How Our Lives Will Be Affected By SAPHE 2.0

G.L. c. 111, § 27D

Recent Amendments

2025 MAHB Certificate Programs
Plymouth, MA – 4/5/25
Northampton, MA 4/26/25
Marlborough, MA 5/10/25

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How Did We Get Here?

- **Special Commission of Local and Regional Health**
  - **Signed into law in August 2016 by Governor Baker.**
  - **“To assess the effectiveness and efficiency of municipal and regional public health”**
  - **To “make recommendations regarding how to strengthen the delivery of public health services and preventive measures.**

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Findings of Special Commission

1. Many cities/towns were unable to meet statutory and regulatory requirements.
2. More health departments than any other state (351).
3. Unable to keep up with growing list of duties.
4. No comprehensive way for DPH to collect public health inspection data.
5. No workforce standards or credentialing.
6. Funding inconsistent across the Commonwealth.

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Findings of Special Commission (cont.)

7. Lacking in what most states considered minimum standards.
8. Data collection needed improved reporting and gathering capacity.
9. No minimum standards of qualification for public health workforce.

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Blueprint Published

Report of The Special Commission on Local & Regional Public Health: *"The Blueprint:"*

- Finds that Local Public Health is broken and makes recommendations for strengthening local public health services and protections across the Commonwealth.

- These recommendations were first codified by the Legislature in 2021 and strengthened in December of 2025. (MGL c. 111, § 27D).

COVID 19 & SAPHE 1.0 LEGISLATION

- G.L. c. 111, § 27D
- State Action for Public Health Excellence
- Required DPH to establish a program to encourage boards of health to adopt practices to improve the efficiency and effectiveness of the delivery of public health services.
- Public Health Excellence Program created.

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PASSAGE OF SAPHE 2.0

NOT A YELLOW BRICK ROAD

Rather a long, bumpy, and uncertain road

- **2022 – 2023 legislative session:**
  - **Underwent numerous legislative committees**
  - **Legislature held numerous public hearings**
  - **Subject of many State House rallies**
  - **Massive educational component for Legislators**
  - **Passed unanimously on last day of session by House and Senate**
  - **Sent to Governor Baker's desk for his signature**

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BUT

- Governor Baker sent it back with an amendment that would have made the law optional for cities and towns.
- Would have defeated purpose of law.
- MMA?

Coalition for Local Public Health (CLPH)

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- **2024 – 2025 legislative session**
  - **Worked with legislative champions' staff to amend language confirming that the law was SUBJECT TO APPROPRIATION.**
  - **Mass. Municipal Assoc. claimed it was an unfunded mandate.**
  - **Dragged on through entire session.**
    - **Many ups and downs throughout**
  - **Signed by Governor at very end of session as part of the Economic Development Act.**

G.L. c. 111, § 27D

- An Act to Accelerate Equity & Effectiveness of Our Local & Regional Public Health System.
- A/K/A Statewide Accelerated Public Health for Every Community Act or SAPHE 2.0.
- Codifies the Report of the Special Commission on Local and Regional Public Health.
- PHE programs are created pursuant to § 27D.

Shared Services for Public Health Excellence Grant Program

Blueprint Recommendation

Increase Cross-jurisdictional Sharing Of Public Health Services To Strengthen The Service Delivery Capabilities Of Local And Regional Public Health Departments

Strategies for Implementation

- Establish infrastructure for cross-jurisdictional sharing of public health services to create the foundation for meeting current and future performance standards
- Support local public health in addressing health disparities and improving population health

Public Health Excellence Grant Program (PHE)

Provide Technical Assistance Services to PHE Grantees

Regional Training for PHE Grantees

Collaborative Governance

- PHE grantees establish and maintain governance structures involving representatives of the participating municipalities.
  - DPH Requires *at least quarterly* meetings
- To establish a shared services program based upon the duly voted upon desires of the members of the coalition.
  - Staffing *hired* for ALL towns in collaborative
- This is a SHARED, NOT LOANED/BORROWED services program
- One Town/One Vote on EVERY decision
- YOUR grant, belongs to all members with undivided interest

SO, WHAT IS THE PROGRAM ALL ABOUT?
Implementation of the Blueprint

Shared Services between health departments across 51 groupings that comprise a total of about 321* of our 351 cities and towns.

