

From: [REDACTED] <noreply+c9f53d80ea441a3a@formstack.com>
Sent: Monday, July 13, 2015 2:54 PM
To: RegReform (ANF)
Subject: A Clearer Code: Regulatory Reform

Categories: Red Category

Formstack Submission for form A Clearer Code: Regulatory Reform

Submitted at 07/13/15 2:52 PM

Name (optional):: Brian Fredette

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

Address (optional):: [REDACTED]

Primary Phone (optional):: [REDACTED]

Email (optional):: [REDACTED]

CMR Number (If known): :

General Regulatory Themes:: Other

Please list the Agency or Agencies affiliated with this regulation:: Division of Insurance

Describe the regulatory issue or observation::

This isn't a regulatory issue but we have a problem.

Anyone who lives on cape cod or (like me) keeps an Recreational Vehicle (RV) there for the season can not get insurance coverage for the camper. There isn't any insurance companies that will write a policy for campers on cape cod.

Is there someone from the State that can address this issue?

The campground where we stay in Bourne, I'm told has over 100 seasonal campers alone in the park that can not get insurance. This is a problem! Help...

Suggestions for easing regulatory compliance::

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Suite 300

From: noreply@formstack.com
Sent: Friday, July 10, 2015 11:52 AM
To: RegReform (ANF)
Subject: A Clearer Code: Regulatory Reform

Categories: Red Category

Formstack Submission for form A Clearer Code: Regulatory Reform

Submitted at 07/10/15 11:51 AM

Name (optional)::

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

Address (optional)::

Primary Phone (optional)::

Email (optional)::

CMR Number (If known): :

General Regulatory Themes:: Licensing and Permitting

Please list the Agency or Agencies affiliated with this regulation:: DPS

Describe the regulatory issue or observation:: We believe there are not enough license inspectors in the state. As Mass borders several states unlicensed people come into our state to preform work all the time, this puts our company at a disadvantage We want to be clear that we believe licenses are a necessary part of doing business in Mass. Licenses are proof that trained personnel are preforming the work and Mass is seeing the revenue from license renewal.

Suggestions for easing regulatory compliance:: More inspectors to check license

Thank you

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From: [REDACTED] <noreply+1110bce189b2162b@formstack.com>
Sent: Thursday, July 16, 2015 4:45 PM
To: RegReform (ANF)
Subject: A Clearer Code: Regulatory Reform

Follow Up Flag: Follow up
Flag Status: Completed

Categories: Red Category

Formstack Submission for form A Clearer Code: Regulatory Reform

Submitted at 07/16/15 4:44 PM

Name (optional):: George Condon

Company/Organization (if applicable) (optional):: Northeast Security Solutions, Inc

Address (optional):: [REDACTED]

Primary Phone (optional):: [REDACTED]

Email (optional):: [REDACTED]

CMR Number (If known): : 237

General Regulatory Themes:: Licensing and Permitting

Please list the Agency or Agencies affiliated with this regulation:: Ma State Board of Examiner's of Electricians

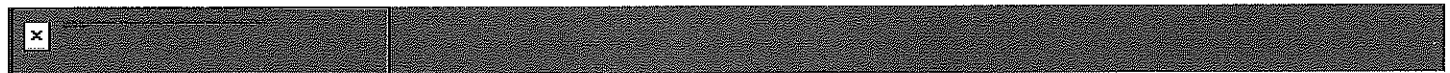
Describe the regulatory issue or observation:: the regulations under 237 need to be reviewed and updated. Also the fines for doing work, unlicensed, in this State need to raised to a level to discourage people from working with out the proper licenses.

Suggestions for easing regulatory compliance::

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From: [REDACTED] <noreply+1357f90ee0ebb7b4@formstack.com>
Sent: Friday, July 24, 2015 10:37 AM
To: RegReform (ANF)
Subject: A Clearer Code: Regulatory Reform

Categories: Red Category



Formstack Submission for form A Clearer Code: Regulatory Reform

Submitted at 07/24/15 10:37 AM

Name (optional)::	Mary Swift
Company/Organization (if applicable) (optional)::	C W Construction Co., Inc.
Address (optional)::	[REDACTED]
Primary Phone (optional)::	[REDACTED]
Email (optional)::	[REDACTED]
CMR Number (If known): :	
General Regulatory Themes::	Building Codes/Accessibility Standards
Please list the Agency or Agencies affiliated with this regulation::	The Housing Authority DCAMM
Describe the regulatory issue or observation::	Liability Insurance requirements for contractors doing business for either agency. They have the same standard set for jobs from \$0-\$1,000,000.00 contracts.
Suggestions for easing regulatory compliance::	Tier the liability insurance requirements based on the contract amount, but include a tier that relates to contracts from \$0 - \$100,000; \$100,000 - \$500,000; \$500,000-\$1,000,000. As it stands now many small business owners cannot compete with larger companies due to the insurance requirements. We continually lose bids or forego bidding because of the insurance requirements on contracts under \$100,000.

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RegReform (ANF)

From: amaxson@therapeuticlearningcenter.com <noreply+3a77743c7d8e61c4@formstack.com>
Sent: Monday, August 03, 2015 6:50 PM
To: RegReform (ANF)
Subject: A Clearer Code: Regulatory Reform
Categories: Red Category

Formstack Submission for form A Clearer Code: Regulatory Reform

Submitted at 08/03/15 6:49 PM

Name (optional):: Diane Maxson

Company/Organization (if applicable) (optional):: Therapeutic Learning Center

Address (optional)::

Primary Phone (optional)::

Email (optional)::

CMR Number (if known): : 259 CMR 3.00

General Regulatory Themes:: Licensing and Permitting

Please list the Agency or Agencies affiliated with this regulation:: Board of Registration of Allied Health Professionals

Describe the regulatory issue or observation::

- Regulations regarding the Licensure of Occupational Therapists have not been updated since originally written and implemented in 1984
- Responsibility for implementation of these licensure regulations falls under the Board of Registration of Allied Health Professionals, however there are no standards or guidelines to ensure that these regulations reflect current terminology, best practice standards, and are consistent with American Occupational Therapy Association policies
- The Massachusetts Occupational Therapy Association has been trying to update our Licensure regulations since 2008
- Attempts to conduct this important business at monthly meetings of a Board responsible for the oversight of two other professions has been extremely difficult
- New Occupational Therapy regulations were finally approved by the Board on May 18, 2015, WITHOUT our requested crucial inclusion of mandated continuing education requirements for all Occupational Therapists licensed by the Commonwealth.
- Governor Baker's Executive Order 562 has again put our efforts on hold
- We have already completed the required review of current regulations and the

Board has approved revised regulatory language that eliminates "confusing, unnecessary, redundant, and inconsistent" language and procedures

**Suggestions for easing
regulatory compliance::**

- The revised Occupational Therapy Licensure regulations that were approved by the Board of Allied Health Professions on June 29, 2015 should be approved by Governor Baker and enacted as soon as possible.
- Policies and Procedures for regular, scheduled review of Licensure regulations for Allied Health Professions should be written to be implemented by a sub-group of the board that includes representation from state professional organizations.
- Regular, scheduled review will streamline the process and ensure that the citizens of the Commonwealth are being cared for by skilled professionals.

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From: [REDACTED] <noreply+0e92817afd5ca04d@formstack.com>
Sent: Wednesday, August 05, 2015 10:09 PM
To: RegReform (ANF)
Subject: A Clearer Code: Regulatory Reform

Categories: Red Category

Formstack Submission for form A Clearer Code: Regulatory Reform

Submitted at 08/05/15 10:08 PM

Name (optional):: Karen Heffler

Company/Organization (if applicable) (optional):: Massachusetts Association for Occupational Therapy

Address (optional):: [REDACTED]
[REDACTED]

Primary Phone (optional):: [REDACTED]

Email (optional):: [REDACTED]

CMR Number (If known): : 259 CMR 3.00

General Regulatory Themes:: Licensing and Permitting

Please list the Agency or Agencies affiliated with this regulation:: Board of Registration of Allied Health Professionals

Describe the regulatory issue or observation:: July 27, 2015

Kristen Lepore
Secretary
Executive Office for Administration and Finance
State House, Room 373
Boston, MA 02133

Dear Ms. Lepore:

The comments below are submitted on behalf of the Massachusetts Association for Occupational Therapy, Inc. (MAOT) and its members, regarding the revision of regulations governing the practice of occupational therapy.

