



# Massachusetts Department of Public Health

## PUBLIC HEALTH COUNCIL

October 12, 2022

*Please standby – the meeting will begin shortly*

*Today's presentation is available on the [mass.gov/dph](https://mass.gov/dph) website under "Upcoming Events" by clicking on the October 12<sup>th</sup> Public Health Council listing*



# Massachusetts Department of Public Health

## **PUBLIC HEALTH COUNCIL MEETING OCTOBER 12, 2022**

Margret R. Cooke, Commissioner

# Providers' Council Annual Convention



*Standing, left to right:*

**Margret Cooke**, Commissioner, Department of Public Health

**Cheryl Lussier Poppe**, Secretary, Department of Veterans Services

*Seated, left to right:*

**Brooke Doyle**, Commissioner, Department of Mental Health

**Elizabeth Chen**, Secretary, Executive Office of Elder Affairs

# Monkeypox Virus

## Monkeypox Data Reporting

Cumulative reports on monkeypox cases and people vaccinated in Massachusetts.

### TABLE OF CONTENTS

- ✓ [Massachusetts monkeypox cases and people vaccinated](#)
- ✓ [CDC U.S. map and case count](#)
- ✓ [Related](#)

## Massachusetts monkeypox cases and people vaccinated

*Updated every Thursday by 5 p.m.*


- [Weekly Report – Monkeypox Cases and People Vaccinated – September 29, 2022](#)


Previous reports: [Archive of monkeypox cases and people vaccinated in Massachusetts](#)


**Mass.gov/MonkeypoxVaccine**


# Vaccine Equity Initiative (VEI) to host nearly 300 clinics

**Clínica de vacunas para niños y familias**

  
museum of science and nature  
222 Harrington Way, Worcester

 Domingo, 28 de Agosto, 11am-3pm


 Vaxabilities estará aquí para apoyar a las personas con discapacidades.


 Visite [vaxabilities.com](https://vaxabilities.com) para más información.

Una cita de vacunación incluye **entrada GRATIS**. ¡Aquellos en las comunidades de VEI obtienen **una tarjeta de regalo GRATIS de \$25!**

\*Las comunidades VEI incluyen Worcester, Leominster, Fitchburg y Framingham.

**No se necesita cita.**  
Escanear el código para pre-registrarse:

Vacunas proporcionadas por: 



- La vacuna es GRATUITA.
- NO se requiere identificación
- Hay primeras dosis, segundas dosis y refuerzos. n ni seguro médico.

In **Worcester**, VEI partnered with VaxAbilities to host a clinic at the EcoTarium where nearly 30 people were vaccinated and received free admission tickets.

VaxAbilities is a partnership led by the Massachusetts Developmental Disabilities Network that provides clinics in a disability and sensory-sensitivity friendly environment.

A follow-up clinic is set for October 23.

# Flu Season



[Mass.gov/FluShot](https://Mass.gov/FluShot)

# DPH Wins 5-year, \$25M Genomics Grant



*Image: Centers for Disease Control and Prevention*





# Massachusetts Department of Public Health

## **PUBLIC HEALTH COUNCIL MEETING OCTOBER 12, 2022**

Margret R. Cooke, Commissioner





# Massachusetts Department of Public Health

## Proposed Revisions to 105 CMR 170.000:

*Emergency Medical Services System*

**Marita Callahan**

Director of Policy and Health Communications, Bureau of Healthcare Safety and Quality

# Summary of Regulation

105 CMR 170.000, *Emergency Medical Services System*, establishes a statewide Emergency Medical Services (EMS) system designed to:

- Ensure that properly trained and certified EMS personnel, operating under medical oversight, provide emergency medical care to patients at the scene of their illness or injury and during transport to appropriate health care facilities;
- Establish standards for licensure of ambulance services, certification of EMS vehicles and equipment requirements; and
- Provide for scheduled, routine transport of non-emergent patients to appropriate destinations.

