

Requiring Implementation of COVID-19 Public Health Standards in Department of Corrections Facilities and Jails

Bulk Purchasing of Medical Supplies & Personal Protective Equipment & Equitable Distribution

## Responding to Disproportionate Impact

Language Access at State Agencies

Behavioral Health Language Access

State Public Service Announcements Campaign re: Testing and Treatment Services

Culturally & Linguistically Responsive Materials & CBO Outreach

Continued Funding for EOHD COVID-19 Emergency Cash Assistance Program

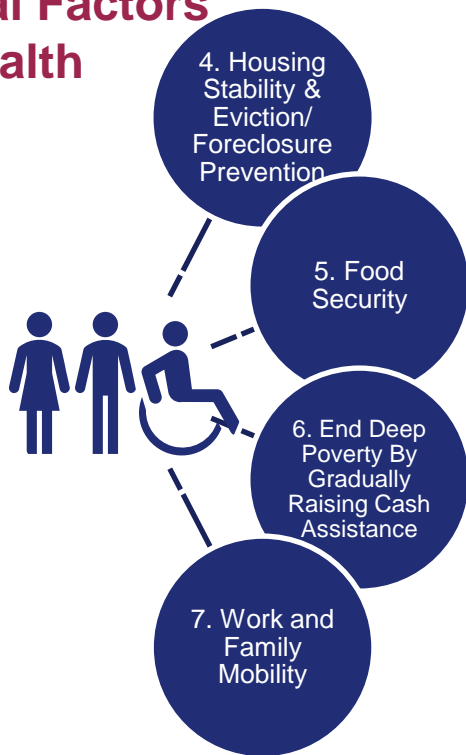
Continuation of COVID-19 MassHealth Eligibility and Coverage Flexibilities

Address Digital Divide re: Broadband/ Telehealth Access

State Funds for Emergency Support to Highly Impacted Municipalities (to complement Statewide Programs)

# Additional Areas of Near-term COVID-19/ Health Equity State Budget Actions Based on Testimony *See Appendix II for Details*

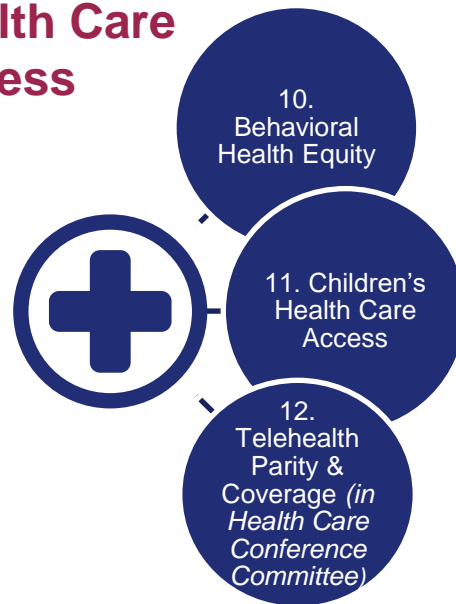
## Social Factors In Health



## Safety of Essential Workers and Congregate Settings



## Health Care Access



# FY21 State Budget and Policy Priority: Data and Reporting for Health Equity Informed COVID-19 Efforts

**Findings:** The Task Force received wide-ranging stakeholder input about the urgent need for more complete actionable data and public reporting to inform the COVID-19 response, which residents, employers, state and local governments need to inform decision-making and protect the safety (including prevention) of all residents including those at greater risk for disproportionate impacts of COVID-19. This data is crucial to ensure that ALL people are being served.

- Building on progress under the current COVID-19 data reporting law, we urge that ongoing reporting efforts more fully capture and publicly report race, ethnicity, language, disability, and occupation data – all of which are required elements in Chapter 93 of the Acts of 2020. COVID-19 mitigation and supportive interventions all flow from access to this critical data that can be used by communities. Furthermore, such data, including its representation at the neighborhood level, can be used to correlate to how resources are allocated, with emphasis on areas of high impact.
- Testimony has underscored that race stratification alone is not sufficient to monitor impacts and responses, which are more appropriately tailored taking into account ethnicity and language. For example, race categories such as “Black,” “Asian,” and “Hispanic” (among others) aggregate many different ethnicities, cultures, and languages.
- Therefore, a suggested approach is a report to the legislature on the reasons for the current reporting gaps and lags and the support and solutions necessary to address them. For instance, we would like to understand what data elements are included in the automatic data transmissions from labs and other data submitters and which data remains to be captured by resource constrained local boards of health and contact tracers.
- After resolving the existing data required by Chapter 93, we recommend planning for future new data for dashboards including “industry, sexual orientation and gender identity, and cluster information by category and location” over time, such as Colorado is doing. As part of future planning, testimony was received about tracking data for additional subpopulations such as those with mental health conditions and pregnancy.

# FY21 State Budget and Policy Priority: Data and Reporting for Health Equity Informed COVID-19 Efforts

## Findings (continued):

- It is critical to bolster the state's public health infrastructure. Access to data is directly linked to the public health surveillance system including DPH's data warehouse. We urge the release of \$2.9 million authorized in a recent government bond bill.
- In preparation for COVID-19 vaccines, we recommend planning for data collection and public reporting on vaccine distribution and vaccination rates to monitor and implement equitable vaccination efforts.
- We also support efforts to encourage the quality and completeness of the data that is submitted by health care providers, laboratories, and other entities to DPH.

*See Appendix IV for Proposed Discussion Draft Language*

**Recommend additions to data reporting requirements of Chapter 93 of the Acts of 2020 and bolster resources for public health surveillance infrastructure.**

#2

## FY21 State Budget and Policy Priority: Equitable COVID-19 Vaccinations

**Findings:** Equitable vaccine distribution, access, education, outreach, vaccination rates and public reporting of such rates have been a major focus of Task Force input. Public hesitancy about potential vaccines and prior mistrust especially among diverse populations have been noted. The Task Force recommends that there is a participatory advisory process, representative of racially and ethnically diverse stakeholders, residents and vulnerable populations and medical, public health, ethics, and other experts, for input in the design and oversight of the vaccination plan and its implementation. The vaccination plan should include public hearings and an opportunity for public testimony to incorporate feedback. A new report by the National Academies of Sciences, Engineering and Medicine ([National Academies Framework for Equitable Allocation of COVID-19 Vaccine Highlights](#)) is a reference.

Further, we recommend that the implementation of the COVID-19 vaccine plan should include a culturally and linguistically-centered public awareness campaign, education, and community engagement plan to foster vaccine awareness, promotion and acceptance, including ensuring that there be no out-of-pocket cost-sharing for COVID-19 vaccines to facilitate access, and conducting such a campaign in partnership with trusted community-based organizations, local public health departments, and health care providers, including those serving diverse, gateway communities.

#2

## FY21 State Budget and Policy Priority: Equitable COVID-19 Vaccinations

In preparation for COVID-19 vaccines, we recommend planning for data collection and public reporting on vaccine distribution and vaccination rates to monitor and implement equitable vaccination efforts.

*See Appendix IV for Proposed Discussion Draft Language*

**Support establishment of an equitable COVID-19 vaccination process and efforts as described above.**

#3

## Draft FY21 State Budget Legislative Request for COVID-19 and Health Equity Initiatives Response Reserve Account

Address pressing needs through a reserve account such as the example of the Chapter 124 of the Acts of 2020 (the FY20 emergency supplemental law that included reserve accounts for COVID-19 related expenditures that leverage federal funding, tapping federal funds to greatest extent).

The COVID-19 and Health Equity Initiatives Response Reserve Account has detailed purposes, which include but are not limited to the areas in slide 6 and Appendix I. Upon filing the report, the intent is to work collaboratively with legislative and Administration leaders on the funding build-up and other important details for this account. Such information is not presently available to the Task Force.

*See Appendix IV for Proposed Discussion Draft Language.*

**Support establishment of a COVID-19 and Health Equity Reserve Account to monitor, treat, contain, promote public awareness, prevention, equitable response initiatives, and health equity efforts related to COVID-19.**

# Appendix I: Further Details for Priority #3

#3A

Expand & Extend Stop the Spread Initiatives

#3B

COVID-19 Testing & Enhanced Contact Tracing

#3C

Statewide Surveillance Testing

#3D

Uniform COVID-19 Testing Requirements for Entry/Re-entry to Congregate Settings

#3E

Local Public Health COVID-19/Health Equity Response

#3F

Isolation Housing/ Hotels re: COVID-19

#3G

COVID-19 Public Health Standards in Department of Corrections Facilities and Jails

#3H

Bulk Purchasing of Medical Supplies & Personal Protective Equipment & Equitable Distribution

#3I

Language Access at State Agencies

#3J

Statewide Public Service Announcements Campaign

#3K

Culturally and Linguistically Responsive Materials & CBO Outreach

#3L

Behavioral Health Language/Cultural Services Access

#3M

Continuity of MassHealth Flexibilities

#3N

Continued Funding for EOHEE Emergency Cash Assistance Program

#3O

Address Digital Divide/Broadband Telehealth

#3P

State Funds for Emergency Support to Highly Impacted Municipalities (to complement<sup>13</sup> Statewide Programs)



## FY21 State Budget and Policy Priority: Expand and Extend Stop the Spread Initiatives

**Findings:** The Task Force received substantial favorable testimony about the importance of the Stop the Spread Initiatives and recommendations that they be expanded and extended through SFY 21 -22. In the continued pandemic response, there is a call to have an extension and expansion of the Stop the Spread initiatives in existing and new communities as a tool to mitigate COVID-19 and assist communities with heightened needs. Culturally and linguistically responsive initiatives should be options for all yellow/moderate and red/severe COVID-19 areas (including at the neighborhood/census tract level) with emphasis on free asymptomatic testing for highly impacted, diverse, and low-to-moderate income populations, essential workers, and congregate settings/high density housing. Incorporate innovative testing modalities (drive/walk-through and mobile testing). Stop the Spread initiatives are yielding promising partnerships between the state, municipalities, local boards of health, and culturally and linguistically focused and trusted community-based organizations in terms of outreach and education in impacted communities.

