MAHB Guidance on the effects of SAPHE 2.0 on Local Public Health
As Enacted and Signed on November 15, 2024
G.L. c. 111 §27D As Amended
December 1, 2024

This information is being provided for educational purposes only and is not to be construed as legal advice. For legal advice, please contact your municipal attorney.

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.

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[2] For full text of the ***Superseded*** c. 111 § 27D, see Appendix B, at the end of this document.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

- 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]

[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, at page 7 of this Guidance Document.

- 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]

[8] *Id.*, at (b)(ii) & (iii)
[9] *Id.* at (b)(iv)
[10] See, APPENDIX C: Educational, Training and Credentialing Recommendations, at page 18 of this Guidance Document

- 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.

[11] For a full description of criteria for funding uses pursuant to this statute, see Appendix A, at (f)(2), at page 10 of this guidance document. 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.

§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.

[12] See, Appendix A, § 27D(g), at page 12 of this guidance document.
[13] See Appendix C, at Page 18 of this guidance document.

§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.

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

APPENDIX A

G.L. c. 111, § 27D (As Amended)

STATEWIDE ACCELERATED PUBLIC HEALTH FOR EVERY COMMUNITY (SAPHE 2.0) ACT

Signed into law on November 15, 2024

SECTION 224. Chapter 111 of the General Laws is hereby amended by striking out section 27D, as so appearing, and inserting in place thereof the following section:

Section 27D. (a) As used in this section, the following words shall have the following meanings unless the context clearly requires otherwise:

"Board of health", 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, region or district including, but not limited to, municipal boards of health, regional health districts established pursuant to section 27B and boards of health that share services pursuant to section 4A of chapter 40.

"Foundational capabilities", cross-cutting skills and capacities needed to support basic public health programs and other protections and activities including, but not limited to: (i) assessment and surveillance; (ii) emergency preparedness and response; (iii) policy development; (iv) communications; (v) community partnership development; (vi) organizational administrative competences; (vii) data-driven interventions; or (viii) accountability and performance management.

"Foundational public health services", a nationally recognized framework for a minimum set of public health service, including, but not limited to, public health programs and foundational capabilities.

"Public health programs", programs that include, but shall not be limited to: (i) communicable disease control; (ii) public health nursing services; (iii) epidemiology; (iv) food and water protection; (v) chronic disease and injury prevention; (vi) environmental public health; (vii) maternal, child and family health; or (viii) access to and linkage with clinical care, where applicable.

(b) The department, in consultation with municipalities and other stakeholders, shall establish a state action for public health excellence program to: (i) provide uniform access for every resident to foundational public health services; provided, however, that foundational public health services shall further equity, including for historically underrepresented communities; (ii) assist boards of health in adopting practices to improve the efficiency and effectiveness of the delivery of foundational public health services; (iii) develop a set of standards for foundational public health services across the commonwealth; and (iv) promote and provide adequate resources for boards of health that shall include, but shall not be limited to: (A) supporting boards of health to meet the standards established pursuant to clause (iii) and pursuant to subsection (c) to improve municipal and regional health systems; (B) increasing cross-jurisdictional sharing of public health programs to strengthen the service delivery capabilities of municipal and regional public health systems; (C) improving planning and system accountability of municipal and regional public health systems, including, but not limited to, statewide data collection and reporting systems; (D) establishing workforce credentialing standards, including, but not limited to, education and training standards for municipal and regional public health officials and staff; and (E) expanding access to professional development, training and technical assistance for municipal and regional public health officials and staff.

(c) The standards for local foundational public health services developed pursuant to clause (iii) of subsection (b) shall include, but not be limited to: (i) standards for inspections, epidemiology and communicable disease investigation and reporting, permitting and other local public health responsibilities as required by law or under regulations of the department or the department of environmental protection; (ii) workforce education, training and credentialing standards; and (iii) standards for contributing required data. The standards shall consider applicable national standards and shall be developed in consultation with local boards of health, public health organizations, academic experts in the field of public health and members of the special commission on local and regional public health established in chapter 3 of the resolves of 2016.

