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February 15, 2017

Steven T. James
House Clerk
State House Room 145
Boston, MA 02133

William F. Welch
Senate Clerk
State House Room 335
Boston, MA 02133

Dear Mr. Clerk,

Pursuant to Sections 9G, 25, 43, and 78 of Chapter 112 of the Massachusetts General Laws, please find enclosed a report from the Department of Public Health entitled "*Division of Health Professions Licensure Annual Report.*"

Sincerely,

Monica Bharel, MD, MPH
Commissioner
Department of Public Health

Charles D. Baker
Governor

Karyn Polito
Lieutenant Governor



Marylou Sudders
Secretary

Monica Bharel, MD, MPH
Commissioner

Division of Health Professions

Licensure Annual Report

Fiscal Year 2016



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Legislative Mandate

The following report is hereby issued pursuant to Sections 9G, 25, 43, and 78 of Chapter 112 of the Massachusetts General Laws as follows: ¹

SECTION 9G. The board shall keep a record of the names and addresses of all persons registered by it and all programs approved by it and a duplicate thereof shall be open to inspection in the office of the state secretary. The board shall make an annual report on the status of physician assistants in the commonwealth to the governor and the general court.

SECTION 25. The board shall keep a record of the names of all persons examined and registered by it, of all persons to whom permits are issued under section thirty-nine, and of all money received and disbursed by it, and a duplicate thereof shall be open to public inspection in the office of the state secretary. The board shall make an annual report of the condition of pharmacy in the commonwealth.

SECTION 43. The board of registration of dentistry, herein and in sections forty-three A to fifty-three, inclusive, called the board, shall examine applicants for registration in dentistry, and shall investigate all complaints of violations of sections forty-four, forty-nine, fifty-two, fifty-two A, fifty-two C and sixty-five. In aid thereof, the board may make, and shall publish, such rules and regulations as it deems necessary. If, as a result of such investigation, the board has reasonable cause to believe that a violation has occurred, it shall forthwith file a written report of the same with the attorney general who shall, within three months following receipt of such report, notify the board in writing of the action taken with respect to such violation. The board may also bring a petition in equity in the superior court to enjoin the continuation of such violation. Five members of the board shall constitute a quorum for the transaction of business. The board shall keep a full record of its proceedings and a registry of all persons registered by it, which shall be public records open to inspection. A transcript of any of the entries in such record, certified by its secretary, shall be competent evidence of the facts stated therein. The board shall make a full and accurate annual report.

SECTION 78. The board shall keep records of the names of all persons registered and licensed by it and of all money received and disbursed by it and duplicates thereof shall be open to public inspection in the office of the state secretary. It shall make an annual report of the condition of nursing in the commonwealth.

There is no legislative mandate for an annual report for the Boards of Registration of Genetic Counselors, Nursing Home Administrators, Perfusionists, Respiratory Care or the Board of Certification of Community Health Workers. To advance public interest and transparency, all nine HPL Board reports are included herein.

¹ Use of the term “board” in Section 9G refers to the Board of Registration of Physician Assistants; in Section 25 it refers to the Board of Registration in Pharmacy; and in Section 78 it refers to the Board of Registration in Nursing.

Executive Summary

The Division of Health Professions Licensure (HPL) of the Massachusetts Department of Public Health (DPH) is pleased to submit this report of fiscal year 2016 (FY16) regulatory, licensure and enforcement activities.²

This report summarizes and highlights statistics and accomplishments undertaken to fulfill the mandate for HPL to protect the public health, safety, and welfare in Massachusetts. The report reflects a continued commitment to establishing and improving practice standards for the health professions under the oversight of HPL.

The mission of DPH is to prevent illness, injury, and premature death, assure access to high quality public health and health care services, and promote wellness and health equity for all people in the Commonwealth.

HPL, which includes nine separate boards, is charged with evaluating the qualifications of applicants and granting licenses, registrations and certifications to those who qualify. The HPL boards establish rules and regulations to ensure the integrity and competence of licensees and promote public health, welfare, and safety by ensuring that licensed professionals and entities meet statutory requirements.

Under the leadership of HPL Director, James G. Lavery, HPL staff has worked diligently with the HPL boards during FY16 to complete a comprehensive review of the regulations enforced by HPL, as mandated by Executive Order 562 in fiscal year 2015 (FY15). Fiscal year 2017 (FY17) will complete the promulgation process for many of these regulations, as the HPL boards hold public comment periods and consider public comments prior to producing and approving final regulations to be filed with the Secretary of the Commonwealth of Massachusetts.

Significant Accomplishments of FY16:

In FY16, HPL staff focused on process efficiency, resulting in considerable improvements to HPL operations that will benefit both the public and licensees for years to come. The Board of Registration in Nursing and the Board of Registration in Dentistry both established Complaint Committees to review pending investigations and expedite resolution by compressing the investigation information into a recommendation that is accepted or rejected by each Board. Both Boards anticipate substantial improvements to average investigation processing times and backlogged investigation totals in FY17.

In FY16, the Board of Registration in Pharmacy continued to make substantial strides towards pharmacy practice reform, fulfilling the mandates of St. 2014, c.159. The Board of Registration in Pharmacy approved draft amendments to six existing sections of 247 CMR and three entirely new sections of regulations on sterile compounding, non-sterile compounding and reporting requirements. Additionally, the Board of Registration in Pharmacy reviewed and amended nine sections of 247 CMR as necessary, in connection with Executive Order 562. The Board of

² On August 15, 2016, the Division of Health Professions Licensure became the Bureau of Health Professions Licensure. This Annual Report covers FY16, prior to the change.

Registration in Pharmacy also approved and promulgated 247 CMR 21.00, Registration of Outsourcing Facilities, and began registering Resident and Non-Resident Outsourcing Facilities in January, 2016.

Introduction

HPL is comprised of nine boards of registration and certification: the Board of Certification of Community Health Workers, the Board of Registration in Dentistry, the Board of Registration of Genetic Counselors, the Board of Registration in Nursing, the Board of Registration of Nursing Home Administrators, the Board of Registration of Perfusionists, the Board of Registration in Pharmacy, the Board of Registration of Physician Assistants, and the Board of Registration of Respiratory Care.

HPL Mission Statement

Our mission is to protect the public health, safety, and welfare by licensing qualified health care professionals, services, and facilities through the fair and consistent application of statutes, regulations, and policies. Through our nine boards of registration and certification, and in an open forum, we develop, implement, and enforce regulations and policies that ensure and promote the safe practice of those we license and regulate.

Vision Statement

- I. We believe that the citizens of Massachusetts deserve the highest quality of health care provided by qualified health care professionals who practice, and by facilities that operate, with the highest degree of ethics and integrity.
- II. We recognize and value the contributions of our volunteer board members, staff, and licensees, and appreciate their diversity, professional experience, and knowledge.
- III. We believe that continued competency is important and support initiatives that address the need for life-long learning in a rapidly changing health care environment.
- IV. We believe that partnerships with educators, other governmental agencies, law enforcement, and organizations that advocate for patients and/or providers enhance our ability to promote and ensure quality of care and safe practices to achieve better outcomes for patients.
- V. We believe that health care consumers, employees, licensees, applicants, and others who rely on our data to make health care and employment decisions expect, and should have easy access to, timely, accurate, and relevant information.

The following pages give a more comprehensive perspective of how the nine boards at HPL work on behalf of the Commonwealth of Massachusetts.

An Overview of the Division of Health Professions Licensure

Budget

As of June 30, 2016, HPL licensed, registered, certified, or authorized 213,438 health care professionals and businesses. The staffing level of HPL was comprised of over 90 full-time equivalent active staff.

HPL and its nine boards of registration and certification are funded by a combination of three state appropriations and the Quality in Health Professions Trust Fund.³

- I. Appropriation account 4510-0721 supports the Board of Registration in Nursing.
- II. Appropriation account 4510-0722 supports the Board of Registration in Pharmacy.
- III. Appropriation account 4510-0725 supports the remaining seven boards: Community Health Workers, Dentistry, Genetic Counselors, Nursing Home Administrators, Perfusionists, Physician Assistants, and Respiratory Care.
- IV. The Quality in Health Professions Trust Fund, account 4510-0727, supports the operations of all nine boards. The trust is funded by a complex statutory formula that directs a portion of each license fee to be deposited in the trust. Unexpended collected trust revenue can be carried forward at the end of each fiscal year. Due to license renewal cycles set by statute, HPL collects more trust revenue during even fiscal years than odd fiscal years. Sufficient trust roll-forward balances from the even fiscal years are needed to fund expenses in the odd fiscal years.

The FY16 General Appropriation Act continued to support pharmacy inspections and investigations with a total of \$1.29M appropriated to the Board of Registration in Pharmacy (4510-0722) for FY16. This funding was utilized by the Board of Registration in Pharmacy to hire additional staff to perform inspections and monitor sterile and non-sterile compounding pharmacies, including unannounced inspections of all pharmacies in the Commonwealth.

Administration and support services for the nine boards of registration and certification are centralized within HPL and shared among the boards to provide economies of scale, promote consistency in the application and enforcement of requirements, and permit streamlined and efficient operations for the issuance of licenses, registrations and certifications, the collection of revenue, the provision of information technology services, enforcement, investigations, legal services, and adjudicatory hearings, and budget and accounting functions. All funds expended from the trust fund are attributed to the shared administrative, licensing and enforcement activities of the nine boards.⁴

³ See Appendix A: *HPL FY16 Funding*.

⁴ See Appendix B: *HPL FY16 Expenditures*.

Compliance

The compliance activities of HPL are essential to its mission. HPL conducts inspections and investigations of licensees, prosecutes cases, and takes disciplinary action against the licenses of individuals and/or businesses who engage in conduct that may pose a threat to the health, safety, and welfare of the public. During FY16, the boards collectively resolved 564 formal complaints against health professional/facility licenses. Of the 564 formal complaints, 44%, or 251, were resolved by imposition of disciplinary action.

Probation Department

The Probation Department at HPL monitors licensees whose practice is subject to conditions or who must fulfill requirements, either as part of a formal disciplinary probation or as a non-disciplinary resolution of a complaint. The Probation Department monitors the compliance of licensees with the specific terms of their respective Consent Agreement or Final Decision and Order when their license is subject to Stayed Probation, Probation, Suspension or Surrender followed by Probation, Stayed Suspension, or Reprimand. As of June 30, 2016, the Probation Department was monitoring 168 participants.

In FY16, HPL Boards adopted a Division-wide staff action policy, DP 15-01, authorizing the handling of monitored cases in a more efficient and consistent manner. The policy implements standard processes and procedures for the Probation Department and defines standard terms used by the Probation Department. In addition, the policy delegates Staff Action authority to Probation Monitors on behalf of each Board of Registration, for routine decisions like approving licensee Requests for Extensions and Restoration of License to Unrestricted Status (termination of probation monitoring). The Policy requires that the Probation Monitor or Executive Director report all Staff Action taken between Board meetings at each regularly scheduled Board meeting.

The Probation Department is also currently developing a new database for probation monitoring. The new database will automate reports and compliance summaries, in addition to allowing the Probation Department to track licensee progress on a more detailed level. The database is anticipated to launch in early FY17.

The Massachusetts Professional Recovery System

HPL administers the Massachusetts Professional Recovery System (MPRS) for licensed health professionals (Dentists, Genetic Counselors, Nursing Home Administrators, Perfusionists, Pharmacists, Physician Assistants, and Respiratory Therapists). MPRS is a monitoring program that assists licensed health professionals who have problems with alcohol and/or other drugs to return to practice while protecting the public's health, safety, and welfare. An advisory panel of seven health care professionals with experience in substance use disorder treatment is available to consult with both participants and HPL monitoring staff. The program takes five years to successfully complete. As of June 30, 2016, MPRS was monitoring the compliance of 26 participants. During FY16, MPRS admitted 1 new participant, terminated 4 participants for unsuccessful completion of the program, and discharged 10 participants with successful completion of the program.

