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Executive Office of Health and Human Services
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May 1, 2015

The Honorable Karen E. Spilka, Chair
The Senate Committee on Ways and Means
The State House, Room 212
Boston, MA 02133

The Honorable Brian S. Dempsey, Chair
The House Committee on Ways and Means
The State House, Room 243
Boston, MA 02133

Dear Senator Spilka and Representative Dempsey:

In accordance with provisions of M.G.L. Chapter 10, Section 35X, the Massachusetts Department of Public Health (DPH) and its Division of Health Professions Licensure (HPL) are pleased to submit this 2014 annual report on the Quality in Health Professions Trust Fund to the Senate and House Committees on Ways and Means. This statute requires the Commissioner to annually report on the following: (i) the revenue credited to the fund; (ii) the amount of fund expenditures that are attributable to the shared administrative costs of the department related to health board licensing and an explanation of why such administrative costs are necessary; (iii) an itemized list of the amount of funds expended by board or unit; and (iv) an analysis of the services provided based on fund expenditures by board or unit, including the manner in which the fund expenditures assist the department in meeting its regulatory mandates related to health board licensing.

A. Background:

Chapter 184 of the Acts of 2002 (FY03 GAA) transferred seven Boards of Registration (Nursing, Pharmacy, Dentistry, Physician Assistants, Respiratory Care, Nursing Home Administrators and Perfusionists) from the Office of Consumer Affairs and Business Regulations, Division of Professional Licensure (OCA/DPL) to DPH, effective January 1, 2003. The primary mission of the Boards of Registration is to protect the health, safety, and welfare of the public by licensing qualified health care professionals, services, and facilities through the fair and consistent application of statutes. Rules and regulations are established, implemented, and enforced to ensure that minimum qualifications for entry-level practice are met. The Boards also regulate the practice of professions falling within their jurisdiction, and take disciplinary action against licensees who threaten or harm the public by engaging in unethical, incompetent, or improper conduct.

Since the transfer of the seven boards to DPH in 2003, HPL has been impacted by several statutes that have created new Boards of Registration, or required the regulation of additional health professionals:

- Chapter 159 of the Acts of 2014 requires the Board of Registration in Pharmacy to issue new specialty licenses to the pharmacy community, including sterile compounding, institutional sterile compounding, non-sterile complex compounding, non-resident pharmacies, and non-resident pharmacist Managers of Record. The Board of Registration in Pharmacy will be promulgating regulations for the implementation of this legislation during FY2015.
- Chapter 322 of the Acts of 2010 established the Board of Certification of Community Health Workers, effective January 1, 2012. The Board convened an Advisory Work Group, comprised of stakeholders and community health workers, to advise and assist in developing draft regulations that govern community health worker certification, practice, education, and training requirements. The Board of Certification of Community Health Workers, along with its Advisory Work Group, began developing standards for the education and training curricula for community health workers and community health worker trainers. These standards include requirements for community health worker certification and renewal of certification. The Board anticipates completing draft regulations in FY15.
- Chapter 530 of the Acts of 2008 requires dental assistants working in the Commonwealth to register with the Board of Registration in Dentistry. The Board established a multi-disciplinary work group to develop draft regulations governing the training, qualifications, registration requirements, and practice standards of dental assistants. It held a public hearing on the proposed regulations in December 2011. This initiative also required Administration and Finance to establish a new fee for original and renewal registration of dental assistants. A public hearing on the proposed fee was held on March 27, 2012. The Board of Registration in Dentistry reviewed public comments on the regulations and subsequently promulgated the regulations on October 10, 2014. The Board anticipates registration of approximately 16,000 dental assistants.
- Chapter 170 of the Acts of 2006 created the Board of Registration of Genetic Counselors. A Genetic Counselor is a person who provides individuals and families with information on the nature, inheritance, and implications of genetic disorders in order to help them make informed medical and personal decisions. HPL began licensing Genetic Counselors in January, 2009.

As of July 1, 2014, HPL licensed, registered, certified, or authorized approximately 199,118 health care professionals and businesses. HPL's staffing level included 70 full-time equivalent active staff.