# Overview of Proposed Revisions to the Regulation

Following a comprehensive review, the Department proposes to modernize and streamline throughout 105 CMR 170, *Emergency Medical Services System*, to align with current practice and national standards set by the National Registry of EMTs. The Department proposes several material changes to the regulation, which include:

- Expanding the definition of “appropriate health care facility” to allow for ambulance transport directly to a specific unit within a hospital;
- Codifying, in part, the currently in effect “Order Of The Commissioner of Public Health Providing for Continuity of Emergency Medical Services Care” to allow the staffing model of one EMT and one first responder to continue for some Basic Life Support ambulance transports;
- Providing more clarity around the types of behavior by EMS personnel that represent gross misconduct or pose a threat to public health and safety; and
- Updating the minimum requirements for examiners and instructor/coordinators.

# Proposed Revisions: Definition of “Appropriate Health Care Facility”

## CURRENT REGULATION

- The definition of “Appropriate Health Care Facility” identifies the health care facilities where an ambulance may transport a patient.
- Currently, an ambulance can transport a patient to an emergency department or satellite emergency facility.

## SUMMARY OF PROPOSED REVISIONS

- The Department proposes amending the definition of “appropriate health care facility” to allow EMS to transport certain incoming emergency patients, based on their medical needs, directly to another unit of the hospital upon the direction of the hospital emergency department physician.
- In addition, to align with the Executive Office of Health and Human Services’ Roadmap to Behavioral Health Reform initiative, the Department proposes amending the definition to allow EMS to transport behavioral health emergency patients to community behavioral health centers if the patient fits triage criteria set out in a Department-approved point of entry plan.

# Proposed Revisions: Staffing Requirements

## CURRENT REGULATION

- The currently in effect “Order Of The Commissioner of Public Health Providing for Continuity of Emergency Medical Services Care” allows for a BLS ambulance service to be staffed with one EMT and one first responder.

## SUMMARY OF PROPOSED REVISIONS

- The Department proposes codifying the staffing of one EMT and one first responder for some BLS ambulance transports, as long as the conditions set forth in the regulation are met to ensure patient safety during transport.

# Proposed Revisions: Enforcement Actions

## CURRENT REGULATION

- The regulation sets forth the various grounds for the denial, suspension and revocation of approval and/or certification for ambulance services and EMS personnel.

## SUMMARY OF PROPOSED REVISIONS

- In recent OEMS compliance investigations and their prosecution at the Division of Administrative Law Appeals, DALA magistrates noted that the regulations were not specific enough to give adequate notice to EMS personnel that certain behaviors constituted gross misconduct and not sufficient to justify denial of professional certification.
- In response to these decisions, the Department proposes amending the regulation to provide more clarity around what types of behavior represents gross misconduct or pose a threat to public health and safety by EMS personnel.
- Prohibited behavior includes acts of violence, boundary violations with patients, and drug-related offenses.

# Proposed Revisions: Examiners and Instructor/Coordinators

## CURRENT REGULATION

- The current regulation sets the minimum requirements for an examiner, including at least two years of experience providing pre-hospital emergency medical care as an EMT at a level equal to or greater than the EMT level for which the test is administered.
- The current regulation also sets the minimum requirements for an instructor/coordinator, including a minimum of one year experience at the EMT basic level providing pre-hospital care.

## SUMMARY OF PROPOSED REVISION

- The Department proposes updating the minimum requirements for an examiner or instructor/coordinator, to include:
  - More years of experience;
  - More recent experience as an EMT; and
  - An EMT certification that is in good standing with no disciplinary history.
- The Department proposes including a grandfathering provision for current examiners and instructor/coordinators.



# Proposed Revisions: Accident and Serious Incident Reporting Requirements

## CURRENT REGULATION

- Ambulance services are required to file a written report with the Department for any serious incidents within 7 days of the incident. Ambulance services are also required to file a written report within 5 days of a motor vehicle crash involving an EMS vehicle.

## SUMMARY OF PROPOSED REVISION

- The Department proposes requiring ambulance services immediately notify the Department by email or telephone of serious incidents or motor vehicle crashes.
- Additionally, the Department proposes aligning the timeframe in which written reports for serious incidents and motor vehicle crashes must be submitted to the Department to within 7 days of the incident or accident.

