Directs the Department of Public Health (DPH) to develop a set of standards for local public health systems in accordance with the unanimous recommendations of the Special Commission on Local and Regional Public Health. The standards include housing and food safety, public health nursing services, communicable disease control, and protection from harmful environmental exposures.

Since Massachusetts has 351 boards of health, local partnerships to share services, data collection, or inspectors are essential to increase capacity and ensure that every resident benefits from strong health protections.

Develop a unified data reporting system that includes metrics for inspections, code enforcement, communicable disease management, and local regulations to track statewide progress and protect public health.

Local health boards receive little state support and rely heavily on local property taxes, which has deepened regional inequities. SAPHE 2.0 directs DPH to estimate annually, before the governor files their budget, the funds needed for boards of health to meet minimum public health standards.

AN ACT TO ACCELERATE EQUITY & EFFECTIVENESS OF OUR LOCAL & REGIONAL PUBLIC HEALTH SYSTEM

The Commonwealth's decentralized approach to delivering public health services leads to extreme variability across cities and towns — and this puts the entire state at risk. This bipartisan legislation will overhaul the state's broken system and ensure strong public health protections for all residents, regardless of race, income, or zip code.

THE SAPHE 2.0 ACT WILL:

- Establish Minimum Public Health Standards for Every Community
  Directs the Department of Public Health (DPH) to develop a set of standards for local public health systems in accordance with the unanimous recommendations of the Special Commission on Local and Regional Public Health. The standards include housing and food safety, public health nursing services, communicable disease control, and protection from harmful environmental exposures.

- Increase Capacity & Effectiveness by Incentivizing Shared Services
  Since Massachusetts has 351 boards of health, local partnerships to share services, data collection, or inspectors are essential to increase capacity and ensure that every resident benefits from strong health protections.

- Create a Uniform Data Collection & Reporting System
  Develop a unified data reporting system that includes metrics for inspections, code enforcement, communicable disease management, and local regulations to track statewide progress and protect public health.

- Increase Equity Across Communities through Dedicated Sustainable State Funding
  Local health boards receive little state support and rely heavily on local property taxes, which has deepened regional inequities. SAPHE 2.0 directs DPH to estimate annually, before the governor files their budget, the funds needed for boards of health to meet minimum public health standards.

SAPHE 2.0 IS SUPPORTED BY:

- Baystate Health
- Berkshire Regional Planning Commission
- Blue Cross Blue Shield MA
- Central MA Regional Planning Commission
- Elder Services of the Merrimack Valley
- Franklin Regional Council of Governments
- Greater Boston Food Bank
- Healthy Equity Partnership of North Central MA Inc.
- American Federation of Labor and Congress of Industrial Organizations, MA Chapter
- MA Association of Public Health Nurses
- MA Environmental Health Association
- MA Law Reform Institute
- MA Public Health Association
- MA Association for Mental Health
- MA Association of Health Boards
- MA Councils on Aging
- MA Health Officers Association
- MA Taxpayers Foundation
- MA Coalition for Occupational Safety & Health
- Metropolitan Area Planning Council
- Metro Mayors Coalition
- National Association of Social Workers, MA Chapter
- North Shore Coalition
- Public Health Institute of Western MA

...and many more!
SAPHE 2.0 builds on a body of work undertaken by the executive branch, the legislature, municipal leaders, public health officials, and fiscal policy experts. This bill implements the unanimous recommendations of the Special Commission on Local and Regional Public Health, as well as a key recommendation of the Joint Committee on COVID-19 and Emergency Preparedness and Management’s report. SAPHE 2.0 also serves as the roadmap for the legislature’s $200M ARPA investment in local and regional public health. SAPHE 2.0, as unanimously passed by the legislature in 2022, provides the framework to realize a truly equitable and efficient local public health system.

MASSACHUSETTS IS IN THE MIDST OF TRANSFORMING OUR LOCAL PUBLIC HEALTH SYSTEM. PASSING SAPHE 2.0 IS THE NEXT STEP!

- 2019: Report and Recommendations of the Special Commission on Local and Regional Public Health: Blueprint for Public Health Excellence
- 2020: State Action for Public Health Excellence Act (SAPHE 1.0) enacted
- 2020: Legislature creates the first ever local public health line-item in the state budget
- 2021: State invests $200M in ARPA dollars to support local public health infrastructure
- Next up: Pass SAPHE 2.0 (H.4101)!

While some cities and towns have well-funded, professionally-staffed local public health departments, some local boards of health are staffed solely by volunteers, and others have only a single part time staff member. This is always dangerous for public health, and during the pandemic the consequences were severe.

In June 2022, the Joint Committee on COVID-19 and Emergency Preparedness and Management issued 16 urgent recommendations, including strengthening the state’s fractured local public health system. SAPHE 2.0 contains the critical policy reforms needed to address the longstanding inequities and inefficiencies that have plagued the local public health system in the Commonwealth and will help operationalize the Committee's additional 15 recommendations to ensure that Massachusetts is better prepared and more resilient for future public health crises.