**Support funding to extend and expand Stop the Spread through FY21 into FY22. Build on this approach and dedicate funds to these community-based partnerships including for future initiatives incorporating equitable vaccinations.**

# FY21 State Budget and Policy Priority: COVID-19 Testing and Enhanced Contact Tracing

**Findings:** The Task Force recommends increased no-cost, asymptomatic testing (including mobile testing) and enhanced contact tracing capacity in both local boards of health and through the Community Tracing Collaborative. We recommend adaptation of such services to encompass education and mechanisms to link people to supportive wrap-around services (food security, housing stability, access to PPE, employment assistance, transportation issues). Prioritize rapid notification of potential exposure and facilitate linkage to local testing for medically vulnerable populations. By developing state and municipal partnerships with trusted community-based organizations serving disproportionately-impacted populations, there is an opportunity to jointly set up testing sites where diverse, vulnerable populations are located (community centers, housing, churches, food pantries). Further, these partnerships could be used to train and utilize trusted community members to conduct contact tracing, education, and wrap-around services.

**Support ongoing funding for no-cost asymptomatic testing and enhanced contact tracing capacity in local boards of health, community-based partnerships, and the Community Tracing Collaborative, the latter of which received dedicated funding in the FY20 supplemental budget law.**

#3C

## FY21 State Budget and Policy Priority: Statewide Surveillance Testing

**Findings:** The Task Force received substantial testimony about the need for statewide surveillance testing of asymptomatic residents, including across diverse populations and geographies as a prevention, mitigation, and early surge-warning strategy. Recommend statewide surveillance testing program, that is representative of the overall population (inclusive of urban, suburban, and rural settings) and includes populations at high-risk. Require regular COVID-19 testing for congregate and community-based programs that are vulnerable to outbreaks (such as long-term care facilities, public housing and densely populated housing, group homes, homeless shelters, prisons, etc. Provide and implement guidelines for surveillance among essential workers.

**Support Funding for Implementation for a New Massachusetts Statewide COVID-19 Surveillance Program described above.**

## State Policy Priority: Uniform COVID-19 Testing Requirements for for Entry/Re-entry to Congregate Settings

**Findings:** The Task Force reviewed testimony about the need for uniform COVID-19 testing requirements for entry and re-entry to congregate settings (homeless shelters, long-term care, Department of Children and Families group homes, group settings, etc.). There are disparate testing requirements leading to increased housing instability and transitions in health care, especially for socially and medically vulnerable populations throughout the pandemic.

**Recommend that the Massachusetts COVID-19 Command Center and Corresponding State Agencies Establish Uniform COVID-19 Testing Requirements for Entry and Re-entry to Congregate Settings.**

# FY21 State Budget and Policy Priority: Local Public Health COVID-19 and Health Equity Response

**Findings:** The Task Force received testimony that many local boards of health (BOH) have insufficient public health resources in light of COVID-19 and on an ongoing basis. State funding is needed for in-need Local Public Health Departments for COVID-19 and related health equity efforts, including but not limited to needs for adequate staff capacity and a culturally appropriate public health workforce, including outreach workers and contact tracers.

- Funding must be dedicated to local BOH as a down payment to support necessary infrastructure improvements for COVID-19 response and other BOH responsibilities to protect the public's health. These funds should be made available to support needs specific to each community. They can be viewed as a step in the direction of the goals of accelerating improvements to the local and regional public health system to address disparities in the delivery of public health services.
- Some BOH have indicated that it would be helpful to receive best practices guidance for community engagement and interventions related to COVID-19, based on the evaluation of successful efforts.
- Steps are encouraged for local municipalities to form an advisory structure so that residents experiencing the greatest impacts of COVID-19 are full partners in informing the response efforts in their communities.

## FY21 State Budget and Policy Priority: Isolation Housing/ Hotels re: COVID-19

**Findings:** Preventing the spread of COVID-19 from persons whose living conditions are not conducive to isolation is a priority. Many especially afflicted communities and vulnerable populations live in cramped, often multi-generational households or congregate settings (where isolation is not possible). We have heard of the great value of the state-funded isolation housing by community organizations and municipal leaders as essential. Ensuring that proposed isolation facilities are located in communities that are disproportionately affected is integral to their utilization by those most in need. For instance, we received testimony about the great value and need for state-funded continuity of the current isolation hotel in Everett, which is able to serve surrounding communities which are among those with the highest COVID-19 rates. The Task Force requests continued state funding for isolation housing/hotels in the FY21 state budget. Such funding may need to be expanded in a future COVID-19 surge.

**Support Continued Funding (and Expanded Funding in the event of future COVID-19 Surge) in the FY21 State Budget Process**

## FY21 State Budget and Policy Priority: Requiring Implementation of COVID-19 Public Health Standards in Department of Corrections Facilities and Jails

**Findings:** The MA Supreme Judicial Court recognized that, due to the COVID-19 pandemic, the situation inside the Commonwealth's jails and prisons "is urgent and unprecedented, and that a reduction in the number of people who are held in custody is necessary." Holding medically vulnerable people in prisons and jails during the COVID-19 pandemic places them at a substantial risk of serious harm, including death due to an inability to adequately physical distancing within prison walls. Recent outbreaks in the Department of Corrections and the Essex County jail underscore the need for action.

In keeping with the overall aim of minimizing congregate settings due to the transmissibility of COVID-19, the Task Force recommends decarceration efforts through various mechanisms including, but not limited to, maximizing good time for persons who are close to their release dates (such as within 6 months) and medically complex, frail, elderly persons who are incarcerated with non-violent offenses. Furthermore, it is imperative that the Department of Corrections require that all correctional staff comply with Department of Public Health guidelines regarding preventing the contraction of and spread of COVID-19 until the virus is no longer a threat or until otherwise indicated by DPH. See Appendix IV.

## FY21 State Budget and Policy Priority: Bulk Purchasing of Medical Supplies and Personal Protective Equipment with Emphasis on Appropriate Distribution Underserved Communities, Essential Service Workers, and Vulnerable Populations

**Findings:** The Task Force received stakeholder testimony about challenges in accessing medical supplies and personal protective equipment (PPE) across sectors and individuals. Furthermore, it is essential that the Commonwealth ensure that there are initiatives that emphasize distribution of PPE and medical supplies to diverse populations, low-income populations, disproportionately impacted communities, essential service workers, diverse populations, and other vulnerable populations including senior citizens and those living in congregate settings, including those unable to procure such supplies on their own. In response, there is a recommendation for a bulk purchasing program (modeled on naloxone purchase program) and detailed in Appendix IV.



## FY21 State Budget and Policy Priority: Language Access at State Agencies Overseeing Public Services and Benefits

**Findings:** The Task Force received testimony about the difficulties in multi-lingual access to state services and benefits and the need for more linguistically appropriate platforms, including call centers, websites, and written information. Limited English proficient individuals are more acutely affected by COVID-19 state agency closures as they are unable to have in-person meetings to get language access. Challenges with language access in telephone systems and websites pose barriers in accessing vital benefits and services during the pandemic. As a preliminary step to long-term language access plan needs, action is recommended now so that state agency call centers are more accessible and responsive to callers who have language access needs other than English.

### **FY21 State Budget Recommendation: Language Access at State Agencies Overseeing Public Services and Benefits**

“For all state agencies that provide services and benefits to the public, establish and implement clear and consistent protocols and messaging about COVID-19, including detailed steps to respond to live calls and voicemails left in a language other than English and track results for public reporting.”

#3J

## FY21 State Budget and Policy Priority: Statewide Public Service Announcements Campaign

**Findings:** The Task Force received testimony about the merits of a statewide campaign of public service announcements, announcing the availability of no-cost testing and treatment for COVID-19, regardless of immigration status, along with accompanying public health messages. This platform is also recommended for use when vaccines are available. Elements of this campaign should include: the participation of racial/ethnic media and community-based organizations; outreach information in a culturally and linguistically appropriate format; important messages to address areas of common misconceptions, fear and the availability of testing, treatment, recovery services, behavioral health services, and ultimately vaccines. Messaging and wrap-around support for housing, food, and unemployment assistance should also be included.

**Support Funding for Implementation for a New Massachusetts Statewide COVID-19 Public Service Announcements Campaign including Community-Based Organizations and Racial/ Ethnic Media**

# FY21 State Budget and Policy Priority: Culturally and Linguistically Responsive Materials & CBO Outreach

**Findings:** The Task Force supports the further development of culturally and linguistically responsive materials related to COVID-19 and distribution mechanisms via trusted local community-based organizations (CBOs). A grant funded initiative is recommended for CBOs to undertake community outreach and outreach to businesses.

## Support Funding for Implementation for a COVID-19 Community Outreach Initiative

- Grant funding initiative for community outreach through trusted local community-based organizations, that are sources of information in their cities and towns, and able to conduct the recommended outreach and education campaigns to reduce the spread of COVID-19. Partnerships between state, local boards of health, and community organizations is a cost-effective approach to engage diverse, immigrant and refugee populations in COVID-19 initiatives.
- Through outreach, CBOs and local boards of health can increase access to testing, contact tracing, and connections to treatment and local resources using newly developed outreach materials and statewide public campaigns.
- Outreach to employers (small businesses and chambers of commerce) on the rationale and technical assistance regarding the recommended local public health guidelines to reduce the spread of COVID-19.

# FY21 State Budget and Policy Priority: Behavioral Health Language/Cultural Services Access

**Findings:** Behavioral health equity is a priority area. It is integral to include mental health in any discussion about public health. Massachusetts is experiencing unprecedented high levels of demand for inpatient and outpatient behavioral health services in 2020, with emergency department boarding for individuals awaiting an inpatient placement at 4 times higher than this time last year.

The Task Force has heard considerable testimony about the heightened demands for behavioral health services in light of the COVID-19 health and socio-economic impacts. There were gaps in the continuum of care for behavioral health prior to the pandemic, which have intensified including for language and cultural-specific services. The Task Force encourages steps to create greater behavioral health access and culturally, ethnically, and linguistically competent services and encourage diverse behavioral health workforce. As a starting point in the upcoming FY21 state budget, the Task Force urges adoption for behavioral health language access provisions, described below. In addition, support for a range of related state budget items are highlighted in #10.

