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SAPHE 2.0 Guidance Document

On November 20, 2024, Governor Healey signed the [Economic Development Bill](#) into law, which included the State Action for Public Health Excellence legislation, commonly known as SAPHE 2.0 (pronounced “safe”). Amending G.L. c. 111, § 27D (SAPHE 1.0) and including Sections of 307-309 of Chapter 238 of the Acts of 2024, SAPHE 2.0 creates new requirements for all participants in the Massachusetts local public health system.

Background

In 2016, the Massachusetts legislature created the Special Commission on Local and Regional Public Health (Special Commission) to review the Commonwealth’s local public health system. In 2019, the Special Commission issued the “*Blueprint for Public Health Excellence: Recommendations for Improved Effectiveness and Efficiency of Local Public Health Protections*” (Blueprint).¹

The Blueprint identified six key findings:

1. Many Massachusetts cities and towns cannot meet current statutory and regulatory requirements and lack capacity to meet more rigorous national public health standards.
2. Massachusetts has more local public health jurisdictions than any other state (351—one for each city and town) and sharing of services among municipalities is limited despite evidence that it improves effectiveness and efficiency.
3. While other states have county or regional systems, most Massachusetts municipalities operate individual health departments, making it difficult to manage growing responsibilities.

¹ Available online at <https://www.mass.gov/doc/blueprint-for-public-health-excellence-recommendations-for-improved-effectiveness-and/download>

4. There is no statewide data system to collect local public health data and measure the local public health system's performance, and limited capacity to plan improvements.
5. The local public health workforce lacks a uniform set of workforce standards and credentials, resulting in inequitable service delivery across the state.
6. Funding for local public health is inconsistent, inequitable, and insufficient to meet the needs of a 21st century system.

The New Law: SAPHE 2.0

Based on the above findings, the Special Commission made several recommendations. SAPHE 2.0 is the new law that codifies many of these recommendations, making them mandatory and required by law. It also clarifies the roles of the Department of Public Health (DPH), the Department of Environmental Protection (DEP), and the 351 local boards of health in improving public health services under SAPHE 2.0.

Board of Health Requirements

1. **Meet the Performance Standards**, including workforce standards.
 - a. Each board of health must meet Performance Standards individually or through cross-jurisdictional sharing, with the option to join a state-supported Public Health Excellence shared service collaborative.
 - b. Performance Standards include, but are not limited to, standards for the following:
 - i. Inspections
 - ii. Epidemiology and communicable disease investigation and reporting
 - iii. Local permitting
 - c. Workforce development standards include education, training, and credentialing.
2. **Submit a report** to DPH each year by August 31, showing compliance with the Performance Standards.

Department of Public Health (DPH) and Department of Environmental Protection (DEP) Requirements

3. DPH and DEP must **develop**:²
 - a. A system for increased standardization, integration, and unification of public health reporting.
 - b. Systems for measuring standard board of health responsibilities, including, but not limited to:
 - i. Inspections
 - ii. Code enforcement
 - iii. Communicable disease management
 - iv. Local regulations
4. DPH and DEP must **provide free**, geographically accessible, comprehensive core public health **educational and training opportunities and technical assistance** to boards of health and their staff.²
5. DPH and DEP must **fund boards of health** to implement and comply with Performance Standards and offer grant opportunities to supplement existing programs.²
6. DPH and DEP **must report to the legislature** every other year on the status and impact of the SAPHE program, including compliance with standards such as:
 - a. The number of board of health members and staff who have met the workforce standards;

² Subject to appropriation.

- b. The number of boards and collaboratives complying with the Performance Standards; and
 - c. The number of municipalities participating in shared service collaboratives.
- 7. DPH must **assist boards of health** in implementing practices that will improve the efficiency, effectiveness, and equity of local public health service delivery through funding, training, and technical assistance.
 - a. Strategies include:
 - i. Encouraging cross-jurisdictional service sharing;
 - ii. Improving data collection and reporting; and
 - iii. Expanding professional development, training, and technical assistance.
- 8. DPH must **report annually to the state legislature** the estimated funding required to meet SAPHE 2.0 goals.
- 9. DPH must **hold three**, geographically diverse and/or online, **public hearings** by November 2025 to collect input on ways to improve the efficiency and effectiveness of the local public health service delivery.
- 10. DPH must **submit a report to the legislature** by March 31, 2025, including an analysis of needs, opportunities, challenges, timeline, and cost for the implementation of SAPHE 2.0.
- 11. DPH must **revive the Special Commission** and meet at least once by December 31, 2025. The Special Commission will review:
 - a. Amendments made via SAPHE 2.0
 - b. Available funding to support and enhance the commonwealth's local and regional public health system.
- 12. DPH must **publish a [list of local public health standards](#)** in phases, consistent with the Blueprint recommendations.

Conclusion

SAPHE 2.0 is structured to minimize reporting burdens on local boards of health, with consistent support from DPH. To make informed funding requests to the legislature, DPH needs local boards of health to provide specific health department costs and other data.

Means of data collection include, but are not limited to:

- Statewide assessments and reviews (i.e., Capacity Assessment, FPHS Review)
- SAPHE 2.0 reporting
- Regular reporting through the state data system, Metrik (currently undergoing development).

Collaboration between DPH and boards of health is crucial for timely and accurate data collection and reporting, and boards of health are asked to supply the requested information.

Finally, the law respects home-rule board autonomy. It states: "Nothing in this section shall limit the authority of the board of health as otherwise established pursuant to the General Laws including, but not limited to, section 127A (the state sanitary code)."

This information is provided for educational purposes only and it not to be construed as legal advice. For legal advice, please contact your city or town attorney.