

From: [REDACTED] <noreply+f6a0331f5e631f47@formstack.com>
Sent: Wednesday, January 20, 2016 1:31 PM
To: RegReform (ANF)
Subject: A Clearer Code: Regulatory Reform

Formstack Submission for form A Clearer Code: Regulatory Reform

Submitted at 01/20/16 1:31 PM

Name (optional)::	Lisa Conley
Company/Organization (if applicable) (optional)::	Boston Public Health Commission
Address (optional)::	[REDACTED]
Primary Phone (optional)::	[REDACTED]
Email (optional)::	[REDACTED]
CMR Number (If known): :	105 CMR (Various); 114.3 CMR 4,5
General Regulatory Themes::	Health Care
Please list the Agency or Agencies affiliated with this regulation::	Massachusetts Department of Public Health
Describe the regulatory issue or observation::	Please see below for suggestions to several public health regulations around disease reporting, immunizations, tuberculosis clinic reimbursement rates, etc.
Suggestions for improvements to the regulation::	<p>105 CMR 300.171(B)–Insert: “This information shall be shared with the local board of health where the facility is located within five days of receipt.”</p> <p>105 CMR 300.173 and .174–Insert: “These reports shall be shared with the local health board where the case resides within one day.”</p> <p>105 CMR 300.180–We suggest the removal of section B (Reporting of Latent Tuberculosis Infection). These represent a large number of cases, and follow-up is rarely conducted. This poses a large reporting burden with no particular public health benefit. If the reporting requirement is not removed, we then urge you to provide resources to local boards of health so they can conduct follow-up.</p> <p>105 CMR 300.180 (C)–Insert: “This information shall be forwarded to the local board of health where the case resides within one day if the local board of health provides public health services related to any infections on the list.”</p> <p>105 CMR 220.600–We suggest that the definition of “postsecondary</p>

institution” include colleges and other places of learning even if they are not accredited by the New England Association of Schools and Colleges. We have become aware of foreign language schools that are not accredited by this group but serve “high-risk” students, meaning those coming from areas of the world where diseases such as measles are common.

105 CMR 335.100—We suggest you remove the requirement for local boards of health to be responsible for providing post-exposure rabies prophylaxis.

105 CMR 360.200 (A1)—The phrase “in a communicable form” should be removed. The problem is that people may become non-infectious after a few weeks of TB treatment, but if they don't complete the entire course (6 months minimum), the disease returns. Interrupted treatment is associated with multi-drug resistant TB. Only people who are unable or unwilling to comply with treatment should be involuntarily hospitalized. But this group really needs to finish treatment and shouldn't be discharged until a realistic plan for community-based treatment has been approved by the local health department (who is responsible for getting the case through an entire course of treatment).

105 CMR 360.400—Insert: “The local board of health responsible for treatment must agree to the discharge plan.” Sometimes, the TTU wants to discharge people who will not adhere to treatment after discharge. There needs to be a firm plan in place to make sure treatment isn't interrupted.

105 CMR 730.000—We believe this entire regulation should be deleted as it is no longer relevant. The Biologics Institute only produces the tetanus diphtheria vaccine (Td) at this point.

114.3 CMR 4 and 5—The reimbursement rates for seeing patients in the TB clinic who do not have health insurance are extremely low and must be increased significantly. Often these patients are not eligible for health insurance.

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From: [REDACTED]@attleboro.ma.us <noreply+8fab8c2e97cc1a11@formstack.com>
Sent: Monday, January 25, 2016 12:17 PM
To: RegReform (ANF)
Subject: A Clearer Code: Regulatory Reform