## **FY21 State Budget Recommendation: Support Behavioral Health Language and Cultural Access**

Include language from the Mental Health ABC Act (S.2546) that seeks to encourage a culturally, ethnically, and linguistically diverse behavioral health workforce. Relevant sections are 53, 56, and 57 <https://malegislature.gov/Bills/191/S2546>

# FY21 State Budget and Policy Priority: Continuity of MassHealth Eligibility and Benefits Flexibilities

**Findings:** The Medicaid Program is a critical part of the response and recovery efforts for this pandemic, as many people have lost employment and now depend on its member benefits. Medicaid has always been and still remains a key program to close, reduce, and address health disparities. The Baker Administration and EOHHS responded immediately to the COVID-19 crisis with a range of Medicaid coverage, continuity of eligibility, and administrative flexibilities that we recommend should be extended beyond the declared state of emergency and continued by the Administration.

## **Recommendation for FY 2021 Budget Language: Continuity of MassHealth Eligibility and Benefits**

The Executive Office shall maintain the following policies implemented during the COVID-19 emergency period to the extent it can do so in compliance with federal law and until such time as it provides 90 days advance notice to the House and Senate Ways and Means Committees of its intention to end such policies and its reason for doing so with respect to the following policies in effect on July 1, 2020:

- Self-attestation of all eligibility factors consistent with federal law with post-eligibility verification where warranted
- 3-months of retroactive eligibility for the under 65 population
- Hospital Presumptive Eligibility up to two times in a 12 month period and available for the elderly
- Health Safety Net presumptive eligibility available up to two times in a 12 month period
- At least 90 days for applicants and members to request a fair hearing
- A 90 day supply of drugs and medical supplies
- Payment of home delivery for drugs and medical supplies
- Authorization for certified application counselors and navigators to submit documents based on electronic signatures of applicants and members
- Authorization for applicants and members to complete certain forms by telephone

## FY21 State Budget and Policy Priority: Continued Funding for EOHED Emergency Cash Assistance Program

**Findings:** The Task Force is concerned about historically, underserved populations especially those who are ineligible for other sources of assistance. Continuing the crucial emergency cash assistance program (as provided for in the FY20 supplemental budget law - H.4808), we recommend that the FY21 budget include an additional \$20 million in funding for this initiative, which is \$10 Million allocated in the budget with envisioned matching funds by philanthropic/ private funds. Assistance is distributed through community foundations partnered with trusted community-based organizations.

Launched in July, this program provides emergency cash assistance to the most hard-hit populations across the state, including immigrants who have no access to other sources of federal or state aid. Food and housing insecurity is heightened in immigrant communities. According to the MIRA Coalition's community survey conducted in August, 59 percent of immigrant households reported reliance on food or cash assistance; among households with undocumented members, the share was 77.8 percent. Three in 5 such households reported housing insecurity due to missed rent payments.

# FY21 State Budget and Policy Priority: Continued Funding for EOHED Emergency Cash Assistance Program (continued)

**FY21 State Budget Recommendation: Line-Item 7002-0010, an Additional \$20 Million total (\$10 Million matched by philanthropic/ private funds)**

FY21 Budget: An additional \$20 million in additional funding for **emergency cash assistance** to impacted, historically underserved populations, especially those who are ineligible for other assistance. This would continue and add an additional \$20 Million total (\$10 Million state match by private foundations), through the program established by the FY20 Supplementary Budget, [H.4808](#), ("An Act making appropriations for the fiscal year 2020 to authorize certain COVID-19 spending in anticipation of federal reimbursement"), as passed to be engrossed by the House on June 24, 2020, lines 172 to 201. As enacted, assistance is distributed through community foundations partnered with trusted CBOs, and envisions a 1-1 match by private foundations.

#30

## **FY21 State Budget and Policy Priority: State Funds for Emergency Support to Highly Impacted Municipalities (to complement Statewide Programs)**

Findings: The Task Force received substantial testimony about the value and urgent need for continuing state support to highly impacted municipalities and communities, including but not limited to local food security programs, housing stability initiatives, unemployment assistance especially for low wage and essential service workers ineligible for other programs, etc.

Request continued Support to Local Municipalities and Communities Highly Impacted by COVID-19 for Local Efforts to Address Food Security, Housing Stability, Unemployment Assistance Especially for Low Wage Essential Service Workers Ineligible for other programs, etc. These serve as a complement to statewide programs.



# FY21 State Budget and Policy Priority: Telehealth Addressing the Digital Divide & Equitable Access

**Findings:** The telehealth policies adopted by the Commonwealth (under Emergency Order) have allowed for safe and timely access to quality health care, by facilitating ongoing care via video and audio-only telehealth services for primary care, specialty care, and behavioral health care services on par with coverage and reimbursement for in-person services. The Task Force urges the continuity of telehealth coverage and reimbursement parity to allow predictability and durability for the future. Audio-only coverage and payment parity (in addition to video) is a key modality to ensure equitable access for diverse populations, including those with language access needs, those without access to broadband or required technologies and capabilities, and at patient preference.

## **Telehealth Recommendations to Address the Digital Divide:**

In addition to the telehealth provisions in the health care conference committee (slides 44 - 45), develop initiatives to promote equitable access to telehealth services by addressing the digital divide including but not limited to pilot initiatives to expand broadband access in underserved areas and among diverse, low-income populations including those disproportionately impacted by COVID-19.

# Appendix II: Additional Areas of Near-term COVID-19/ Health Equity State Budget Actions Based on Testimony

- #4 Housing Stability
- #5 Food Insecurity
- #6 End Deep Poverty by Gradually Raising Cash Assistance
- #7 Work and Family Mobility
- #8 Emergency Paid Sick Leave
- #9 Decarceration in the Context of COVID-19
- #10 Behavioral Health Equity
- #11 Children's Health Care Access
- #12 Telehealth Coverage and Payment Parity/Digital Divide

**Findings:** In the wake of COVID-19 and its prolonged economic effects particularly for low-wage workers, the Task Force received resounding testimony about the emergent need for housing stabilization and eviction and foreclosure prevention efforts. Housing is a social determinant of health. Action must address the housing crisis which equates to a public health crisis. The current October 17th renewal date for the eviction moratorium marks a predicted and preventable tidal wave of wide-scale housing instability and risk for homelessness in the midst of the COVID-19 pandemic. A comprehensive plan is needed for tenants and homeowners to prevent housing instability and mass eviction. The Task Force lends supports to these ongoing efforts:

- Extend the eviction and foreclosure moratorium (at least until a comprehensive plan is in place to support tenants and prevent displacement along with the elements on this page and the following slides) and
- Adopt a framework to provide time, protection, and housing assistance to tenants, homeowners, and landlords to keep people housed (Housing Stability bill re: COVID-19) and
- Fund rental assistance and foreclosure prevention to stabilize people's housing and prevent homelessness: RAFT, MRVP, AHVP, Public Housing, HomeBASE, and the Tenancy Preservation Program and
- Implement a statewide right to counsel program to prevent eviction and preserve tenancies and
- Emergency shelter funding to support already elevated need.

#4

## FY21 State Budget and Policy Priority: Housing Stability and Support for Long-Term Affordable Housing and Emergency Rental Assistance

**Rental Assistance for Families in Transition (RAFT), the Massachusetts Rental Voucher Program (MRVP), the Alternative Housing Voucher Program (AHVP), Public Housing, HomeBASE, and the Tenancy Preservation Program**

**Findings:** Increased investments and streamlined access to affordable housing and homelessness prevention resources through the RAFT, rental assistance, and other affordable housing programs is essential. Supports small landlords as well.

**Support increased funding for programs providing long-term affordable housing and emergency rental assistance in the FY21 state budget.**

- \$135 million for the Massachusetts Rental Voucher Program (MRVP) to increase the number of vouchers providing long-term rental assistance
- \$12 million for the Alternative Housing Voucher Program (AHVP) to provide increased rental assistance for persons with disabilities
- At least \$50 million for RAFT from the FY21 budget, with an additional investment of at least \$175 million from the state's remaining federal Coronavirus Relief Funds
- At least \$45 million for the HomeBASE program, and include language to provide an additional year of benefits to households that otherwise will time out of the program before securing permanent housing

## #4 State Policy Priority: Housing Stability and Statewide Right to Counsel COVID-19 Initiative

### Statewide Right to Counsel COVID-19 Initiative

**Findings:** “Now more than ever housing stability and health are inextricably intertwined.” Medical studies document how people who face housing stability and fall behind on rent are more likely to experience poor health and distress. There is far greater risk of being exposed to COVID-19 if stable housing is lost. Only 8% of tenants facing eviction proceedings have lawyers. The health care community, municipalities, and over 130 coalition members support the implementation of a statewide right to counsel program to preserve tenancies.

**Support a Statewide Right to Counsel COVID-19 Initiative and fund it in the amount of \$15 million through federal COVID relief dollars or other sources**

Findings: The Task Force received substantial testimony about food insecurity in light of COVID-19 and its after-effects. Low-wage workers have been especially impacted. Ensuring equitable access to healthy food is a critical part of the state's recovery.

Rates of food insecurity were already too high in our state prior to the COVID-19 pandemic at 1 in 11 households and 1 in 9 children. Over the past seven months, the economic consequences of this crisis have caused food insecurity to skyrocket. As of July, 1 in 6 households and more than 1 in 5 households with children in Massachusetts report difficulty buying the food they need.

The Task Force recommends state budget support for a range of key food programs outlined on the following slide. One such program is the Healthy Incentives Program, which has provided \$18.5 million of fresh, healthy, local food to more than 82,000 households since 2017, all purchased from local farms.