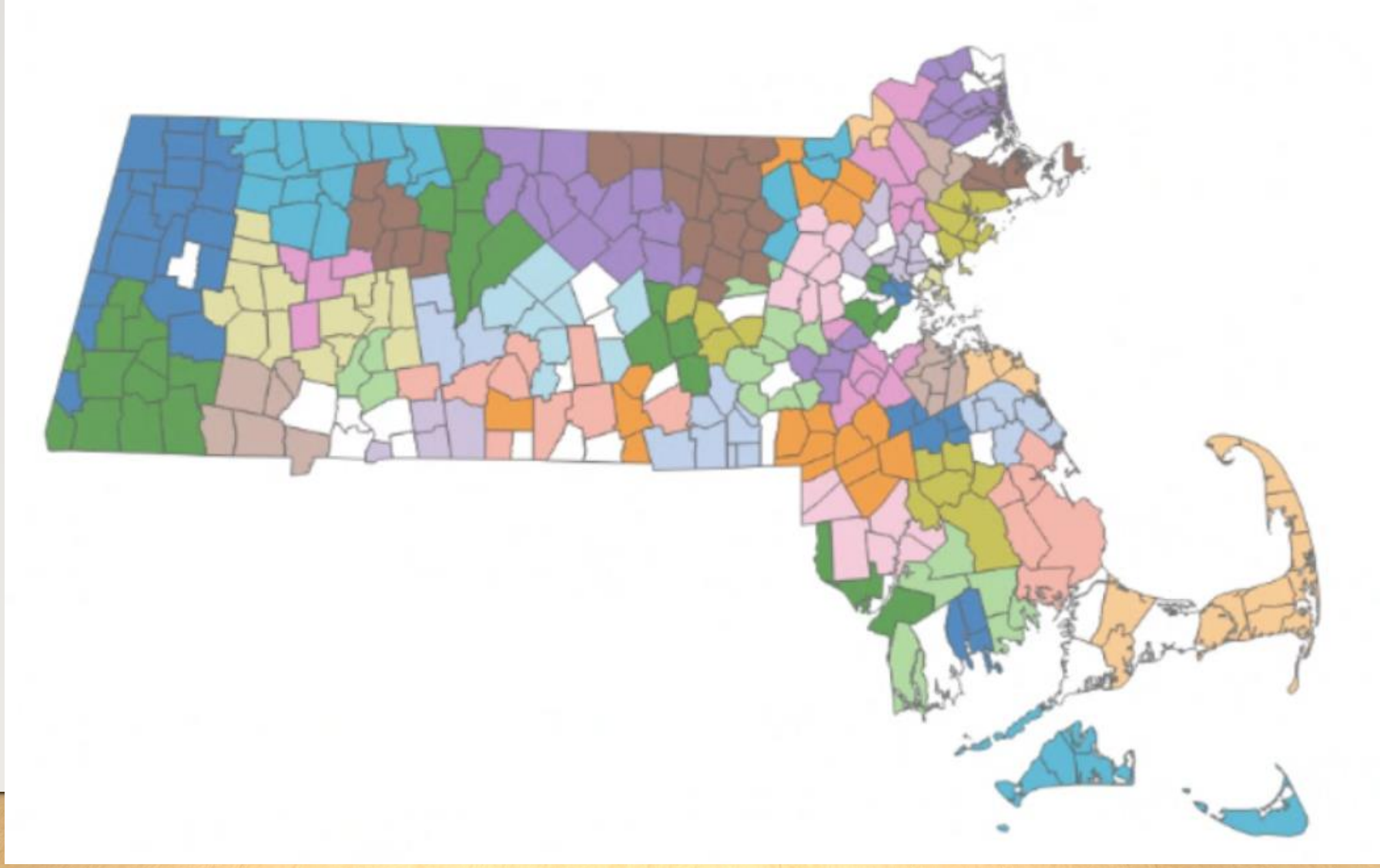
Foundational Public Health Standards (FPHS) data collection in order to give a denominator to DPH/OLRH to render ITS report to the Legislature to get YOU more funding.