The Substance Abuse Rehabilitation Program

The Substance Abuse Rehabilitation Program (SARP) is a voluntary, non-disciplinary approach to substance use disorder recovery among licensed nurses. Established by M.G.L. c. 112, §80F, SARP is an abstinence-based program to assist nurses whose competency has been impaired by the use of, or dependence on, alcohol and/or other drugs to return to nursing practice. The program takes five years to successfully complete. SARP is designed to protect the public health, safety, and welfare by establishing adequate safeguards to maintain professional standards of nursing practice, while monitoring and supporting the ongoing recovery of participants and their return to safe nursing practice.

In FY16, the SARP staff conducted outreach activities to educate healthcare providers on the prevalence of substance use disorders among nurses and the role of SARP at the following institutions:

- Massachusetts General Hospital- Grand Rounds on August 20, 2015;
- Partners Healthcare Employee Assistance Program on October 22, 2015; and
- Hallmark Health: Melrose-Wakefield Hospital on February 26, 2016.

On May 20, 2016 the SARP Coordinators hosted a Retreat for SARP Stakeholders at the Massachusetts College of Pharmacy and Health Sciences University in Worcester, MA. The attendees committed to team-building exercises and identified evidence-based practices to ensure SARP operates more efficiently.

As of June 30, 2016, SARP was monitoring the compliance of 166 participants. During FY16, SARP admitted 34 new participants, terminated 14 participants for unsuccessful completion of the program, and discharged 21 participants after successful completion of the program.

Information Technology

In FY16, the information technology department (IT) of HPL made multiple modifications and improvements to MyLicense Office (MLO), the licensure database utilized by HPL, to improve efficiency in various licensure processes. These modifications and improvements are also vital to HPL becoming more data focused.

Most importantly, IT set up and tested new versions of MLO, [MyLicense Verification](#) (Verification), the public-facing Health Care Safety & Quality (HCSQ) license verification website, and [MyLicense eGov](#) (eGOV), the DPH online licensing website that allows licensees and applicants to electronically apply, renew, and change personal information on file with the boards. This undertaking involved a complete data conversion, 19 software fixes, reorganization and simplification of possible license statuses, and the conversion of over 300 templates in Expression Templates to Word Merge templates directly in MLO. IT anticipates launching these new versions of MLO, Verification and eGOV in FY17.

IT added a new training module to the applicant checklist in MLO in order for staff of the Board of Registration in Dentistry to ensure applicants had completed the required pain management and opioid prescribing training as required by M.G.L. c. 94C, §18, as amended by St. 2016, c. 52. The same modification will also be made for other boards with license types that may have

prescribing authority in FY17. Also in response to the legislation, IT coordinated the emailing of over 155,000 HPL licensees to serve as immediate notification of the changes in law mandated by St. 2016, c. 52.

As in FY15, during the course of FY16, IT developed and added more new license types to MLO. IT configured and activated Outsourcing Registrations, Outsourcing Controlled Substance Registrations, and Non-resident Outsourcing Registrations for the Board of Registration in Pharmacy.

Additionally, in FY16, IT configured and activated an Advanced Practice Registered Nurse Permit, which the Board of Registration in Nursing anticipates launching in FY17. IT laid the groundwork to facilitate the transition to issuing these permits by establishing fields in eGOV that will capture basic Advanced Practice Registered Nurse demographic information, such as expiration date, education facility and certification type upon the new renewal of Registered Nurse licenses. This advancement in the licensure database will assist the Board of Registration in Nursing to monitor regulatory compliance of Advanced Practice Registered Nurses.

In early FY16, the self-registration and online application for initial licensure was launched for Nursing Home Administrators on eGOV. IT had previously laid the ground work for the launch, creating the processes for self-registration of initial licensure applicants for Nursing Home Administrator in FY15, and launching online initial licensure applications for Nursing Home Administrators, Physician Assistants, Respiratory Therapists, Perfusionists, and Genetic Counselors. In FY16, IT moved on to develop self-registration and online applications for provisional licensure of Genetic Counselors, Perfusionist, and Respiratory Therapists, temporary Physician Assistant licenses and Nursing Home Administrator in Training licenses. Additionally, the online renewal process for newly licensed Dental Assistants was developed and launched.

In FY16, IT also established new license renewal surveys in eGOV for Dentists, Registered Nurses, and Licensed Practical Nurses. Renewal surveys are developed by each respective Board of Registration in collaboration with the Massachusetts Health Care Workforce Center, then the survey is developed by IT. After each renewal period, the Massachusetts Health Care Workforce Center reviews and analyzes the survey responses to develop the Health Professions Data Series publications.

VALOR Act to Assist Active Military, Military Spouses, and Veterans

Under St. 2012, c. 108, otherwise known as the VALOR Act (VALOR Act), and St. 2014, c. 62, otherwise known as the VALOR Act II, the following statutory provisions have been implemented:

- I. Each of the HPL boards will accept relevant education, training, and service completed by a license applicant as a member of the armed forces or the military reserves toward the qualifications required for licensure pursuant to M.G.L. c. 112, §1B(b);

- II. The license of a member of the armed forces who is on active duty remains valid until he or she is released from active duty, and for 90 days thereafter pursuant to M.G.L. c. 112, §1B(c);
- III. HPL expedites the licensure process for military spouses who are licensed in other states and have left employment there to accompany a spouse relocated to the Commonwealth due to a military transfer pursuant to M.G.L. c. 112, §1B(d); and
- IV. HPL waives the Commonwealth's portion of the initial application and licensure fees for all licenses issued pursuant to the VALOR Act pursuant to M.G.L. c. 112, §1B(g).

HPL began receiving inquiries about the VALOR Act from service members, veterans and service member spouses in July 2013. Since 2013, HPL has processed 63 applications for licensure by service members, veterans, or spouses, and logged the active duty status of 59 licensed service members.

In FY16 HPL received a total of 16 licensure applications subject to the VALOR Act, comprised of 12 spouses of active duty service members and four veterans.⁵ The greatest concentration of applicants is military spouses applying for RN licensure.

As of June 30, 2016, 55 licensed service members were on active duty status. During FY16, 28 active duty service licenses were manually renewed. Appendix D shows the distribution of active service duty licensees, with the greatest concentration among Army dentists.⁶ As in previous years, dentists remain the most highly represented licensee group across all active duty service licensees.

The HPL [website](#) contains additional information and the necessary affidavit forms that VALOR Act applicants must submit. Active military, military spouses, and veterans must identify themselves as such in order to obtain these benefits. HPL has established a division-wide staff action policy, which has been adopted by all HPL boards, authorizing the processing of license applications and renewals under the VALOR Act in an efficient and consistent manner.

HPL Initiatives

Regulation Review: HPL staff has worked diligently with the HPL Boards over FY16 to complete a comprehensive review of the regulations promulgated by HPL, as mandated by Executive Order 562. FY17 will complete the promulgation process for many of these regulations, as the HPL Boards hold public comment periods and consider public comments prior to producing final regulations to be filed with the Secretary of the Commonwealth of Massachusetts.

Board Composition: Under the leadership of Governor Charles Baker, in FY16, HPL focused on recruiting efforts to fill vacant board seats across all HPL boards. By the end of FY16,

⁵ See Appendix C: *FY16 VALOR Act Licensure Applications*.

⁶ See Appendix D: *FY16 Active Service Duty Licensees*.

84.24% of all board seats were filled, up from 75.60% in FY15. A total of 9 new board members were appointed by Governor Baker during FY16.

Improving Transparency through Posting of Consent Agreements on Websites: In FY16, HPL made considerable strides towards the posting of recent consent agreements on each respective Board website, an undertaking that remains ongoing. This task is expected be completed by the end of FY17.

Online Licensure Renewals: With the help of IT, HPL improved to a 94% success rate for online licensure renewal in FY16. In FY15, the success rate for online licensure renewal was 90%. HPL will continue to endeavor to improve the success rate for online licensure renewals.

Investigator Training: During FY16, HPL and the National Association of Drug Diversion Investigators co-hosted the New England Chapter Drug Diversion Training program. All HPL investigators attended this training, alongside loss prevention professionals and government agents.

The Board of Certification of Community Health Workers

M.G.L. c. 13, §§9, 106-108; M.G.L. c. 112, §§259-262

I. Administration

About the Board

The Board of Certification of Community Health Workers (CHW Board) was created as a result of state health care reform and is intended to help integrate Community Health Workers (CHWs) into the health care and public health systems in order to promote health equity, cost containment, quality improvement, and management and prevention of chronic disease.

The CHW Board consists of 11 members. It is chaired by the Commissioner of Public Health or her designee. Ten additional members are appointed by the Governor. The member makeup includes the following: four CHWs, one CHW training organization representative, one community-based CHW employer, one Massachusetts Association of Health Plans representative, one Massachusetts League of Community Health Centers representative, one Massachusetts Public Health Association representative, and one public member. Six members are required to be present to constitute a quorum.

CHW Board Members

Jean Zotter, Commissioner of DPH, Designee, Chair

Henrique O. Schmidt, CHW member, Secretary

Sheila Och, CHW member

Maritza Smidy, CHW member

Catherine Bourassa, community-based CHW employer member

Patricia Edraos, Massachusetts League of Community Health Centers representative

Joanne Calista, CHW training organization representative

Margaret Hogarty, Massachusetts Public Health Association representative

Steve Bucchianeri, Pharm. D., Massachusetts Association of Health Plans representative

Denise Lau, public member

FY16 CHW Board Meetings

September 8, 2015

October 13, 2015

January 21, 2016

March 8, 2016

May 10, 2016

June 30, 2016

Contact Information

Roberlyne Cherfils, Executive Director
Board of Certification of Community Health Workers
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Boston, MA 02114
617-973-0806
www.mass.gov/dph/Boards/chw
MultiBoard.Admin@state.ma.us

II. Accomplishments of the CHW Board

Stakeholder Engagement: In FY16, the CHW Board hosted a variety of guest speakers who spoke to the CHW Board about technical and legal topics, as well as personal experiences in the CHW field. These guest speakers provided the CHW Board with valuable information that helped to develop the draft regulations. Featured guests included Pauline Quirion from Greater Boston Legal Services, Steven Wright from the Boston Public Health Commission, Terry Mason from the Office of Community Health, and Lissette Blondet, Shawn Matthews and Jackie Toledo from The Massachusetts Association of Community Health Workers (MACHW).

III. Regulations and Policies

Finalize Draft Certification Fee Regulations: During FY16, certification fee regulations were drafted and approved by the CHW Board. The regulations have been submitted for administrative review prior to a public comment period. Once the CHW Board reviews and considers public comment, the certification fee regulations will be finalized and approved by the CHW Board in FY17.

Draft Regulations: In FY16 the CHW Board and CHW Advisory Work Group continued to finalize the draft regulations. The CHW Board approved the draft regulations, which were then submitted for administrative review. After a public comment period, the CHW Board will consider public comments and finalize the regulations in FY17.

IV. Strategic Priorities

Promulgate Regulations: In FY17, the CHW Board intends to finalize and promulgate 272 CMR: The Board of Certification of Community Health Workers.

Process Training Program Applications: In FY17, the CHW Board will begin to accept and process applications from CHW training programs. As the regulations are currently drafted, completing a CHW Board-approved CHW training program is one way that a CHW can meet certification requirements.

Good Moral Character Policy: Prior to accepting and processing CHW certification applications, the CHW Board must finalize a policy on good moral character in FY17. The CHW Board began drafting the policy in FY16, adopting many provisions from the Code of Ethics followed by MACHW.