We recognize that the Board of Registration in Allied Health Professionals establishes rules and regulations to ensure the integrity and competence of licensees and is responsible for their enforcement. It fulfills this function for the ultimate purpose of preventing harm to consumers and protecting the public. Since February 2008, members of MAOT have been actively involved in

reviewing the statute and regulations for occupational therapy (OT). These regulations have not been revised since the implementation of licensure in 1984. They are outdated and no longer reflect current practice or terminology. The occupational therapy profession has undergone tremendous growth and change as a result of evolving health care systems, research, and advances within health care education and practice.

Therefore, as the Board engages in the review and revision process of the regulations specific to occupational therapy practice, that it recognizes that the scope of occupational therapy practice reaches beyond the traditional "medical model" environment. Current practice environments for many occupational therapy practitioners include early intervention, school-based and after school programs, mental health/ behavioral health programs for children and adults, community based environments such as homeless shelters, group and foster care homes for children and adults, and emerging practice areas. May need a tie together sentence

Therefore, as the Commonwealth of Massachusetts is in the process of reviewing proposed changes and making revisions as per the Executive Order, we request that the Office for Administration and Finance recognize that the scope of occupational therapy practice reaches beyond the traditional "medical model". As a result, it is important to realize that current practice models for many occupational therapy practitioners include delivery of services such as early intervention, school-based and after school programs, mental health day treatment/behavioral health programs and homeless shelters to children and adults in community-based settings. Practitioners are also engaged in health promotion and prevention activities, for example, aging in place initiatives, home modification, ergonomics, etc. Above all, during the review and revision process, it is critical to ensure that each discipline represented within the Allied Health Board, (OT, PT and AT) is defined as a separate and distinct profession, reflecting its own individual needs and practice patterns.

Specific to Occupational Therapy , the The following points in the existing regulations need to be addressed and are of particular importance to public (consumer) health, safety and welfare as well as to practitioner competence:

1. Overall language within the existing regulations needs to be updated to reflect current professional terminology and the "most current versions of official professional documents".

a. Organizational Name Changes

i. American Occupational Therapy Association (AOTA)

ii. Accreditation Council for Occupational Therapy Education (ACOTE)

iii. National Board for Certification in Occupational Therapy (NBCOT) no longer AOTCB

b. Reference documents should include:

i. Occupational Therapy Practice Framework: Domain and Process

ii. Scope of Practice Document

iii. Standards of Practice for Occupational Therapy

iv. Occupational Therapy Code of Ethics and Ethics Standards

v. Guidelines for Supervision Roles, and Responsibilities During the Delivery of Occupational Therapy Services

vi. ACOTE Standards

2. Addition of continuing education/professional development requirements for occupational therapists and occupational therapy assistants for licensure renewal. This is a critical component to maintaining competent practitioners

within evolving health care service delivery systems and is in line with requirements of virtually all other states. Professional development activities must be related to primary practice area(s). In addition, a minimum of one credit hour should include continuing education/ training in "Ethics" with each licensure renewal cycle to ensure protection of consumers and practitioners.

* It is of note that of the fifty states, forty-four have continuing education requirements for license renewal and six do not (Hawaii, Maine, Michigan, New Jersey, Utah, and Massachusetts). It is also of concern that within the Division of Professional Licensure, there are currently twenty-eight boards. Of these twenty-eight boards, twenty-two have continuing education requirements, three are under development, and three do NOT have any requirements (Barbers/Cosmetologists, Landscape Architects, and Allied Health Professionals). It is much more critical, given the services that OT provides, that there be continuing education/professional development requirements in place to protect the consumer.

3. The regulations relative to the role of the Occupational Therapy Assistant (OTA) need to support their appropriate role in the delivery of OT services. The OTA works under the supervision, and in collaboration, with an occupational therapist. The document Guidelines for Supervision Roles, and Responsibilities during the Delivery of Occupational Therapy Services articulates the OTA's role within the OT service delivery process. One area that is within the scope of the OTA skills and knowledge, but has been prohibited in Massachusetts, is the ability to participate in the screening process. A screening is a hands-off, non-billable data collection process that is used to determine if a full occupational therapy evaluation is indicated. Currently, non-licensed personnel conduct screens for referral to occupational therapy as in kindergarten screenings for example. Given that many OTAs provide services beyond the traditional medical model, in the community, regulations should not restrict the ability of the OTA to effectively fulfill their role to meet the needs of the clients they serve. Given many OTAs provide services beyond the traditional medical model, and reach into the community, regulations should not be prohibitive role specific tasks diminish the capacity of the OTA effectively fulfill their role to meet the needs of the clients they serve.

4. The role of Occupational Therapy "Aides" should be clearly differentiated from that of the Occupational Therapy Assistant (OTA) and should never be included in the same statement or paragraph delineating roles within the regulations. OT "Aides" provide supportive services to the occupational therapist and the occupational therapy Assistant. They are not primary service providers of skilled occupational therapy in any practice setting. Again, the AOTA official document Guidelines for Supervision, Roles and Responsibilities during the Delivery of Occupational Therapy Services provides guidance for the limited, appropriate use of aides.

5. There are a variety of types and methods of supervision. Appropriate supervision requirements should be consistent with official professional documents, The Guidelines for Supervision Roles, and Responsibilities during the Delivery of Occupational Therapy Services and the Occupational Therapy Code of Ethics and Standards, are designed to safeguard consumers and promote ethical and legal practice.

- a. Occupational therapy "aAides" should receive direct supervision from an occupational therapist or occupational therapy assistant.
- b. The occupational therapy assistant works in partnership with and under the

occupational therapist: collaboratively, they are responsible for developing a plan of supervision based on required service competency for the setting, the diagnostic case mix, the expertise and competence of the OTA, etc. The occupational therapist should meet with the OTA on a regular basis that ensure to ensure opportunity for timely review and feedback to direct the delivery of appropriate occupational therapy services provided by the occupational therapy assistant. Supervision can occur in person or through virtual/technological methods . technology-

6. Current regulations require that there be an "OT on-site" for OT/OTA students to participate in their required Level 2 fieldwork placements, a mandatory requirement for completion of their academic programs. This regulation has prohibited full-time Level 2 placement opportunities in settings where there may be only part-time OT practitioners, or in settings that are community based or emerging (non-traditional) practice areas where an OT practitioner may not be regularly employed. The ACOTE standards that address Level 2 fieldwork supervision place a high value on the protection of clients. For example, the following two standards address the supervision requirements of the Level 2 Fieldwork experience:

a. C.1.16 Ensure that supervision provides protection of consumers and opportunities for appropriate role modeling of occupational therapy practice. Initially, supervision should be direct and then decrease to less direct supervision as appropriate for the setting, the severity of the client's condition and the ability of the student.

b. C.1.17 Ensure that supervision provided in a setting where no occupational therapy exist includes a documented plan for the provision of occupational therapy services and supervision by a currently licensed otherwise regulated occupational therapist with at least 3 years full time or its equivalent of professional experience. Supervision must include a minimum of 8 hours of direct supervision each week of the fieldwork experience. An occupational therapy supervisor must be available, via a variety of contact measures, to the student during all working hours. An On-site supervisor designee of another profession must be assigned while the occupational therapy supervisor is off site.

