



Office of the General Counsel
Massachusetts Department of Public Health
250 Washington Street
Boston, MA 02108
Reg.Testimony@state.ma.us

September 27, 2019

Written testimony re: proposed amendments to 105 CMR 410.000: *Minimum Standards of Fitness for Human Habitation (State Sanitary Code, Chapter II)*.

To Whom It May Concern:

Health Resources in Action (HRIA), along with the individuals and institutions signed below, respectfully submit the following comments regarding the State of Massachusetts proposed amendments to 105 CMR 410.000: *Minimum Standards of Fitness for Human Habitation (State Sanitary Code, Chapter II)*.

HRIA is a 501(c)3 nonprofit public health and medical research organization with a mission to help people live healthier lives and create healthy communities through prevention, health promotion, policy, and research. A commitment to equity is central to our work. HRIA directs several collaborative efforts related to asthma and healthy homes, including the Asthma Regional Council of New England and the Massachusetts Asthma Action Partnership. We have also been a leader in promoting and providing technical assistance in smoke free housing.

Updating the *Minimum Standards of Fitness for Human Habitation (State Sanitary Code, Chapter II)* is critical to improving living conditions, particularly for our State's low-income communities living in rental housing who are disproportionately burdened with poor asthma outcomes, lead poisoning, and poor housing conditions. We applaud the State's decision to review and propose updates to the Sanitary Code. Our comments and recommendations are as follows:

- **In 410.550 Elimination of Pests:** We continue to recommend the implementation of an Integrated Pest Management (IPM) plan in dwellings with four or more units. This recommendation includes that the owner be required to maintain a record documenting: inspection and identification of pests, monitoring, service schedule; complaints filed by occupants, notifications and disclosures of any pesticide applied or printed copies of the labels and Material Safety Data Sheets, and by whom along with applicator's licenses; and modifications to the original plan. IPM is more effective and safer than traditional pest control strategies because of its focus on prevention of entry, monitoring for pests, occupant education, judicious use of pesticides and the evaluation of these efforts. Having an IPM plan in these dwellings would facilitate accountability and enforcement by local boards of health. Maintaining homes with minimal pest infestations (ideally, free from), and with no or minimal use of pesticides will enhance the health and safety of occupants, particularly those with asthma. Additionally, IPM places responsibility on all parties – the landlord, the tenant, and the pest control operator. Additionally, we recommend that:

- DPH include a model IPM plan on the website for referral, and that there is explicit language regarding details of IPM. For example: Requirements for inspection, monitoring, appropriate sanitation and waste management, maintenance practices building wide and grounds maintenance including but not limited to, cleaning and/or patching of holes, and other exclusion methods most appropriate for a specific location using appropriate building materials in areas that are conducive for pest harborage such as garbage chutes, crawl spaces, storage areas, under sinks and around all plumbing. The attached document, “*Massachusetts Integrated Pest Management (IPM) Toolkit*,” may serve as a valuable resource (it is developed by and available from DPH’s Asthma Prevention and Control Program, but is not yet on-line).
 - A list of products eligible for indoor use be added to the code and to your website for easy access (e.g. as is listed in Section 14.04 : General Provisions in 333 CMR 14.00: [“Protection of Children and Families from Harmful Pesticides”](#)). We appreciate that you have included the clause that “all use of pesticides shall be applied in accordance with laws and regulations of the Department of Food and Agriculture’s Pesticide Board, including those appearing in 333 CMR 13.00.”
 - DPH have trained interpreters available to help communicate IPM needs with tenants (including discussing clutter and the need for proper food and garbage storage).
 - Kitchen cabinets are provided to allow for better storage of food.
- **In 410.201 Temperature Requirements:** We continue to recommend requiring rentals of three units or more to convert existing single zone heating/cooling systems into multi zone systems, and require a thermostat for every unit in the building in order to allow occupant(s) to control and adjust the ambient temperature in their individual units during extreme fluctuations in outdoor temperatures. Landlords would have a year to comply with these HVAC retrofit requirements. The reason for this recommendation is that fluctuation in temperatures and extreme weather impacts of climate change mean that Massachusetts residents can no longer count on the strict division between a cold winter season and hot summers. In addition, extreme heat is a health concern for residents, but particularly for elderly, children and those with chronic diseases such as asthma or cardiovascular disease.
 - **In 410.220 Natural and Mechanical Ventilation:** We continue to recommend that DPH: 1) require rooms containing a toilet, bathtub, or shower to have mechanical ventilation exhausting air to the outside, stating specifically that windows, skylights or doors are not an acceptable alternative. Owners would have one year to comply with these requirements that conform to those included in the MA Building Code; and 2) Develop an online property registry to document when mechanical ventilation systems have been installed, and when IPM has been implemented. Additionally, we recommend requiring kitchens with gas stoves to have mechanical ventilation capable of exhausting air to the outdoors, with ventilation rate requirements as outlined in 105 CMR 410.220(C).

We appreciate DPH's efforts to support healthy housing in the Commonwealth. If you have questions, please contact Stacey Chacker at schacker@HRiA.org or 617-279-2240 ext. 536. Thank you for your consideration.

Sincerely,



Steven Ridini, Ed.D. President and CEO
Health Resources in Action
2 Boylston Street
Boston, MA 02116

David Turcotte, ScD
Research Professor
Director, Lowell Healthy Homes Program
University of Massachusetts Lowell
870 Broadway Street, 212E
Lowell, MA 01854

Sylvia Brandt
Thompson Hall
School of Public Policy
University of Massachusetts Amherst
Amherst, MA 01003

Mary White
Parent Asthma Leader
House of Ten
47 Mellen Street
Dorchester, MA 02124

Eugene Barros
Division Director of Healthy Homes & Community Support
Boston Public Health Commission
1010 Massachusetts Ave, 2nd fl
Boston, MA 02118

Elizabeth R. Woods, MD, MPH
Director of the Community Asthma Initiative
Boston Children's Hospital
300 Longwood Ave
Boston, MA 02115

Megan Sandel, MD MPH,
Associate Director, GROW Clinic
Boston Medical Center,
Associate Professor of Pediatrics
Boston University Schools of Medicine and Public Health
One Boston Medical Center Place,
Boston, MA 02118

Sara Lawson
Baystate Pulmonary Rehabilitation
Springfield Healthy Homes Asthma Project
3300 Main Street 2A
Springfield, MA 01199

Gricelides Saex
Baystate Health
126 Pinewoods Ave
Springfield, MA 01108

Colleen S. Loveless
President and CEO
Revitalize Community Development Corporation
1145 Main Street, Suite 107
Springfield, MA 01103

Sarita Hudson
Public Health Institute of Western MA
Pioneer Valley Asthma Coalition
PO Box 4895
Springfield MA 01101-4895