# Next Steps

- Following this presentation to the Public Health Council, staff will hold a public hearing and as required, will provide a public comment period.
- After the close of the public comment period, staff will review public comments, revise as necessary to reflect comments received, and then request approval of the final revised regulation at a subsequent meeting of the Public Health Council.



# Massachusetts Department of Public Health

**Thank you for the opportunity to present this information today.**

For more information regarding emergency medical services, please find the relevant statutory language and the full current regulation here:

**Current regulation:**

<https://www.mass.gov/doc/105-cmr-170-emergency-medical-services-system/download>

**Proposed amendment:**

<http://mass.gov/dph/proposed-regulations>

**Massachusetts Law:**

<https://malegislature.gov/Laws/GeneralLaws/PartI/TitleXVI/Chapter111c>



# Massachusetts Department of Public Health

## Proposed Revisions to 105 CMR 171.000:

*Massachusetts First Responder Training*

**Marita Callahan**

Director of Policy and Health Communications, Bureau of Healthcare Safety and Quality

# Summary of Regulation

105 CMR 171.000, *Massachusetts First Responder Training*:

- Establishes training standards in first aid and cardiopulmonary resuscitation (CPR) for first responders, defined as certain police officers, firefighters and lifeguards; and
- Ensures that first responders have adequate baseline training to provide immediate medical care as they are often the first people on the scene of a medical or trauma-related emergency.

# Overview of Proposed Revisions to the Regulation

The Department proposes the following updates to 105 CMR 171.000, *Massachusetts First Responder Training*:

- Modernize and streamline throughout the regulation to align with current practice and national training standards; and
- Update terminology to align with current practice and the EMS system regulations.

# Proposed Revisions: Refresher CPR Training

## CURRENT REGULATION

- The current regulation requires first responders complete a refresher CPR training course every year.

## SUMMARY OF PROPOSED REVISIONS

- To align with the current practices of the national organizations that offer CPR training, the Department proposes amending the regulation to require first responders complete a refresher CPR course every two years.



# Proposed Revisions: Medication Administration

## CURRENT REGULATION

- The current regulation allows first responders to administer epinephrine and naloxone, if the first responder agency maintains a current memorandum of agreement with a hospital to provide medical control.

## SUMMARY OF PROPOSED REVISIONS

- The Department proposes eliminating specific references to the administration of epinephrine and naloxone, and instead reference medications approved by the Department, in accordance with Drug Control Program regulations and the Statewide Treatment Protocols.
- This provides more flexibility if, in the future, DPH determines to broaden the scope of what medications first responders can administer.

# Next Steps

- Following this presentation to the Public Health Council, staff will hold a public hearing and as required, will provide a public comment period.
- After the close of the public comment period, staff will review public comments, revise as necessary to reflect comments received, and then request approval of the final revised regulation at a subsequent meeting of the Public Health Council.



# Massachusetts Department of Public Health

**Thank you for the opportunity to present this information today.**

For more information regarding first responder training, please find the relevant statutory language and the full current regulation here:

**Current regulation:**

<https://www.mass.gov/regulations/105-CMR-17100-massachusetts-first-responder-training>

**Proposed amendment:**

<http://mass.gov/dph/proposed-regulations>

**Massachusetts Law:**

<https://malegislature.gov/Laws/GeneralLaws/PartI/TitleXVI/Chapter111/Section201>



# Massachusetts Department of Public Health

## Promulgation of Revisions to 105 CMR 410.000:

*Minimum Standards of Fitness for Human Habitation  
(State Sanitary Code, chapter II)*

**Jennifer Robertson**, Director of Strategic Initiatives

**Jim Ballin**, Deputy General Counsel

# Regulation Overview

**The Housing Code (105 CMR 410.000) sets forth minimum state-wide housing standards under the State Sanitary Code (M.G.L. c. 111, § 127A)**

- The Code is promulgated by the Department and enforced by Local Boards of Health
- Initial amendments went to public comment in 2017; received nearly 350 comments through two public comment periods (2017 and 2019)
- Commenters included local boards of health, landlord associations, tenant associations, homeless shelter operators, and advocacy organizations