Formstack Submission for form A Clearer Code: Regulatory Reform

Submitted at 01/25/16 12:16 PM

Name (optional)::	Robert Davis
Company/Organization (if applicable) (optional)::	North Attleboro Board of Health
Address (optional)::	[REDACTED]
Primary Phone (optional)::	[REDACTED]
Email (optional)::	[REDACTED]
CMR Number (if known): :	105 CMR 410.000
General Regulatory Themes::	Housing
Please list the Agency or Agencies affiliated with this regulation::	Public Health Judiciary
Describe the regulatory issue or observation::	<p>There are insufficient mechanisms provided in the current sanitary code to enforce compliance with the minimum standards of fitness for human habitation, nor is there any crossover to the Housing Court System provided in order to send sec.21D non-criminal disposition fines to Housing Court for non-compliance with minimum housing requirements.</p> <p>Small local health departments do not have the resources to split pursuit of scofflaw landlords and the 21D fines non-compliance assessed of them between the Housing and District Court systems.</p> <p>When housing cases are pursued in District Court they're too frequently dismissed as inappropriate or not serious enough to be there. When pursued in Housing Court, the fines are dismissed as not within its jurisdiction. Scofflaw landlords have no fear of District Court for its disinterest in housing issues (and any associated 21D penalties that may have been assessed), and no fear of non-compliance fines being addressed in Housing Court given it's nature as a Court of compliance. As a result, no behavior is changed, injured tenants get no relief, precious resources are wasted and no amount of municipal effort is effective.</p>
Suggestions for improvements to the regulation::	Provide local health departments with the ability to: 1) placard vacated rental units with unresolved minimum housing violations; 2) submit sec. 21D fines

to Housing Court; 3) compel the District Court judiciary to back up their municipal partners and criminalize scofflaw landlords for non-compliance with 105 CMR 410.000 and non-payment of 21D fines.

Placarding would be a simple mechanism to provide for 1) a Buyer Beware response from prospective tenants (and avoidance of repetitive complaints without correction), and; 2) a financial incentive for scofflaw landlords to a) not evict the current tenants; b) correct cited deficiencies to return the dwelling to safe, income-producing, rental stock, and; c) if necessary, embarrass the property owner into (finally) correcting the deficiencies cited.

Modifying the 21D ticket system to allow their submission into the Housing Court system would enable LHD's to pursue the minimum housing deficiencies cited and the non-compliance fines associated with the same cases to be taken up simultaneously in the same venue.

Trying to compel more appropriate attention to housing issues in the District Court system could: a) have the opposite effect, b) ultimately be too subjective to be effective, but; c) be potentially useful when truly exceptional housing cases finally rise to the level of that Court's attention.

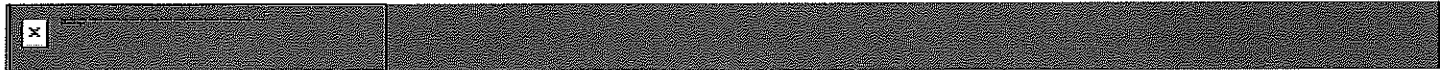
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From: noreply@formstack.com
Sent: Wednesday, January 27, 2016 1:15 PM
To: RegReform (ANF)
Subject: A Clearer Code: Regulatory Reform



Formstack Submission for form A Clearer Code: Regulatory Reform

Submitted at 01/27/16 1:10 PM

Name (optional)::

Company/Organization (if applicable) (optional)::

Address (optional)::

Primary Phone (optional)::

Email (optional)::

CMR Number (If known): :

General Regulatory Themes:: Persons with Disabilities

Please list the Agency or Agencies affiliated with this regulation:: MA Comm for the Blind

Describe the regulatory issue or observation::

I am happy with the support from MCB.

I lost my vision late 2011 @ age of 56. Their prompt attention (initial discussion with the switchboard operator so talked me down from my panic) and assistance in gaining a foothold on what I needed to do was critical for my sanity and stability in my world.

The technology assistance has been superior (I'm a fin'l srv professional with years of experience) - computers are my life-blood & having solutions for my disability was highly encouraging for me.

Access to NCL talking book program was critical for me as well - devoted participant!

MCB is such a powerful resource. When my world crashed, they were there to pick me up. I am forever grateful and very proud of our Commonwealth for their continued dedication to the disability community.

Suggestions for improvements to the regulation::

What I would like to see as a value add to MCB services is somehow networking with other MCB customers.

We all have different stages & not always ready to communicate with

others, but it would be nice to have a place to reach out (like FB) to each other. It would be a great support vehicle.

I understand the confidentiality issue MCB works under, but if we are asked if we want to sign-up for such a network, I'd suspect there'd be a lot of us!

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