Improving equitable public health services delivery. No more ZIP Code determining life expectancy!

Bringing data collection, analytics and application involving disease spread, meeting inspectional requirements and mandatory reporting up to the state of the art, across all 351 health boards. TWO WAY FLOW OF DATA.

Floating all ships on an even tide, so no local board of health is lacking any essential resources or training.

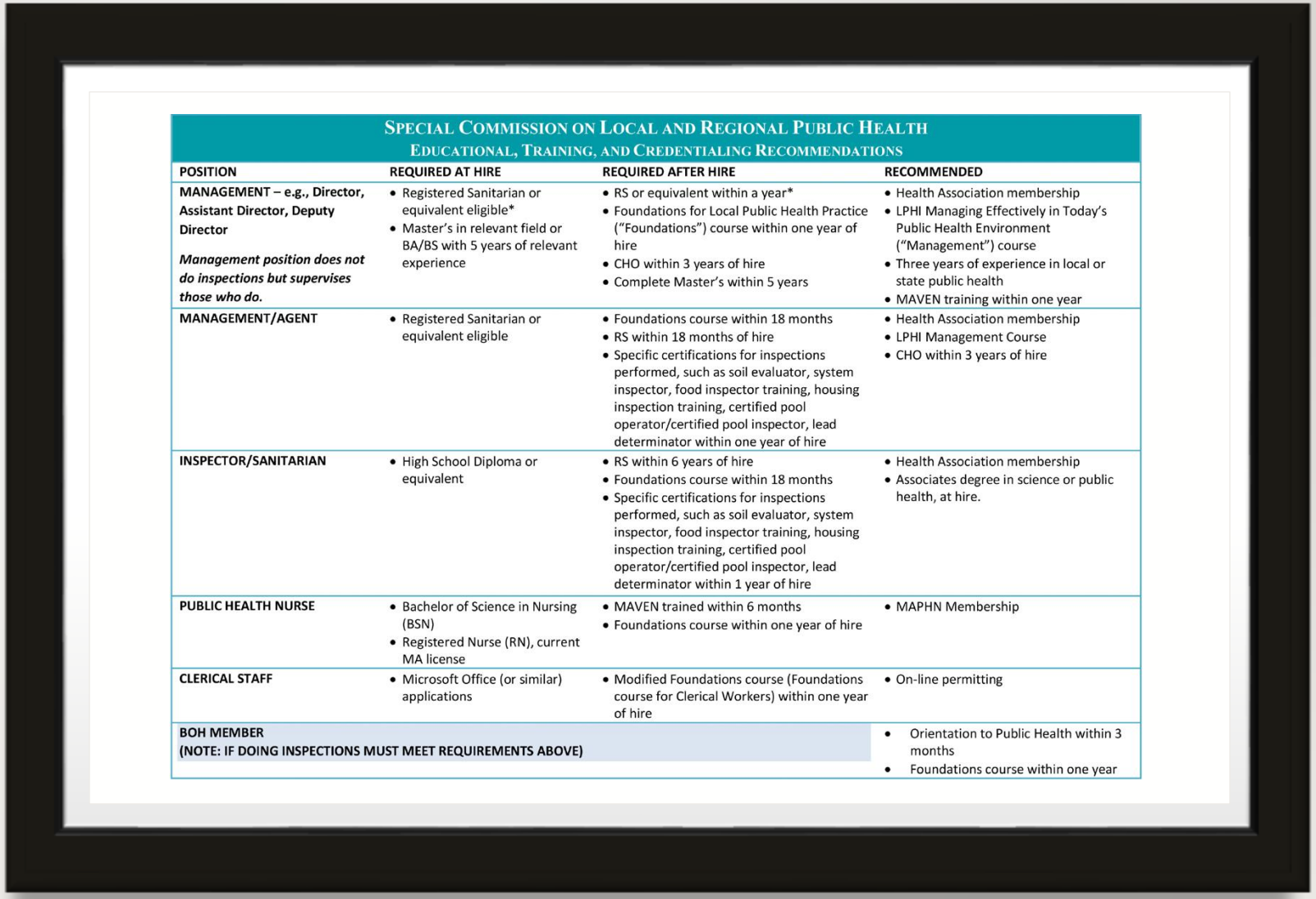
Current Participants in the PHE Program



How is PHE Funded?