Process Certification Applications: Once the good moral character policy is approved by the CHW Board, the CHW Board had to finalize and distribute a user friendly certification application. The CHW Board aims to begin issuing certifications to CHWs before the end of FY17.

Improved Board Engagement: In FY17, CHW Board staff intends to focus on actively recruiting new CHW Board members and providing relevant education for CHW Board members.

V. License and Licensee Statistics

Due to the recent establishment of the CHW Board, the CHW Board did not process any applications for certification in FY16.

VI. Compliance: Disciplinary Statistics

Due to its recent establishment, the CHW Board took no disciplinary action in FY16.

The Board of Registration in Dentistry

M.G.L. c. 13, §§9, 19-21; M.G.L. c. 112, §§43-53

I. Administration

About the Board

The Massachusetts Board of Registration in Dentistry (Dentistry Board) is responsible for the licensure and registration of dentists, dental hygienists, and dental assistants for practice in the Commonwealth. The Dentistry Board is also responsible for issuing limited and faculty dental licenses, as well as facility and practitioner permits for anesthesia administration, permits for portable dental operations and mobile dental facilities. The Dentistry Board establishes rules, regulations, and policies governing the practice of dentistry and investigates complaints against licensed dental professionals.

Dentistry Board members oversee the practice of dentistry to ensure the public that services are provided in accordance with statute and Dentistry Board regulations and policies, including ethical standards of practice. The Dentistry Board is made up of 11 voting members including six dentists, two dental hygienists, one dental assistant, two public members, and two non-voting dental assistant advisors. By statute, five voting members are required to be present to constitute a quorum.

Dentistry Board Members

Dr. Stephen DuLong, faculty dentist member, Chair
Ailish M. Wilkie, CPHQ, public member, Secretary
Dr. Keith Batchelder, dentist member
Dr. John Hsu, dentist member
Dr. Paul Levy, dentist member
Dr. Patricia Wu, dentist member
Dr. Cynthia M. Stevens, dentist member
Lois Sobel, RDH, dental hygienist member
Jacyn Stultz, RDH, MS, dental hygienist member
Kathleen Held, dental assistant member
Ward J. Cromer, PhD, public member

FY16 Dentistry Board Meetings

July 1, 2015
September 2, 2015
October 7, 2015
November 4, 2015
December 2, 2015
January 20, 2016
February 3, 2016
March 2, 2016
April 6, 2016
May 4, 2016
June 1, 2016

Contact Information

Barbara A. Young, RDH, Executive Director
Board of Registration in Dentistry
239 Causeway Street, Suite 500
Boston, MA 02114
617-973-0971
www.mass.gov/dph/boards/dn
dentistry.admin@state.ma.us

Contacting the Dental Board:

Purpose	Email Address
Dental practice questions, applicant questions	dentistry.admin@state.ma.us
Dental assistant licensure, applicant questions	dentalasst.admin@state.ma.us

II. Accomplishments of the Dentistry Board

Registration of Dental Assistants: The Dentistry Board began accepting initial licensure applications, as required by M.G.L. c. 112, §51½, in October 2014. As of June 30, 2016, the Dentistry Board has issued 7,861 licenses to Dental Assistants. The Dentistry Board continues to receive new Dental Assistant licensure applications daily.

Complaint Committee: In April 2016, the Dentistry Board held its first Complaint Committee (CC) to review pending investigations against licensees. The CC is permitted by 234 CMR 9.02(2). The goal of the CC is to undertake a preliminary review of allegations filed against licensees and opened as staff assignments for a determination whether sufficient evidence exists to proceed with formal complaints. The CC is composed of three Dentistry Board members, two of which must be licensed dentists. The CC must agree by unanimous decision or the matter must be referred to the full Dentistry Board for its consideration at the next scheduled Dentistry Board meeting. The CC's membership is rotating, and is scheduled to meet every other month after regularly scheduled Board meetings. It is expected that this expedited review of allegations against licensees will result in a quicker resolution of allegations and better focused investigations.

Revision of Dental Facility Inspection Checklists: The Dentistry Board convened a workgroup comprised of general dentists, dental hygienists, and experts in infection control and dental anesthesia to review the current facility inspection checklists used by investigators, with the aim of publishing a checklist on the Dentistry Board's website as a tool for use by licensees to prepare for compliance inspections. The checklist will also be used to assess and evaluate applications for facility permits for administration of various types of sedation and anesthesia. The [revised checklist](#) was approved by the Dentistry Board and posted online on July 1, 2015.

Community Outreach: Several Dentistry Board members and Dentistry Board staff participated in the Yankee Dental Congress in January 2016, hosting a one-hour continuing

education course on current Dentistry Board licensure requirements, regulations and policies. During FY16, Dentistry Board staff also presented an ethics course to the current dental hygiene and dental assisting students at Quinsigamond Community College in March, 2016 and Mt. Ida College in April, 2016. Dentistry Board staff also participated in a live continuing education webinar in June 2016 hosted by the Massachusetts Dental Society in collaboration with the Forsyth Institute and the Centers for Disease Control and Prevention (CDC) on the CDC's recent publication, [Summary of Infection Prevention Practices in Dental Settings: Basic Expectations for Safe Care](#).

III. Regulations and Policies

Regulatory Review Workgroup: The Dentistry Board convened a workgroup in FY15 comprised of Dentistry Board members, Dentistry Board staff, oral surgeons, pediatric dentists, orthodontists and dental assistants to undertake a section-by-section, line-by-line review of the Dentistry Board's August 2010 amendments to 234 CMR. The workgroup met on the following occasions during FY16:

July 15, 2015
November 18, 2015
December 16, 2015
April 27, 2016
May 9, 2016
June 22, 2016

In FY16, the workgroup completed its review of the Dentistry Board's regulations pertaining to anesthesia and sedation, 234 CMR 6.00. The workgroup's recommendations will be submitted to the full Dentistry Board for its consideration in FY17. If the recommendations are adopted by the Dentistry Board, the proposed amendments to 234 CMR will be submitted for further review by DPH/EOHHS prior to a public hearing. The workgroup anticipates continuing its review of 234 CMR in FY17.

IV. Strategic Priorities

Audit Inspections of Facilities with Conscious Sedation Permits: In FY16, dental investigators, on behalf of the Dentistry Board, began inspecting the offices of licensed dentists who were issued facility permits for conscious sedation prior to the Dentistry Board's August 2010 amendments to 234 CMR. The 2010 amendments to 234 CMR created two separate categories for conscious sedation, minimum and moderate, where there previously was no distinction. The goal of these inspections is to determine whether each office is performing minimum conscious sedation or moderate conscious sedation, and to ensure compliance with the applicable regulations from 234 CMR. The inspections were completed prior to the end of FY16 and results will be presented to the Dentistry Board in FY17.

Continuing Education Unit Compliance Audit: In FY17, HPL staff, on behalf of the Dentistry Board, will conduct random audits of all licensed dentists for compliance with the Dentistry Board’s updated continuing education unit (CEU) requirements, including mandatory courses in infection control and safe and effective opioid prescribing and pain management, as stated in 234 CMR. Dental investigators, on behalf of the Dentistry Board, already collect and audit all 40 required CEUs during the course of complaint investigations. During the course of investigating staff assignments, dental investigators collect and audit mandatory CEUs in infection control, safe and effective opioid prescribing and pain management.

V. License and Licensee Statistics

Biennial licensure, except Limited and Faculty Licenses, which are annual	6,809	Dentists
	7,155	Dental Hygienists
	7,861	Dental Assistants
	2,969	Dental Hygienists - Anesthesiology Permits
	439	Limited and Faculty License
	677	Facility Permits
	243	General Anesthesia Permits
	690	Nitrous Oxide Permits
	300	Conscious Sedation Permits
	38	Portable Dental Operation and Mobile Dental Facility Permits
TOTAL	27,181	

VI. Compliance: Disciplinary Statistics

<u>Number of Staff Assignment Investigations Opened</u>	<u>Number of Staff Assignment Investigations Closed</u>	<u>Number of Formal Complaints Opened</u>	<u>Number of Formal Complaints Resolved</u>	<u>Number of Formal Complaints Resolved with Discipline Imposed</u>	<u>% of Formal Complaints Resolved w/Discipline Imposed</u>
230	110	130	123	49	39%

The Board of Registration of Genetic Counselors

M.G.L. c. 13, §§9, 103-105; M.G.L. c. 112, §§252-258

I. Administration

About the Board

The Board of Registration of Genetic Counselors (GC Board) is charged with evaluating the qualifications of applicants for licensure and granting licenses to those who qualify. It also establishes rules and regulations to ensure the integrity and competence of its licensees.

Genetic Counselors (GCs) are health professionals with specialized graduate degrees and experience in the areas of medical genetics and counseling. They enter the field from a variety of disciplines, including biology, genetics, nursing, psychology, public health, and social work.

GCs work as members of a health care team, providing information and support to families who have members with birth defects or genetic disorders and to families who may be at risk for a variety of inherited conditions. They identify families at risk, investigate the issue present in the family, interpret information about the disorder, analyze inheritance patterns and risks of recurrence, and review available options with each family.

GCs also provide supportive counseling to families, serve as patient advocates, and refer individuals and families to community or state support services. They serve as educators and resource contacts for other health care professionals and for the general public.

The GC Board promotes public health, welfare, and safety by ensuring that licensed GCs have proper training and experience, have completed an accredited degree program, and meet other requirements set forth by the Board. The GC Board is made up of five members, including four GCs and one public member. Three members are required to be present to constitute a quorum.

GC Board Members

Gretchen Schneider, MS, LGC, GC member, Chair

Kayla Sheets, MS, LGC, GC member, Vice-Chair

Shelley Rose McCormick, MS, LGC, GC member

Lauren Lichten, MS, LGC, GC member

Jillian Fleming, public member

FY16 GC Board Meetings

July 13, 2015

October 1, 2015

January 28, 2016

Contact Information

Roberlyne Cherfils, Executive Director
Board of Registration of Genetic Counselors
239 Causeway Street, Suite 500
Boston, MA 02114
617-973-0806
www.mass.gov/dph/Boards/gc
MultiBoard.Admin@state.ma.us

II. Accomplishments of the GC Board

Revisions to FAQs: During FY16, the GC Board staff developed frequently asked questions (FAQs) to assist both the public and licensees. The FAQs will be reviewed and approved at a GC Board meeting in FY17, and then will be posted to the GC Board's website.

III. Regulations and Policies

Amendments to 270 CMR: In FY16, the GC Board proposed and approved draft amendments to 270 CMR 2.00 through 5.00. The amendments included some minor changes, such as correcting grammatical errors and removing duplicative terms and provisions, and several substantial amendments including: 270 CMR 3.03, clarifying the responsibilities of provisionally licensed GCs and that of those supervising a provisionally licensed GC; 270 CMR 3.04, clarifying the expiration of provisional licenses; and 270 CMR 3.06 clarifying that certification maintenance is a pre-condition to license renewal.

IV. Strategic Priorities

Promulgate Amended Regulations: In FY17, the GC Board intends to open the proposed draft amendments to 270 CMR for public comment. After public comment, the GC Board will review and consider the comments and make appropriate changes to the proposed draft regulations. The GC Board anticipates submitting a final draft of amended regulations for promulgation by the end of FY17.

Application Processing Efficiency: In FY17, GC Board staff will work to make process improvements that decrease the average time to process a license application. By fostering a strong relationship with the American Board of Genetic Counseling, Inc., the credentialing organization for the profession that administers the certification examination, GC Board staff intends to create a real-time information exchange in order to quickly act on exam results of applicants.

Improved Board Engagement: In FY17, GC Board staff intends to focus on actively recruiting new GC Board members and providing relevant education for GC Board members.

