As Enacted and Signed on November 15, 2024
G.L. c. 111 §27D As Amended
December 1, 2024

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Background: On November 15, 2024, as part of the Economic Development Legislation, Gov. Maura Healey signed into law "An Act to Accelerate Equity & Effectiveness of Our Local & Regional Public Health System", popularly known as the "Statewide Accelerated Public Health for Every Community Act or SAPHE 2.0."[1] This novel legislation amended G.L. c. 111, § 27D.[2]

There seems to be confusion over the acronym's pronunciation. It is pronounced as the word "safe" would be. To further eliminate any confusion, the original legislation, **SAPHE** was titled An Act for **S**tate **A**ction for **P**ublic **H**ealth **E**xcellence. That Act was signed into law by then-Governor Baker in 2021 and made significant steps in modernizing local public health in Massachusetts.

SAPHE 2.0 bolsters SAPHE and further codifies the Report of the Special Commission on Local and Regional Public Health, also referred to as the Blueprint for Public Health Excellence, which was issued in June of 2019.[3] The Special Commission on Local and Regional Public Health (Commission) was created by a law signed by Governor Baker in August of 2016 to "assess the effectiveness and efficiency of municipal and regional public health systems and to make recommendations regarding how to strengthen the delivery of public health services and preventive measures."

The findings of the Commission include the following:

- Many Massachusetts cities and towns are unable to meet statutory requirements, and even more lack the capacity to meet rigorous national public health standards.
- Massachusetts has more local public health jurisdictions than any other state (351)—one for each city and town—and cross-jurisdictional sharing of services is limited despite evidence that it improves effectiveness and efficiency.
- While other states have county or regional systems, most Massachusetts municipalities operate stand-alone boards of health that are unable to keep up with the growing list of duties.
- Because Massachusetts lacks a comprehensive system to collect local public health data, there is limited capacity to measure local public health system performance and to use local data to plan public health improvements.

- The Massachusetts local public health system does not adequately support the local public health workforce with standards and credentials that align with the capacity to meet current mandates and future standards.
- Funding for local public health is inconsistent and inequitable in its ability to meet the current mandates and the needs of a 21st century local public health system.

The Commission explored how Massachusetts compared with other states and determined that we were lacking in meeting what most states considered minimum standards, and that we needed a roadmap to strengthen our delivery of basic services. Our data collection and disease surveillance needed improved reporting and gathering capabilities. In addition, while many states were far ahead of ours in workforce standards, there were no uniform standards in place in Massachusetts.

Building commissioners and library directors are held to minimum standards of qualification in Massachusetts, but not our public health workforce. Finally, the Commission examined the nationally recognized "Foundational Public Health Services" framework and noted that Massachusetts lacked such a means for evaluating local public health services in order to assure local capacity to provide comprehensive public health protections.

The Commission rendered the following set of recommendations in its 116-page Blueprint for Public Health Excellence:

- Elevate the standards for and improve the performance of local public health departments.
- Increase cross-jurisdictional sharing of public health services to strengthen the service delivery capabilities of local public health departments; take advantage of economies of scale; and coordinate planning.
- Improve state and local public health departments' planning and system accountability.
- Set education and training standards for local public health officials and staff and expand access to professional development.
- Commit appropriate resources for the local public health system changes proposed by the Commission.
- Continue to engage stakeholders as partners in the process; ensure that relevant state entities have appropriate authority; and explore administrative actions that state agencies can take that support the recommendations

Passage of the SAPHE 2.0 legislation was a lengthy process. The original bill was reviewed by numerous legislative committee hearings and was the subject of many State House rallies and

educational campaigns. After thousands of collective hours invested by members of the Coalition for Local Public Health (CLPH)[4], it passed unanimously on the last day of the legislative session in 2022. However, some opponents of the bill perceived it as creating an unfunded mandate and expressed their concern to the Governor. Governor Baker ultimately sent the bill back to the legislature for revisions that would have undermined the purpose of the bill by making the standards optional.