## FY21 State Budget Recommendations: Promoting Food Security

- **Massachusetts Emergency Food Assistance Program (MEFAP) Line-Item 2511-0105: \$30 Million**
- **Emergency Food Funds to Hard Hit Communities/Municipalities**
- **SNAP Gap:** Maximize federal nutrition dollars by including language (in an outside section) that requires the state to permit health care consumers to apply for SNAP at the same time. (Financing already authorized through FY20 IT Bond Bill)
- **SNAP Outreach:** Support for SNAP outreach and enrollment through the Project Bread FoodSource Hotline in Line-Item 4400-1001: **\$600,000**
- **Healthy Incentives Program Line-Item 4400-1004: \$17 Million**
- **MA Food Trust operating budget: \$300,000** (supports food access infrastructure development targeting underserved communities)
- **Women, Infants, and Children (WIC) Program**

#6

## FY21 State Budget and Policy Priority: End Deep Poverty By Gradually Raising Cash Assistance

**Findings:** The maximum cash assistance grant for a family of 3 (TAFDC) is only \$593 a month. Grants for elders and persons with disabilities (EAEDC) are even lower. Grant levels have lost half their value since 1988 and are now far below Deep Poverty – 50% of the federal poverty level. Children and vulnerable adults in extreme poverty are at risk of homelessness and other hardships, including cognitive, emotional, and physical health challenges. Severe poverty impairs children’s ability to learn, school performance, self-esteem, and future earnings. People of color, including children, are more likely to be in Deep Poverty and more likely to be harmed by it.

**FY21 State Budget Recommendation: Include outside sections with language from H.102 and S.36 to end Deep Poverty by –**

- Raising TAFDC and EAEDC grants by 10% a year until they reach 50% of the federal poverty level (currently \$905/month for a family of 3)
- And then increasing grants to keep pace with increases in the Deep Poverty level



#7

## FY21 State Budget and Policy Priority: Work and Family Mobility

**Findings:** Work and family mobility is important overall, and especially in the context of COVID-19. To protect the safety of populations and many essential services workers, there is support for advancing work and family mobility policies to enable all qualified state residents to apply for a standard Massachusetts driver's license, while keeping the Commonwealth compliant with REAL ID requirements.

All families in MA should be able to get to work, school, and medical appointments safely. This is of particular note due to the need for social distancing relative to COVID-19.

**FY21 State Budget Recommendation:** Include outside section with language drawn from the Work and Family Mobility Act (S. 2641).

#8

## FY21 State Budget and Policy Priority: Emergency Paid Sick Leave

**Findings:** The Task Force received considerable testimony that a barrier to COVID-19 positive persons isolating as they recover is the lack of emergency paid sick leave during a declared public health emergency. This is a pressing health equity for individuals and families, with public health consequences.

**Recommend passage of An Act Relative to Emergency Paid Sick Time (S.2882/ H.4928)** pending before the Ways and Means Committees. The bill creates a COVID Emergency Paid Sick Leave Fund administered by the Executive Office of Labor and Workforce Development for the purpose of financial assistance to businesses not covered under the federal Families First Coronavirus Act (FFCRA) for extended emergency paid sick leave. The bill would extend emergency paid sick leave to employees in a declared public health emergency. Many such employees are essential workers in frontline industries (health care/long-term care, janitorial, food service, childcare, etc.) who are currently excluded from the FFCRA.

#9

#3

# FY21 State Budget and Policy Priority: Decarceration in Context of COVID-19

**Findings:** The MA Supreme Judicial Court recognized that, due to the COVID-19 pandemic, the situation inside the Commonwealth's jails and prisons "is urgent and unprecedented, and that a reduction in the number of people who are held in custody is necessary." Holding medically vulnerable people in prisons and jails during the COVID-19 pandemic places them at a substantial risk of serious harm, including death due to an inability to adequately physical distancing within prison walls. Recent outbreaks in the Department of Corrections and the Essex County jail underscore the need for action.

In keeping with the overall aim of minimizing congregate settings due to the transmissibility of COVID-19, the Task Force recommends decarceration efforts through various mechanisms including, but not limited to, maximizing good time for persons who are close to their release dates (such as within 6 months) and medically complex, frail, elderly persons who are incarcerated with non-violent offenses. Furthermore, it is imperative that the Department of Corrections require that all correctional staff comply with Department of Public Health guidelines regarding preventing the contraction of and spread of COVID-19 until the virus is no longer a threat or until otherwise indicated by DPH.

# FY21 State Budget and Policy Priority: Behavioral Health & Equity and Language/Cultural Services Access

**Findings:** Behavioral health equity is a priority area. It is integral to include mental health in any discussion about public health. Massachusetts is experiencing unprecedented high levels of demand for inpatient and outpatient behavioral health services in 2020, with emergency department boarding for individuals awaiting an inpatient placement at 4 times higher than this time last year.

The Task Force has heard considerable testimony about the heightened demands for behavioral health services in light of the COVID-19 health and socio-economic impacts. There were gaps in the continuum of care for behavioral health prior to the pandemic, which have intensified including for language and cultural-specific services. The Task Force encourages steps to create greater behavioral health access and culturally, ethnically, and linguistically competent services and encourage a diverse behavioral health workforce.

Not only are there important strides ahead to achieve behavioral health parity in the delivery of health care and behavioral health services, there are additional areas of inequities where progress is imperative. Extensive research has documented the vast disparities in health outcomes, morbidity and mortality for persons with mental health conditions, the intersections with the criminal justice system and more appropriate treatment in the behavioral health system, and ongoing stigma as a barrier. Testimony emphasized concerns about implicit bias in the health care system and diagnostic overshadowing of the physical health of persons with diagnosed mental health conditions, highlighting how psychiatric diagnoses can be an overlooked contributing source of health disparities.

As a starting point in the upcoming FY21 state budget, the Task Force recommends support for a range of supportive state budget items and urges adoption of behavioral health language access provisions, described on the following page.

# FY21 State Budget and Policy Priority: Behavioral Health & Equity and Language/Cultural Services Access

## FY21 State Budget Recommendation: Support Behavioral Health Initiatives

### Support Behavioral Health Language and Cultural Access

Include language from the Mental Health ABC Act (S.2546) that seeks to encourage a culturally, ethnically, and linguistically diverse behavioral health workforce. Relevant sections are 53, 56, and 57 <https://malegislature.gov/Bills/191/S2546>

**Stable, Affordable Housing for Clients of the Department of Mental Health (DMH):** DHCD Line Item 7004-9033: Department of Mental Health Rental Subsidy Program, Request: \$10.548M, address \$2M shortfall in H2 and expand by \$1M

**Child and Adolescent Mental Health Services:** DMH Line Item 5042-5000: DMH Child & Adolescent Mental Health Services Request: \$94.536M, restore the \$2.5M proposed cut in H2  
DEEC Line Item 3000-1020: Early Childhood Mental Health Consultation Request: \$2.5M

**Older Adult Mental Health Services** EOE Line Item 9110-1640: Geriatric Mental Health Services Program – EMHOT – Elder Mental Health Outreach Teams Request: \$1M, \$200K above H2

**Criminal Justice Diversionary Services:** DMH Line Item 5046-0000: Jail Diversionary Services Program: Request a \$2M increase over FY20 GAA to \$5M to resolve a backlog and increase number of co-responder programs

**Home and Healthy for Good Program:** DHCD Line Item 7004-0104: Request at least \$3.89 Million

# FY21 State Budget and Policy Priority: Children's Health Care Access

**Findings:** Tens of thousands of low-income children can only access minimal coverage with strict limits on covered benefits through the Children's Medical Security Plan. These benefit caps have been the same since the program's inception 30 years ago, and ongoing access to coverage and care should be made available to all children, regardless of immigration status. In addition some children from low-income families, which would typically make them eligible for MassHealth are barred from accessing this coverage due to their immigration status. Several states have extended comprehensive Medicaid coverage to all children who are otherwise eligible, regardless of immigration status. This longstanding issue is even more crucial now, and the legislature should consider a range of solutions, such as removing benefits caps in CMSP and offering more comprehensive coverage to immigrant children.

**FY21 State Budget Policy Recommendation: Adopt solutions for children's health care coverage such as:**

- **Remove benefit caps within the Children's Medical Security Plan**  
*"All financial limitations on benefits shall be removed from Chapter 118E, Section 10F" Or*
- **Expand comprehensive MassHealth coverage to children who would be eligible for MassHealth except for their immigration status** such as through HB162/SB677, *an Act to ensure equitable health coverage for children*

# FY21 State Budget and Policy Priority: Telehealth Coverage and Payment Parity and the Digital Divide

**Findings:** The telehealth policies adopted by the Commonwealth (under Emergency Order) have allowed for safe and timely access to quality health care, by facilitating ongoing care via video and audio-only telehealth services for primary care, specialty care, and behavioral health care services on par with coverage and reimbursement for in-person services. The Task Force urges the continuity of telehealth coverage and reimbursement parity to allow predictability and durability for the future. Audio-only coverage and payment parity (in addition to video) is a key modality to ensure equitable access for diverse populations, including those with language access needs, those without access to broadband or required technologies and capabilities, and at patient preference. Initiatives are recommended now to address the digital divide and expand broadband access in underserved areas and among diverse, low-income populations including those disproportionately impacted by COVID-19.

## **Telehealth Recommendations to Address the Digital Divide:**

In addition to the provisions on the following page to promote the ongoing insurance coverage and reimbursement parity for telehealth services including video and audio-only modalities, develop initiatives to promote equitable access to telehealth services by addressing the digital divide including but not limited to pilot initiatives to expand broadband access in underserved areas and among diverse, low-income populations including those disproportionately impacted by COVID-19.

# FY21 State Budget and Policy Priority: Telehealth Coverage and Payment Parity and the Digital Divide (continued)

## Telehealth Recommendations in Health Care Conference Committee:

- **Adopt the Coverage Parity for All Services That Can Be Provided Via Telehealth Wherever It Can Be Provided Safely & Effectively. (adopt provisions from SB2796) (Video and Audio only, a key modality to ensure equitable access for diverse populations, including those with language access needs, those without access to broadband or required technologies)**

subsection (b) of the new section 30 of Chapter 32A in section 3 of the bill; subsection (b) of the new section 79 of Chapter 118E in section 49 of the bill; subsection (b) of the new section 47CC of Chapter 175 in section 54 of the bill; subsection (b) of the new section 38 of Chapter 176A in section 55 of the bill; subsection (b) of the new section 25 of Chapter 176B in section 56 of the bill; subsection (b) of the new section 33 of Chapter 176G in section 57 of the bill; subsection (b) of the new section 13 of Chapter 176I in section 58 of the bill.