V. License and Licensee Statistics

Biennial licensure	235	Genetic Counselors
	4	Provisional Genetic Counselors
TOTAL	239	

VI. Compliance: Disciplinary Statistics

<u>Number of Staff Assignment Investigations Opened</u>	<u>Number of Staff Assignment Investigations Closed</u>	<u>Number of Formal Complaints Opened</u>	<u>Number of Formal Complaints Resolved</u>	<u>Number of Formal Complaints Resolved with Discipline Imposed</u>	<u>% of Formal Complaints Resolved w/Discipline Imposed</u>
1	0	0	0	0	0%

The Board of Registration in Nursing

M.G.L. c. 13, §§9, 13-15D; M.G.L. c. 112, §§74-81C

I. Administration

About the Board

The Board of Registration in Nursing (Nursing Board) protects the health, safety and welfare of the citizens of the Commonwealth through the fair and consistent application of the statutes and regulations governing nursing practice and education. The Nursing Board issues nursing licenses to qualified individuals and authorizes practice in advanced roles. The Nursing Board verifies licensure status of licensees, investigates and acts on complaints concerning the performance and conduct of licensed nurses, and approves and monitors nursing education programs. The Nursing Board participates in workforce initiatives and strives to promote a culture of safety through community outreach and partnerships.

The Nursing Board is made up of 17 members including nine registered nurses, four licensed practical nurses, one physician, one pharmacist, and two consumers. Nine members are required to be present to constitute a quorum.

Nursing Board Members

Katherine Gehly, MSN, CNP, RN associate degree educator member, Chairperson

Patricia Gales, RN, MS, LPN program educator member, Vice Chairperson

Donna Zucker, Ph. D, RN bachelor's degree educator member

Christine Tebaldi, RN, MS, PMHNP, BC, Advanced Practice direct care member

Lori Keough, PhD, CNP, Advanced Practice direct care member

Colleen LaBelle, BSN, RN, direct care member

Barbara Levin, RN, BSN, ONC, CMSRN, LNCC, direct care member

Ann-Marie Peckham, RN, MSN/MBA, RN hospital administration member

Joan Killion, LPN, LPN acute care member

Gail Dufault, LPN, LPN member

Jackie Fantes, MD, FAAFP, physician member

Catherine L. Simonian, RPh, PharmD, pharmacist member

Sara Abbott, public member

Deborah Drew, public member

FY16 Nursing Board Meetings

August 5, 2015 (emergency meeting)

September 9, 2015

October 1, 2015(emergency meeting)

November 18, 2015

December 9, 2015

January 13, 2016

February 10, 2016

March 9, 2016

June 1, 2016

June 8, 2016

Contact Information

Lorena Silva, MSN-L, MBA, DNP, RN, Executive Director
Board of Registration in Nursing
239 Causeway Street, Suite 500
Boston, MA 02114
617-973-0900
www.mass.gov/dph/Boards/rn
Nursing.Admin@state.ma.us

II. Accomplishments of the Nursing Board

Complaint Committee: The Nursing Board established a Complaint Committee (CC) in March 2016 to facilitate the timely review of, and action on, allegations of licensee misconduct. The CC is, at a minimum, composed of the Nursing Board Chair, the Executive Director and the Supervisor of Investigators. The CC meets twice per month and reports its recommendations to the full Nursing Board prior to its next scheduled meeting. As of June 30, 2016, the CC recommended action to the Nursing Board on 156 cases. Following CC, a brief overview of the case and the CC's recommended action is presented to the Nursing Board for Board action.

Licensure Verification Audits: As a result of the discovery of a nurse that obtained licensure based on fraudulent documentation, in FY16 the Nursing Board, Nursing Board staff and HPL staff commenced an audit to verify the proper licensure of all nurses licensed by reciprocity. The initial audit focused on 21,144 nurses that obtained licensure by reciprocity between January 2010 and September 2015. The audit sought to verify that each nurse was licensed in the reciprocity state identified on the application for licensure submitted to the Board. The audit identified 15 fraudulently licensed nurses. Following the initial audit, a second audit of the same pool of nurses licensed by reciprocity between January 2010 and September 2015 was conducted, seeking to verify that the reciprocity state identified on each licensure application was the state in which the licensee was licensed by exam. The second audit identified 1 fraudulently-licensed nurse, and is complete. In FY16, a third audit was also initiated. The third audit focuses on 10,317 nurses that obtained licensure by reciprocity between January 1995 and December 2009. The audit seeks to verify that each nurse was licensed by exam in the reciprocity state identified on the application for licensure submitted to the Board. This audit is ongoing and expected to be completed during FY17.

Quality Improvements: As a result of the audits conducted by HPL, Nursing Board staff was able to identify and address vulnerabilities that existed in the Nursing Board licensure process. Among the changes resulting from this analysis are the development of new operational policies for license application processing, the implementation of new license verification requirements, and the addition of new standards for the verification of graduation from an approved nursing education program.

Nurse Education Programs: M.G.L. c. 112, §§81A and 81C authorize the Nursing Board to establish regulations governing the approval and operation of registered nurse and practical nurse education programs located in the Commonwealth of Massachusetts.

As of June 30, 2016, there were 75 Nursing Board-approved registered nurse and practical nurse education programs:

- 27 practical nurse programs:
 - Pre-requisite approval: Salter College;
 - Approval with warning: Medical Professional Institute;
 - Full approval: all other practical nurse programs;
- 20 registered nurse associate degree programs with full approval;
- 20 registered nurse baccalaureate degree programs with full approval;
- 1 registered nurse hospital-based diploma program with full approval; and
- 7 registered nurse entry-level graduate degree programs with full approval.

New Program Administrator Orientation: The Nursing Board hosted its annual New Program Administrator Orientation in November 2015, introducing 18 new nurse administrators to the Nursing Board's regulations at 244 CMR 6.00, Approval of Nursing Education Programs and the General Conduct Thereof, and the regulatory requirements for Massachusetts nurse licensure by examination.

III. Regulations and Policies

Amend Regulations: The Nursing Board, at its December 2015 meeting, approved proposed revisions to its regulations at 244 CMR 3.00 through 9.00 as well as the creation of a new section 10.00 containing a single set of definitions applicable to all of the Nursing Board's regulation chapters. The revisions were submitted for approval by the Executive Office of Health and Human Services and the Executive Office of Administration and Finance under to Executive Order 562. Nursing Board members will act on administrative recommendations for further changes in FY17.

Issued Revised Advisory Rulings: Pursuant to M.G.L. c. 30A, §8, the Nursing Board may issue an Advisory Ruling with respect to the applicability of a statute or regulation that it enforces or administers. The Nursing Board's Nursing Practice Advisory Panel reviews each advisory at three-year intervals to ensure each reflects evidence-based standards of practice and makes recommendations to the Nursing Board for changes. During FY16, the Nursing Board updated the following Advisory Rulings in accordance with its systematic review schedule:

0801: *Withholding Initiation of CPR in Long Term Care Facilities;*

9401: *The Role of the Licensed Nurse as Trainer or Consultant for the DPH MAP Program;*

0201: *Nurse Practitioner as First Assistant in Cardiac Catheterization;*

9802: *Licensed Practical Nurse as Charge Nurse/Nurse Supervisor;*

9801: *Holistic Nursing and Complementary/Alternative Modalities;*

0802: *The Use of a Vagal Nerve Stimulator Magnet; and*

9804: *Administration of Immunizing Agents or Vaccines.*

Policy Review: During FY16, the Nursing Board reviewed its licensure-related policies in compliance with its Systematic Policy Review Plan. In doing so, the Nursing Board created

Licensure Policy 16-02: Determination of Compliance with Provisions of 244 CMR 8.00 by the Nursing Board's Nursing Education Coordinator that consolidated the following policies:

99-01: Staff Action to Determine NCLEX Administration Modifications;

99-02: Staff Action to Extend NCLEX Eligibility Period; and

99-05: Determination of Compliance with 244 CMR 8.04(1)(c)4.

IV. Strategic Priorities

Complaint Resolution Quality Improvements: In FY17, the Nursing Board will undertake a review of the current complaint resolution processes with the goal of identifying and implementing process improvements that will make the process more efficient, while maintaining high investigation standards.

Improved Board Engagement: In FY17, Nursing Board staff intends to focus on actively recruiting new Nursing Board members and providing relevant education for Nursing Board members.

Licensure Improvements: In FY17, the Nursing Board will continue to develop and implement robust license and graduation verification requirements in addition to operational policies for license application processing with the goal of continuing to improve the integrity of the licensure processes through decreasing process variability.

CEU Compliance Audits: Nursing investigators, on behalf of the Nursing Board, have begun to collect and audit the CEUs of APRNs for compliance with new safe and effective opioid prescribing requirement. This information is collected and audited when an APRN has a complaint or staff assignment opened against their license. Nursing investigators collect and audit the CEUs of all other licensees during the course of investigations as well.

V. License and Licensee Statistics

Biennial licensure	115,342	Registered Nurses (RN)
	479	RN Nurse Midwives
	8,567	RN Nurse Practitioners
	766	RN Psychiatric Clinical Nurse Specialists
	48	RN Clinical Nurse Specialists
	1,264	RN Nurse Anesthetists
	21,206	Licensed Practical Nurses (LPN)
TOTAL	147,672	

VI. Compliance: Disciplinary Statistics

<u>Number of Staff Assignment Investigations Opened</u>	<u>Number of Staff Assignment Investigations Closed</u>	<u>Number of Formal Complaints Opened</u>	<u>Number of Formal Complaints Resolved</u>	<u>Number of Formal Complaints Resolved with Discipline Imposed</u>	<u>% of Formal Complaints Resolved w/Discipline Imposed</u>
230	214	251	175	97	55%

The Board of Registration of Nursing Home Administrators

M.G.L. c. 13, §§9, 73-75; M.G.L. c. 112, §§108-117

I. Administration

About the Board

The principal mission of the Board of Registration of Nursing Home Administrators (NHA Board) is to protect the health and safety of nursing home residents by ensuring that nursing home administrators (NHAs) are competent and perform their responsibilities properly. NHAs provide sub-acute and long-term care services to residents of facilities in Massachusetts.

The NHA Board is made up of 14 members including the Commissioner of Public Health or her designee, the Commissioner of Transitional Assistance or their designee, the Secretary of Elder Affairs or her designee and 11 appointed members including: four NHAs, one NHA employed by a non-proprietary nursing home, one educator, one physician, one registered nurse, two public members and one hospital administrator. Eight members are required to be present to constitute a quorum.

NHA Board Members

Nancy Lordan, NHA member, Chair

William Graves, BS, NHA member, Vice-Chair

Roxanne Webster, RN, registered nurse member, Secretary

Mary McKenna, Executive Office of Elder Affairs representative

Mary Ellen Coyne, MassHealth Office of Long Term Services & Supports

Sherman Lohnes, Commissioner of DPH, Designee

Mary Katherine Moscato, MBA, hospital administration member

James Divver, NHA member

Michael Baldassarre, FACHCA, NHA member

Patrick J Stapleton, MS, non-proprietary NHA member

Aaron Tobey Jr., BS, public member

Jeanette Sheehan, MS, RN, CS, public member

FY16 NHA Board Meetings

July 16, 2015

August 20, 2015

September 18, 2015

October 16, 2015

November 20, 2015

December 18, 2015

January 15, 2016

February 19, 2016

March 18, 2016

May 20, 2016

June 17, 2016

Contact Information

Roberlyne Cherfils, Executive Director
Board of Registration of Nursing Home Administrators
239 Causeway Street, Suite 500
Boston, MA 02114
617-973-0806
www.mass.gov/dph/boards/nh
MultiBoard.Admin@state.ma.us

II. Accomplishments of the NHA Board

Electronic Initial Licensure Applications: At the start of FY16, the NHA Board launched an online application for initial licensure for both NHAs and administrators in training. The initial launch of the application was well received. Staff intends to update the online application in FY17 in an effort to make it more user-friendly.