In addition to the above academic standards which explicitly articulate the need for supervisory requirements for protection of the client, the OT students who participate in community based settings have more training, competency and supervisory support than some of the hired employees who are unskilled/under trained which poses a potential for harm to consumers.

On March 20, 2014 there was a public meeting for the Board of Registration of Allied Health Professionals to "consider promulgating revised regulations governing the practice of occupational therapy, athletic training, and physical therapy in the Commonwealth (259 CMR 3.00 through 5.00). The Board's current regulations are available online at: <http://www.mass.gov/ocabr/licensee/dpl-boards/ah/regulations/rules-and-regulations/>. The Board is considering clarification of supervision, documentation, and signature requirements as well as the removal of redundant, cumbersome, and outdated material presently contained in the regulations."

Representatives of all three professions attended this meeting in March 2014

and submitted additional written comments. On May 18, 2014, new OT and AT regulations were approved by the Board and on June 29, 2014, new PT regulations were approved by Board.

With this timeline in mind, it is our understanding that updated regulations for OT were voted on and approved by the Board of Registration in Allied Health Professionals on May 28, 2014, well before Executive Order 562 was issued on March 31, 2015. It is unclear as to why the approved/updated regulations were not acted upon in a timely manner.

We appreciate this opportunity to provide information that we hope will assist you in your deliberations and look forward to further input until the process is complete . . We recognize this is only a preliminary step to the promulgation process, however given that the current regulations are significantly outdated; it is in the best interest of both consumer safety and professional standards that the revision process is expedited. We look forward to working with the Board of Registration and the Executive Office for Administration and Finance in this collaborative effort. We would be most interested and willing to meet with you and/or any of your representatives to discuss this further.

Sincerely,

Michelle Savrann, President, MAOT
Karen Hefler, Government Relations Representative, MAOT

**Suggestions for easing
regulatory compliance::**

Pass the updated OT regulations

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RegReform (ANF)

From: [REDACTED]@noreply+dbd0e3ef130ed404@formstack.com>
Sent: Thursday, August 06, 2015 5:26 PM
To: RegReform (ANF)
Subject: A Clearer Code: Regulatory Reform

Categories: Red Category

x

Formstack Submission for form A Clearer Code: Regulatory Reform

Submitted at 08/06/15 5:25 PM

Name (optional):: Deborah Slater

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

Address (optional):: [REDACTED]

Primary Phone (optional):: [REDACTED]

Email (optional):: [REDACTED]

CMR Number (If known): : CMR Number is 259 CMR 3.00

General Regulatory Themes:: Licensing and Permitting

Please list the Agency or Agencies affiliated with this regulation:: Board of Registration of Allied Health

Describe the regulatory issue or observation::

The licensure regulations for the allied health professions, specifically occupational therapy, have not been updated since we initially obtained licensure in 1984. Not only is the current terminology outdated, the contents do not reflect professional standards and practices of the profession in healthcare today and as defined by the American Occupational Therapy Association, our professional membership organization. Specifically:

1. There are no continuing education requirements which is true for all but 6 states for occupational therapists. This does not meet the licensure board mission and purpose of protecting consumers and is not in line with current practice
2. The current scope of OT Assistant practice does not include the ability to do unbillable, hands off screens of patients to determine the need for a full occupational therapy evaluation which is inconsistent with their education, training and practice in other states. They also are not permitted to do, upon delegation by their supervising occupational therapist, any assessments as part of an OT evaluation - also not in line with their education and preparation.
3. Supervision requirements for clinical fieldwork students is based on a medical model with a full time, on site OT supervisor. This may be

inconsistent with OT practice today which often occurs in community based settings, schools, emerging practice areas etc. The OT educational standards have specific requirements related to supervision of Fieldwork students to ensure appropriate oversight and feedback without a full time OT supervisor on site

4. Language referring to occupational therapy related organization is incorrect (e.g. NBCOT has replace AOTCB which hasn't been used for years)

5. The use of aides is not clearly differentiated from OT assistants yet aides are "on the job" trained, unlicensed individuals who do not undergo the educational and clinical training required of OT assistants, in addition to passing a national certification exam and obtaining a license to practice.

6. Language in regulations must reference the most current version of the profession's official documents, e.g. Code of Ethics, Standards of Practice

Suggestions for easing regulatory compliance::

1. Implement continuing education requirements related to one's professional/clinical work demands for licensure renewal. In addition, at least 1 if not 2 CE units in ethics should be required, as is true in an increasing number of states. Ethical reasoning, knowledge and skill is critical for a health care professional in this complex healthcare environment.

2. Revise OT Assistant scope of practice to include the ability to provide screens and assessments when delegated by the supervising OT

3. Revise supervision requirements for fieldwork students in non-traditional settings (which is increasing) to reflect current practice and to be in line with educational curricula standards as written by the accrediting body for OT.

4. Replace outdated organizational references with current nomenclature.

5. Clearly define the appropriate use of aides, emphasizing competency and responsibility for on site, line of sight supervision and limitations to tasks which can be delegated. Reinforce that aides do not provide skilled occupational therapy services, ever.

6. Incorporate references to "the most current " version of official documents which are central to the profession, e.g. Occupational Therapy Code of Ethics, Standards of Practice, Guidelines for Supervision, Roles and REsponsibilities during the Delivery of Occupational Therapy Services etc.

These changes are long overdue (no changes have been made in our practice act since 1984) and are necessary to ensure consumer protection and therapist practice which is ethical, legal and which reflects appropriate standards for current healthcare providers.

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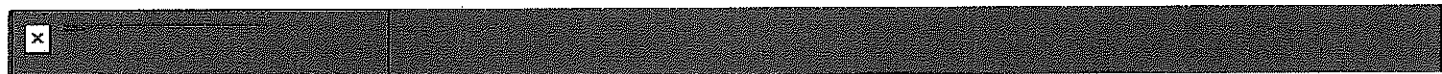
Suite 300

Indianapolis, IN 46250

Subject: RegReform (ANF)

From: [redacted] <noreply+f9dad6edfcd9e6ce@formstack.com>
Sent: Wednesday, August 19, 2015 3:40 PM
To: RegReform (ANF)
Subject: A Clearer Code: Regulatory Reform

Categories: Red Category



Formstack Submission for form A Clearer Code: Regulatory Reform

Submitted at 08/19/15 3:40 PM

Name (optional)::	Linda MacDonald
Company/Organization (if applicable) (optional)::	
Address (optional)::	[redacted]
Primary Phone (optional)::	[redacted]
Email (optional)::	[redacted]
CMR Number (If known): :	259 CMR 3.00
General Regulatory Themes::	Licensing and Permitting
Please list the Agency or Agencies affiliated with this regulation::	Board of Registration of Allied Health Professionals
Describe the regulatory issue or observation::	<p>I am an occupational therapy practitioner working in schools and out-patient settings with children with special needs. Occupational Therapy is one of the most frequently requested services for children with an autism spectrum disorder due to our emphasis on improving functional living skills such as self-care, play and school readiness. In addition to children with ASD, I see children who have cerebral palsy and others with attentional issues. Often children have comorbid issues such as anxiety and behavioral issues that impact family life and I work with families on establishing schedules and coping skills. While OT have education in medical sciences we also work in community settings with individuals on wellness and chronic conditions that impact independence.</p> <p>Occupational therapy is a field that meets the evolving needs of individuals in our society. Since I began as a therapist, the field has changed to be more focused on its roots in occupation and helping people participate in meaningful activities as part of their therapy and as a goal for their therapy. Our state regulations are outdated and need to be updated so that insurers and clients understand the full scope of our services. We are a distinct field with a different focus that allows us to relate inter professionally with many other fields.</p>

I support the information sent to you by the Massachusetts Association for Occupational Therapy on July 27, 2015, regarding the need to update the regulations governing the practice of occupational therapy.