- American Rescue Plan Act (ARPA) $200,000,000.00 (U.S. Treasury)
  - Data Systems - $98.8 M
  - Workforce Development - $30 M
  - Capacity Building $71.2 M
- Public Health Infrastructure Grant (PHIG) $52,600,000 (CDC)
- State DPH Line Item
  - FY 21: $10 M; FY22, 23, 24: $15M; FY25: 9.1M (w/note acknowledging above funding)
- ALL FUNDING IS IN PLACE THROUGH FY27.

Special Commission's Workforce Standards For Training and Credentialing



SPECIAL COMMISSION ON LOCAL AND REGIONAL PUBLIC HEALTH
EDUCATIONAL, TRAINING, AND CREDENTIALING RECOMMENDATIONS

POSITION	REQUIRED AT HIRE	REQUIRED AFTER HIRE	RECOMMENDED
MANAGEMENT – e.g., Director, Assistant Director, Deputy Director ***Management position does not do inspections but supervises those who do.***	• Registered Sanitarian or equivalent eligible* • Master's in relevant field or BA/BS with 5 years of relevant experience	• RS or equivalent within a year* • Foundations for Local Public Health Practice ("Foundations") course within one year of hire • CHO within 3 years of hire • Complete Master's within 5 years	• Health Association membership • LPHI Managing Effectively in Today's Public Health Environment ("Management") course • Three years of experience in local or state public health • MAVEN training within one year
MANAGEMENT/AGENT	• Registered Sanitarian or equivalent eligible	• Foundations course within 18 months • RS within 18 months of hire • Specific certifications for inspections performed, such as soil evaluator, system inspector, food inspector training, housing inspection training, certified pool operator/certified pool inspector, lead determinator within one year of hire	• Health Association membership • LPHI Management Course • CHO within 3 years of hire
INSPECTOR/SANITARIAN	• High School Diploma or equivalent	• RS within 6 years of hire • Foundations course within 18 months • Specific certifications for inspections performed, such as soil evaluator, system inspector, food inspector training, housing inspection training, certified pool operator/certified pool inspector, lead determinator within 1 year of hire	• Health Association membership • Associates degree in science or public health, at hire.
PUBLIC HEALTH NURSE	• Bachelor of Science in Nursing (BSN) • Registered Nurse (RN), current MA license	• MAVEN trained within 6 months • Foundations course within one year of hire	• MAPHN Membership
CLERICAL STAFF	• Microsoft Office (or similar) applications	• Modified Foundations course (Foundations course for Clerical Workers) within one year of hire	• On-line permitting
BOH MEMBER **(NOTE: IF DOING INSPECTIONS MUST MEET REQUIREMENTS ABOVE)**			• Orientation to Public Health within 3 months • Foundations course within one year

INSPECTION TYPE

REQUIREMENTS AND RECOMMENDATIONS

INSPECTION TYPE	REQUIRED	RECOMMENDED
FOOD PROTECTION	• ServeSafe or similar • Massachusetts Public Health Inspector Training (MA PHIT) Food Inspection Class • Field Component	• Food and Drug Administration/Office of Regulatory Affairs - University (ORAU)
HOUSING	• MA PHIT Housing Class • Housing Court training (TBD) • Lead Determinator • Field Component	• Relevant LPHI Modules
TITLE 5	• Soil Evaluator • System Inspector • MA PHIT Wastewater • Field Component	• Relevant LPHI Modules
POOLS	• Certified Pool Operator or Certified Pool Inspector with Field Component	• Relevant LPHI Modules
RECREATIONAL CAMPS	• MA PHIT Camps (TBD) with Field Component	• Relevant LPHI Modules
TANNING/BODY ART	• MA PHIT (TBD) with Field Component	• Relevant LPHI Modules
NUISANCES	• MA PHIT (TBA) with Field Component	• Relevant LPHI Modules

- All personnel should have at least ICS 100/NIMS 700 within one year of hire. Those who might have a leadership role should have ICS 200 and above.
- Boards of health may have stricter requirements, but must meet these requirements.
- Boards of health with current staff who have worked for local or state public health for at least 7 years, but who do not meet these requirements, may request a waiver except for inspectional trainings.
- Membership in professional organizations is deemed as critical for professional growth and development, for leadership and mentoring opportunities, and for opportunities for sharing best practices. This is recommended, but not required.