III. Regulations and Policies

Amendments to 245 CMR: In FY16, the NHA Board proposed and approved draft amendments to 245 CMR 2.00. The amendments included expanding section 2.00 with additional sections, as well as some minor changes, such as correcting grammatical errors and rearranging terms and provisions for greater readability, and several substantial amendments including: 245 CMR 3.04, requiring equivalency for non-resident administrator in training programs; and 245 CMR 4.03, requiring mandatory education on domestic violence as required by M.G.L. c. 112, §264.

IV. Strategic Priorities

Electronic Reciprocity Licensure Applications: In FY17, the NHA Board intends to launch an online application for licensure by reciprocity. The application will mirror that of the online application for initial licensure.

Promulgate Amended Regulations: In FY17, the NHA Board intends to open the proposed draft amendments to 245 CMR for public comment. After public comment, the NHA Board will review and consider the comments and make appropriate changes to the proposed draft regulations. The NHA Board anticipates submitting a final draft of amended regulations for promulgation by the end of FY17.

Improved Board Engagement: In FY17, NHA Board staff intends to focus on actively recruiting new NHA Board members and providing relevant education for NHA Board members.

V. License and Licensee Statistics

Annual licensure	909	Nursing Home Administrators
	73	Administrators in Training (Internship)
TOTAL	982	

VI. Compliance: Disciplinary Statistics

<u>Number of Staff Assignment Investigations Opened</u>	<u>Number of Staff Assignment Investigations Closed</u>	<u>Number of Formal Complaints Opened</u>	<u>Number of Formal Complaints Resolved</u>	<u>Number of Formal Complaints Resolved with Discipline Imposed</u>	<u>% of Formal Complaints Resolved w/Discipline Imposed</u>
27	14	7	4	2	50%

The Board of Registration of Perfusionists

M.G.L. c. 13, §§9, 11E; M.G.L. c. 112, §§211-220

I. Administration

About the Board

The Board of Registration of Perfusionists (Perfusionist Board) is charged with evaluating the qualifications of applicants for licensure and granting licenses to qualified applicants. It establishes rules and regulations to ensure the integrity and competence of licensees. The Perfusionist Board promotes the public health, welfare, and safety by insuring that licensed perfusionists have proper training and experience through a degree program and meet the minimum requirements set forth by the Perfusionist Board.

Perfusionists are skilled health professionals, trained and educated specifically as members of an open-heart surgical team responsible for the selection, set-up, and operation of a mechanical device commonly referred to as the heart-lung machine. The perfusionist is responsible for operating the machine during surgery, monitoring the altered circulatory process closely, taking appropriate corrective action when abnormal situations arise, and keeping both the surgeon and the anesthesiologist fully informed.

In addition to the operation of the heart-lung machine during surgery, perfusionists often function in supportive roles for other medical specialties by operating mechanical devices to assist in the conservation of blood and blood products during surgery and providing extended, long-term support of the patient's circulation outside of the operating room environment.

The Perfusionist Board is made up of seven members including four perfusionists, one anesthesiologist, one cardiovascular surgeon, and one public member. By statute, four members are required to be present to constitute a quorum.

Perfusionist Board Members

K. Annette Mizuguchi MD., Ph.D, M.M.Sc, cardiac anesthesiologist member, Chair

Kevin Lilly, CCP, perfusionist member, Vice-Chair

Kyle Spear, CCP, perfusionist member

Michelle Tozer, CCP, perfusionist member

Sary Aranki, M.D., cardiovascular surgeon member

FY16 Perfusionist Board Meetings

December 1, 2015

January 29, 2016

Contact Information

Roberlyne Cherfils, Executive Director
Board of Registration of Perfusionists
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Boston, MA 02114
617- 973-0806
www.mass.gov/dph/boards/pf
MultiBoard.Admin@state.ma.us

II. Accomplishments of the Perfusionist Board

Amendments to 267 CMR: In FY16, the Perfusionist Board proposed and approved draft amendments to 267 CMR 2.00 through 5.00. The amendments included some minor changes, such as correcting grammatical errors and one substantial amendment: 267 CMR 3.08, establishing a retired license status.

III. Strategic Priorities

Promulgate Amended Regulations: In FY17, the Perfusionist Board intends to open the proposed draft amendments to 267 CMR for public comment. After public comment, the Perfusionist Board will review and consider the comments and make appropriate changes to the proposed draft regulations. The Perfusionist Board anticipates submitting a final draft of amended regulations for promulgation by the end of FY17.

Online Licensure Application Revisions: In FY17, the Perfusionist Board will revise the online licensure application. The application revisions will include questions regarding other licenses the applicant may hold, in addition to an attestation that the applicant does not have any other licenses. Currently, online applicants are required to provide this information to the Perfusionist Board outside of the online application. Perfusionist Board staff anticipates this revision will allow online applications to be processed more efficiently.

Improved Board Engagement: In FY17, Perfusionist Board staff intends to focus on actively recruiting new Perfusionist Board members and providing relevant education for Perfusionist Board members.

IV. License and Licensee Statistics

Biennial licensure, except Provisional Licenses, which are annual.	106	Full Licenses
	3	Provisional Licenses
TOTAL	109	

V. Compliance: Disciplinary Statistics

<u>Number of Staff Assignment Investigations Opened</u>	<u>Number of Staff Assignment Investigations Closed</u>	<u>Number of Formal Complaints Opened</u>	<u>Number of Formal Complaints Resolved</u>	<u>Number of Formal Complaints Resolved with Discipline Imposed</u>	<u>% of Formal Complaints Resolved w/Discipline Imposed</u>
0	0	0	0	0	0%

The Board of Registration in Pharmacy

M.G.L. c. 13, §§9, 22-25; M.G.L. c. 112, §§24-42D

I. Administration

About the Board

The Board of Registration in Pharmacy (Pharmacy Board) provides general practice standards through regulations that ensure competence and integrity of pharmacists, pharmacy interns and pharmacy technicians, in a variety of healthcare settings, including retail pharmacies, hospitals, long term care facilities, and home care settings. The Pharmacy Board strives to assure that consumers are receiving quality prescription drug products from pharmacists who have graduated from accredited colleges of pharmacy.

The mission of the Pharmacy Board is to promote, preserve, and protect the public health, safety, and welfare by fostering the provision of quality pharmaceutical care to the citizens of Massachusetts through the regulation of the practice of pharmacy, the operation of pharmacies, and the distribution of prescription drugs in the public interest. The Pharmacy Board has a leadership role in regulating the practice of pharmacy and acts in accordance with standards of ethics, accountability, efficiency, effectiveness, and transparency.

The Pharmacy Board is made up of 13 members, including eight pharmacists, one pharmacy technician, one nurse, one physician, and two public members. By statute, seven members are required to be present to constitute a quorum.

Pharmacy Board Members

Edmund Taglieri Jr., RPh, long term care pharmacist member, President
Timothy Fensky, RPh, FACA, sterile compounding pharmacist member, President-elect
Michael Godek, RPh, pharmacist member, Secretary
Patrick Gannon, RPh, hospital pharmacist member
Andrew Stein, Pharm D, RPh, independent pharmacist member
Phillippe Bouvier, RPh, independent pharmacist member
Garrett Cavanaugh, RPh, chain pharmacist member
Catherine Basile, PharmD, RPh, academic pharmacist member
William Cox, CPhT, pharmacy technician member
Dr. Ali Raja, MD, MBA, MPH, physician member
Karen Conley, DNP, RN, AOCN, NEA-BC, nurse member
Susan Cornacchio, JD, RN, public member
Richard Tinsley, MBA, MEd, public member

FY16 Pharmacy Board Meetings

July 16, 2015 (special meeting for regulations only)
August 4, 2015
September 1, 2015
October 6, 2015
November 3, 2015
November 24, 2015 (special evening meeting for regulations only)
December 1, 2015
January 5, 2016
February 2, 2016
March 1, 2016,
April 5, 2016
May 3, 2016
June 7, 2016

About the Advisory Committee to the Board of Registration in Pharmacy

The Advisory Committee to the Board of Registration in Pharmacy (Advisory Committee) is a panel of experts appointed by the Commissioner of Public Health and assembled to advise the Pharmacy Board on various topics, including sterile compounding best practices and emerging models of pharmacy. The Advisory Committee was established in FY15, and has since become a valuable resource to the Pharmacy Board and Pharmacy Board staff. In FY16 the expert members weighed in on important pharmacy topics, including draft sterile compounding regulations and shared pharmacy service models. Also established in FY15, the Advisory Committee's Subcommittee on Abnormal Results (Advisory Subcommittee) was established to weigh in on appropriate steps to take after receipt of above-action level environmental monitoring results. The Advisory Committee will continue to advise the Pharmacy Board in FY17.

Advisory Committee Members

Lindsey Tucker, Commissioner of DPH, Designee
Rory Geyer, PhD, expert in cGMP aseptic processing
Caryn D. Belisle, RPh, MBA, expert in USP Chapter 71
Anthony M. Cundell, PhD, expert in USP Chapter 71
John Walczyk, PharmD, RPh, FIACP, FACA, expert in USP Chapter 795
Sylvia B. Bartel, RPh, MHP, expert in USP Chapter 797
Eric S. Kastango, MBA, RPh, FASHP, expert in USP Chapter 797
Antoinette Lavino, RPh, BCOP, expert in USP Chapter 797
Judith T. Barr, MEd, ScD, FASHP, expert in Pharmacoeconomics
Keith B. Thomasset, BS, PharmD, MBA, BCPS, expert in Pharmacoeconomics
David H. Farb, PhD, expert in Clinical Pharmacology
Karen Byers, MS, RBP, CBSP, expert Microbiologist
Francis McAteer, expert Microbiologist
Michael J. Gonyeau, BS Pharm, PharmD, Med, BCPS, FNAP, FCCP, RPh, expert in Clinical Pharmacology

FY16 Advisory Committee Meetings

October 5, 2015
December 11, 2015
January 22, 2016

FY16 Advisory Subcommittee Meetings

July 3, 2015
August 28, 2016
October 30, 2015
June 23, 2016

Contact Information

David Sencabaugh, RPh, Executive Director
Board of Registration in Pharmacy
239 Causeway Street, Suite 500
Boston, MA 02114
617-973-0993
www.mass.gov/dph/Boards/pharmacy
pharmacy.admin@state.ma.us

Contacting the Pharmacy Board:

Purpose	Email Address
Pharmacy practice questions, applicant questions	pharmacy.admin@massmail.state.ma.us
Abnormal results reporting	abnormalresults@massmail.state.ma.us
Sterile compounding bi-annual reporting forms	sterilecompoundingreportingforms@massmail.state.ma.us
DEA 106 loss reports, complaints, all other mandated pharmacy reporting	dhpl-opp.admin@massmail.state.ma.us
Submit naloxone standing orders	naloxonestandingorders@massmail.state.ma.us
Request approval for a continuing education program	requestrxbope@massmail.state.ma.us

II. Accomplishments of the Pharmacy Board

Advisory Committee: The Advisory Committee and the Advisory Subcommittee, met several times during FY16, beyond the two times mandated by St. 2014, c.159. The goal of making recommendations to the Pharmacy Board for sterile compounding practices was successfully accomplished when the Advisory Committee submitted extensive comments on proposed regulations 247 CMR 17.00, Sterile Compounding. Following review of the comments provided by the Advisory Committee, the Pharmacy Board approved changes to the draft regulations. At the end of FY16, the Advisory Subcommittee met and approved the final recommendations regarding responses to environmental monitoring results, that will move forward to the full Advisory Committee in FY17.