B. Quality in Health Professions Trust Fund Revenue, Services, and Activities Fiscal Year 2014:

(i) Revenue Credited to the Trust Fund

FY2013 Carry Forward:	\$ 6,132,819.00
FY2014 Revenue Collections:	\$ 9,940,054.00
FY2014 Expenditures:	\$ (7,668,512.00)
FY2014 End of Year Balance:	\$ 8,404,367.00
FY2014 Carry Forward into FY2015:	\$ 8,404,367.00

NOTE: Due to license renewal cycles, HPL collects more revenue during even fiscal years than odd fiscal years. The balances carried forward from the even fiscal years are needed to fund expenses in the odd fiscal years.

(ii) Amount of fund expenditures that are attributable to the shared administrative costs of the department related to health board licensing and an explanation of why such administrative costs are necessary

Administration and support services for the Boards of Registration are centralized within HPL and shared among the Boards of Registration. These centralized administration and support services provide economies of scale and promote consistency in the application and enforcement of requirements. Furthermore, these centralized services permit streamlined and efficient operations for the issuance of licenses, collection of revenues, budgeting and accounting, provision of information technology services, enforcement, investigations, legal services, and adjudicatory hearings. All funds expended from the trust fund are attributable to the shared licensing and enforcement activities of the nine Boards of Registration.

(iii) Itemized list of the amount of funds expended by board or unit

As noted above in item (ii), the costs attributable to administrative and support services (such as license renewal processing, information technology software and equipment, revenue collection, budgeting and accounting, investigations, enforcement, legal services, and adjudicatory hearings) are centralized within HPL in order to provide economies of scale and promote consistency in application and enforcement of requirements. In FY2014, trust fund expenditures totaling \$7,668,512.00 supported the shared costs of the HPL Boards. For example, the HPL Boards participated in preliminary administrative and programmatic reviews resulting in strategies for enhancing the current platform. Strategic priorities across HPL include Policy development and implementation, revisions to Board policies regarding Good Moral Character Determinations for Licensure, Board composition, continuing education audits, Just Culture¹ development, and improved transparency through centralized management of public records requests and the posting of Board meeting minutes and disciplinary consent agreements to Board websites. Where feasible, these strategies focus on creating uniformities across all nine Boards in order to improve health care quality and safety within the practice arenas regulated by HPL. Further information concerning license volumes, services, and activities performed during FY2014 and funded by the trust is provided in item (iv) below.

(iv) Analysis of the services provided based on fund expenditures by board or unit, including the manner in which the fund expenditures assist the department in meeting its regulatory mandates related to health board licensing

The mission of HPL 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. Through the Boards

¹A just culture recognizes that individual practitioners should not be held accountable for system failings over which they have no control. A just culture also recognizes many individual or “active” errors represent predictable interactions between human operators and the systems in which they work. However, in contrast to a culture that touts “no blame” as its governing principle, a just culture does not tolerate conscious disregard of clear risks to patients or gross misconduct (e.g., falsifying a record, performing professional duties while intoxicated). Excerpted from: Marx D. Patient Safety and the “Just Culture”: A Primer for Health Care Executives. New York, NY: Columbia University; 2001. Available at: <http://www.safer.healthcare.ucla.edu/safer/archive/ahrq/FinalPrimerDoc.pdf>

of Registration, and in an open forum, HPL develops, implements, and enforces regulations and policies that assure and promote the safe practice of those we license and regulate. Services provided by HPL's Boards of Registration during FY2014 are outlined below:

1. Licensing, registration, and certification of health care professionals and businesses

The HPL Boards license, register, or certify approximately **199,118** health care professionals and businesses as shown in Table A below:

Table A - Active Licenses, Registrations, Certifications, Permits and Approvals as of FY2014