Thank you for your interest and attention to my profession,
Linda MacDonald, MS OTR/L

MA license 256

**Suggestions for easing
regulatory compliance::**

Please see letter dated July 27, 2015 regarding changes to existing regulations regarding Occupational Therapy specifically:

Specific to Occupational Therapy, the following points in the existing regulations need to be addressed and are of particular importance to public (consumer) health, safety and welfare as well as to practitioner competence:

1. Overall language within the existing regulations needs to be updated to reflect current professional terminology and the "most current versions of official professional documents".
 - a. Organizational Name Changes
 - i. American Occupational Therapy Association (AOTA)
 - ii. Accreditation Council for Occupational Therapy Education (ACOTE)
 - iii. National Board for Certification in Occupational Therapy (NBCOT)
 - b. Reference documents should include:
 - i. Occupational Therapy Practice Framework: Domain and Process
 - ii. Scope of Practice Document
 - iii. Standards of Practice for Occupational Therapy
 - iv. Occupational Therapy Code of Ethics and Ethics Standards
 - v. Guidelines for Supervision Roles, and Responsibilities During the Delivery of Occupational Therapy Services
 - vi. ACOTE Standards

Also-the addition of continuing education requirements for both Occupational therapist and occupational therapy assistant to ensure that services provided are evidence based.

Thank you,
Linda MacDonald MS OTR/L

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From: [REDACTED]noreply+82ff3c0177cfb63b@formstack.com>
Sent: Wednesday, September 30, 2015 9:48 AM
To: RegReform (ANF)
Subject: A Clearer Code: Regulatory Reform

Categories: Red Category

Formstack Submission for form A Clearer Code: Regulatory Reform

Submitted at 09/30/15 9:47 AM

Name (optional):: Peter Romano

Company/Organization (if applicable) (optional):: Independent Oil Marketers Association of New England

Address (optional):: [REDACTED]
[REDACTED]
[REDACTED]

Primary Phone (optional):: [REDACTED]

Email (optional):: [REDACTED]

CMR Number (If known): :

General Regulatory Themes:: Building Codes/Accessibility Standards

Please list the Agency or Agencies affiliated with this regulation:: Division of Standards

Describe the regulatory issue or observation:: Repair, Calibration, and Sealing of Commercial Weights and Measures Devices

Suggestions for improvements to the regulation:: Gasoline station owners represented by the Independent Oil Marketers Association (IOMA) rely on accurate, functional and compliant meters for dispensing fuel at the pump. Likewise, when those meters break or fall out of calibration, it is imperative to businesses and their customers that the equipment is returned to good working order as quickly as possible. Unfortunately, under the Commonwealth's current regulatory system, scheduling and availability obstacles often impede the timely resolution of these issues.

IOMA proposes that the Division of Standards adjust its regulations to allow for interim repair, calibration and sealing of commercial measuring devices by private third-party contractors. Under such an arrangement, contractors could be certified and registered according to state standards, paid for by the business requesting their services (including reasonable fees to state or local authorities, as appropriate) and required to periodically report all work to the Weights & Measures official with jurisdiction over the device in question. Accordingly, state and local authorities would be apprised of the contractor's

work, and able to confirm it upon their statutory annual inspection.

It appears that the Division of Standards possesses the requisite authority and discretion to implement this type of reform, and would not require new legislation to do so. For a similar system that has worked well for IOMA members, we suggest that the Commonwealth look to New Hampshire as an example.

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MAOT (ANF)

From: [REDACTED]noreply+6a6daada6aae64ea@formstack.com>
Sent: Tuesday, July 28, 2015 1:15 PM
To: RegReform (ANF)
Subject: A Clearer Code: Regulatory Reform

Follow Up Flag: Follow up
Flag Status: Completed

Categories: Red Category

x

Formstack Submission for form A Clearer Code: Regulatory Reform

Submitted at 07/28/15 1:14 PM

Name (optional):: Karen Hefler

Company/Organization (if applicable) (optional):: Massachusetts Association for Occupational Therapy

Address (optional):: [REDACTED]
[REDACTED]

Primary Phone (optional):: [REDACTED]

Email (optional):: [REDACTED]

CMR Number (If known): : 259 CMR:3.00

General Regulatory Themes:: Licensing and Permitting

Please list the Agency or Agencies affiliated with this regulation:: Board of Registration of Allied Health Professionals

Describe the regulatory issue or observation::

Dear Ms. Lepore:

The comments below are submitted on behalf of the Massachusetts Association for Occupational Therapy, Inc. (MAOT) and its members, regarding the revision of regulations governing the practice of occupational therapy.

We recognize that the Board of Registration in Allied Health Professionals establishes rules and regulations to ensure the integrity and competence of licensees and is responsible for their enforcement. It fulfills this function for the ultimate purpose of preventing harm to consumers and protecting the public. Since February 2008, members of MAOT have been actively involved in reviewing the statute and regulations for occupational therapy (OT). These regulations have not been revised since the implementation of licensure in 1984. They are outdated and no longer reflect current practice or terminology. The occupational therapy profession has undergone tremendous growth and change as a result of evolving health care systems, research, and advances

within health care education and practice.

Therefore, as the Commonwealth of Massachusetts is in the process of reviewing proposed changes and making revisions as per the Executive Order, we request that the Office for Administration and Finance recognize that the scope of occupational therapy practice reaches beyond the traditional "medical model". As a result, it is important to realize that current practice models for many occupational therapy practitioners include delivery of services such as early intervention, school-based and after school programs, mental health day treatment/behavioral health programs and homeless shelters to children and adults in community-based settings. Practitioners are also engaged in health promotion and prevention activities, for example, aging in place initiatives, home modification, ergonomics, etc. Above all, during the review and revision process, it is critical to ensure that each discipline represented within the Allied Health Board, (OT, PT and AT) is defined as a separate and distinct profession, reflecting its own individual needs and practice patterns.

Specific to Occupational Therapy, the following points in the existing regulations need to be addressed and are of particular importance to public (consumer) health, safety and welfare as well as to practitioner competence:

1. Overall language within the existing regulations needs to be updated to reflect current professional terminology and the "most current versions of official professional documents".
 - a. Organizational Name Changes
 - i. American Occupational Therapy Association (AOTA)
 - ii. Accreditation Council for Occupational Therapy Education (ACOTE)
 - iii. National Board for Certification in Occupational Therapy (NBCOT) no longer AOTCB
 - b. Reference documents should include:
 - i. Occupational Therapy Practice Framework: Domain and Process
 - ii. Scope of Practice Document
 - iii. Standards of Practice for Occupational Therapy
 - iv. Occupational Therapy Code of Ethics and Ethics Standards
 - v. Guidelines for Supervision Roles, and Responsibilities During the Delivery of Occupational Therapy Services
 - vi. ACOTE Standards
 2. Addition of continuing education/professional development requirements for occupational therapists and occupational therapy assistants for licensure renewal. This is a critical component to maintaining competent practitioners within evolving health care service delivery systems and is in line with requirements of virtually all other states. Professional development activities must be related to primary practice area(s). In addition, a minimum of one credit hour should include continuing education/ training in "Ethics" with each licensure renewal cycle to ensure protection of consumers and practitioners.
- * It is of note that of the fifty states, forty-four have continuing education requirements for license renewal and six do not (Hawaii, Maine, Michigan, New Jersey, Utah, and Massachusetts). It is also of concern that within the Division of Professional Licensure, there are currently twenty-eight boards. Of these twenty-eight boards, twenty-two have continuing education requirements, three are under development, and three do NOT have any

requirements (Barbers/Cosmetologists, Landscape Architects, and Allied Health Professionals). It is much more critical, given the services that OT provides, that there be continuing education/professional development requirements in place to protect the consumer.