Naloxone Standing Orders: Pursuant to M.G.L. 94C, §19B(b) pharmacists in Massachusetts may dispense naloxone rescue kits, by standing order, to any person. The rescue kits can allow a patient, family or bystander to administer a potentially life-saving dose of naloxone to someone who is believed to be suffering from an overdose of an opiate drug, after notifying 911. The Pharmacy Board has continued to encourage pharmacies to submit a standing order for naloxone. In FY16, the standing order total rose to 755 pharmacies, which is approximately 62% of all retail pharmacies in Massachusetts. A list of specific pharmacies that have standing orders on file with the Pharmacy Board is available [here](#).

Updated Frequently Asked Questions (FAQs): In FY16, Pharmacy Board staff focused on updating the FAQs on the Pharmacy Board's website. The updates were the product of extensive tracking of customer inquiries and responses, in order to identify areas that needed clarification. Of almost 600 inquiries answered in FY16, the most common questions were related to licensing, controlled substances, non-resident licenses and prescriptions. The FAQs will continue to be updated periodically as need arises.

Pharmacy Board-Approved Continuing Education Programs: In order to provide continuing education credit for lectures provided by small groups of presenters such as pharmacy residents and interns, the Pharmacy Board approved 206 continuing education programs in FY16.

Pharmacy Technician Training Programs: Pharmacy technicians are required to complete a Pharmacy Board-approved training program and exam to become licensed in Massachusetts. The Pharmacy Board approved 14 such programs and exams in FY16.

Pharmacy Compliance Inspections: During FY16, 11 pharmacy investigators, on behalf of the Pharmacy Board, conducted a total of 1,981 pharmacy inspections broken down into the following categories: 1,833 retail compliance inspections, 53 non-sterile compounding inspections, 60 sterile compounding inspections and site visits, and 35 wholesale distributor inspections. The inspections were accomplished after the hiring and training of four new pharmacy investigators in FY16, in addition to the four new pharmacy investigators hired and trained in FY14. These vital positions were made possible by additional funding for the Pharmacy Board from the Legislature in fiscal year 2014 (FY14), FY15 and FY16. The Pharmacy Board looks forward to continuing to increase inspection totals and maintain a strong field presence in FY17 with a fully trained roster of pharmacy investigators.

Nuclear Pharmacy Inspections: During FY16, an agreement was reached with the National Association of Boards of Pharmacy (NABP) to utilize contracted experts to conduct inspections of the six nuclear pharmacies in Massachusetts. The six inspections were completed in June 2016 and several of the pharmacy investigators shadowed the NABP inspector in order to gain knowledge in the highly specialized pharmacy practice area. The Pharmacy Board intends to utilize the contracted experts going forward, until pharmacy investigators have been adequately trained to conduct these inspections.

Collaborating Agency Investigations: During FY16, pharmacy investigators also partnered with the Massachusetts Attorney General's Office, the United States Food and Drug Administration, the United States Drug Enforcement Administration, and the Department of

Public Health's Division of Health Care Facility Licensure and Certification, and on a number of joint investigations and inspections. Two pharmacy investigators also were Commissioned and performed targeted pharmacy inspections on behalf of the United States Consumer Products Safety Commission.

CEU Compliance Audits: Pharmacy investigators, on behalf of the Pharmacy Board, collect and audit the CEUs of the manager of record of each pharmacy that has a complaint opened against its license for inspectional deficiencies. Additionally, pharmacy investigators collect and audit the CEUs of pharmacists and certified pharmacy technicians who have contributed to a medication error or other quality related event.

Staff Training: During FY16, three newly hired pharmacy investigators attended FDA sterile compounding training. Three pharmacy investigators that frequently handle investigations attended Statement Analysis Interviewing Techniques training, and two pharmacy investigators were trained by the U.S. Consumer Safety Commission to perform specialized inspections on their behalf. One pharmacy investigator attended the National Certified Investigator and Inspector Training held by the Council on Licensure, Enforcement and Regulation. Staff and investigator training continues to be a priority for the Pharmacy Board, with several trainings scheduled for FY17.

Multi-State Inspection Collaboration: In recognition of the need for a uniform inspection to evaluate non-resident pharmacies for licensure, the National Association of Boards of Pharmacy created the Inspection Blueprint. During FY15, and continuing in FY16, the Executive Director, the Director of Pharmacy Compliance, and the Director of Quality Assurance participated in workshops and conferences to work with other member states and the National Association of Board of Pharmacy (NABP) to develop this collaborative tool, which will be instrumental in the smooth transition to non-resident licensure in Massachusetts in FY17.

Educational Outreach: Pharmacy Board staff continued to make outreach a large focus of FY16, engaging the professional community with proposed new standards and providing guidelines following statutory changes. Pharmacy Board staff made an interagency presentation to the staff of the Bureau of Health Care Safety and Quality, illustrating the Pharmacy Board's sterile compounding inspection tool and progress with sterile compounding inspections to date. Outreach also included participation in the following pharmacy continuing education programs, which attracted a wide range of licensees in a variety of pharmacy practice settings:

- Opioid Misuse and Addiction Summit (jointly sponsored by the US Attorney's Office and the Massachusetts Medical Society);
- Safe Prescriber Working Group at Norfolk County District Attorney's Office;
- MassHealth Provider Training Series;
- PharmEd Conference Series;
- MCPHS University's 5th Annual Stoklosa Symposium;
- Northeastern University's Compounding lecture series: "Compounding: Compliance with Sterile and Non-Sterile Practice in 2016";
- Professionalism Panel for 5th Year Students at Northeastern University;
- Board of Pharmacy Inspections Overview at MCPHS;
- Board of Pharmacy Inspections Overview at MCPHS Worcester;

- Board of Pharmacy Inspections Overview at Western New England School of Pharmacy;
- Board of Pharmacy Inspections Overview at Massachusetts Pharmacists Association;
- Board of Pharmacy Inspections Overview at the Massachusetts Society of Health Systems Pharmacists;
- Board of Pharmacy Inspections Overview at the Massachusetts Independent Pharmacist Association; and
- Board of Pharmacy Inspections Overview at the Parenteral Drug Association.

III. Regulations and Policies

Registration of Outsourcing Facilities: The Pharmacy Board promulgated regulations at 247 CMR 21.00, Registration of Outsourcing Facilities, and amendments to 247 CMR 11.00, Registration under the Controlled Substance Act to implement the registration of Outsourcing Facilities as required by St. 2015 c.46. The draft regulations and fee proposal was submitted to the Administration and Finance Department on October 14, 2015. On December 10, 2015 a Public Hearing was held and the final regulations were filed with the Secretary of the Commonwealth of Massachusetts, effective on January 29, 2016.

Proposed Amendments and Additions to 247 CMR: Following the 2012 multi-state meningitis outbreak that was attributed to products from a Massachusetts-based pharmacy, sweeping pharmacy practice reform was mandated by St. 2014, c.159. The Pharmacy Board immediately began the process of developing regulations to implement these statutory changes. These efforts were coordinated with regulatory review pursuant to Executive Order No. 562. Pharmacy Board staff initiated a thorough review of current regulations, drafted and presented proposed new language, amendments and rescissions, and the Pharmacy Board conducted a line-by-line review of each change during the open session of Pharmacy Board meetings in both FY15 and FY16.

The following proposed amendments to existing regulations were drafted by Pharmacy Board staff and approved for administrative review by the Pharmacy Board:

Proposed amendments drafted and approved for administrative review	FY15 and FY16	FY16
247 CMR 2.00, Definitions		X
247 CMR 3.00, Personal Registration		X
247 CMR 4.00, Personal Registration Renewal and Continuing Education Requirements	X	
247 CMR 5.00, Orally & Electronically Transmitted Prescriptions		X
247 CMR 6.00, Licensure of Pharmacies	X	
247 CMR 7.00, Wholesale Druggists	none	
247 CMR 8.00, Pharmacy Interns and Technicians		X
247 CMR 9.00, Code of Professional Conduct and Practice Standards for Pharmacists, Pharmacies and Pharmacy Departments	X	

247 CMR 10.00, Disciplinary Proceedings		X
247 CMR 12.00, Restricted Pharmacy		X
247 CMR 13.00, Registration Requirements and Minimal Professional Standards for Nuclear Pharmacies		X
247 CMR 14.00, Petition for Waiver		X
247 CMR 15.00, Continuous Quality Improvement Program		X
247 CMR 16.00, Collaborative Drug Therapy Management		X

The following proposed new regulations were drafted by Board staff and approved for administrative review by the Pharmacy Board during FY16:

- 247 CMR 11.00, Controlled Substance Act;
- 247 CMR 17.00, Sterile Compounding; and
- 247 CMR 20.00, Reporting.

Copies of [the draft regulations](#), as proposed, are available on the Pharmacy Board’s website. Amendments to 247 CMR 4.00 was open for public comment during FY16. A public hearing on the remaining proposed new regulations and amendments will take place during FY17 in accordance with administrative approval, after which the draft regulations will be revised based on consideration of the comments received. After these revisions are made, the final regulations will be brought before the Pharmacy Board for final approval.

Board Advisories and Policies: The Pharmacy Board issued several Advisories and Policies to address practice issues that came to the attention of Pharmacy Board staff through the complaint and inspection processes:

Advisory on Staff Ratios: This Advisory was approved by the Pharmacy Board to remind registrants of appropriate staff ratios. The Advisory became necessary after pharmacy investigators cited numerous pharmacies with certified pharmacy technicians that were not licensed by the Pharmacy Board. Pharmacies were reminded that any unlicensed pharmacy technician is to be counted as a technician in training for ratio purposes.

Pre-filled Insulin Syringes: This Advisory was approved by the Pharmacy Board to notify registrants that the Pharmacy Board considers the pre-filling of insulin syringes to be a sterile compounding activity. Through this Advisory, pharmacies were notified that the practice must cease immediately and a continuity of care plans for all effected patients was to be implemented.

Zostavax Immunizations: This Advisory was approved by the Pharmacy Board to notify registrants of the appropriate guidelines for the administration of Zostavax immunizations. The Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC) declined to recommend the vaccine for use on patients age 50 to 59, despite approval issued by the Food and Drug Administration (FDA). Pharmacies were advised to immediately cease administration of the immunization to patients below the age of 60.

Controlled Substance Advisory: This Advisory was approved by the Pharmacy Board at the close of FY16, and is intended to serve as guidance for pharmacists in exercising their corresponding responsibility. The Advisory provides licensees with guidance for controlled substance dispensing and valuable tools to aid pharmacists in identifying potential red flags of prescription fraud and diversion.

Licensure Policy 16 – 01: Staff Action on Applications pertaining to Outsourcing Facilities: This policy authorizes Pharmacy Board staff to process and act on applications pertaining to outsourcing facilities, as described in 247 CMR 11.00 and 247 CMR 21.00, and to issue registrations, provided that the application meets criteria specified in this policy.

Licensure Policy 16 – 02: Requirements for reporting theft or loss of controlled substances to the Board of Registration in Pharmacy: This policy provides an extensive reference list of the required information to be submitted to the Pharmacy Board in the event of a loss or theft of controlled substances by a pharmacy. The policy was issued in an effort to efficiently streamline responses to controlled substance loss investigations. Pharmacies can immediately reference this policy to begin gathering required evidence and documentation in the event of a loss of controlled substances.

IV. Strategic Priorities

An Act Relative to Substance Use, Treatment, Education and Prevention: On March 14, 2016, Governor Baker signed Chapter 52 of the Acts of 2016 into law, aimed to combat the growing opioid crisis that has devastated families across Massachusetts. Among many other initiatives, the Act creates a rehabilitation program for pharmacy professionals with substance use issues. In FY17, HPL will hire a pharmacist to coordinate the program, and the Pharmacy Board will appoint a Rehabilitation Evaluation Committee to evaluate, according to guidelines established by the Pharmacy Board, registered pharmacists, pharmacy interns or pharmacy technicians who request to participate in the program.