- **Adopt the reimbursement parity provisions (adopt sections 74 & 79 of SB2796)**
- **Adopt the permanent reimbursement parity provisions for in-network behavioral health services (adopt HB4916)** subsection (g) of the new section 30 of Chapter 32A in section 4 of the bill; subsection (g) of the new section 79 of Chapter 118E in section 22; subsection (g) of the new section 47MM of Chapter 175 in section 24; subsection (g) of the new section 38 of Chapter 176A in section 25; subsection (g) of the new section 25 of Chapter 176B in section 26; subsection (g) of the new section 33 of Chapter 176G in section 27; subsection (g) of the new section 13 of Chapter 176I in section 28.



# Appendix III: Further Background on Health Equity Task Force

- A. Planned Next Steps & Timeline of Task Force Toward Final Report
- B. Task Force Members
- C. Summary of Task Force Meetings, Hearing and Presentations To-Date
- D. Focus Areas Aligned with Chapter 93 of the Acts of 2020
- E. Legislative Mandate

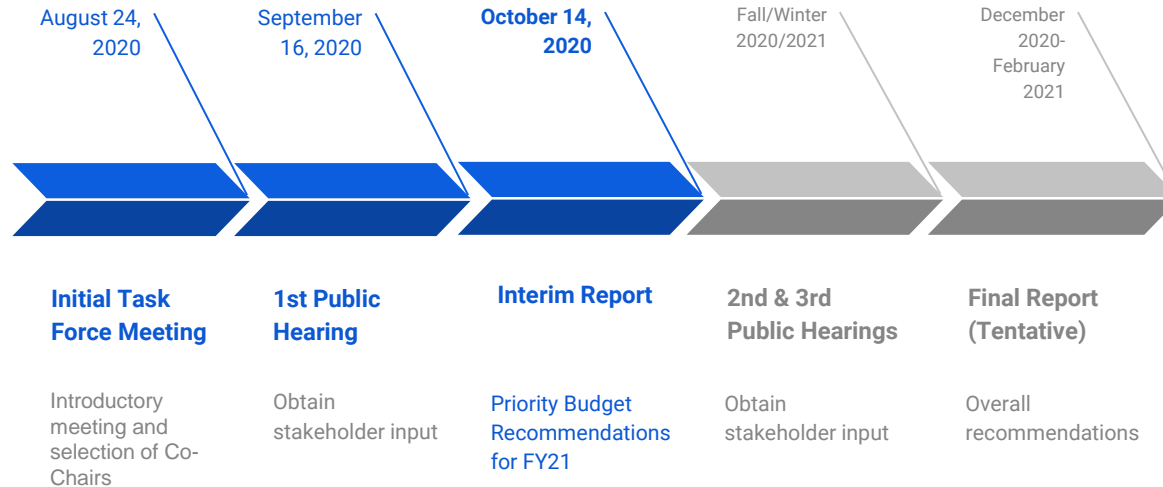
# A. Planned Next Steps of Task Force Toward Final Report

## Process & Anticipated Timeline for Final Report *(subject to updates)*

- Task Force Members are taking a Leadership Role in developing each of the 8 Sections of Report (aligned with 7 areas in Chapter 93 of the Acts of 2020 and an “Additional Areas” Section to encompass additional recommendations).
- A discussion draft report will be developed for continuing stakeholder input.
- The Task Force will convene at least 2 additional Public Hearings.

# A. Health Equity Task Force Anticipated Timeline

\*subject to updates



# B. Health Equity Task Force Members

## Senate Appointees

**Senator Sonia Chang-Diaz**

**Senator Julian Cyr**

**Task Force Co-Chair, Michael Curry, Esq.**, Deputy CEO and General Counsel at Massachusetts League of Community Health Centers

**Dr. Milagros Abreu**, Executive Director, President and Founder of The Latino Health Insurance Program

**Dr. Cassandra Pierre**, Infectious Diseases Physician and Assistant Professor of Medicine at Boston University

**Dr. Frank Robinson**, Vice President, Public Health and Community Relations, Baystate Health

**Hirak Shah**, Legal Counsel for Senate Minority Leader Bruce Tarr

## House Appointees

**Representative Chynah Tyler**

**Representative José F. Tosado**

**Task Force Co-Chair, Dr. Assaad Sayah**, CEO, Cambridge Health Alliance; Commissioner of Public Health, City of Cambridge; Assistant Professor, Harvard Medical School

**Dr. Kiame Mahaniah**, CEO, Lynn Community Health Center

**Dr. Myechia Minter-Jordan**, President & CEO, DentaQuest Partnership for Oral Health Advancement and Catalyst Institute

**Jeffrey Sanchez**, Lecturer, Center for Public Health Leadership, TH Chan School of Public Health; Senior Advisor, Rasky Partners

**Beverly Stables**, Health Care Policy Analyst for House Minority Leader Bradley H. Jones, Jr.

**Chair of the MA Black and Latino Legislative Caucus**

**Representative Carlos González**

**Chair of the MA Asian-American Legislative Caucus**

**Representative Donald H. Wong**

## C. Summary of Task Force Meetings, Public Hearing and Presentations To-Date

| Meeting/Hearing                          | Topics                                                                                                                                                                    | Resources                                                                                                       |
|------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| August 24, 2020<br>Task Force Meeting    | <ul style="list-style-type: none"> <li>• Introductory Meeting</li> <li>• Selection of Co-Chairs</li> <li>• Presentation by Office of Health Equity</li> </ul>             | MA Department of Public Health Office of Health Equity Presentation                                             |
| September 3, 2020<br>Task Force Meeting  | <ul style="list-style-type: none"> <li>• Review of Task Force Mandate</li> <li>• COVID-19 Recommendations</li> </ul>                                                      | MA Public Health Association Presentation                                                                       |
| September 16, 2020<br>Public Hearing     | <ul style="list-style-type: none"> <li>• Public Hearing to Receive Stakeholder Input</li> </ul>                                                                           | Written Testimony by Diverse Stakeholders (link)                                                                |
| September 18, 2020<br>Task Force Meeting | <ul style="list-style-type: none"> <li>• Insights from Public Hearing</li> <li>• Process for Interim Report</li> </ul>                                                    |                                                                                                                 |
| September 29, 2020<br>Task Force Meeting | <ul style="list-style-type: none"> <li>• Perspectives from Hotspot Community</li> </ul>                                                                                   | Presentations by Chelsea Collaborative and Chelsea City Manager<br>Presentation by Boston Black COVID-19 Caucus |
| October 7, 2020<br>Task Force Meeting    | <ul style="list-style-type: none"> <li>• Interim Summary Report Review</li> <li>• Perspectives from Black &amp; Latino and Asian-American Legislative Caucuses</li> </ul> | Listening Session with MA Black and Latino Legislative Caucus and MA Asian-American Legislative Caucus          |
| October 14, 2020<br>Task Force Meeting   | <ul style="list-style-type: none"> <li>• Discussion and Approval of Interim Report</li> </ul>                                                                             |                                                                                                                 |

<https://malegislature.gov/Commissions/Detail/512/Documents>

## D. Focus Areas Aligned with Chapter 93

1

Improve Safety for Populations at Increased Risk for COVID-19

2

Remove Barriers and Increase Access to Quality and Equitable Health Care Services

3

Increase Access to Medical Supplies

4

Increase Access to Testing

5

Provide Materials to Underserved Populations in Multiple Languages

6

Address Any Other Relevant Factors to Address Health Disparities

7

Areas of Further Study For Populations Not Covered in Task Force Charge

8

Other Areas Of Recommendations

# E. Legislative Mandate

## **Chapter 93 of the Acts of 2020**    <https://malegislature.gov/Laws/SessionLaws/Acts/2020/Chapter93>

SECTION 2. (a) Notwithstanding any general or special law to the contrary, there shall be a task force to study and make recommendations to the general court that address health disparities for underserved or underrepresented populations based on culture, race, ethnicity, language, disability, gender identity, sexual orientation, geographic location, including, but not limited to, gateway cities with hospitals dedicated to caring for patients who test positive for COVID-19, and age in the commonwealth during the COVID-19 pandemic.

(b) The recommendations shall include, but shall not be limited to, ways to:

(1) improve safety for populations at increased risk for COVID-19, which may include, but shall not be limited to: (i) employees of businesses and organizations defined as providing “COVID-19 Essential Services” under the governor’s March 23, 2020 emergency order; (ii) individuals residing in congregate housing and group home facilities, including, but not limited to, those operating under contracts with the department of developmental services, the department of mental health, the department of children and families, executive office of elder affairs, the department of housing and community development, the department of youth services, or the department of public health; (iii) inmates confined to a house of correction or state prison; (iv) individuals with serious underlying medical conditions linked to increased risk of severe illness from COVID-19 according to the federal Centers for Disease Control and Prevention; and (v) individuals residing in municipalities or neighborhoods disproportionately impacted by COVID-19;

## E. Legislative Mandate (continued)

SECTION 2. (b) (1) (cont.) (2) remove barriers and increase access to quality and equitable health care services and treatment; (3) increase access to medical supplies; (4) increase access to testing for COVID-19, including identifying ways to ensure that testing occurs in diverse geographic locations throughout the commonwealth; (5) provide informational materials to underserved or underrepresented populations in multiple languages on available and affordable health care resources in the commonwealth, including, but not limited to, prevention, testing, treatment and recovery; and (6) address any other factor the task force deems relevant to address health disparities for underserved or underrepresented populations based on culture, race, ethnicity, language, disability, gender identity, sexual orientation, geographic location and age in the commonwealth during the COVID-19 pandemic. As part of its recommendations, the task force may recommend the further study of the impact of disparities on populations not subject to this study.