(d) (1) Subject to appropriation, boards of health shall implement and comply with the standards developed pursuant to subsections (b) and (c), individually or through cross-jurisdictional sharing of public health programs in the form of comprehensive public health districts, formal shared services or other arrangements for sharing public health programs.

(2) Annually, not later than August 31, boards of health shall submit a report to the department, which shall include information demonstrating compliance with the standards pursuant to subsections (b) and (c) during the preceding fiscal year.

(e) Subject to appropriation, the department and the department of environmental protection shall, according to each agency's jurisdiction and authority, provide comprehensive core public health educational and training opportunities and technical assistance to municipal and regional public health officials and staff to support such officials in obtaining credentials and foundational capabilities required by the standards developed pursuant to subsections (b) and (c);

provided, however, that such educational and training opportunities and technical assistance shall be offered in diverse geographic locations throughout the commonwealth or online. The department and the department of environmental protection may contract with other state agencies or external entities to provide said educational and training opportunities and technical assistance and shall provide such training opportunities and technical assistance free of charge.

(f) (1) Subject to appropriation, the department shall provide funds to boards of health to implement and comply with the standards developed pursuant to subsections (b) and (c), including 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.

(2) The funds under this subsection may be used to provide:

(i) grants and technical assistance to municipalities that demonstrate limited operational capacity to meet local public health responsibilities as required by law or regulations;

(ii) competitive grants to increase the efficiency and effectiveness of the delivery of public health programs across not less than 2 municipalities through:

(A) expanding shared services arrangements to include more municipalities;

(B) expanding shared services arrangements to provide a more comprehensive and equitable set of public health programs or sustainable business model; or

(C) supporting new cross-jurisdictional sharing arrangements; provided, however, that grants provided pursuant to this clause shall supplement and shall not replace existing state,

local, private or federal funding to boards of health and regional health districts; provided further, that boards of health shall apply for funds pursuant to this clause in a manner determined by the department; provided further, that the application shall include, but not be limited to: (I) a description of how the applicant will increase the efficiency and effectiveness in the delivery of public health programs; (II) certification by the applicant that, at the time of the application, the applicant meets or will use funding to meet workforce standards as determined by the department; (III) certification that the applicant shall submit written documentation on the implementation of systems to increase efficiency in providing local public health programs, including data, to the department in a manner to be prescribed by the department; and (IV) the applicant's plan for the long-term sustainability of strengthening local public health programs; provided further, that the department shall adopt rules, regulations or guidelines for the administration and enforcement of this clause including, but not limited to, establishing applicant selection criteria, funding priorities, application forms and procedures, grant distribution and other requirements; and provided further, that not less than 33 per cent of the grants awarded shall be distributed to municipalities with a median household income below the median income of the commonwealth; and

(iii) annual noncompetitive funding to ensure that all residents of the commonwealth are provided with foundational public health services that meet or exceed the standards set pursuant to this section; provided, however, that funds provided pursuant to this clause shall be distributed based on the level of implementation of the standards established in this section and using a formula based on population, level of cross-jurisdictional sharing and sociodemographic data; provided further, that to receive funding pursuant to this clause, a board of health shall submit an annual report to the department and the department of environmental protection that: (A)

demonstrates progress or implementation of the standards; and (B) confirms that funding provided pursuant to this clause shall supplement and shall not replace existing state, local, private or federal funding to boards of health and regional health districts; provided further, that the report shall not require data that is otherwise reported to the department under subsection (d); provided further, local governments shall be granted relief from the department for good cause, including, but not limited to economic or fiscal hardship; and provided further, that data demonstrating implementation and compliance with the standards shall be submitted in a form prescribed by the department.

(g) Subject to appropriation, the department shall develop a system to provide for increased standardization, integration and unification of public health reporting and systems for the measuring of standard responsibilities of boards of health including, but not limited to, inspections, code enforcement, communicable disease management and local regulations. The system shall be developed in coordination with the department of environmental protection. If feasible and in compliance with state and federal privacy requirements, the data and an analysis of the data shall be available on the department's website; provided, however, that any such published data shall exclude personal identifying information.