Continue to Draft and Promulgate Regulations: In FY17, in accordance with administrative approval pursuant to EO562, the draft new regulations and regulatory amendments previously approved by the Pharmacy Board will be open for public comment, after which the draft regulations may be revised based on consideration of the comments received. After these revisions are made, the final regulations will be brought before the Pharmacy Board for final approval. In addition, during FY17, the Pharmacy Board will continue to review new draft regulations, including 247 CMR 19:00, Hazardous Drugs and 247 CMR 22.00, Fining, with corresponding proposed amendments to 247 CMR 2.00, Definitions.

Finalize Draft Licensure Fees: Specialty license fees are anticipated to be approved and finalized after a public comment period during FY17.

Advisory Committee: The Advisory Committee will continue to meet in FY17 with the goal of approving the Advisory Subcommittee's recommendations for handling above action level

Environmental Monitoring results, reviewing and commenting on 247 CMR 19:00, Hazardous Drugs, and advising on other topics requested by the Pharmacy Board. Technology Used by Pharmacy Technicians and Telepharmacy are two new topics also slated for discussion in FY17, as well as shaping draft regulations of items that the Advisory Board has already discussed, such as the emerging models of pharmacy practice, will also be a FY17 priority.

New Compliance Inspections: In FY17, the Pharmacy Board anticipates the implementation of several new specialty licenses, based on the newly promulgated and draft regulations. These new specialty licenses will require Pharmacy Board staff to create new compliance inspection tools to inspect for the new regulation standards. All finalized compliance inspections will be available on the Pharmacy Board’s website to allow licensees to conduct self-inspections and ensure compliance.

V. License and Licensee Statistics

Biennial licensure, except Wholesale Distributors, which are annual	12,751	Pharmacists
	65	Nuclear Pharmacists
	10,687	Pharmacy Technicians
	5,004	Pharmacy Interns
	1,220	Retail Pharmacies
	1,220	Retail Pharmacy Controlled Substance Permits
	81	Certificate of Fitness Permits
	6	Nuclear Pharmacies
	6	Nuclear Pharmacy Controlled Substance Permits
	44	Wholesale Distributors
	43	Wholesale Distributors Controlled Substance Permits
8	Non-Resident Outsourcing Facilities	
TOTAL	31,135	

VI. Compliance: Disciplinary Statistics

<u>Number of Staff Assignment Investigations Opened</u>	<u>Number of Staff Assignment Investigations Closed</u>	<u>Number of Formal Complaints Opened</u>	<u>Number of Formal Complaints Resolved</u>	<u>Number of Formal Complaints Resolved with Discipline Imposed</u>	<u>% of Formal Complaints Resolved w/Discipline Imposed</u>
190	145	147	245	94	38%

The Board of Registration of Physician Assistants

M.G.L. c. 13, §§9, 11C; M.G.L. c. 112, §§9C-9K

I. Administration

About the Board

The Board of Registration of Physician Assistants (PA Board) is charged with evaluating the qualifications of applicants for licensure and granting licenses to those who qualify. It establishes rules and regulations to ensure the integrity and competence of licensees. The PA Board protects the public health, safety, and welfare through regulation of the practice in the Commonwealth of Massachusetts in accordance with applicable statutes.

A PA may, under the supervision of a licensed physician, perform any and all services that are (a) within the competence of the PA in question, as determined by the supervising physician's assessment, and (b) within the scope of service for which the supervising physician can provide adequate supervision to ensure that accepted standards of medical practice are followed.

The PA Board is made up of nine members: four PAs, one PA educator, two public members, and two physicians, one of which is a member of the Massachusetts Medical Society. By statute, five members are required to be present to constitute a quorum.

PA Board Members

Dipu Patel-Junankar, MPAS, PA-C, PA member, Chair

Shannon Sheridan-Geldart, MS, PA-C, PA educator member

Paul Crehan, PA-C., PA member

W. Brian Gorsuch, Ph.D, MS, PA-C, MPAS, PA member

Alithia Carol Broderick, PA-C, PA member

Dr. Richard Baum, MD, Massachusetts Medical Society representative member

Dr. Robert Baginski, MD, physician member

Laura Hilf, RN, MS, public member

FY16 PA Board Meetings

October 8, 2015

November 12, 2015

January 14, 2016

February 11, 2016

March 10, 2016

April 14, 2016

May 12, 2016

Contact Information

Board of Registration of Physician Assistants

Roberlyne Cherfils, Executive Director

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Boston, MA 02114

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MultiBoard.Admin@state.ma.us

II. Accomplishments of the PA Board

Educational Outreach: During FY16, PA Board staff, along with the PA Board Chair, presented to graduating physician assistant classes at Northeastern University, Tufts, and Bay Path University. These presentations provided an overview of important information, including the PA Board's mission, the initial licensure process, license renewal, scope of practice issues, continuing education requirements, and the enforcement process.

CEU Compliance Audits: The PA investigator, on behalf of the PA Board, collects and audits proof of the required CEUs in pain management and safe and effective opioid prescribing during the course of investigating all licensee complaints. PA Board staff also collects and audits all required CEUs for renewal applications of lapsed licenses.

III. Regulations and Policies

Amendments to 261 CMR: In FY16, the PA Board proposed and approved draft amendments to 263 CMR 2.00 through 6.00. The amendments included some minor changes, such as correcting grammatical errors. Additionally, 263 CMR 3.07 was amended to include mandatory training on domestic violence, as required by M.G.L. c. 112, §264.

IV. Strategic Priorities

Promulgate Amended Regulations: In FY17, the PA Board intends to open the proposed draft amendments to 263 CMR for public comment. After public comment, the PA Board will review and consider the comments and make appropriate changes to the proposed draft regulations. The PA Board anticipates submitting a final draft of amended regulations for promulgation by the end of FY17.

Online Licensure Application Revisions: In FY17, the PA Board will revise the online licensure application. The application revisions will include questions regarding other licenses the applicant may hold, in addition to an attestation that the applicant does not have any other licenses. Currently, online applicants are required to provide this information to the PA Board outside of the online application. PA Board staff anticipates this revision will allow online applications to be processed more efficiently.

Educational Outreach: In FY17, PA Board staff will continue outreach efforts, focusing on building a strong relationship with physician assistant programs so that physician assistant students and newly licensed physician assistants are aware that the PA Board is a valuable informational resource. Presentations are already scheduled for Boston University, Tufts University and Northeastern University.

Improved Board Engagement: In FY17, PA Board staff intends to focus on actively recruiting new PA Board members and providing relevant education for PA Board members.

V. License and Licensee Statistics

Biennial licensure	3,261	Full Licenses
	1	Temporary Certifications
TOTAL	3,262	

VI. Compliance: Disciplinary Statistics

<u>Number of Staff Assignment Investigations Opened</u>	<u>Number of Staff Assignment Investigations Closed</u>	<u>Number of Formal Complaints Opened</u>	<u>Number of Formal Complaints Resolved</u>	<u>Number of Formal Complaints Resolved with Discipline Imposed</u>	<u>% of Formal Complaints Resolved w/Discipline Imposed</u>
6	3	5	7	6	85%

The Board of Respiratory Care

M.G.L. c. 13, §§9 and 11B; M.G.L. c. 112, §§23R-23BB

I. Administration

About the Board

The Board of Respiratory Care (RC Board) is charged with evaluating the qualifications of applicants for licensure and granting licenses to those who qualify. It establishes rules and regulations to ensure the integrity and competence of licensees. The RC Board protects the public health, safety, and welfare through regulation of the practice in the Commonwealth of Massachusetts in accordance with applicable statutes.

Respiratory care practitioners provide services to consumers under the direction of a licensed physician. Applying scientific principles, they identify, prevent, and rehabilitate acute or chronic dysfunction to promote optimum respiratory health and function. Respiratory care also includes teaching the patient, and the patient's family, respiratory care procedures as part of the patient's ongoing program.

The RC Board is made up of seven members, including two respiratory therapists, one nurse, two physicians, and two consumers of respiratory care services. Four members are required to be present to constitute a quorum.

RC Board Members

David Polanik, MHA, RN, RRT, CPHRM, respiratory therapist member, Board Chair

Paul Nuccio, MS, RRT, FAARC, respiratory therapist member

Jordan Rettig, MD., physician member

Philip Bort, consumer member

FY16 RC Board Meetings

August 18, 2015

September 15, 2015

February 16, 2016

March 4, 2016

May 26, 2016

Contact Information

Roberlyne Cherfils, Executive Director

Board of Respiratory Care

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MultiBoard.Admin@state.ma.us

II. Accomplishments of the Board

Amendments to 261 CMR: In FY16, the RC Board proposed and approved draft amendments to 261 CMR 2.00 through 5.00. The amendments included some minor changes, such as correcting grammatical errors, and several substantial amendments including: 261 CMR 3.09, establishing a retired license status; and 261 CMR 5.06, clarifying continuing education requirements.

III. Strategic Priorities

Promulgate Amended Regulations: In FY17, the RC Board intends to open the proposed draft amendments to 261 CMR for public comment. After public comment, the RC Board will review and consider the comments and make appropriate changes to the proposed draft regulations. The RC Board anticipates submitting a final draft of amended regulations for promulgation by the end of FY17.

Online Licensure Application Revisions: In FY17, the RC Board will revise the online licensure application. The application revisions will include questions regarding other licenses the applicant may hold, in addition to an attestation that the applicant does not have any other licenses. Currently, online applicants are required to provide this information to the RC Board outside of the online application. RC Board staff anticipates this revision will allow online applications to be processed more efficiently.

Improved Board Engagement: In FY17, RC Board staff intends to focus on actively recruiting new RC Board members and providing relevant education for RC Board members.

IV. License and Licensee Statistics

Biennial licensure	2,794	Full Licenses
	64	Limited Permits (no renewals)
TOTAL	2,858	

V. Compliance: Disciplinary Statistics

<u>Number of Staff Assignment Investigations Opened</u>	<u>Number of Staff Assignment Investigations Closed</u>	<u>Number of Formal Complaints Opened</u>	<u>Number of Formal Complaints Resolved</u>	<u>Number of Formal Complaints Resolved with Discipline Imposed</u>	<u>% of Formal Complaints Resolved w/Discipline Imposed</u>
3	4	9	10	3	30%

Conclusion

The foregoing accomplishments and statistics are highlights from FY16. HPL and its nine boards have maintained a continued commitment to establishing and improving practice standards for the health professions under HPL oversight, and makes strides every day to fulfill the mandate to protect the public health, safety, and welfare in Massachusetts. The review of existing regulations, continued emphasis on board composition and outreach efforts reinforce the overall goal of HPL to improve public safety.