What Is In SAPHE 2.0/NEW G.L. c. 111, §27D ?

- DPH must establish the **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.**
  - **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.**
- **DPH must promote and provide adequate resources to allow local boards of health (LBOHs) to carry out the mandates of the statute**
  - **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.**

Mandates new standards for the following:

- **Inspections;**
- **Epidemiology and communicable disease investigation and reporting;** and
- 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.
- Standards for inputting the required data.

LBOH Roles/Obligations:

- Boards of health **shall** implement and comply with these standards **individually or through cross jurisdictional sharing.**
- Boards of health **shall submit a report annually** which demonstrates compliance with these standards.
  - This report shall be rendered no later than August 31st of each year.

DPH/DEP Training Obligations & Funding:

- DPH and 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 DPH and DEP and shall do so in geographically convenient locations. These trainings shall be **free** of charge.
- 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.
- Grant Opportunities to be made available to **SUPPLEMENT (Not Supplant)** Programs.

DPH/DEP Training Obligations & Funding - 2

- DPH and DEP shall develop a system to **measure the effectiveness** of inspections, code enforcement, communicable disease management, and local regulations.
- DPH must report the amount of funds necessary to meet the requirements.
- DPH is empowered to coordinate the reporting and response as well as the handling of all reporting of data

DPH/DEP Reporting Obligations

- 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 the standards;**
  - Number of boards and districts that have complied with standards; and
  - Number of municipalities involved in shared services collaboratives.
- Requires LBOH & SSA **cooperation/partnership.**

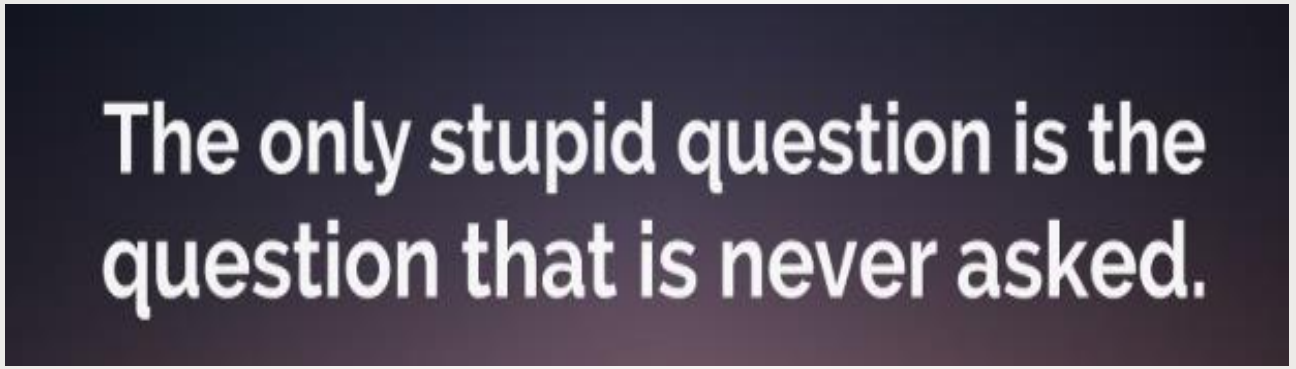
LBOH Required Compliance – *Funding Issues*

- If a LBOH is **not performing** adequately in compliance with this law, DPH/DEP shall, in writing, notify the Board, and request that the Board, in writing, notify the department of corrective actions it will take.
- 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.**

UNDERSCORES LBOH AUTONOMY: G.L. c. 111. §27D(l)

- **"Nothing in this section shall limit the authority of the board of health as otherwise established pursuant to the General Laws…"**
  - **The autonomy of LBOH will not be disturbed, weakened or changed,** as a result of this act.
  - The State Sanitary Code, G.L. c. 111, §127A, remains within the jurisdiction of the LBOH.

Thank You!



Questions?

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