Board of Nursing <ul style="list-style-type: none"> Biennial licensure 	112,100 480 7,752 868 1,252 21,186 143,638	Registered Nurses (RN) RN Nurse Midwives RN Nurse Practitioners RN Psychiatric Clinical Nurse Specialists RN Nurse Anesthesiologists Licensed Practical Nurses (LPN) Total
Board of Pharmacy <ul style="list-style-type: none"> Biennial licensure (except Wholesale Distributor and Broker Licenses, which are annual) 	12,010 4,709 10,403 1,172 1,172 87 49 49 58 6 6 29,721	Pharmacists Pharmacy Interns Pharmacy Technicians Retail Pharmacies Retail Pharmacy Controlled Substance Permits Certificate of Fitness Permits Wholesale Distributors and Brokers Wholesale Distributor and Broker Controlled Substance Permits Nuclear Pharmacists Nuclear Pharmacies Nuclear Pharmacy Controlled Substance Permits Total
Board of Dentistry <ul style="list-style-type: none"> Biennial licensure (except Limited Faculty Licenses, which are annual) 	6,840 7,133 2,499 399 248 692 279 34 703 18,827	Dentists Dental Hygienists Dental Hygienists - Anesthesiology Permits Limited and Faculty Licensees General Anesthesia Permits Nitrous Oxide Permits Conscious Sedation Permits Portable Dental Operation and Mobile Dental Facility Permits Facility Permits Total
Board of Nursing Home Administrators <ul style="list-style-type: none"> Annual licensure 	927 59 986	Nursing Home Administrators Administrator in Training (Internship) Total
Board of Physician Assistants <ul style="list-style-type: none"> Biennial licensure 	2,806 2 2,808	Physician Assistants Temporary Physician Assistants Total
Board of Respiratory Care <ul style="list-style-type: none"> Biennial licensure (Limited licenses cannot be renewed) 	2,766 72 2,838	Respiratory Therapists Limited Respiratory Therapists Total
Board of Perfusionists <ul style="list-style-type: none"> Biennial licensure (except Provisional licenses, which are annual) 	107 0 3 110	Perfusionists Limited Perfusionists Provisional Licenses Total
Board of Genetic Counselors <ul style="list-style-type: none"> Biennial licensure (except Provisional licenses, which are triennial) 	186 4 190	Genetic Counselors Provisional Genetic Counselors Total

Board of Community Health Workers	Due to the recent establishment of the Board of Certification of Community Health Workers, no applications for certification were processed in FY2014.
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2. Complaint investigation, prosecution, and disciplinary action against licensees who threaten or harm the public by engaging in unethical, incompetent or improper conduct

HPL's compliance activities are integral to its mission. HPL conducts investigations of licensees, prosecutes cases, and takes disciplinary action against the licenses of individuals and/or businesses who engage in conduct that may threaten or harm the public. During FY2014, the Boards resolved 628 formal complaints against health professional/facility licenses. 226 formal complaints (36%) were resolved by imposition of a disciplinary action. Disciplinary actions include reprimand, probation, license suspension, license revocation, and voluntary surrender.

In addition, the Boards completed the review of 384 staff assignments. A staff assignment is a comprehensive review and investigation or inspection related to a report received from a consumer, employer, national data system, or a regulatory/law enforcement agency to determine whether sufficient evidence may exist to proceed to a formal complaint against a health care professional or facility.

Statistics about the number of cases opened during FY2014, the number of cases resolved during FY2014, and the number and percentage of complaints that were resolved by imposition of a disciplinary action, are shown in Table B below.

Table B – Number of Complaints during Fiscal Year 2014

Board	Staff Assignment Investigations Opened	Staff Assignment Investigations Closed	Formal Complaints Opened	Formal Complaints Resolved	Formal Complaints Resolved with Discipline Imposed	Formal Complaints Resolved with Discipline Imposed (%)
Nursing	160	122	281	217	107	49%
Pharmacy	112	112	282	225	61	27%
Dentistry	175	126	181	175	56	32%
Nursing Home Administrators	22	12	0	3	0	0
Physician Assistants	10	4	0	1	0	0%
Respiratory Care	3	5	0	1	1	100%
Genetic Counselors	2	3	2	2	1	50%
Perfusionists	0	0	0	0	0	n/a
Community Health Workers	0	0	0	0	0	n/a
Total	484	384	746	624	226	36%