(c) The task force shall consist of: 6 members appointed by the senate president, not more than 2 of whom shall be members of the senate; 6 members appointed by the speaker of the house of representatives, not more than 2 of whom shall be members of the house of representatives; 1 member appointed by the minority leader of the senate; 1 member appointed by the minority leader of the house of representatives; the chair of the Massachusetts Asian-American Legislative Caucus or a designee; and the chair of the Massachusetts Black and Latino Legislative Caucus or a designee. Task force membership shall reflect diverse representation in the commonwealth including, but not limited to, diverse cultures, races, ethnicities, languages, disabilities, gender identities, sexual orientations, geographic locations and ages



## E. Legislative Mandate (continued)

Appointees of the senate president, speaker of the house, minority leader of the senate and minority leader of the house who are not members of the general court shall be knowledgeable in public health or healthcare. When making appointments, the senate president, speaker of the house, minority leader of the senate and minority leader of the house shall give consideration to individuals who have experience addressing disparities in underserved or underrepresented populations based on culture, race, ethnicity, language, disability, gender identity, sexual orientation, geographic location and age or who work in the healthcare system with a diverse patient population. Two members of the task force shall be elected by a majority of the task force membership to serve as co-chairs; provided, however, that neither member shall be a member of the general court.

The task force may consult with the office of health equity to inform its work. The office of health equity shall provide requested information to the task force upon request.

(d) The task force shall file its recommendations with the clerks of the house of representatives and the senate and the house and senate committees on ways and means not later than August 1, 2020.

(e) The task force shall file an interim report describing any initial recommendations and issues requiring further study with the clerks of the house of representatives and the senate and the house and senate committees on ways and means not later than June 30, 2020; provided, however, that the task force may file earlier interim recommendations if deemed advisable or additional interim recommendations between June 30, 2020 and August 1, 2020

## E. Legislative Mandate (continued)

(f) The task force shall hold at least 1 public hearing and accept public comment before filing its interim report under subsection (e) and shall hold not less than 2 additional public hearings and accept public comment before filing its final report under subsection (d); provided, however, that the task force may hold virtual public hearings if it is in the interest of public health.

SECTION 3. Notwithstanding any general or special law to the contrary, the department of correction and each house of correction shall provide to the department of public health any data necessary to implement sections 1 and 2.

SECTION 4. Notwithstanding any general or special law to the contrary, the department of public health may enter into interagency agreements with other state agencies to facilitate the collection of data requested pursuant to this act.

SECTION 5. Sections 1 and 3 to 4, inclusive, are hereby repealed.

SECTION 6. The governor shall certify in writing to the state secretary when the department of public health has not received a report of a positive test of COVID-19 in the commonwealth within the preceding 30 days.

SECTION 7. Section 5 shall take effect upon the certification required by section 6.

*Approved, June 7, 2020.*

# Appendix IV: Proposed Discussion Draft Language

- #1 COVID-19 and Health Equity Enhanced Data and Reporting Section
- #2 Equitable COVID-19 Vaccination Process
- #3 COVID-19 and Health Equity Initiatives Response Reserve Account
- #3G Requiring Implementation of COVID-19 Public Health Standards in Department of Corrections Facilities and Jails
- #3H Bulk Purchasing and Distribution Initiative
- #9 Decarceration in Context of COVID-19

# FY21 State Budget and Policy Priority: Data and Reporting for Health Equity Informed COVID-19 Efforts

## Discussion Draft for Further Development

### FY21 State Budget Recommendation: COVID-19 and Health Equity Enhanced Data and Reporting Section

"Section 1 of chapter 93 of the Acts of 2020 is hereby amended in subsection (f) by inserting after the word "section" the following:-  
"on a bi-weekly basis; provided, that said initial and subsequent reports shall include an examination of the reasons for the current reporting gaps for required data elements including but not limited to race, ethnicity, language, disability, and occupation data, and solutions and support necessary to address them; provided, further, that subsequent to advancing progress on the existing data required under subsection (c), there shall be a consultative planning process by the department of public health on the requirements that would be associated with incorporating new data for dashboards including but not limited to industry, sexual orientation and gender identity, cluster information by category and location along with the feasibility of tracking data for additional subpopulations such as mental health and maternal health."

and said section 1 is further amended by adding at the end the following new subsection:-

""(h) Notwithstanding any general or special law to the contrary, the department of public health shall, on not less than a weekly basis, collect and compile data including from the use of the Massachusetts Immunization Information System (MIIS) from all boards of health, as defined in section 1 of chapter 111 of the General Laws, and from any person, corporation, association, partnership or other legal entity over which the department has regulatory authority, that is related to the distribution of vaccines for COVID-19, and vaccination rates in the commonwealth. Said data shall include, but shall not be limited to, the following: (1) the total number of people who have received the COVID-19 vaccine within the previous week period and the vaccination rate, stratified by populations prioritized for the vaccine and the specific version of the vaccine given; (2) the aggregate rate and number of people who have been vaccinated since inception of the availability of the vaccine; (3) demographic information for all individuals who have received a COVID-19 vaccine stratified by the version of vaccine, including, but not limited to: (i) gender; (ii) race; (iii) ethnicity; (iv) primary city or town of residence; (v) age; (vi) disability; (vii) primary language; (viii) occupation; (ix) industry; (x) sexual orientation and gender identity; (xi) information on residence in elder care facilities and other congregate settings, including individuals who are homeless and (xii) any other demographic information that the department deems important to understand the vaccination rates in certain populations."

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# FY21 State Budget and Policy Priority: Equitable COVID-19 Vaccinations

## Discussion Draft for Further Development

### FY21 State Budget Policy Recommendation: Equitable COVID-19 Vaccination Process

#### New DPH Line-Item or section

"for the operation of a participatory advisory process, representative of racially and ethnically diverse stakeholders and residents and vulnerable populations and medical, public health, ethics, and other expertise, for input in the design and oversight of the COVID-19 vaccination plan and its implementation; provided, that in developing and implementing said vaccination plan that there shall be not less than 2 public hearings to gather public testimony and incorporate feedback of the public; provided further, the implementation of the COVID-19 vaccination plan shall include a culturally and linguistically-centered public awareness campaign, education, and a community engagement plan to foster vaccine awareness, promotion, and acceptance, including ensuring that there be no out-of-pocket cost-sharing for COVID-19 vaccines to facilitate access, and conducting such a campaign in partnership with trusted community-based organizations, local public health departments and health care providers, including those serving a diverse, gateway communities."

# Draft FY21 State Budget Legislative Request for COVID-19 and Health Equity Initiatives Response Reserve Account

## Discussion Draft for Further Development

### **FY21 State Budget Recommendation: COVID-19 and Health Equity Initiatives Response Reserve Account-Page 1**

1599-1232 or new account. For a reserve to support the commonwealth's monitoring, treatment, containment, public awareness, prevention, equitable response initiatives, and health equity efforts against the 2019 novel coronavirus by the department of public health, regional and local boards of health and other public instrumentalities; provided, that funds shall be expended for extending and expanding the Stop the Spread initiatives in existing and new communities as a tool to mitigate COVID-19 and assist communities with heightened needs including priority for culturally and linguistically responsive initiatives in red/severe and yellow/moderate COVID-19 areas including at the neighborhood or census tract level with emphasis on free asymptomatic testing for highly impacted, diverse, and low-to-moderate income populations, essential workers, and congregate settings and high density housing; provider further, that said initiatives shall incorporate innovative testing modalities such as drive-through and walk-through and mobile testing; provider further, that said initiatives shall include promising partnerships between the state, municipalities, local boards of health, and culturally and linguistically focused and trusted community-based organizations to foster outreach, education, and assistance in impacted communities;

# Draft FY21 State Budget Legislative Request for COVID-19 and Health Equity Initiatives Response Reserve Account (continued)

## Discussion Draft for Further Development

### FY21 State Budget Recommendation: COVID-19 and Health Equity Initiatives Response Reserve Account-Page 2

Provided further, that funds shall be expended for greater access to no-cost, asymptomatic testing including mobile testing which shall be administered through state and municipal partnerships with trusted community-based organizations serving disproportionately-impacted populations to establish testing sites where diverse, vulnerable populations are located such as community centers, housing, churches, and food pantries;

Provider further, that funds shall be expended for a statewide surveillance testing program, that is representative of the overall population, inclusive of urban, suburban, and rural settings, and includes populations at high-risk; provided further, that said surveillance program shall require regular COVID-19 testing for congregate and community-based programs that are vulnerable to outbreaks including but not limited to long-term care facilities, public housing and densely populated housing, group homes, homeless shelters, and prisons; provided further, guidelines for surveillance among essential services workers shall be issued and required;

Provided further, that funding support shall be expended for enhanced contact tracing capacity in both local boards of health and through the Community Tracing Collaborative, including adaptation of such services to encompass education and mechanisms to link people to supportive wrap-around services such as food security, housing stability, access to personal protective equipment, employment assistance, and transportation assistance; provided further, that said contact tracing capacity shall prioritize rapid notification of potential exposure and facilitate linkage to local testing for medically vulnerable populations;

Provided further, that the executive office of health and human services shall implement a grant funding initiative for community and small business outreach prioritized in highly impacted or at-risk communities through trusted local community-based organizations that are sources of information in their cities and towns and are able to conduct the recommended linguistically and culturally-appropriate outreach and education campaigns in partnership with local boards of health to reduce the spread of COVID-19, to increase access to testing, contact tracing, and connections to treatment and local resources using newly developed outreach materials and statewide public campaigns;

# Draft FY21 State Budget Legislative Request for COVID-19 and Health Equity Initiatives Response Reserve Account (continued)

## Discussion Draft for Further Development

### FY21 State Budget Recommendation: COVID-19 and Health Equity Initiatives Response Reserve Account-Page 3

Provided further, the department of public health in conjunction with the executive office of health and human services and the COVID-19 Command Center shall implement and fund a program to support local boards of health for COVID-19 and related health equity efforts and needs specific to each community, including but not limited to needs for public health infrastructure, adequate staff capacity and a culturally appropriate public health workforce, including outreach workers and contact tracers; provider further, that such funds shall be administered in keeping with future goals to improve the local and regional public health system to address disparities in the delivery of public health services; provided however, that local boards of health or their municipal governments must form an advisory structure so that residents experiencing the greatest impacts of COVID-19 and health inequities are full partners in informing the response efforts in their communities as a condition of the receipt of such funds;

