



**Office of  
Representative Hannah E. Kane  
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*For Immediate Release*

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**House and Senate finalize bill calling for additional data collection and reporting on COVID-19 and treatment disparities**

**BOSTON** – The House of Representatives and the Senate have approved legislation calling for the Department of Public Health to expand the amount of data it makes available to the public on the impacts of COVID-19, including the number of residents and staff affected by the novel coronavirus at the state’s nursing homes and the Holyoke and Chelsea Soldiers Homes.

House Bill 4672, *An Act addressing COVID-19 data collection and disparities in treatment*, also establishes a task force to investigate ways to address health disparities for underserved and underrepresented populations during the global pandemic. The bill was enacted by both legislative branches on May 28 and is now on Governor Charlie Baker’s desk for his review and signature.

State Representative Hannah Kane (R-Shrewsbury) said House Bill 4672 requires DPH to publish a daily report on the COVID-19 data it collects from local boards of health and elder care facilities. She noted that DPH already provides extensive data on COVID-19 testing and fatalities, but said the bill expands how this information is reported.

Under the bill, DPH will be required to report the total number of people who have been tested for, tested positive for, been hospitalized for, or died from COVID-19 within the previous 24 hours, as well as the aggregate number of people who fall into each of these categories dating back to Governor Baker’s March 10 State of Emergency declaration. It also requires DPH to make available the number of known COVID-19 positive cases, as well as the number of known mortalities, among elder care facility residents and staff members.

As an additional reporting requirement, DPH will need to provide a breakdown of COVID-19 testing, hospitalizations and deaths within specific demographic categories, including gender, race, ethnicity, primary residence, age, disability, primary language, occupation, and “any other demographic information that the department deems important to understand the disparate impact of COVID-19 on certain populations.” This data will be compiled and reported by DPH at least every three days.

Representative Kane noted that House Bill 4672 also requires elder care facilities to notify residents and their health care proxy, emergency contact, legal guardian or other legally authorized representative by 5 p.m. the next calendar day whenever there is a new confirmed case or mortality due to COVID-19 among residents or staff. The same notification is required whenever three or more residents or staff experience new-onset of respiratory symptoms within the previous 72 hours.

In addition to its expanded reporting provisions, House Bill 4672 establishes a 16-member task force that will provide recommendations for improving safety for populations at increased risk of COVID-19, including employees of businesses providing essential services, residents living in congregate housing and group home facilities, prison inmates, individuals with serious underlying medical conditions that make them more susceptible to the coronavirus, and individuals residing in communities that have been disproportionately impacted by COVID-19. The task force will also explore ways to improve access to quality and equitable health care services and treatment, medical supplies, testing, and informational material on prevention, testing, treatment and recovery in multiple languages.

The task force will file an interim report by June 30 and its final report by August 1. The bill requires at least one public hearing to be held prior to the issuance of an interim report, and at least two additional public hearings to be held before the final report is filed. The bill also contains provisions allowing the task force to conduct these hearings virtually if it is deemed necessary to protect public health.

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