3. Auditing compliance with Continuing Education Unit requirements for health professionals

The Board of Registration of Nursing Home Administrators (“NHA Board”) completed a random continuing education audit in FY2014 to ensure that licensees were in compliance with Board CEU requirements. The NHA Board voted to randomly select 5% of its licensees, as well as all licensees with issues related to CEU documentation within the last three years, to submit CEU documentation for the renewal period of July 1, 2012 - June 30, 2014. IT randomly selected 5% (30) licensees and provided NHA Board staff with the name, license

number, and contact information of the selected licensees. NHA Board staff reviewed minutes and identified (6) licensees with prior issues related to CEU documentation. On April 24, 2014, a letter and form approved by the NHA Board was forwarded to each of the selected licensees' address of record. The NHA Board-delegated members subsequently started the review process of all CEU documentation submitted by the selected licensees.

HPL plans to conduct random CEU audits for the Boards of Registration in FY2015.

4. Approval of Continuing Education programs and credit units

The approval of continuing education programs by the Board of Registration in Pharmacy is a valuable service provided to the pharmacy community at no charge. The Board of Registration in Pharmacy approved 126 continuing education programs in FY2014.

5. Monitoring of regulatory compliance of 75 Registered Nurse and Practical Nurse education programs with an annual enrollment of approximately 13,500 students

As of July 1, 2014, the Board of Registration in Nursing approved a total of 75 Registered Nurse and Practical Nurse education programs:

- 27 Practical Nurse Programs
- 20 Registered Nurse – Associate Degree Programs
- 20 RN – Baccalaureate Degree Programs
- 1 RN – Hospital-based Diploma Program
- 7 RN – Entry Level Graduate Degree Programs

Sections 81A and 81C of chapter 112 of the General Laws, authorize the Nursing Board to establish regulations governing the approval and operation of Registered Nurse and Practical Nurse education programs located in the Commonwealth.

6. Development, promulgation, and enforcement of regulations

Declaration of Emergency: On March 27, 2014, Governor Patrick declared a State of Emergency in Massachusetts due to the number of opiate-related drug overdoses. The Declaration gave the Commissioner of Public Health the authority to allow pharmacists in Massachusetts, under the oversight of the Board of Registration in Pharmacy, to dispense naloxone rescue kits, by standing order, to any person or bystander who is, or knows, someone who is at risk for opiate overdose. After notifying 911, the rescue kits can allow a 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. Previously, pharmacists were only able to dispense the drug to a person pursuant to a prescription.

Additionally, the Department of Public Health, through multiple Boards of registration, promulgated emergency regulations regarding Hydrocodone-Only Extended Release Medications that are not in an abuse deterrent form:

- The Board of Registration in Pharmacy promulgated emergency regulations with specific requirements for the handling, storage, security, and dispensing of hydrocodone extended release medications at 247 CMR 8.05(3) and 9.04(8);

- The Board of Registration of Physician Assistants revised 263 CMR 5.07, Prescription Practices of a Physician Assistant, and promulgated emergency regulations regarding the prescribing of Hydrocodone-Only Extended-Release Medication at 263 CMR 5.07(12);
- The Board of Registration in Dentistry promulgated emergency regulations at 234 CMR 5.06(4); and
- The Board of Registration in Nursing approved emergency regulations at 244 CMR 4.28, thereby establishing measures to safeguard against diversion, overdose, and misuse of Hydrocodone-only extended release medications that are not in an abuse deterrent form.

Sections of Chapter 244 of the Acts of 2012 implemented on December 1, 2013: Included in the implementation was an important change in out-of-state prescriptions. Schedule II narcotic prescriptions, written by physicians and other mid-level practitioners located out-of-state, are no longer allowed to be dispensed unless written by physicians from contiguous states and Maine, and are now valid for only five days, instead of 30. Non-narcotic Schedule-II controlled substances, can still be dispensed if written by physicians in the other 49 states, but are only valid for five days, instead of 30.