(h) Annually, the department shall estimate the amount of funds necessary to meet the requirements of this section for the upcoming fiscal year. The department shall report the estimate to the secretary of administration and finance and the house and senate committees on ways and means for the upcoming fiscal year in advance of the day assigned for submission of the budget by the governor to the general court pursuant to section 7H of chapter 29 and shall publish the estimate on the department's website.

(i) If an outbreak of a disease or health care situation important to the public health occurs, as determined by the commissioner or the commissioner of environmental protection, affecting more than 1 board of health, the department may coordinate the affected boards of health, assemble and share data on affected residents and organize the public health response within and across the affected communities.

(j) Biennially, not later than December 1, in every even numbered year, the department, in consultation with the department of environmental protection, shall submit a report detailing the impact of the state action for public health excellence program established in subsection (b), the status of the local public health programs and their ability to meet the requirements of this section including, but not limited to: (i) the number of board of health and regional health district officials and staff that meet workforce standards as determined by the department; (ii) the number of board of health and regional health district officials and staff that attended educational and training opportunities; (iii) the number of boards of health and regional health districts that are in compliance with data reporting requirements of this section; and (iv) the number of municipalities participating in regional public health collaborations. In preparing the report, the department shall consult with the department of environmental protection. The report shall be filed with the clerks of the house of representatives and the senate, the house and senate committees on ways and means and the joint committee on public health and be publicly posted on the websites of the department and the department of environmental protection.

(k) Notwithstanding any general or special law to the contrary, if the commissioner, the commissioner of environmental protection or their authorized representatives determine that failure to meet standards established in subsections (b) and (c) in a timeframe consistent with the

timeframe established in subsection (d) constitutes a threat to public health, they 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 the such actions are not sufficient to protect public health, the department may restrict future funding provided under clause (iii) of subsection (f) and shall report these insufficiencies in its report issued under subsection (j).

(l) Nothing in this section shall limit the authority or responsibility of a board of health as otherwise established pursuant to the General Laws including, but not limited to, section 127A.

ADDITIONAL PROVISIONS PASSED WITHIN THE ECONOMIC DEVELOPMENT ACT

SECTION 307. (a) Not later than 1 year after the effective date of this act and before the adoption of any regulations for the administration of the state action for public health excellence program pursuant to section 27D of chapter 111 of the General Laws, the department of public health shall hold not fewer than 3 public hearings in diverse geographic locations throughout the commonwealth or online to identify ways to improve the efficiency and effectiveness of the delivery of local public health services, in alignment with the recommendations of the special commission on local and regional public health established in chapter 3 of the resolves of 2016.

(b) Not later than March 31, 2025, the department of public health shall submit a report to the clerks of the house of representatives and the senate, the house and senate committees on ways and means and the joint committee on public health. The report shall include an analysis of needs, opportunities, challenges, timeline and cost for the implementation of section 27D of said

chapter 111.

SECTION 308. The special commission on local and regional public health established in chapter 3 of the resolves of 2016 is hereby revived and continued to December 31, 2025. As soon as practicable following the effective date of this act, the department shall convene the special commission at least once to review the amendments to section 27D of chapter 111 of the General Laws and funding available to support and enhance the commonwealth's local and regional public health system.

SECTION 309. The standards for foundational public health services developed pursuant to subsections (b) and (c) of section 27D of chapter 111 of the General Laws shall be consistent with the recommendations of the report approved in June 2019 by the special commission on local and regional and public health established by chapter 3 of the resolves of 2016, and shall be implemented and complied with by a phased schedule adopted by the department of public health. The department of public health shall publish a list of the local public health standards established pursuant to said subsections (b) and (c) of said section 27D of said chapter 111 not later than 90 days following the effective date of this act.

APPENDIX B

THE LANGUAGE BELOW HAS BEEN SUPERCEDED BY APPENDIX A, ABOVE.