During the next legislative session, CLPH, along with legislative champions and their staff, amended the language in the bill to clarify that the law was "subject to appropriation" and not an unfunded mandate. During the next two-year session, advocates successfully addressed other opposition arguments relative to legal authority to create foundational public health services. Eventually, the bill was tied to the Economic Development Act. It survived all challenges, reached passage and was signed by Governor Healey on November 15, 2024.

Section-by-section summary of c. 111, § 27D

- **27D(a)**
- Defines a "board of health," as: Any body politic or political subdivision of the commonwealth that acts as a board of health, public health commission or a health department for a municipality, including but not limited to municipal boards of health, regional health districts established under section 27B[5] and boards of health that share services pursuant to section 4A of chapter 40.[6]
- Defines "foundational capabilities," in terms of skills and capacities needed to support basic public health programs and activities.[7]
- Defines "foundational public health services" (FPHS), as a nationally recognized framework for a minimum set of public health services, including, but not limited to, public health programs and foundational capabilities.
- Defines "public health programs" to include communicable disease control; nursing; epidemiology; food and water protection; chronic disease and injury prevention; environmental public health; maternal, and child and family health care; or access to and linkage with clinical care, where applicable.
- **27D(b)**
- This section requires the Department of Public Health (DPH), in consultation with municipalities and other stakeholders, to establish a **S**tate **A**ction for **P**ublic **H**ealth **E**xcellence program to encourage boards of health to adopt practices that will improve the efficiency and effectiveness of the delivery of local public health services. It leads with addressing issues of equity for historically underrepresented communities, and

health disparities and provides for bringing adequate resources to local boards of health to meet the objectives of the legislation.[8]

- It mandates that DPH promote and provide adequate resources to allow local boards of health (LBOHs) to carry out the mandates of the statute;[9] including increasing cross-jurisdictional sharing, improved data collection and reporting, workforce credentialing; and expansion of professional development, training and technical assistance support for all staff levels in municipal and regional public health.

- **27D(c)**

- The new standards for local foundational public health services will include (without limitation):

    - Standards for inspections, epidemiology and communicable disease investigation and reporting, permitting, and other local public health responsibilities as required by law or regulations imposed by DPH or by the Department of Environmental Protection (DEP).

    - Workforce education, training and credentialing standards.[10]

    - Standards for inputting the required data. These standards will be developed in consultation with people in various fields of public health practice and academics, as well as the reconvened Special Commission.

- **27D(d)**

- Subject to appropriation, boards of health **shall** implement and comply with the standards enumerated above individually or through cross jurisdictional sharing.

- Subject to appropriation, boards of health **shall** submit a report annually which demonstrates compliance with the standards discussed above. This report shall be rendered no later than August 31st of each year.

- **27D(e)**

- Subject to appropriation, DPH and the Department of Environmental Protection (DEP) shall provide comprehensive core public health educational and training opportunities and technical assistance to Boards of Health and their staff to obtain credentials in any of the areas regulated by DEP and shall do so in geographically convenient locations. These trainings shall be free of charge. The trainings shall be provided free of charge whether the LBOH is participating in a shared service arrangement, is part of a district or regional collaborative, or is not a part of any shared service arrangement, district or collaborative.