3. The regulations relative to the role of the Occupational Therapy Assistant (OTA) need to support their appropriate role in the delivery of OT services. The OTA works under the supervision, and in collaboration, with an occupational therapist. The document Guidelines for Supervision Roles, and Responsibilities during the Delivery of Occupational Therapy Services articulates the OTA's role within the OT service delivery process. One area that is within the scope of the OTA skills and knowledge, but has been prohibited in Massachusetts, is the ability to participate in the screening process. A screening is a hands-off, non-billable data collection process that is used to determine if a full occupational therapy evaluation is indicated. Currently, non-licensed personnel conduct screens for referral to occupational therapy as in kindergarten screenings for example. Given that many OTAs provide services beyond the traditional medical model, in the community, regulations should not restrict the ability of the OTA to effectively fulfill their role to meet the needs of the clients they serve.

4. The role of Occupational Therapy "Aides" should be clearly differentiated from that of the Occupational Therapy Assistant (OTA) and should never be included in the same statement or paragraph delineating roles within the regulations. OT "Aides" provide supportive services to the occupational therapist and the occupational therapy Assistant. They are not primary service providers of skilled occupational therapy in any practice setting. Again, the AOTA official document Guidelines for Supervision, Roles and Responsibilities during the Delivery of Occupational Therapy Services provides guidance for the limited, appropriate use of aides.

5. There are a variety of types and methods of supervision. Appropriate supervision requirements should be consistent with official professional documents, The Guidelines for Supervision Roles, and Responsibilities during the Delivery of Occupational Therapy Services and the Occupational Therapy Code of Ethics and Standards, are designed to safeguard consumers and promote ethical and legal practice.

a. Occupational therapy "aides" should receive direct supervision from an occupational therapist or occupational therapy assistant.

b. The occupational therapy assistant works in partnership with and under the occupational therapist: collaboratively, they are responsible for developing a plan of supervision based on required service competency for the setting, the diagnostic case mix, the expertise and competence of the OTA, etc. The occupational therapist should meet with the OTA on a regular basis to ensure opportunity for timely review and feedback to direct the delivery of appropriate occupational therapy services provided by the occupational therapy assistant. Supervision can occur in person or through virtual/technological methods.

6. Current regulations require that there be an "OT on-site" for OT/OTA students to participate in their required Level 2 fieldwork placements, a mandatory requirement for completion of their academic programs. This regulation has prohibited full-time Level 2 placement opportunities in settings where there may be only part-time OT practitioners, or in settings that are community based or emerging (non-traditional) practice areas where an OT practitioner may not be regularly employed. The ACOTE standards that

address Level 2 fieldwork supervision place a high value on the protection of clients. For example, the following two standards address the supervision requirements of the Level 2 Fieldwork experience:

- a. C.1.16 Ensure that supervision provides protection of consumers and opportunities for appropriate role modeling of occupational therapy practice. Initially, supervision should be direct and then decrease to less direct supervision as appropriate for the setting, the severity of the client's condition and the ability of the student.
- b. C.1.17 Ensure that supervision provided in a setting where no occupational therapy exist includes a documented plan for the provision of occupational therapy services and supervision by a currently licensed otherwise regulated occupational therapist with at least 3 years full time or its equivalent of professional experience. Supervision must include a minimum of 8 hours of direct supervision each week of the fieldwork experience. An occupational therapy supervisor must be available, via a variety of contact measures, to the student during all working hours. An On-site supervisor designee of another profession must be assigned while the occupational therapy supervisor is off site.

In addition to the above academic standards which explicitly articulate the need for supervisory requirements for protection of the client, the OT students who participate in community based settings have more training, competency and supervisory support than some of the hired employees who are unskilled/under trained which poses a potential for harm to consumers.

It is our understanding that updated regulations for OT were voted on and approved by the Board of Registration in Allied Health Professionals on May 28, 2014, well before Executive Order 562 was issued on March 31, 2015. It is unclear as to why the approved/updated regulations were not acted upon in a timely manner.

We appreciate this opportunity to provide information that we hope will assist you in your deliberations and look forward to further input until the process is complete. We recognize this is only a preliminary step to the promulgation process, however given that the current regulations are significantly outdated; it is in the best interest of both consumer safety and professional standards that the revision process is expedited. We look forward to working with the Board of Registration and the Executive Office for Administration and Finance in this collaborative effort. We would be most interested and willing to meet with you and/or any of your representatives to discuss this further.

Sincerely,

Michelle Savrann Karen J. Hefler
Michelle Savrann, President, MAOT Karen Hefler, Government Relations
Representative, MAOT

**Suggestions for easing
regulatory compliance::**

Re-approve the updated licensure regulations approved on May 28, 2014

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[REDACTED]

From: Maureen Nardella [REDACTED]
Sent: Wednesday, August 05, 2015 4:22 PM
To: RegReform (ANF)
Subject: OT Licensure Regulations
Attachments: MAOT - portal letter 07-15 (3).pdf
Categories: Red Category

Dear Regulatory Reform Committee,

I was unable to locate the portal access to provide feedback and advocate for needed updates to the occupational therapy licensure regulations. This email is in reference to CMR Number 259 CMR 3.00, the General Regulatory Theme is Licensing and Permitting, and the Agency affiliated with the regulation is the Board of Registration of Allied Health Professionals.

I am a licensed occupational therapist [and educator of occupational therapy assistants] in the commonwealth who has been involved in the the process of drafting proposed changes to the OT regulations that were approved by the Board of Registration on May 18, 2014 along with AT regulations. PT regulations were approved by the Board and on June 29, 2014. It took over 6 years to reach this final point of approval by the Board and now, at this juncture of Executive Order 562 (order made well after the revised OT regulations were approved by the Board), they may not go through the full process of promulgation. This is very concerning as the current regulations were drafted in 1984 and are extremely outdated in terms of language, proper names of certification agencies, and scopes of practice. The letter previously submitted from the Massachusetts Association of Occupational Therapy (MAOT) to Ms. Lepore of the Executive Office of Administration and Finance clearly outlines the history and all of the reasons why the proposed OT regulations should move forward in the process of promulgation. I am attaching a copy of the MAOT letter for your convenience and advocate for your serious consideration to the concerns expressed within it to best promote the health, well-being and safety of all consumers within the commonwealth.

Thank you,
Maureen S. Nardella

--
Maureen S. Nardella, MS, OTR/L
Department Chair, OTA Program
North Shore Community College

[REDACTED]
[REDACTED]
<http://www.northshore.edu>



Massachusetts Association for Occupational Therapy, Inc.

MAOT, Inc.

7 Madison Street
Boston, MA 02102
Tel: 617 612 9974

MAOT 1000 1000 1000

July 27, 2015

Kristen Lepore
Secretary
Executive Office for Administration and Finance
State House, Room 373
Boston, MA 02133

Dear Ms. Lepore:

The comments below are submitted on behalf of the Massachusetts Association for Occupational Therapy, Inc. (MAOT) and its members, regarding the revision of regulations governing the practice of occupational therapy.

We recognize that the Board of Registration in Allied Health Professionals establishes rules and regulations to ensure the integrity and competence of licensees and is responsible for their enforcement. It fulfills this function for the ultimate purpose of preventing harm to consumers and protecting the public. Since February 2008, members of MAOT have been actively involved in reviewing the statute and regulations for occupational therapy (OT). These regulations have not been revised since the implementation of licensure in 1984. They are outdated and no longer reflect current practice or terminology. The occupational therapy profession has undergone tremendous growth and change as a result of evolving health care systems, research, and advances within health care education and practice.

Therefore, as the Commonwealth of Massachusetts is in the process of reviewing proposed changes and making revisions as per the Executive Order, we request that the Office for Administration and Finance recognize that the scope of occupational therapy practice reaches beyond the traditional "medical model". As a result, it is important to realize that current practice models for many occupational therapy practitioners include delivery of services such as early intervention, school-based and after school programs, mental health day treatment/behavioral health programs and homeless shelters to children and adults in community-based settings. Practitioners are also engaged in health promotion and prevention activities, for example, aging in place initiatives, home modification, ergonomics, etc. Above all, during the review and revision process, it is critical to ensure that each discipline represented within the Allied Health Board, (OT, PT and AT) is defined as a separate and distinct profession, reflecting its own individual needs and practice patterns.