FY17 Strategic Priorities for HPL

HPL continues to implement strategies developed to enhance its current program. While the main focus of HPL still remains on improving uniformity across all nine boards where it is both possible and beneficial to improving health care quality and safety within the practice arenas it regulates, HPL intends to focus, as well, on other specific areas identified for improvement in FY17. FY17 strategic priorities include:

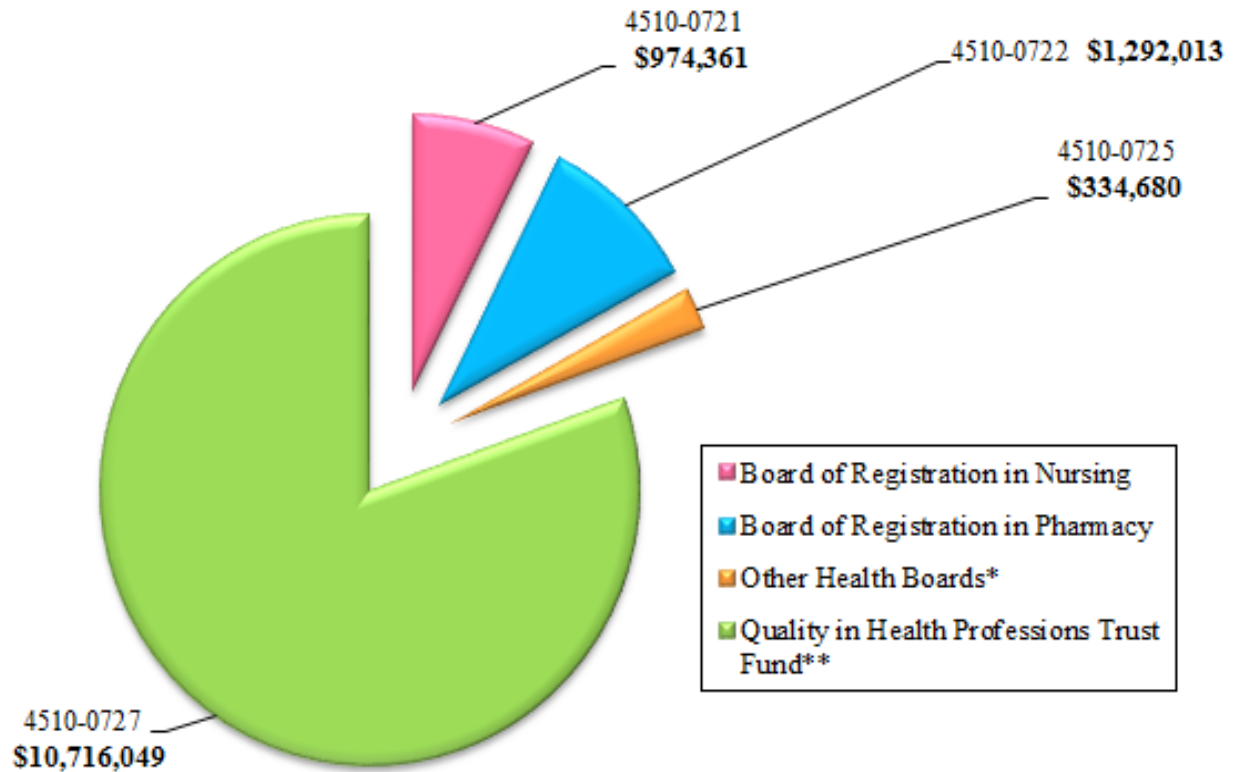
- I. HPL Paperless Transition:** In FY17, HPL staff will begin to lay the groundwork to reduce and eventually eliminate the retention of paper files and applications. To start, modifications will be made to the licensure database to store scanned historical documents in association with relevant licenses. HPL will initiate the bid and procurement process for scanning services, to scan all of the paper applications and files currently stored on site. Once completed, HPL staff will have instant access to necessary documents whenever necessary. The sizeable transition process is anticipated to extend over several fiscal years.
- II. Board Composition:** HPL will continue to focus on increasing recruitment efforts for board seat candidates to be appointed. Maintaining an adequate amount of appointed board members is crucial to ensure each board meets its respective quorum requirement and enables each board to conduct regular business at board meetings. HPL will continue to recommend suitable candidates to the Governor for appointment during FY17, with the goal of reaching 100% seat occupancy for all 9 boards of registration and certification.
- III. Improving Transparency through Posting of Consent Agreements on Website:** By the end of FY17, it is the goal of HPL to complete posting historical consent agreements to each respective Board's website. After the historical document repository is completed, new consent agreements will be added to each website within 30 days of each effective date.

Contact Us/Feedback

Your feedback is important to us. Please [take our survey](#) and share any questions or comments.

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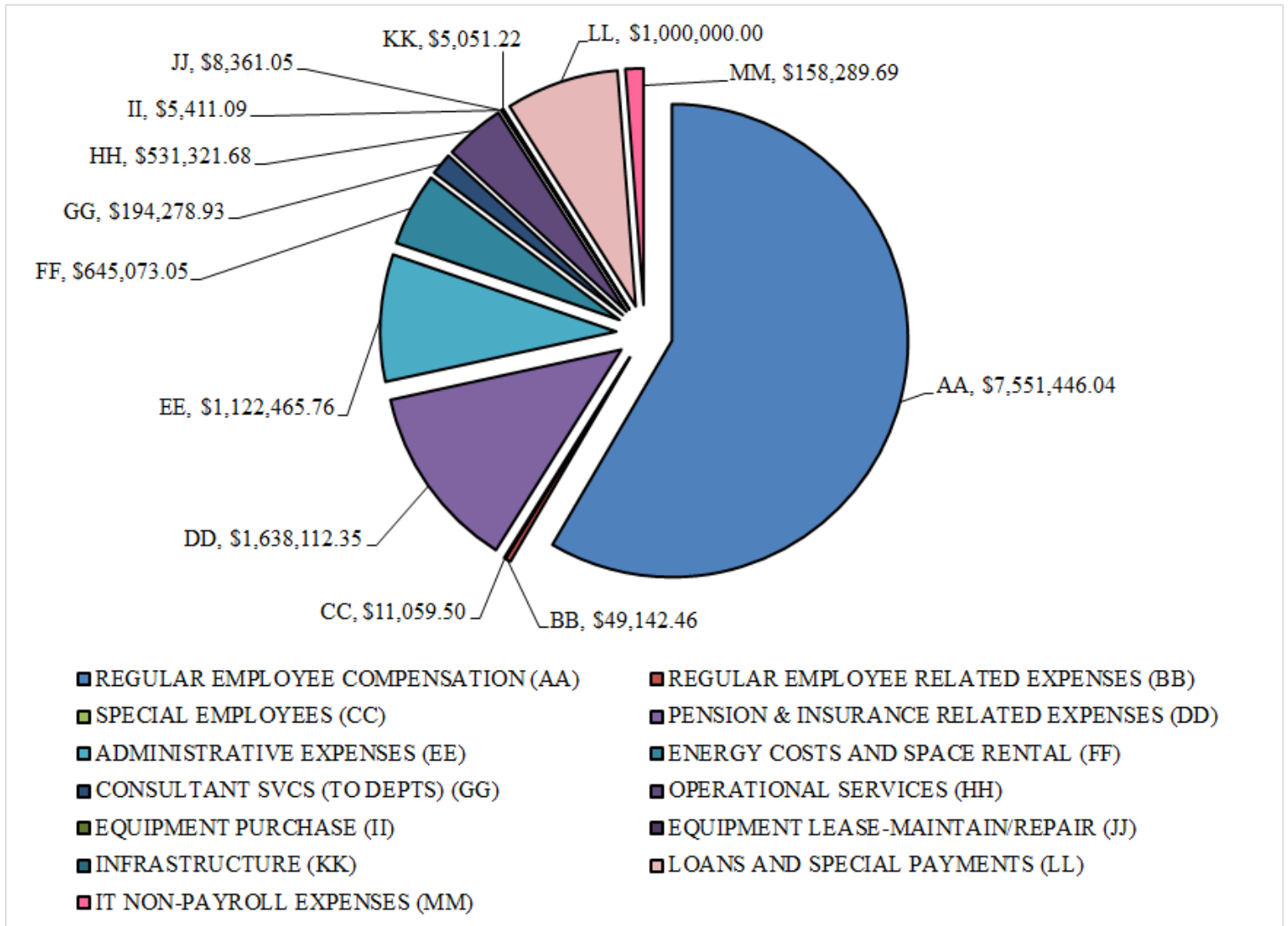
Appendix A: HPL FY16 Funding



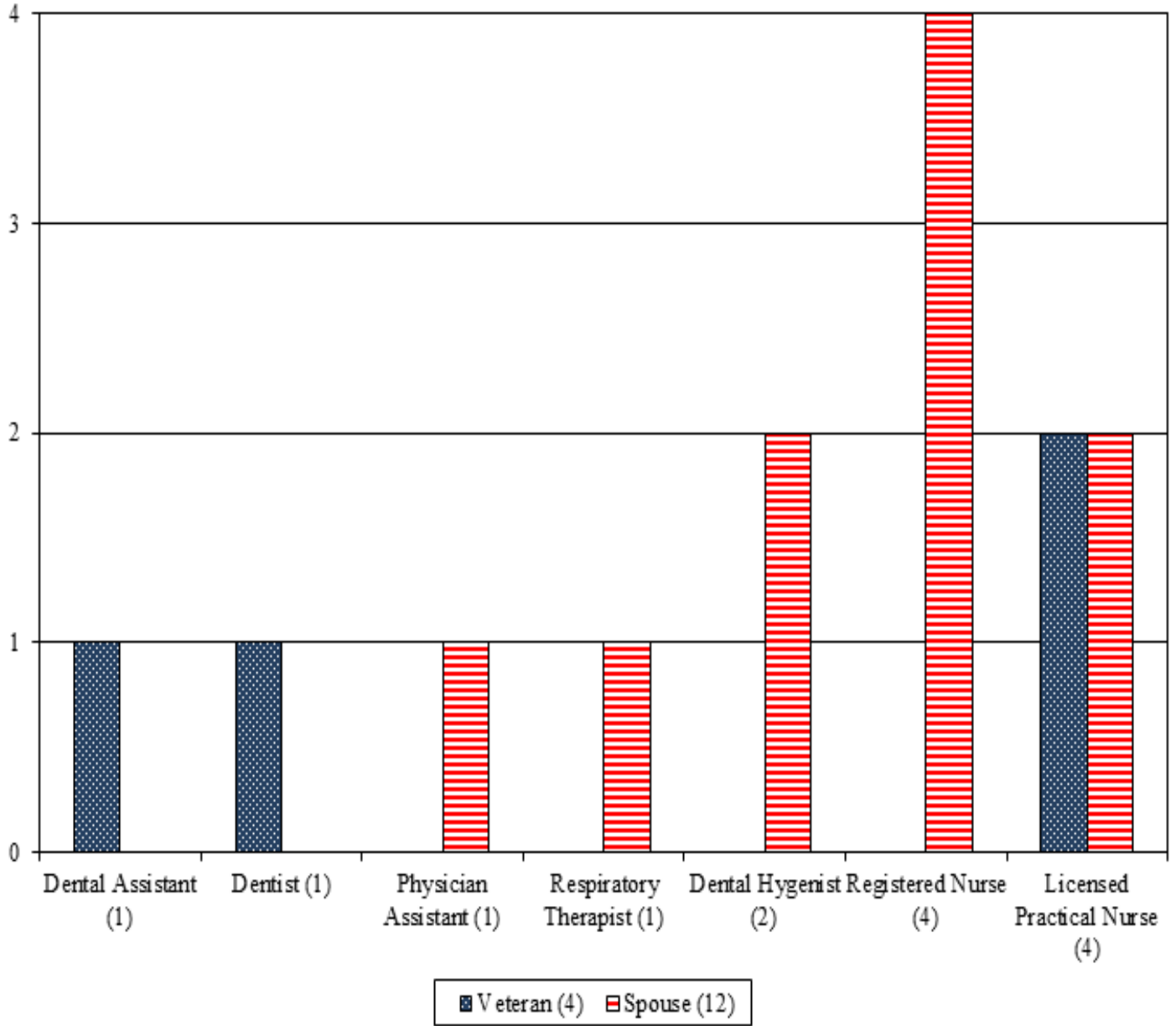
*Community Health Workers, Dentistry, Genetic Counselors, Nursing Home Administrators, Perfusionists, Physician Assistants and Respiratory Care.

**Unexpended collected trust revenue can be carried forward at the end of each fiscal year. Due to license renewal cycles set by statute, HPL collects more trust revenue during even fiscal years than the odd fiscal years and sufficient trust roll-forward balances from the even fiscal years are needed to fund expenses in the odd fiscal years.

Appendix B: HPL FY16 Expenditures



Appendix C: *FY16 VALOR Act Licensure Applications*



Appendix D: *FY16 Active Service Duty Licensees*

