



Legislative Update

Volume I, Issue III

February 14, 2017

Special points of interest:

- Priority Bills

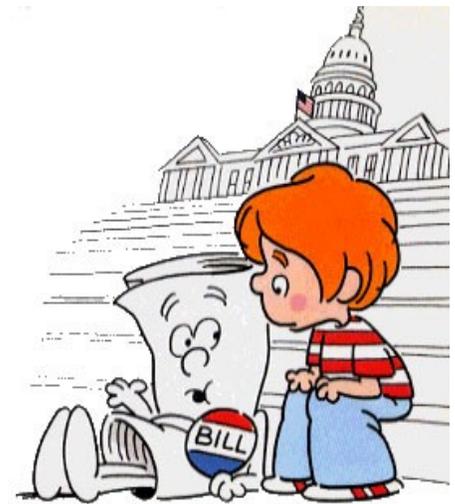
Boston's Priority Bills

Mayor Martin Walsh has announced the City of Boston's priority bills for the 2017-2018 Massachusetts' legislative session and seven of those bills were proposed by BPHC.

Back in September, Bureau Directors and Intergovernmental Relations started the process of crafting legislative recommendations. This session, BPHC included an important addition to our process. Each proposal was asked to include a health equity impact into its creation. Given the importance of equity work being done at BPHC, it was essential to explicitly include it in our policy work. 57% of the 140 bills proposed by the various city departments and

agencies were accepted while 73% of the bills proposed by BPHC were accepted as part of the City's Legislative Agenda. Representatives and senators filed the bills by January 20th. We now have until the end of this legislative session on July 31, 2018 to advance these legislative priorities.

This issue of the Legislative Update will introduce you to the seven BPHC proposed bills that are priorities for the city.



An Active Relative to Substance Use Disorder, Diversion, and Treatment

In his report, Facing Addiction, Surgeon General Vivk Murthy states, "Substance use disorders represents one of the most pressing public health crises of our time"

This bill includes multiple provisions to address the illness of substance use disorders including:

1. Increase required insurance coverage from 14 to 30 days of detox,
2. Create a standardized court diversion process for individuals with 1st and 2nd drug offenses which stays (holds) court proceedings while the individual receives treatment.
3. Expand Good Samaritan legal protections for

clinical support services, and transitional support services.

those seeking help for a person at risk of overdose will not be subject to arrest for non-violent drug offenses.

4. Required chain pharmacies to have drug collection kiosks in all locations

Sponsor: Rep. Liz Malia

An Act to Establish Fetal Infant Mortality Review (FIMR)

At 4.2 deaths per thousand live births, Massachusetts has the lowest infant mortality rate in the country. But the state's overall success in this areas is not shared equally across communities. Boston's rate is 5.8, Worcester's is 8.0, and Springfield's is 8.8.

Fetal Infant Mortality Review is a public health process that allows local communities to identify the causes behind unequal rates

of fetal and infant death.

The multi-part FIMR process supplements the big picture we get from state birth records with detailed information from individual record reviews by medical professionals and in-home interviews with women about their experience prior to loss.

Massachusetts would have the ability to dig deeper, looking closely at what each individual loss reveals about

the gaps that remain.

This bill would require the Department of Public Health to establish a process and criteria for local public health entities to become "FIMR approved." Approved communities would then have access to Vital Statistics data and other information, such as physician and hospital records, required for FIMR process.

Sponsor: Rep. Jeff Sanchez

**More than
5,000 bills
were filed for
the 2017-2018
legislative
session**

An Act Relative to Women's Health

Unplanned pregnancy is associated with adverse health, mental health, and social outcomes for both mother and child. The CDC has identified Long-Acting Reversible Contraceptives (LARCs), subdermal implants and intrauterine devices, as one of the most effective public health interventions we have. This bill would address the sys-

temic barriers to access which constrain women's use of contraceptives, especially LARCs by:

- Unbundle coverage for postpartum visits from prenatal and childbirth
- Unbundle coverage for LARCs from other services
- Increase reimburse-

ment rate for LARCs

- Establish DPH training program

Sponsors: Sen. Sonia Chang-Diaz and Rep. Chynah Tyler

An Act Improving Public Health through a Common Application....

680,000 people who receive MassHealth benefits are likely eligible for SNAP but do not receive the benefit. This is known as the SNAP Gap. MassHealth and SNAP, as well as many other safety-net programs, have separate application processes that ask for the same basic information, duplicating efforts and creating more work for both the state and the clients. This bill ad-

dresses the issues of individuals missing important public health benefits and minimizing efforts.

This bill would set up a common portal for Mass Health and SNAP benefits while enabling other safety-net programs to be added to the portal.

Sponsors: Sen. Sal DiDomenico and Rep. Jay Livingstone.

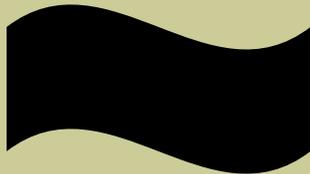




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Two EMT Related Bills

An Act Relative to Surviving Family Members of Public Emergency Medical Technicians

This bill will provide surviving family members of EMTs killed in the line of duty the same state benefits as other public safety employees. The latest data on national line-of-duty deaths for EMT and EMS is a report showing 10 deaths each year between 2012 and 2014 which is down from the 13 average annual deaths for the years between 2004 and 2007. There are reports of two deaths in Massachusetts, both occurred in 2007.

Sponsors: Sen. Michael Rush and
Rep. Dan Ryan

An Act Relative to Public Safety and Public Health Worker Protections

In 75% of EMT blood and bodily fluid exposures, the EMT does not find out if the exposure was to an infectious disease because the patient was either not asked to be tested or refused to be tested. This bill would establish a protocol for hospitals to request permission for testing and should a patient refuse, the EMT would have the ability to petition the courts for testing to occur. Protocols will ensure patient confidentiality while giving the EMT an opportunity to gain piece of mind and address a health concern.

Sponsor: Sen. Michael Rush

An Act Relative to Lead Abatement

There is no known level of lead exposure which is safe. With the 2nd oldest housing stock in the country, our children are vulnerable to lead exposure. This bill would lower the threshold from 25 to 10 micrograms per deciliter triggering lead abatement, emergency case management, and civil liability much sooner than current statute. The bill also doubles the tax credit for property owners who de-lead; increases penalties, and adds a small \$50 fee surcharge for certain business licenses (ex. real estate, de-leading businesses).

Sponsor: Rep Jeff Sanchez



The mission of the IGR office is to promote a strong effective advocacy voice and presence for public health policy at all levels of government, and to accomplish BPHC strategies for good health and health equity through laws and regulations. We believe that staff, clients, and community members should have the skills and opportunities to participate meaningfully in the policymaking process and work for policy changes that benefit the health of residents, especially the most vulnerable.

WHAT WE DO

- Track information on health policy and major priority issues
- Advocate to improve public health through laws, regulations and public budgets at the local, state and federal level
- Support programs to develop policy priorities and advocate for them
Provide training and support for staff, clients/constituents, and community partners to develop advocacy skills to speak up for issues they care about
- Coordinate Voting for Health, to educate and mobilize voters to support neighborhood health

PLEASE NOTE:

All advocacy opportunities we present are **STRICTLY VOLUNTARY.**