Certification of Community Health Workers: The CHW Board, along with its Advisory Work Group, continues to work on developing standards for the education and training curricula for Community Health Workers and Community Health Worker trainers. These standards include the requirements for Community Health Worker certification and renewal of certification. The CHW Board and Advisory Work Group will continue its work on drafting regulations and aim to have the new regulations promulgated in FY2015.

Nursing Home Administrator in Training Programs: The NHA Board plans to review regulations with the intent to revise the criteria for the educational requirements for the administrator in training programs.

7. Issuance of advisory rulings and opinions to guide practice and education for health professions

In FY2014, the Board of Registration of Genetic Counselors issued an administrative policy regarding the “Use of Titles and Credentials by Genetic Counselors”. Pursuant to M.G.L. c. 112, § 257, no individual shall identify as a Genetic Counselor or a variation thereof unless duly authorized by the Board as either a Licensed Genetic Counselor or a Provisionally Licensed Genetic Counselor, notwithstanding the statutory exceptions identified in §257. The credential “LGC” may be used only by individuals authorized by the Board as Licensed Genetic Counselors pursuant to M.G.L. c. 112, § 253. The credential “PLGC” may be used only by individuals authorized by the Board as Provisionally Licensed Genetic Counselors pursuant to M.G.L. c. 112, § 255.

8. Monitoring of licensee compliance with terms of probation, consent agreements and final decisions and orders of the Boards

The Probation Department monitors probation cases for all HPL Boards. Cases monitored within the Probation Department are complaints which have been closed and settled by a Consent Agreement between the parties or litigated to the full extent, resulting in a Final Decision and Order by the respective Board. The Probation Department monitors licensees’ compliance with Consent Agreements and Final Decisions and Orders when their license is subject to Stayed Probation, Probation, Suspension followed by Probation, Stayed Suspension and Reprimand. As of June 30, 2014, the Probation Department was handling approximately 260 cases.

9. Administration of the Substance Abuse Rehabilitation Program (SARP) for nurses

The Substance Abuse Rehabilitation Program (SARP) is a voluntary, non-disciplinary approach to substance abuse among licensed nurses. Established at M.G.L. c. 112, § 80F, it 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. It takes five years to successfully complete the program. 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 participants' ongoing recovery and their return to safe nursing practice. As of June 30, 2014, SARP was monitoring the compliance of 174 participants.

10. Provision of executive management services for HPL's Boards of Registration

HPL coordinates the appointment of 87 Board members by the Governor and provides administrative support for these Board members. HPL manages the daily activities of Board staff, including the licensing of individuals and facilities, investigations of licensee compliance, and the implementation of legislative initiatives.

11. Inspection of pharmacies, wholesale druggists, and dental offices

Increased funding for the Board of Registration in Pharmacy allowed for the development of a more aggressive schedule of pharmacy inspections. During FY2014, a total of 325 pharmacy inspections were completed. Inspections are now conducted based on a new priority system, considering factors such as date of last inspection, volume of business, and level of compounding. The Board of Registration in Pharmacy anticipates bi-annual inspections of retail pharmacies without specialty compounding licenses going forward, utilizing the Board's new Retail Compliance Inspection, developed in FY2014.

The Board of Registration in Pharmacy continued the annual unannounced inspections of all sterile compounding pharmacies in FY2014. In FY2014, the Board of Registration in Pharmacy approved the operation of 37 sterile compounding drug store pharmacies. Over the course of the unannounced sterile compounding inspections, 1 Cease and Desist Order was issued. In addition, the Board of Registration in Pharmacy continues to monitor pharmacies engaged in sterile compounding through collecting, reviewing, and responding to reports of abnormal results and positive environmental sampling tests.

As part of the Board of Registration in Pharmacy's continuing effort to track pertinent information from licensed Massachusetts pharmacies, all licensed pharmacies have also submitted documentation, signed under the penalties of perjury, attesting to whether they engage in non-sterile compounding and if so, that they follow all laws and regulations of the Commonwealth. The Board of Registration in Pharmacy initiated unannounced inspections of all non-sterile compounding pharmacies in FY2014. The first wave of unannounced non-sterile compounding inspections is anticipated to be completed in FY2015.

