

Talking Points in Opposition to SAPHE 2.0 as Written

S1334/H2204 is known as the “Statewide Accelerated Public Health for Every Community Act” (or “SAPHE 2.0”). The preamble to the bill states that it is “An Act relative to accelerating improvements to the local and regional public health system to address disparities in the delivery of public health services.”

While improving public health is a laudable aim, this bill—as written—has several major defects:

1. It would create what is likely to become a large new state bureaucracy that will be expensive to maintain. To set up this system, the state is using federal funds provided through the ARPA program (the “American Rescue Plan Act of 2021”). However, these funds are only temporarily available, and so the cost of maintaining this system will fall on the shoulders of MA taxpayers.
2. It would disempower existing local boards of health to manage their own local situation by placing local boards of health, in essence, under the jurisdiction of state governmental entities (the Departments of Public Health and Environmental Protection) far removed from local issues and needs.
3. It would give very broad, ill-defined powers to either of only two government officials—the Commissioner of Public Health or the Commissioner of Environmental Protection—to organize “the public health response” to an “outbreak of a disease or health care situation important to the public health affecting more than 1 board of health” (lines 130-134 of the bill). What constitutes an “outbreak of a disease or health care situation important to the public health”? What kinds of “public health response”?

Could that response include lockdowns? School and business closures? Testing, tracking and tracing? Masking? Vaccine mandates? According to the bill, towns that agree to take the funding must comply. Are local town boards of health and local citizens aware of the loss of autonomy this bill would entail and have they been consulted?

4. The bill would allow for increased surveillance and tracking of individuals, and thus would further erode medical and personal privacy in the name of dealing with public health emergencies.

The Covid pandemic revealed the dangers of giving governmental agencies top-down, centralized authority to impose specific measures and mandates on local healthcare entities and individuals within local communities. Many of the Covid-related measures and mandates caused collateral harm to the physical and psychological health and well-being of individuals that continues to this day, as well as extensive economic harm due to lost jobs, bankrupted businesses, inflation, and supply chain interruptions. And the education of many students was interrupted. Given this experience, the Massachusetts legislature should err on the side of extreme caution when considering establishing a much more centralized public health infrastructure.

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