Provider further, the executive office of health and human services shall develop best practices guidance for community engagement and interventions related to COVID-19, in consultation with municipalities, organizations representing racially and ethnically diverse residents, community-based organizations serving diverse populations, and national best-practices organizations and based on available evaluations of current Massachusetts efforts, and disseminate said guidance to local boards of health, community-based organizations, and the public;

Provided further, that the COVID-19 Command Center and corresponding state agencies shall establish uniform COVID-19 testing requirements for entry and re-entry to congregate settings, including but not limited to homeless shelters, long-term care, Department of Children and Families group homes, group settings;

Provided further, that such funds as necessary shall be expended to continue the existing isolation housing/hotels and expand such funding in a future wave of COVID-19 for additional locations in highly impacted communities;



# Draft FY21 State Budget Legislative Request for COVID-19 and Health Equity Initiatives Response Reserve Account (continued)

## Discussion Draft for Further Development

### FY21 State Budget Recommendation: COVID-19 and Health Equity Initiatives Response Reserve Account-Page 4

Provided further, that all state agencies that provide services and benefits to the public shall establish and implement clear and consistent protocols and messaging about COVID-19, including detailed steps to respond to live calls and voicemails left in a language other than English and track results for public reporting;

Provided further, that given the continued prevalence and threat of COVID-19 in the Commonwealth and recent outbreaks of the virus at Essex county jail and within the Department of Corrections, the Department of Corrections Commissioner shall ensure that all correctional staff comply with the Department of Public Health recommendations regarding preventing the contraction of and spread of COVID-19 until the virus is no longer a threat or until otherwise indicated by the Department of Public Health; provider further, the Commissioner of the Department of Corrections shall apply the same COVID-19 safety requirements in accordance with the Department of Public Health recommendations to the counties through its regulation and oversight authority;

Provided further, that the executive office of health and human services shall develop and sustain a statewide campaign of public service announcements, including for announcing the availability of no-cost testing and treatment for COVID-19, regardless of immigration status, along with accompanying public health messages; provider further, that said public service announcement platform shall be utilized when COVID-19 vaccines become available; provided further, that elements chill of said public service announcement campaign shall include the participation of racial/ethnic media and community-based organizations, outreach information in a culturally and linguistically appropriate format, important messages to address areas of common misconceptions, fear and the availability of testing, treatment, recovery services, behavioral health services, and ultimately vaccines, and messaging about the availability of wrap-around support for housing, food, and unemployment assistance;

Provided further, that initiatives shall be developed and launched to promote equitable access to telehealth services by addressing the digital divide including but not limited to pilot initiatives to expand broadband access in underserved areas and among diverse, low-income populations including those at-risk or disproportionately impacted by COVID-19;

# Draft FY21 State Budget Legislative Request for COVID-19 and Health Equity Initiatives Response Reserve Account (continued)

## Discussion Draft for Further Development

### FY21 State Budget Recommendation: COVID-19 and Health Equity Initiatives Response Reserve Account-Page 5

Provided further, that the executive office of health and human services shall maintain the following policies implemented during the COVID-19 emergency period to the extent it can do so in compliance with federal law and until such time as it provides 90 days advance notice to the House and Senate Ways and Means Committees of its intention to end such policies and its reason for doing so with respect to the following policies in effect on July 1, 2020: (1) self-attestation of all eligibility factors consistent with federal law with post-eligibility verification where warranted; (2) 3-months of retroactive eligibility for the population under 65 years of age; (3) Hospital Presumptive Eligibility up to two times in a 12 month period and available for the elderly; (4) Health Safety Net presumptive eligibility available up to two times in a 12 month period; (5) at least 90 days for applicants and members to request a fair hearing; (6) a 90 day supply of drugs and medical supplies; (7) payment for home delivery for drugs and medical supplies; (8) authorization for certified application counselors and navigators to submit documents based on electronic signatures of applicants and members; and (9) authorization for applicants and members to complete certain forms by telephone;

Provided further, that continuing funds shall be made available as support to local municipalities and communities highly impacted by COVID-19 for local efforts including but not limited to those to address food security, housing stability, and unemployment assistance especially for low wage essential service workers ineligible for other programs;

# Draft FY21 State Budget Legislative Request for COVID-19 and Health Equity Initiatives Response Reserve Account (continued)

## Discussion Draft for Further Development

### FY21 State Budget Recommendation: COVID-19 and Health Equity Initiatives Response Reserve Account-Page 6

Provided further, that not less than an additional \$10,000,000 shall be transferred to item 7002-0010 for grants to community foundations to provide support to individuals and households throughout the commonwealth who are experiencing severe economic hardships due to the 2019 novel coronavirus; provided further, that grants shall be distributed equitably among the community foundations based on the following factors: (1) population of individuals living in poverty in the area served by the foundation; (2) limited availability of federal pandemic-related relief funds that provide direct emergency financial assistance to individuals or households served by the foundation; (3) pandemic-related public health impact on the region served by the foundation; (4) population of individuals with unmet economic needs resulting from the 2019 novel coronavirus; and (5) geographic area and the number of gateway municipalities as defined in section 3A of chapter 23A of the General Laws or municipalities with high proportions of low-income and non-English or limited English speaking populations served by the foundation; provided further, that community foundations receiving grants shall issue requests for proposals to community organizations to provide direct economic support for costs related to meeting basic human needs, such as housing and utility support and food security, to low-income impacted individuals and households with no, or very limited, access to sources of economic relief; provided further, that community foundations receiving grants shall evaluate community organizations applying based on the organization's: (A) history of serving low-income, non-English or limited English speaking and historically underserved communities; (B) history of serving populations whose economic hardship has been exacerbated by the 2019 novel coronavirus; (C) ability to conduct outreach to identify individuals and households that qualify for assistance; and (D) ability to establish a simplified application process; provided further, that community foundations receiving grants shall work with the executive office of housing and economic development and subgrantees to develop and implement a reporting process to ensure that financial assistance is directed to the individuals and households most impacted by the 2019 novel coronavirus; provided further, that if an area, city or town is determined to be unserved by a community foundation, the executive office shall work directly with community organizations to distribute grants providing direct aid to individuals and households; provided further, that the executive office shall, to the extent feasible, seek out philanthropic and other private funds necessary to match contributions equal to \$1 for every \$1 contributed by this item;

# Draft FY21 State Budget Legislative Request for COVID-19 and Health Equity Initiatives Response Reserve Account (continued)

## Discussion Draft for Further Development

### FY21 State Budget Recommendation: COVID-19 and Health Equity Initiatives Response Reserve Account-Page 7

Provided further, that the executive office of health and human services shall promote access to linguistically and culturally appropriate behavioral health services through the MassHealth program and develop incentive-based programs to increase access and expand such capabilities;

Provided further, that a pilot program shall be administered by the department of higher education, in consultation with the department of mental health, to encourage a culturally, ethnically and linguistically diverse behavioral health workforce; provided further, that said program shall be a partnership between colleges and behavioral health providers in the community and may be funded through the behavioral health outreach, access and support trust fund established under section 2GGGGG of chapter 29 of the General Laws; provided further, that participants shall attend graduate-level classes to receive academic credits toward a master's degree in the field of behavioral health and receive a clinical placement by the college providing the graduate-level classes; provided further, said college shall prioritize placements with community providers serving high-need populations, including children, veterans, clients of the department of children and families, incarcerated or formerly incarcerated individuals, including justice-involved youth and emerging adults, individuals with post-traumatic stress disorder, aging adults, school-aged youth and individuals with a co-morbidity; provided further, not more than 12 months after the completion of the pilot, the department of higher education shall file a report written in non-technical, readily understandable language which shall be made available to the public and filed with the clerks of the senate and house of representatives, the joint committee on higher education and the joint committee on mental health, substance use and recovery that provides: (i) a description of the community partners participating in the pilot; (ii) a summary of post-program employment or continuing education plans of participating students; and (iii) any recommendations on ways to further encourage a culturally, ethnically and linguistically diverse behavioral health workforce;

# Draft FY21 State Budget Legislative Request for COVID-19 and Health Equity Initiatives Response Reserve Account (continued)

## Discussion Draft for Further Development

### FY21 State Budget Recommendation: COVID-19 and Health Equity Initiatives Response Reserve Account-Page 8

Provided further, the office of health equity, in consultation with the department of public health and the department of mental health, shall conduct a study assessing the availability of culturally competent behavioral health providers in the commonwealth; provided further, said study may be conducted by an entity with a demonstrated capacity to deliver research results passing an academic peer-review process in analyzing both quantitative and qualitative data and to communicate study results in an accessible manner; provided further, said study shall review the availability of culturally competent behavioral health providers within networks of both public and private health care payers and identify potential barriers to care for underserved cultural, ethnic and linguistic populations in the community and shall include, but not be limited to: (i) the number of culturally competent and diverse behavioral health providers that reflect the cultural, ethnic and linguistic population of the community; (ii) the existence of culturally competent services; (iii) geographic challenges to access culturally competent providers; (iv) training opportunities for providers to most effectively serve diverse populations; and (v) consideration of the impact of gender, gender identity, race, ethnicity, sexual orientation, status as a client of the department of children and families, status as an incarcerated or formerly incarcerated individual, including justice-involved youth and emerging adults, status as a veteran, status as an individual with post-traumatic stress disorder, status as an aging adult, linguistic barriers and social determinants of health on access to behavioral health services; provided further, pursuant to memorandums of understanding with the center for health information and analysis established under chapter 12C of the General Laws, the group insurance commission established under chapter 32A of the General Laws and MassHealth established under chapter 118E of the General Laws, respectively, the office shall receive data to complete the charge of this study; provided further, not later than March 15, 2021, said office shall submit the study's findings with clerks of the senate and house of representatives, the joint committee on mental health, substance use and recovery, the joint committee on public health and the joint committee on health care financing;

# Draft FY21 State Budget Legislative Request for COVID-19 and Health Equity Initiatives Response Reserve Account (continued)