As such, frequent communication with the pharmacy community and noticeable field presence of inspectors has been ongoing. The Board of Registration in Pharmacy continues to monitor pharmacies' corrective actions and educate pharmacy staff on appropriate responses.

The Board of Registration in Pharmacy's focus on sterile and non-sterile compounding is in addition to investigating complaints involving pharmacy professionals and businesses. The Board of Registration in Pharmacy also conducts an inspection of all new applicants for retail/community-based pharmacy and wholesale distributor licenses, and periodic re-inspections of licensed retail pharmacies in an effort to resolve the increasing number of pharmacy complaints involving medication errors.

During these inspections, the Board of Registration in Pharmacy has found significant violations which threaten the public health and safety, including, misbranded and adulterated prescription medications stored on the

pharmacy premises, expired prescription medications stored on the pharmacy premises, failure to maintain perpetual inventory of Schedule II controlled substances, failure to maintain adequate pharmacy security to deter diversion of controlled substances, failure to maintain a qualified manager of record, improper storage of prescription drug products, unsanitary prescription filling environment, and failure to meet required supervisory ratios of pharmacists to technicians. Inspections are routinely resolved by the submittal of a plan of correction within 15 business days, evidencing that the pharmacy has corrected the cited deficiencies. However, when an imminent threat to public safety is identified, the Board may issue a Cease and Desist (C&D) Notice. Serious violations also result in an unannounced re-inspection as well as the opening of an investigation or complaint.

During FY2014, the Board of Registration in Dentistry completed a total of 28 facility inspections. The Board of Registration in Dentistry convened a working group 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 Board's web site as a tool for use by licensees to prepare for compliance inspections. The tool will also be used to assess and evaluate applications for facility permits for administration of various types of sedation and anesthesia. The final version of the inspection checklist will be posted to the Board of Registration in Dentistry's website in FY2015.

12. Provision of information, education and training for licensees and professional organizations on compliance with state statutes and board regulations and policies pertaining to the practice of nursing, dentistry, pharmacy, genetic counselors, nursing home administrators, physician assistants, perfusionists, respiratory therapists and community health workers

In an effort to promote outreach to the pharmacy community, the Board of Registration in Pharmacy convened a meeting of key stakeholders to introduce the new inspection tool for United States Pharmacopeia ("USP") <797> sterile compounding. The meeting was held at Northeastern University on April 10, 2014, and included representation from academia (MCPHS, WNEU, NEU), hospitals (MHSP), chain pharmacies (MCPC), independent pharmacies (MIPA), pharmacists (MPhA), FDA, and home infusion pharmacy.

The Board of Registration in Nursing is an active member of the following statewide initiatives promoting patient safety, and nursing workforce planning:

- Massachusetts Coalition for the Prevention of Medical Errors
- Nursing & Allied Health Initiative Advisory Committee, Massachusetts Department of Higher Education (DHE)
- DHE Nurse of the Future Competencies for Education and Practice Workgroup
- DHE Centralized Clinical Placement Task Force
- The Massachusetts Action Coalition
- Eastern Massachusetts Long-term Care Nursing Group, Massachusetts Senior Care Association

The Chair and the Executive Director of the Board of Registration of Physician Assistants spoke to the graduating classes of the Massachusetts College of Pharmacy and Health Sciences and Northeastern University on May 1 and May 6, 2014, respectively, providing valuable advice to students on licensure and compliance with applicable statutes, regulations, and rules.

During FY2014, the Executive Director of the Board of Registration in Dentistry spoke to the following organizations and schools regarding Board rules and regulations related to standard of care and licensure:

- The Charles River Study Club, on September 24, 2013;

- The American Association of Dental Boards, on September 30, 2013;
- Mount Ida College, on March 27, 2014; and
- Quinsigamond Community College, on April 16, 2014.