- **27D(f)**
- Subject to appropriation, DPH and DEP shall provide funds to boards of health to implement and comply with the standards developed pursuant to § 27D(b) and (c) through cross-jurisdictional sharing of public health programs in the form of comprehensive public health districts, formal shared services, and other arrangements for sharing public health programs.
- Section 27(f)(2) describes the grant opportunities and criteria for expansion of the PHE program through noncompetitive grant funding and the reporting requirements of LBOH *and that the funding "*shall supplement and not replace existing … funding."[11] The funds may be used to provide grants and technical assistance to municipalities that demonstrate limited operational capacity to meet local public health statutory and regulatory requirements; to increase the effectiveness, efficiency and equitable delivery of public health services across 2 or more municipalities.
- **27D(g)**
- DPH shall develop a system to measure the effectiveness of inspections, code enforcement, communicable disease management, and local regulations.
- DEP will work with DPH on this portion.
- There are assurances for state and federal privacy requirements being met in the case of various sensitive report sources.[12]
- **27D(h)**
- DPH must report the amount of funds necessary to meet the requirements of the law for the upcoming fiscal year to the Secretary of Administration and Finance and the House and Senate Ways and Means Committees.
- **27D(i)**
- If there is a disease outbreak affecting more than one LBOH, DPH is empowered to coordinate the reporting and response as well as the handling of all reporting of data.
- **27D(j)**
- Bi-annual reporting is required in even numbered years by DPH and DEP addressing the status of the state action for public health excellence program and the compliance with standards, including the number of BOH members and staff that have met enumerated standards,[13] number of boards and districts that have complied with standards, and the number of municipalities involved in shared services collaboratives.

- **27D(k)**
- If a LBOH is not performing adequately in compliance with this law, DPH/DEP shall, in writing, notify the appropriate Board of Health of such determination and request that the Board of Health, in writing, notify the department of actions taken to effect appropriate protection. If the Commissioner is not so notified or, if after notification, the Commissioner determines that such actions are not sufficient to protect the public health, the department may restrict future funding.
- **27D(l)**
- This subsection assures that the autonomy of LBOH will not be disturbed, weakened or changed as a result of this act. This subsection assures that the State Sanitary Code, G.L. c. 111, §127A,[14] remains within the jurisdiction of the LBOH.

MAHB will be addressing this in more detail at our upcoming Certificate Programs this spring.

[1] For full text of the ***Newly Amended*** c. 111 § 27D, see Appendix A at the end of this document.

[2] For full text of the ***Superseded*** c. 111 § 27D, see Appendix B at the end of this document.

[3] The Report can be found at: https://www.mass.gov/doc/blueprint-for-public-health-excellence-recommendations-for-improved-effectiveness-and/download

[4] CLPH is comprised of Mass Association of Health Boards (MAHB); Mass. Association of Public Health Nurses (MAPHN); Mass Environmental Health Association (MEHA); Mass Health Officers Association (MHOA); Western MA Public Health Association (WMPHA) and coordinated by Mass Public Health Alliance (MPHA). See, https://mapublichealth.org/clph/

[5] This statute allows municipalities to establish and govern regional health districts and regional board of health, and defines powers and duties and sets parameters for administration, organization, management, accounts, and rules and regulations

See, https://malegislature.gov/Laws/GeneralLaws/PartI/TitleXVI/Chapter111/Section27B

[6] This statute allows municipalities to establish units within their structure to jointly operate various public activities, such as combining public health functions and inspectional services divisions. See, https://malegislature.gov/Laws/GeneralLaws/PartI/TitleVII/Chapter40/Section4A

[7] See, Appendix A (below) of this Guidance Document.

[8] *Id.,* at (b)(ii) & (iii)

[9] *Id.* at (b)(iv)

[10] See, APPENDIX C (below) "Educational, Training and Credentialing Recommendations" of this Guidance Document

[11] For a full description of criteria for funding uses pursuant to this statute, see Appendix A. Some of the grant opportunities discussed are competitive, while others are non-competitive. There are varying funding formulae and differing criteria for various sources enumerated in the new statute.

[12] See, Appendix A (below) of this guidance document.

[13] See Appendix C (below) of this guidance document.

[14] https://malegislature.gov/Laws/GeneralLaws/PartI/TitleXVI/Chapter111/Section127A

APPENDICES - *Click on the Hyperlink which will open the document in a new tab.*

Appendix A - **Click on Appendix A**

Appendix B - Click on Appendix B

Appendix C - Click on Appendix C

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