# Purpose of Revisions

- Significantly re-order and add clarifying language for ease of interpretation
- Align with and incorporate standards from existing state codes
- Address emergent issues
  - Tiny homes and other types of “alternative housing”
  - Climate change flexibilities
  - Tech updates
- Provide enforcement guidance, flexibility and clarity for local boards of health

# Review of Proposed Amendments

## Alignment with Building, Fire, Electrical and other Specialized Codes

- Presented to and unanimously approved by the members of the **Building Code Coordinating Council (BCCC)** on August 18, 2022.
- Purpose of BCCC: “Review, comparison and coordination of proposed amendments...” intended to “minimize inconsistencies and conflicts and maximize the efficiency of the code promulgation process.”
- Standards incorporated in-text or by reference (e.g. “use of unvented propane or natural gas-fired space heaters must be approved in accordance with 527 CMR 1.00: Massachusetts Comprehensive Fire Safety Code”)
- Standards for construction or renovation versus maintenance of property and ensuring safe conditions



# Review of Proposed Amendments *(continued)*

## Housing Type Modernization

### Generally:

- All properties are either Residences or Temporary Housing
  - Residences include single and multi-family homes, rooming houses, homeless shelters, and alternative housing
  - Temporary Housing includes seasonal properties generally not intended for permanent occupancy
- Temporary overnight shelters are exempt from 105 CMR 410

### Changes:

- Amendments expand the specific housing types permissible and tailor the requirements to allow for flexibility while maintaining LBOH oversight
  - Seasonal cabins, tiny homes and properties owned by individuals wanting to ‘live off the grid’, would not meet strict interpretations of current Housing Code requirements; addressed inconsistently town by town
  - Homeless shelters are currently treated as “Rooming Houses.” Proposed amendments add requirements and exemptions specific to homeless shelter operations.
  - Revisions will permit some types of housing that do not meet all housing code standards, as long as they meet certain requirements and are approved by the local board of health.

# Review of Proposed Amendments *(continued)*

## **Temperature Requirements (410.180):**

- The heating season is currently from September 15 through June 15 when minimum temperatures must be maintained
  - **Revised heating season dates to September 15 through May 31**
  - New, simplified process for boards of health to vary the beginning and/or end of the heating season based on weather forecasts, eliminating the need for an individual property variance process

## **Pest Management (410.560):**

- The current Housing Code requires the owner of buildings with more than one unit to be responsible for pest control/elimination but does not require an inspection or plan
- Revised to require owners to conduct an inspection prior to each new occupancy for all residences and requires owners to document inspections and actions taken in response

# Review of Proposed Amendments *(continued)*

## **Dampness/Mold and Ventilation (410.220 and 410.500)**

- The housing code currently requires owners to maintain properties “free from chronic dampness.” This vague standard has led to confusion and an inconsistent ability of LBOH to address housing conditions that could lead to mold.

### **Changes:**

- Revise the term “chronic dampness” to “excess moisture” to clarify that a violation can occur on a periodic, chronic or acute basis
- Clarify that leaks or flooding are required to be dried within 48 hours to prevent mold growth
- Clarify that environmental testing cannot be the sole basis for determining a violation
- Enable the local board of health to require mechanical ventilation if it determines it necessary to prevent excess moisture

# Next Steps

- **The Department requests the Public Health Council approve the proposed regulations for promulgation.**
- Following approval, the Department will initiate a 6-month implementation phase to create guidance and training on the revised code prior to the revisions going into effect.
- Following this 6-month implementation phase, the Department will file the amended regulation with the Secretary of the Commonwealth for final promulgation and the regulations will go into effect two weeks after filing.



# Massachusetts Department of Public Health

**Thank you for the opportunity to present this information today.**

For more information regarding 105 CMR 410, please find the relevant statutory language and the full proposed regulation here:

**Proposed amendment posted when available:**

<https://www.mass.gov/lists/proposed-amendments-to-regulations-minimum-standards-of-fitness-for-human-habitation>

**Please direct any questions to:**

Jennifer Robertson, Department of Public Health

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# Massachusetts Department of Public Health

*Next Meeting:*  
**November 9, 2022**