C. Fiscal Year 2014 Initiatives

In FY2014, HPL and the Boards of Registration began planning and undertaking the following activities:

I. Policy Development and Implementation

- i. Division-wide policies have been revised to improve consistency across the 9 Boards where feasible.
- ii. Policies have been reviewed and edited to reflect changes in procedures.
- iii. A review schedule has been developed to ensure that all policies and procedures remain current.

II. Complete Revisions to Licensure Policy: *Determination of Good Moral Character (GMC) Compliance*

The licensure policy, *Determination of Good Moral Character (GMC) Compliance*, will be systematically reviewed and revised in a timely manner, and information will be disseminated to licensure applicants. This GMC policy will be reviewed by all HPL Boards and adopted where appropriate.

III. Board Composition

HPL focused on increasing recruiting efforts to fill vacant Board appointments across HPL. By the end of FY2014, 82.5% of all Board appointments were filled.

IV. Continuing Education Unit (CEU) Management

HPL plans to conduct random CEU audits for the Boards of Registration in FY2015.

V. *Just Culture* Development in HPL

In 2012, Governor Patrick convened a Special Commission on the Oversight of Compounding Pharmacies (“Special Commission”), charging it to analyze the needs of and gaps in the industry in order to formulate recommendations on necessary policy, regulatory, and legislative changes. The Special Commission recommended that the Board of Registration in Pharmacy and all of DPH adopt *Just Culture* as the framework for assuring patient safety and quality of care. HPL has explored bringing or exploring various *Just Culture* training options. Staff has met with training professionals focusing on *Just Culture*² development to discuss different approaches on how to best introduce it to HPL. Training for all of HPL is scheduled for FY2015.

²A *Just Culture* recognizes that individual practitioners should not be held accountable for system failings over which they have no control. A *Just Culture* also recognizes many individual or “active” errors represent predictable interactions between human operators and the systems in which they work. However, in contrast to a culture that touts “no blame” as its governing principle, a *Just Culture* does not tolerate conscious disregard of clear risks to patients or gross misconduct (e.g., falsifying a record, performing professional duties while intoxicated). Excerpted from: Marx D. Patient Safety and the “*Just Culture*”: A Primer for Health Care Executives. New York, NY: Columbia University; 2001. Available at: <http://www.safer.healthcare.ucla.edu/safer/archive/ahrq/FinalPrimerDoc.pdf>

VI. Improving Transparency

i. Centralized Management of Public Records

Public record request management is a critical part of maintaining transparency regarding Board processes. To assure consistent management and legal compliance, the management of all public record requests will be centralized and have new standardized processing policies across all Boards. All public record requests for HPL will be streamlined and directed to a Program Analyst specially assigned at HPL.

ii. Posting of Board Minutes and Consent Agreements on Website

Many recommendations from the Special Commission, as well as ongoing efforts within the Boards, have focused on making Board procedures, processes, and case disposition information more easily accessible to the public. HPL has posted all Board minutes and agendas for a minimum of the past 2 years on each Board's respective website. In FY2015, HPL intends to begin posting consent agreements and final decisions and orders for all licensees. Starting with the Board of Registration in Dentistry and the Board of Registration in Pharmacy, all agreements will be posted dating back to 2012 through present day. Posting of consent agreements, final decisions, and orders for the remaining Boards of Registration will follow.

VII. Website Restructuring for the Board of Registration in Pharmacy

In conjunction with the ITD, the Board of Registration in Pharmacy (BORP) is working to develop a new website required by the passage of Chapter 159 of the Acts of 2014. The "searchable website" will allow the public to search for and obtain, at no charge, enforcement action records and records of serious adverse drug events pertaining to pharmacies licensed by the Commonwealth, as well as other relevant information related to pharmacy licensure. In addition to the contact information for all compounding and non-resident pharmacies, the searchable website will house among other things, public records of all enforcement actions taken against pharmacies, pharmacists, and pharmacy technicians over a 10 year period.