Specific to Occupational Therapy, the following points in the existing regulations need to be addressed and are of particular importance to public (consumer) health, safety and welfare as well as to practitioner competence:

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 - a. Organizational Name Changes
 - i. American Occupational Therapy Association (AOTA)
 - ii. Accreditation Council for Occupational Therapy Education (ACOTE)
 - iii. National Board for Certification in Occupational Therapy (NBCOT) no

longer AOTCB

- b. Reference documents should include:
 - i. *Occupational Therapy Practice Framework: Domain and Process*
 - ii. *Scope of Practice Document*
 - iii. *Standards of Practice for Occupational Therapy*
 - iv. *Occupational Therapy Code of Ethics and Ethics Standards*
 - v. *Guidelines for Supervision Roles, and Responsibilities During the Delivery of Occupational Therapy Services*
 - vi. ACOTE Standards
2. Addition of continuing education/professional development requirements for occupational therapists and occupational therapy assistants for licensure renewal. This is a critical component to maintaining competent practitioners within evolving health care service delivery systems and is in line with requirements of virtually all other states. Professional development activities must be related to primary practice area(s). In addition, a minimum of one credit hour should include continuing education/ training in "Ethics" with each licensure renewal cycle to ensure protection of consumers and practitioners.

* It is of note that of the fifty states, forty-four have continuing education requirements for license renewal and six do not (Hawaii, Maine, Michigan, New Jersey, Utah, and Massachusetts). It is also of concern that within the Division of Professional Licensure, there are currently twenty-eight boards. Of these twenty-eight boards, twenty-two have continuing education requirements, three are under development, and three do NOT have any requirements (Barbers/Cosmetologists, Landscape Architects, and Allied Health Professionals). It is much more critical, given the services that OT provides, that there be continuing education/professional development requirements in place to protect the consumer.
3. The regulations relative to the role of the Occupational Therapy Assistant (OTA) need to support their appropriate role in the delivery of OT services. The OTA works under the supervision, and in collaboration, with an occupational therapist. The document *Guidelines for Supervision Roles, and Responsibilities during the Delivery of Occupational Therapy Services* articulates the OTA's role within the OT service delivery process. One area that is within the scope of the OTA skills and knowledge, but has been prohibited in Massachusetts, is the ability to participate in the screening process. A screening is a hands-off, non-billable data collection process that is used to determine if a full occupational therapy evaluation is indicated. Currently, non-licensed personnel conduct screens for referral to occupational therapy as in kindergarten screenings for example. Given that many OTAs provide services beyond the traditional medical model, in the community, regulations should not restrict the ability of the OTA to effectively fulfill their role to meet the needs of the clients they serve.
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5. There are a variety of types and methods of supervision. Appropriate supervision requirements should be consistent with official professional documents, *The Guidelines for Supervision Roles, and Responsibilities during the Delivery of Occupational Therapy Services* and *the Occupational Therapy Code of Ethics and Standards*, are designed to safeguard consumers and promote ethical

and legal practice.

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 - b. The occupational therapy assistant works in partnership with and under the occupational therapist: collaboratively, they are responsible for developing a plan of supervision based on required service competency for the setting, the diagnostic case mix, the expertise and competence of the OTA, etc. The occupational therapist should meet with the OTA on a regular basis to ensure opportunity for timely review and feedback to direct the delivery of appropriate occupational therapy services provided by the occupational therapy assistant. Supervision can occur in person or through virtual/technological methods.
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- a. C.1.16 Ensure that supervision provides protection of consumers and opportunities for appropriate role modeling of occupational therapy practice. Initially, supervision should be direct and then decrease to less direct supervision as appropriate for the setting, the severity of the client’s condition and the ability of the student.
 - b. C.1.17 Ensure that supervision provided in a setting where no occupational therapy exist includes a documented plan for the provision of occupational therapy services and supervision by a currently licensed otherwise regulated occupational therapist with at least 3 years full time or its equivalent of professional experience. Supervision must include a minimum of 8 hours of direct supervision each week of the fieldwork experience. An occupational therapy supervisor must be available, via a variety of contact measures, to the student during all working hours. An On-site supervisor designee of another profession must be assigned while the occupational therapy supervisor is off site.

In addition to the above academic standards which explicitly articulate the need for supervisory requirements for protection of the client, the OT students who participate in community based settings have more training, competency and supervisory support than some of the hired employees who are unskilled/under trained which poses a potential for harm to consumers.

On March 20, 2014 there was a public meeting for the Board of Registration of Allied Health Professionals to “consider promulgating revised regulations governing the practice of occupational therapy, athletic training, and physical therapy in the Commonwealth (259 CMR 3.00 through 5.00). The Board’s current regulations are available online at: <http://www.mass.gov/ocabr/licensee/dpl-boards/ah/regulations/rules-and-regulations/>. The Board is considering clarification of supervision, documentation, and signature requirements as well as the removal of redundant, cumbersome, and outdated material presently contained in the regulations.”

Representatives of all three professions attended this meeting in March 2014 and submitted additional written

comments. On May 18, 2014, new OT and AT regulations were approved by the Board and on June 29, 2014, new PT regulations were approved by Board.

With this timeline in mind, it is our understanding that updated regulations for OT were voted on and approved by the Board of Registration in Allied Health Professionals on May 28, 2014, well before Executive Order 562 was issued on March 31, 2015. It is unclear as to why the approved/updated regulations were not acted upon in a timely manner.

We appreciate this opportunity to provide information that we hope will assist you in your deliberations and look forward to further input until the process is complete. We recognize this is only a preliminary step to the promulgation process, however given that the current regulations are significantly outdated; it is in the best interest of both consumer safety and professional standards that the revision process is expedited. We look forward to working with the Board of Registration and the Executive Office for Administration and Finance in this collaborative effort. We would be most interested and willing to meet with you and/or any of your representatives to discuss this further.

Sincerely,

Michelle Savrann

Michelle Savrann, President, MAOT

Karen J. Hefler

Karen Hefler, Government Relations Representative, MAOT

From: [REDACTED] <noreply+c7fb3bb50f715c44@formstack.com>
Sent: Monday, August 10, 2015 3:59 PM
To: RegReform (ANF)
Subject: A Clearer Code: Regulatory Reform

Categories: Red Category

Formstack Submission for form A Clearer Code: Regulatory Reform

Submitted at 08/10/15 3:59 PM

Name (optional):: Sharan Schwartzberg

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

Address (optional)::

Primary Phone (optional):: [REDACTED]

Email (optional):: [REDACTED]

CMR Number (If known): : (259 CMR 3.00 through 5.00)

General Regulatory Themes:: Licensing and Permitting

Please list the Agency or Agencies affiliated with this regulation:: Kristen Lepore
Secretary
Executive Office for Administration and Finance
State House, Room 373
Boston, MA 02133

Describe the regulatory issue or observation:: Board of Registration in Allied Health Professionals rules and regulations for occupational therapists: Revised regulations governing the practice of occupational therapy, athletic training, and physical therapy in the Commonwealth (259 CMR 3.00 through 5.00).

Suggestions for easing regulatory compliance:: I fully support the letter submitted on behalf of the Massachusetts Association for Occupational Therapy, Inc. (MAOT) and its members, regarding the revision of regulations governing the practice of occupational therapy. The letter was sent to Ms. Lepore on July 27, 2015 and signed by Michelle Savrann, President, MAOT and Karen Hefler, Government Relations Representative, MAOT on behalf of the MAOT membership .