We have included this for historical reference only

G.L. c. 111, § 27D

STATE **A**CTION FOR **P**UBLIC **H**EALTH **E**XCELLENCE (**SAPHE**) ACT

Section 27D: Public health excellence program; definitions; purpose; grant program; duties

Section 27D. (a) For the purposes of this section, the term "board of health" shall include 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; provided, however, that "board of health" shall include, but not be limited to, municipal boards of health, regional health districts established under section 27B and boards of health that share services pursuant to section 4A of chapter 40.

(b) The department, in consultation with municipalities and other stakeholders, shall establish a state action for public health excellence program to encourage boards of health to adopt practices that will improve the efficiency and effectiveness of the delivery of local public health services. Local public health services shall include, but not be limited to, communicable disease control, chronic disease and injury prevention, environmental public health, maternal, child and family health and access to and linkage with clinical care. The program shall promote and provide resources for boards of health that shall include, but not be limited to:

(i) elevating performance standards to improve the municipal and regional public health system;

(ii) increasing cross-jurisdictional sharing of public health services to strengthen the service delivery capabilities of the municipal and regional public health system;

(iii) improving planning and system accountability of the municipal and regional public health system, including how data is reported and analyzed;

(iv) establishing workforce standards, including, but not limited to, education and training standards for municipal and regional public health officials and staff; and

(v) expanding access to professional development.

(c) Subject to appropriation, the department shall provide comprehensive core public health educational and training opportunities to municipal and regional public health officials and staff. The department shall provide the training not less than 4 times per year and shall be held in

diverse geographic locations. The department shall provide such training opportunities free of charge.

(d) Subject to appropriation, the department shall establish a state action for public health excellence grant program. Boards of health and regional health districts may apply for funding and technical assistance to support:

(i) the implementation of regional, inter-municipal collaboration and to increase efficiency and effectiveness in the delivery of local public health services; or

(ii) planning and capacity building to facilitate regional collaboration or other strategies to implement regional collaboration.

Funds shall be awarded on a competitive basis and shall supplement and not replace existing state, local, private or federal funding to boards of health and regional health districts. To be eligible to receive funds, an applicant shall submit an application in a manner determined by the department; provided, however, that the application shall include, but not be limited to: (i) a description of how the applicant will increase the efficiency and effectiveness in the delivery of public health services across 2 or more municipalities if awarded the grant; (ii) certification that, at the time of the application, the applicant meets workforce standards as determined by the department; (iii) certification that the applicant shall submit written documentation on the implementation of systems to increase efficiency in providing local public health services, including data, to the department at the end of the grant year in a manner to be prescribed by the department; and (iv) a plan for the long-term sustainability of strengthening local public health services. The department may offer grantees an option to renew at the end of each grant year.

(e) The department shall adopt rules, regulations or guidelines for the administration and enforcement of this section including, but not limited to, establishing applicant selection criteria, funding priorities, application forms and procedures, grant distribution and other requirements; provided, however, that not less than 33 per cent of the grants awarded shall go to cities and towns with a median household income below the average of the commonwealth.

(f) Biennially, not later than March 1 of each year ending in an even number, the department shall submit a report detailing the program's impact, including, but not limited to: (i) the number of board of health and regional health district officials and staff that meet workforce standards; (ii) the number of board of health and regional health district officials and staff that attended educational and training opportunities; (iii) the number of boards of health and regional health districts that are compliant with data reporting requirements; and (iv) the number of municipalities participating in regional public health collaborations. The report shall be provided to the clerks of the house of representatives and the senate, the house and senate committees on ways and means and the joint committee on public health.

APPENDIX C.

Educational, Training and Credentialing Recommendations

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	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.

*Management positions should meet the requirements as set forth in this document for the position. However, a request may be submitted by the board of health to waive the Registered Sanitarian (RS) requirement if

1) the health department has a management position and a separate fulltime environmental health director and
2) the environmental health director has an RS, oversees the inspectors, and reports directly to the management position.