

New law aims to shore up and equalize state's public health services

Massachusetts is mandating new performance standards for its 321 local public health departments

By [Jason Laughlin](#) Globe Staff, Updated November 24, 2024, 4:25 p.m.



State Senator Jo Comerford addressed the crowd as protesters at the University of Massachusetts Amherst gathered in front of the Student Union to rally for increased education funding in 2022. LANE TURNER/GLOBE STAFF

Massachusetts is mandating new public health [performance standards](#) to improve the patchwork of local services responsible for ensuring restaurants are clean, pools are safe, and disease outbreaks are tracked and reported.

[The legislation](#) empowers the state Department of Public Health to [set new quality controls](#) for Massachusetts' 351 local public health departments and requires DPH to provide resources to help local departments meet those goals, including training and funding.

The mandates were included as an amendment to the blockbuster economic development legislation Governor Maura Healey signed last week.

Health experts framed the need for uniform standards as an equity issue. Smaller, poorer communities are more likely to have health departments that struggle to keep up with core services.

“Where you live in the state should not determine the access you have to public health resources,” state public health commissioner Robbie Goldstein said in a statement.

The latest step in a years-long effort to create a more equitable, effective public health infrastructure arrives amid potential upheaval in federal public health policy.

Republicans, who in 2025 will control the White House and both houses of Congress, have pitched a significant downsizing for the Centers for Disease Control and Prevention, which provides funding for state public health departments. Trump's nominee to run the Department of Health and Human Services, which includes the CDC, [Robert F. Kennedy Jr.](#), is a vaccine skeptic who has promoted scientifically dubious ideas.

“We are certainly concerned about some of the suggested appointments who are people who don't consistently believe in science or necessarily support science-based, evidence-based policy making,” said Oami Amarasingham, deputy director of the Massachusetts Public Health Alliance, which has been a driving force in modernizing the state's public health system. “That's all the more reason we are really happy Massachusetts is taking this step to shore up our own backyard.”

In many other states, public health functions fall to county government, but in Massachusetts, the work is the responsibility of municipalities that may lack adequate

money, people, and experience. Some health departments have just one full-time employee. A 2019 report from a special commission created by the Legislature noted [31 percent](#) of the state's local health departments had budgets of \$50,000 or less.

The inconsistent quality of public health services from one town to another became acutely obvious during the COVID-19 pandemic, when some communities' small departments were overwhelmed by the demands of testing, tracking, reporting, and providing information to the public amid the spread of the new and dangerous virus.

"We as a state had to reckon with the fact there were 351 cities and towns, and 351 ways of dealing with public health services," said state Senator Joanne Comerford, a Democrat from Northampton, a sponsor of the original legislation that evolved into an amendment in the economic development bill.

The performance standards are the latest stage of the State Action for Public Health Excellence, a multi-year plan to fund local public health and boost its quality. Two years ago, Massachusetts dedicated \$200 million in pandemic relief money to improving public health services, and one of the outcomes has been a vast expansion of shared service agreements. Now, 320 of the state's municipalities participate in public health collaboratives with neighboring communities, DPH reported, which distributes the cost of core functions among all members.

While the new law does require departments to file annual reports documenting how they're meeting performance standards, critics worry there is little penalty for those that aren't up to snuff.

Ethan Mascoop, a public health consultant, approves of the new state standards but sees their limitations. He has been in the middle of a [contentious effort](#) to maintain a public health shared services agreement between Methuen, which has dedicated considerable resources to public health, and Lawrence, which has committed far less money. Mascoop has expressed concerns over [Lawrence's capacity](#) to manage even basic functions like restaurant and residential code enforcement. Because public health is localized in

Massachusetts, municipal governments “retain complete and total autonomy,” over how much or how little to comply with the state standards. Mascoop would prefer more accountability.

“The actual reporting is coming from the individual municipalities,” he said. “Even the threat of an audit could be very powerful.”

Some DPH funding will be available only if municipalities are implementing the new performance standards, but Comerford agreed that, for now, there is not a focus on enforcing compliance. The goal is to make it as easy as possible for local departments to get on board with newly available resources.

“We have to lead with incentives and carrots,” Comerford said. “I think we need time to support our communities to do this unbelievable transformative work.”

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