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Suite 300
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From: [REDACTED] <noreply+23f3a5d766214a24@formstack.com>
Sent: Wednesday, August 12, 2015 7:06 AM
To: RegReform (ANF)
Subject: A Clearer Code: Regulatory Reform

Categories: Red Category

Formstack Submission for form A Clearer Code: Regulatory Reform

Submitted at 08/12/15 7:05 AM

Name (optional)::	Mary Barnes
Company/Organization (if applicable) (optional)::	Tufts University
Address (optional)::	[REDACTED]
Primary Phone (optional)::	[REDACTED]
Email (optional)::	[REDACTED]
CMR Number (If known): :	603183
General Regulatory Themes::	Licensing and Permitting
Please list the Agency or Agencies affiliated with this regulation::	Board of Allied Health
Describe the regulatory issue or observation::	<p>Outdated language (AOTCB is now NBCOT)</p> <p>Outdated supervision models for OT/s: direct supervision is not required at all times as it does not support process of growth (direct; coaching; support; delegate) to allow trainees to learn to assume role of entry level therapist.</p>
Suggestions for easing regulatory compliance::	<p>Additionally, some practice settings can (and do in other states) benefit from OT/s presence with consultative model of supervisory support (i.e., supervisor available by phone or Skype with 8 hours a week on site supervision). This would be consistent with national (AOTA) models. These models work best in community agencies that serve individuals with Intellectual impairment, chronic mental illness, school based practice in which therapists provide services in more than one school; early intervention/home care).</p> <p>Provided these training relationships are established with educational institutions with clear educational agreements (MOU, contracts) that ensure close collaboration with educational program faculty/staff and training site OTR/L changes such as these could allow for more practices by the occupational therapy profession that are more closely aligned with our Occupational Therapy Domain & Practice, including addressing outcomes</p>

From: noreply@formstack.com
Sent: Thursday, August 13, 2015 12:44 PM
To: RegReform (ANF)
Subject: A Clearer Code: Regulatory Reform

Categories: Red Category

Formstack Submission for form A Clearer Code: Regulatory Reform

Submitted at 08/13/15 12:43 PM

Name (optional)::

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

Address (optional)::

Primary Phone (optional)::

Email (optional)::

CMR Number (If known): :

General Regulatory Themes:: Licensing and Permitting

**Please list the Agency or Agencies affiliated
with this regulation::** ABCC

Describe the regulatory issue or observation:: Why can't restaurants serve alcoholic beverages before Noon on Sundays? Especially at the airport.
Why aren't liquor stores open yet?

**Suggestions for easing regulatory
compliance::** Remove the Blue laws which are literally 400 years old.

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Suite 300
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From: [REDACTED] <noreply+4cb72716c491e6d1@formstack.com>
Sent: Sunday, September 27, 2015 3:48 PM
To: RegReform (ANF)
Subject: A Clearer Code: Regulatory Reform

Categories: Red Category

Formstack Submission for form A Clearer Code: Regulatory Reform

Submitted at 09/27/15 3:47 PM

Name (optional):: Wayne Feiden

Company/Organization (if applicable) (optional):: City of Northampton

Address (optional):: [REDACTED]

Primary Phone (optional):: [REDACTED]

Email (optional):: [REDACTED]

CMR Number (If known): : 760 CMR 59

General Regulatory Themes:: Housing

Please list the Agency or Agencies affiliated with this regulation:: Department of Housing and Community Development

Describe the regulatory issue or observation:: The Smart Growth Overlay Program (MGL 40R) is a wonderful program, but as applied by the regulations the process is very rigid for the language required in local zoning to be in compliance. This leads to less flexible language which is harder for the regulated community to understand and follow.

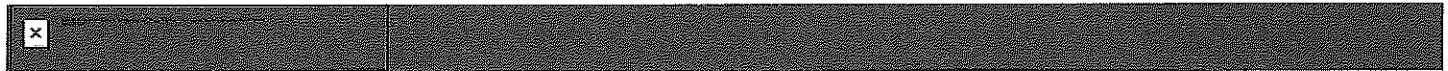
Suggestions for improvements to the regulation:: Provide more general standards of what needs to be in the regulations and review to see if there can be more local flexibility provided.

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From: [REDACTED] <noreply+a654332723bcb627@formstack.com>
Sent: Monday, October 05, 2015 10:09 AM
To: RegReform (ANF)
Subject: A Clearer Code: Regulatory Reform

Categories: Red Category



Formstack Submission for form A Clearer Code: Regulatory Reform

Submitted at 10/05/15 10:09 AM

Name (optional)::

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

Address (optional)::

Primary Phone (optional)::

Email (optional)::

CMR Number (If known): :

General Regulatory Themes:: Other

Please list the Agency or Agencies affiliated with this regulation:: Fin, Fur and Feather Pet Shop in Hanover, Mass.

Describe the regulatory issue or observation:: EXTREME ANIMAL CRUELTY! Animals have feces in cages, no food or water in some. Some animals appear to have blood coming from the nostrils. Other animals have an extreme urine and fecal smell coming from them, theres kittens infested with fleas. Many other issues with this shop. I have included my email, I have photos.

Suggestions for improvements to the regulation:: SHUT DOWN!!!

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From: noreply@formstack.com
Sent: Tuesday, October 27, 2015 8:45 PM
To: RegReform (ANF)
Subject: A Clearer Code: Regulatory Reform

Formstack Submission for form A Clearer Code: Regulatory Reform

Submitted at 10/27/15 8:44 PM

Name (optional)::

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

Address (optional)::

Primary Phone (optional)::

Email (optional)::

CMR Number (If known): :

General Regulatory Themes:: Building Codes/Accessibility Standards

Please list the Agency or Agencies affiliated with this regulation:: Housing authorities throughout the commonwealth

Describe the regulatory issue or observation:: Section 8 inspections.

Suggestions for improvements to the regulation::

Cities and towns handle their inspection requirements differently but the one thing that is consistent is their inefficiency. one can have a building with several tenants with Section 8 vouchers yet there can be as many inspectors as there are tenants. they come at different times, frequently within a day or week of each other leaving the owner to repeatedly go to the home, wait needlessly since often the appointment is forgotten or re-scheduled within less than an hour's notice. Furthermore, the inconsistency of their citations is mind boggling. one year they can request a certain drain in the sink, another year, they don't. the list is idiosyncratic and given the horrors one hears about landlords who let tenants live in condemned buildings, it seems that the reason section 8 inspections are so minor and punitive, is because they are able to have easy access to those landlords vs the landlord in the general public who might rent to students or others who are in need of apartments.

inspectors should be assigned to one address, not by person. inspections should occur bi annually since many towns can't keep up anyway and landlords are left with pending certifications which sometimes result in delayed payments. Inspectors should be trained as to the requirements so as to eliminate or at least limit the amount of discretionary opinion they have with regard to inspections

[REDACTED]

From: Amy Slutzky [REDACTED]
Sent: Wednesday, November 04, 2015 1:58 PM
To: RegReform (ANF)
Subject: comment to include developmental intervention for children: Regulations Reform for OT licensure

Hello to the good people doing this important work,
Thank you for considering the following critical addition regarding the "scope of occupational therapy practice".

Occupational therapy services include developmental intervention delivered on site at educational facilities including early intervention centers, school-based and after school programs as well as by private practitioners in the clinic, on a public playground, at the child's home or school, and other community sites.

May this process move forward in a satisfying and collegial climate!