## Discussion Draft for Further Development

### FY21 State Budget Recommendation: COVID-19 and Health Equity Initiatives Response Reserve Account-Page 9

Provided further, that the interagency health equity team, as supported through the office of health equity, shall, in consultation with the department of mental health, MassHealth, the department of public health, and the advisory council appointed in this section, study ways to improve access to, and the quality of, culturally competent behavioral health services which shall include, but not be limited to: (i) the need for greater racial, ethnic and linguistic diversity within the behavioral health workforce; (ii) the role of gender, gender identity, race, ethnicity, linguistic barriers, status as a client of the department of children and families, status as an incarcerated or formerly incarcerated individual, including justice-involved youth and emerging adults, status as a veteran, status as an individual with post-traumatic stress disorder, status as an aging adult, sexual orientation and social determinants of health regarding behavioral health needs; and (iii) any other factors identified by the team that create disparities in access and quality within the existing behavioral health service delivery system, including stigma, transportation and cost; provided further that said advisory council shall consist of: the chairs of the joint committee on mental health, substance use and recovery; the chairs of the Black and Latino Caucus and the Asian American Caucus or their designees; and the following members to be appointed by the commissioner of public health, 1 of whom shall be a local public health official representing a majority-minority municipality, 1 of whom shall be a representative of a racial or ethnic equity advocacy group, 1 of whom shall be a representative of a linguistic equity advocacy group, 1 of whom shall be a licensed behavioral health provider, 1 of whom shall be a representative of a mental health advocacy group, 1 of whom shall be a representative of an organization serving the health care needs of the lesbian, gay, bisexual, transgender, queer and questioning community, 1 of whom shall be a representative of an organization serving the health care needs of individuals experiencing housing insecurity and 1 of whom shall be an individual with expertise in school-based mental health services; provided further that said interagency health equity team shall meet not less than quarterly with the advisory council; provided further, said interagency health equity team shall issue a report with legislative, regulatory or budgetary recommendations to improve the access and quality of culturally competent mental and behavioral health services not later than March 30, 2021 and annually for the following 3 years at the close of the fiscal year:

# Draft FY21 State Budget Legislative Request for COVID-19 and Health Equity Initiatives Response Reserve Account (continued)

## Discussion Draft for Further Development

### FY21 State Budget Recommendation: COVID-19 and Health Equity Initiatives Response Reserve Account-Page 10

Provided further, that Chapter 29 of the General Laws is hereby amended by inserting after 2HHHHH the following:-

Section 21III. (a) There shall be a Municipal Medical Supply and Personal Protective Equipment (PPE) Bulk Purchase Trust Fund. The fund shall be administered and expended by the commissioner of public health in consultation with the Massachusetts emergency management agency or a designee for the municipal medical supply and PPE bulk purchase program. Municipalities, non-profit organizations, and others that contract with the department of public health may join the program to purchase medical supply and PPE for municipal first responder agencies, non-profit organizations, disproportionately impacted communities, racially and ethnically diverse populations, low-income populations, additional vulnerable populations including senior citizens and those living in congregate settings, including those unable to procure such supplies on their own, and essential service workers and businesses. The operational services divisions shall assist with the purchasing and distribution of medical supplies and PPE on behalf of the program and shall maintain a list of approved vendors for municipalities, organizations, and individuals that are not participating in the program. For the purpose of accommodating timing discrepancies between the receipt of retained revenues and related expenditures, the department may incur expenses and the comptroller may certify for payment amounts not to exceed the lower of this authorization or the most recent revenue estimate as reported in the state accounting system. The department of public health shall provide technical assistance to participating municipalities, non-profit organizations, and other participants to ensure that the municipalities and non-profit organizations complete all training and registration requirements.

(b) The fund shall consist of: (i) payments made by participating municipalities, non-profit organizations, and other participants for the purchase of medical supplies; (ii) revenue from appropriations or other monies authorized by the general court and specifically designated to be credited to the fund; and (iii) funds from public or private sources including, but not limited to, gifts, grants, donations, rebates and settlements received by the commonwealth that are specifically designated to be credited to the fund. Funds received under clauses (ii) or (iii) shall be apportioned in a manner determined by the department and shall be applied to provide price reductions for municipalities purchasing medical supplies and PPE through the program, in addition to any discounts procured by the fund through bulk purchasing. Amounts credited to the fund shall not be subject to further appropriation and monies remaining in the fund at the end of a fiscal year shall not revert to the General Fund. The commissioner shall report annually not later than October 1 to the house and senate committees on ways and means on the fund's activity. The report shall include, but not be limited to, revenue received by the fund, revenue and expenditure projections for the forthcoming fiscal year and details of all expenditures from the fund, the municipalities and non-profit organizations participating in the program, the amount of medical supplies purchased by each municipality, non-profit organization, and other organizations and the distribution of the medical supplies and PPE to individuals listed in the priority categories in subsection (a) and the discount procured through bulk purchasing.

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## **FY21 State Budget and Policy Priority: Requiring Implementation of COVID-19 Public Health Standards in Department of Corrections Facilities and Jails**

### **Discussion Draft for Further Development**

#### **FY21 State Budget Recommendations:**

#### **COVID-19 Response Reserve Account or Line-Item 8900-0001**

"provided further that given the continued prevalence and threat of COVID-19 in the Commonwealth and recent outbreaks of the virus at Essex county jail and within the Department of Corrections, the Department of Corrections Commissioner shall take all measures possible to ensure that all correctional staff comply with DPH recommendations regarding preventing the contraction of and spread of COVID-19 until the virus is no longer a threat or until otherwise indicated by the Department of Public Health. The Commissioner shall apply the same to the counties through its regulation and oversight authority."



## FY21 State Budget and Policy Priority: Bulk Purchasing of Medical Supplies and Personal Protective Equipment with Emphasis on Appropriate Distribution Underserved Communities, Essential Service Workers, and Vulnerable Populations

### Discussion Draft for Further Development

#### FY21 State Budget Recommendation: Bulk Purchasing and Distribution Initiative

SECTION \_\_. Chapter 29 of the General Laws is hereby amended by inserting after 2HHHHH the following:-

Section 2IHHH. (a) There shall be a Municipal Medical Supply and Personal Protective Equipment (PPE) Bulk Purchase Trust Fund. The fund shall be administered and expended by the commissioner of public health in consultation with the Massachusetts emergency management agency or a designee for the municipal medical supply and PPE bulk purchase program. Municipalities, non-profit organizations, and others that contract with the department of public health may join the program to purchase medical supply and PPE for municipal first responder agencies, non-profit organizations, disproportionately impacted communities, racially and ethnically diverse populations, low-income populations, additional vulnerable populations including senior citizens and those living in congregate settings, including those unable to procure such supplies on their own, and essential service workers and businesses. [\(continued on next slide\)](#)

## FY21 State Budget and Policy Priority: Bulk Purchasing of Medical Supplies and Personal Protective Equipment with Emphasis on Appropriate Distribution to Underserved Communities, Essential Service Workers, and Vulnerable Populations

### FY21 State Budget Recommendation: [Continued from Prior Slide](#)

The operational services divisions shall assist with the purchasing and distribution of medical supplies and PPE on behalf of the program and shall maintain a list of approved vendors for municipalities, organizations, and individuals that are not participating in the program. For the purpose of accommodating timing discrepancies between the receipt of retained revenues and related expenditures, the department may incur expenses and the comptroller may certify for payment amounts not to exceed the lower of this authorization or the most recent revenue estimate as reported in the state accounting system. The department of public health shall provide technical assistance to participating municipalities, non-profit organizations, and other participants to ensure that the municipalities and non-profit organizations complete all training and registration requirements.

(b) The fund shall consist of: (i) payments made by participating municipalities, non-profit organizations, and other participants for the purchase of medical supplies; (ii) revenue from appropriations or other monies authorized by the general court and specifically designated to be credited to the fund; and (iii) funds from public or private sources including, but not limited to, gifts, grants, donations, rebates and settlements received by the commonwealth that are specifically designated to be credited to the fund. Funds received under clauses (ii) or (iii) shall be apportioned in a manner determined by the department and shall be applied to provide price reductions for municipalities purchasing medical supplies and PPE through the program, in addition to any discounts procured by the fund through bulk purchasing. Amounts credited to the fund shall not be subject to further appropriation and monies remaining in the fund at the end of a fiscal year shall not revert to the General Fund. The commissioner shall report annually not later than October 1 to the house and senate committees on ways and means on the fund's activity. The report shall include, but not be limited to, revenue received by the fund, revenue and expenditure projections for the forthcoming fiscal year and details of all expenditures from the fund, the municipalities and non-profit organizations participating in the program, the amount of medical supplies purchased by each municipality, non-profit organization, and other organizations and the distribution of the medical supplies and PPE to individuals listed in the priority categories in subsection (a) and the discount procured through bulk purchasing.

# FY21 State Budget and Policy Priority: Decarceration in Context of COVID-19

## Discussion Draft for Further Development

### FY21 State Budget Recommendations:

#### Line-Item 8900-0001

"provided further that given the continued prevalence and threat of COVID-19 in the Commonwealth and recent outbreaks of the virus at Essex county jail and within the DOC, that the DOC Commissioner shall take all measures possible to release individuals in its care and custody through various mechanisms including, but not limited to, the use of home confinement, commutations, and maximizing good time for those close to their release dates, and that the Commissioner ensure that all correctional staff comply with DPH recommendations regarding preventing the contraction of and spread of COVID-19 until the virus is no longer a threat or until otherwise indicated by the Department of Public Health. The Commissioner shall apply the same to the counties through its regulation and oversight authority."

#### Line-Item 8950-0001

"provided further that given the continued prevalence and threat of COVID-19 in the Commonwealth and recent outbreaks of the virus at Essex county jail and within the DOC, that the MA Parole Board shall take all measures possible to expedite hearings for those who are at or past their parole eligibility dates, to expedite release for those who have already been approved for parole but remain incarcerated until the Parole Board approves their home plan, and to reparole those who are incarcerated on technical parole violations. In evaluating whether parole is incompatible with the welfare of society, the Board should consider both the general risk associated with preventing COVID-19 transmission and minimizing its spread in correctional institutions to inmates and prison staff and the specific risk to the prisoners, in view of his or her age and existing medical conditions, that would heighten the chance of death or serious illness if the prisoner were to contract the virus."