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To: Massachusetts Department of Public Health

From: Thomas Carbone

 Director of Public Health

Date: January 12, 2023

Re: Promulgation of 105 CMR 800.000 (Registration of Sanitarians)

 Promulgation of 105 CMR 801.000 (Certifications of Health Officers)

Thank you for the opportunity to comment on the proposed regulations that I reference above. I ask the Department to consider the following:

**Promulgation of 105 CMR 800.000 (Registration of Sanitarians)**

1. The legislation that moved this license from the Department of Professional Licensure to the Department of Public Health also eliminated the Board of Registration that was originally required. I strongly recommend that the Department establish an Advisory Board consisting of a mixture of Sanitarians and other professionals to assist in reviewing standards and policies, applications for the registration, exam results, continuing education, and complaints against registration holders. This could be a combined board to cover all professional licenses transferred to the Department.
2. In 800.310(5) (subject matter), the Department should consider including emergency preparedness as an additional subject matter for continuing education; this is a responsibility for most health agents. Training is required for incident command under the National Framework, as well as hazardous material awareness, and emergency response. In addition, classes such as communications techniques are a must for a good Sanitarian.
3. In 800.500, the regulations call for investigations into complaints about registration holders; the Department must ensure that there is adequate staffing within an appropriate ethics arm of the Department.
4. In 800.600, I note that the Adjudication Proceedings allow for a single Presiding Officer appointed by the Commissioner. While a single Hearing Officer works for ticketing appeals, this does not adequately protect the rights of a professional being reviewed for a misconduct. Action against a registrant has the potential to end a career, and impede someone from making a living, and this should not rest on the shoulders of one single person. While the Commissioner should appoint the Presiding Officer, there should be an advisory board of 3 to 5 members to assist in the decision making.

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**Promulgation of 105 CMR 801.000 (Certifications of Health Officers)**

1. The legislation that moved this license from the Department of Professional Licensure to the Department of Public Health also eliminated the Board of Certification that was originally required. I strongly recommend that the Department establish an Advisory Board consisting of a mixture of Health Officers and other professionals to assist in reviewing standards and policies, applications for the registration, exam results, continuing education, and complaints against registration holders. This could be a combined board to cover all professional licenses transferred to the Department.
2. In 801.200(1)(b & c), the regulations require at least 1 year of experience in an administrative position before an applicant is eligible for certification. I recommend that this be eliminated as a requirement, as it will keep potential applicants from becoming certified in anticipation of moving to a more senior leadership position in a health department. As a profession, we should be ensuring that persons moving into these administrative positions are already trained and certified, and not learning the work “on-the-job.” The more training a professional has as they apply for these leadership positions, the better the employment opportunities. I would much rather hire an already licensed person, than one who may or may not pass an exam in the next year as a condition of hiring (which also has an effect on operational stability in a health department).
3. In 801.500, the regulations call for investigations into complaints about certification holders; the Department must ensure that there is adequate staffing within an appropriate ethics arm of the Department.
4. In 801.600, I note that the Adjudication Proceedings allow for a single Presiding Officer appointed by the Commissioner. While a single Hearing Officer works for ticketing appeals, this does not adequately protect the rights of a professional being reviewed for a misconduct. Action against a Health Officer has the potential to end a career, and impede someone from making a living, and this should not rest on the shoulders of one single person. While the Commissioner should appoint the Presiding Officer, there should be an advisory board of 3 to 5 members to assist in the decision making.

I thank you for the opportunity to comment on these proposals, and can be reached at Thomas.carbone@andoverma.us, or 978-623-8640, should you need clarification on any of this testimony.