Amy L. Slutzky, MS, OTR/L

Amy L. Slutzky, MS, OTR/L
Pediatric Occupational Therapist
Sensory Integration Certified

[REDACTED]

From: Tonia Belanger [mailto:tonia.belanger@maot.org]
Sent: Tuesday, August 04, 2015 8:34 AM
To: Lepore, Kristen (ANF); RegReform (ANF)
Subject: Licensing and Permitting 259 CMR 3.00

Categories: Red Category

Good morning,

I am writing to express my support for the Massachusetts Association for Occupational Therapy's (MAOT) initiative to update the licensure regulations for Occupational Therapy Practitioners. These updates are important to the health, safety and welfare of all. Continuing education is critical to make sure that practitioners are competent in their area of practice. As a Licensed Certified Occupational Therapy Assistant it is especially important to me to make sure that my role is clearly outlined and that I be eligible to participate in the screening process within my practice domain. I am a school based COTA/L and because I am not allowed to perform occupational therapy screenings for students that show needs, these students are screened by non-licensed personnel who do not, in most circumstances, understand the scope of occupational therapy. Each student's needs would be much better served if the appropriate service provider is able to screen for occupational therapy referral. More objective data would help to ensure that a student's needs are more clearly understood and met in a timely, professional and meaningful way. I have worked in school settings for 18 years and keep hoping that at some point I will be able to make a bigger difference to my students, special education team and school. If allowed to participate in screenings, this would then include the annual kindergarten screening. It greatly benefits students to be identified early with needs. My hope is that some time in the near future I will be able to better serve these students.

Please consider updating the current regulations governing the practice of occupational therapy.

Thank you for your time,

Tonia Belanger COTA/L

From: [REDACTED] <noreply+d9bb66e44261906b@formstack.com>
Sent: Friday, October 23, 2015 8:56 AM
To: RegReform (ANF)
Subject: A Clearer Code: Regulatory Reform

Formstack Submission for form A Clearer Code: Regulatory Reform

Submitted at 10/23/15 8:56 AM

Name (optional):: Lauren Goldman

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

Address (optional):: [REDACTED]

Primary Phone (optional):: [REDACTED]

Email (optional):: [REDACTED]

CMR Number (If known): :

General Regulatory Themes:: Other

Please list the Agency or Agencies affiliated with this regulation:: Various Insurance Companies

Describe the regulatory issue or observation:: Various insurance companies require agency employees to provide personal information such as home address and social security number in order to be able to access and utilize the insurance companies' websites. This practice should not be in force. It should be sufficient for the insurance company to have the actual agency's information on file and not require agency employees to provide the aforementioned information.

Suggestions for improvements to the regulation:: A ruling should be passed where the insurance company is not allowed to solicit aforementioned personal information from agency employees. As stated, it should be sufficient for the insurance company to have the agency information on file and not personal information of individual employees.

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8604 Allisonville Rd.
Suite 300
Indianapolis, IN 46250

From: [REDACTED]
Sent: Friday, October 23, 2015 10:22 AM
To: RegReform (ANF)
Subject: A Clearer Code: Regulatory Reform

Formstack Submission for form A Clearer Code: Regulatory Reform

Submitted at 10/23/15 10:21 AM

Name (optional):: Emma Thurgood

Company/Organization (if applicable) (optional):: Northeast Arc, Inc. DBA: ArcWorks Community Art Center

Address (optional):: [REDACTED]

Primary Phone (optional):: [REDACTED]

Email (optional):: [REDACTED]

CMR Number (If known): :

General Regulatory Themes:: Licensing and Permitting

Please list the Agency or Agencies affiliated with this regulation:: Not Sure

Describe the regulatory issue or observation::

As of right now, there are only three kinds of liquor licenses available: 1-day, full year retail and seasonal retail. For an organization like mine, where we host events more than 25 times a year but not every night of the year, it is difficult for us to offer wine at our events, which is important to set the mood and atmosphere and encourage attendees to linger and attend future events. We have to pick and choose which events will have wine served and which won't. The cost of a full year liquor license is prohibitive for our non-profit organization, and we are not trying to become a bar or restaurant where we make our money on the alcohol. We are simply trying to add some flair and another dimension to our programming and cover our costs in the process. The amount we would have to charge per glass to cover the costs of a full year license is exorbitant.

Suggestions for improvements to the regulation::

It would be a big help to have a low-cost, non-profits liquor license, so that organizations like mine can serve wine at our events beyond the 25 allowed per year, but not every night of the year as most restaurants do. Or adjusting the seasonal license to include year-round irregular nights or liquor serving. Thank you!

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From: noreply@formstack.com
Sent: Wednesday, October 28, 2015 9:25 AM
To: RegReform (ANF)
Subject: A Clearer Code: Regulatory Reform

Formstack Submission for form A Clearer Code: Regulatory Reform

Submitted at 10/28/15 9:24 AM

Name (optional):: Jana Frost

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

Address (optional)::

Primary Phone (optional)::

Email (optional)::

CMR Number (If known): :

General Regulatory Themes:: Licensing and Permitting

Please list the Agency or Agencies affiliated with this regulation::

The public is growing very weary of the situation with puppy mounts in this country! We are going to continue to fight for the puppies and their parents that still suffer in these hideous puppy mills that the government of the United States of America will do nothing about! We are going to start protesting, email campaigns, and many other techniques so that the whole country knows exactly what is going on in this country with the hideous business of puppy mills !

Describe the regulatory issue or observation::

Suggestions for improvements to the regulation::

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From: noreply@formstack.com
Sent: Wednesday, October 28, 2015 7:08 AM
To: RegReform (ANF)
Subject: A Clearer Code: Regulatory Reform

Formstack Submission for form A Clearer Code: Regulatory Reform

Submitted at 10/28/15 7:08 AM

Name (optional)::

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

Address (optional)::

Primary Phone (optional)::

Email (optional)::

CMR Number (If known): :

General Regulatory Themes:: Doing Business in MA

**Please list the Agency or Agencies affiliated
with this regulation::** AKC. Please help put an end to puppy mills

Describe the regulatory issue or observation:: The animal abuse that happens at puppy mills

**Suggestions for improvements to the
regulation::** They need to be banned and shut down. It needs to be
enforced after laws are made regarding it.

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Indianapolis, IN 46250

From:
Sent: Wednesday, July 15, 2015 3:44 PM
To: RegReform (ANF)
Subject: A Clearer Code: Regulatory Reform

Formstack Submission for form A Clearer Code: Regulatory Reform

Submitted at 07/15/15 3:44 PM

Name (optional):: Benjamin Gold

Company/Organization (if applicable) (optional):: Leominster Housing Authority

Address (optional)::

Primary Phone (optional)::

Email (optional)::

CMR Number (If known): : 760

General Regulatory Themes:: Housing

Please list the Agency or Agencies affiliated with this regulation::

Describe the regulatory issue or observation::

Suggestions for easing regulatory compliance::

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From: noreply@formstack.com
Sent: Monday, July 13, 2015 2:16 PM
To: RegReform (ANF)
Subject: A Clearer Code: Regulatory Reform

Formstack Submission for form A Clearer Code: Regulatory Reform

Submitted at 07/13/15 2:16 PM

Name (optional)::

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

Address (optional)::

Primary Phone (optional)::

Email (optional)::

CMR Number (If known): : 204 CMR 4.03

General Regulatory Themes:: Licensing and Permitting

Please list the Agency or Agencies affiliated with this regulation:: ALCOHOLIC BEVERAGES CONTROL COMMISSION

Describe the regulatory issue or observation::

The banning of happy hours are just one example of strict and burdensome alcohol regulations that hurt MA businesses that must compete with VT, NH, ME, and RI. This regulation should be revised. As a recent boston.com article pointed out, drinking rules in MA are not puritanical. They are worse!

<http://www.boston.com/news/2015/04/02/drinking-laws-massachusetts-aren-puritanical-they-worse/5cJhOGX7T8EqFfj3ZJKxWM/story.html>

A Times Magazine article in 2013 also named MA one of the 3 worst states in America regarding these burdensome rules:

<http://business.time.com/2013/12/05/the-3-best-and-3-worst-states-in-america-for-drinking/>

Suggestions for easing regulatory compliance::

Repeal the prohibition on happy hours. Allow growlers/containers to be filled at more than just originating brewery (all filled beers must be labeled with ABV anyway!). Shops where customers can buy beer and wine and consume on site (called "bottle shops") have become very popular across US, but currently banned in MA.

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