VIII. VALOR Act to Assist Active Military, Military Spouses and Veterans:

Under Chapter 108 of the Acts of 2012, "An Act Relative to Veterans' Access, Livelihood, Opportunity, and Resources", otherwise known as the VALOR Act ("VALOR Act"), the following provisions relating to HPL are in effect:

- ii. 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. M.G.L. c. 112, § 1B(b).
- iii. The license of a member of the Armed Forces who is on active duty will remain valid until he or she is released from active duty, and for 90 days thereafter. M.G.L. c. 112, § 1B(c).
- iv. HPL will expedite the licensure process for military spouses who are licensed in other states and have left employment there to accompany a spouse who has been relocated to the Commonwealth due to a military transfer. M.G.L. c. 112, § 1B(d).

HPL began receiving inquiries about the VALOR Act from service members, veterans and service member spouses in July 2013. Since that time, the Board has processed 34 applications for licensure by service members, veterans or spouses, and logged the active duty status of 27 licensed service members. License applications have been submitted by active duty service members (2), spouses of active duty service members transferring in to Massachusetts (20) and veterans (12). Licenses have been issued for

all but 1 of these applications; the outstanding applicant is a veteran and who has been cleared to sit for the NCLEX-RN examination. The table below shows the distribution, of these applicants; note the greatest concentration of applicants is military spouses applying for RN licensure.

	Spouses (20)	Veterans (12)	Active Duty (2)
RN (19, 1 pending)	14	4, 1 pending	1
LN (4)	0	4	0
DN (2)	1	0	1
DH (2)	2	0	0
RT (3)	1	2	0
PA (2)	1	1	0
NH (1)	1	0	0

HPL has logged the active duty service dates for 27 licensees. Of these, 24 licenses have been renewed for the next renewal cycle. There are 20 licenses scheduled for renewal during 2015 and 2016. The table below shows the distribution, with the greatest concentration among Army dentists. Dentists remain the most highly represented group.

	Dentists (15)	Nurses (8)	Pharmacists (4)
Air Force (5)	3	1	1
Navy (7)	3	3	1
Army (15)	9	4	2

D. Summary

In Fiscal Year 2014, \$9,940,054 in revenue collections was deposited into the Quality in Health Professions Trust Fund. \$7,668,512 was spent during FY2014 to support the administrative, programmatic, and operational costs of the HPL's Boards of Registration. At the end of FY2014, an unexpended balance of \$8,404,367 carried forward to FY2015.

Administration and support services are centralized within the Department's Division of Health Professions Licensure and shared among the boards to provide economies of scale, to promote consistency in the application and enforcement of requirements, and to permit streamlined and efficient operations for the issuance of licenses, collection of revenues, budgeting and accounting, provision of information technology services, enforcement, investigation, legal services, and adjudicatory hearings. Trust expenditures have been utilized to:

- Cover expenses associated with a number of improvements in complaint investigations and the prosecution and settlement of cases;
- Conduct pharmacy and dental inspections;
- Review and amend regulations, particularly for the Boards of Registration in Pharmacy, Dentistry and Nursing;
- Fund information technology advancements;
- Support a licensing and fee collection structure for HPL;
- Promulgate regulations necessary to regulate Dental Assistants;
- Establish the Board of Certification of Community Health Workers;

- Engage in a review of HPL, resulting in strategies for enhancing efficiencies, focusing on creating uniformities across all nine Boards in order to improve health care quality and safety within the practice areas regulated by HPL;
- Educate licensees and professional organizations about compliance with state statutes and board regulations and policies pertaining to the practice of health care professionals; and
- Improve medication safety in pharmacies and long term care facilities.

The Department and HPL wish to thank the Legislature for its foresight in establishing the Quality in Health Professions Trust Fund. The Trust Fund has been instrumental in achieving significant improvements in the administration, operations, and services of HPL, and in ensuring that the Boards are able to fulfill their important missions to protect the health and safety of patients receiving health care services in the Commonwealth.

Should you require any further information, please do not hesitate to contact me at 617-624-5200.

Sincerely,

Monica Bharel, MD, MPH
Commissioner