



The Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Department of Public Health  
250 Washington Street, Boston, MA 02108-4619

**CHARLES D. BAKER**  
Governor

**KARYN E. POLITO**  
Lieutenant Governor

**MARYLOU SUDDERS**  
Secretary

**MONICA BHAREL, MD, MPH**  
Commissioner

Tel: 617-624-6000

[www.mass.gov/dph](http://www.mass.gov/dph)

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

Michael D. Hurley  
Senate Clerk  
State House Room 335  
Boston, MA 02133

Dear Mr. Clerk,

This letter is in response to the language pursuant to section 99 of chapter 208 of the Acts of 2018. In the event that the Legislature was to propose legislation to improve access to voluntary rehabilitative alternatives to traditional disciplinary actions for licensed health care professionals who have substance use disorder, the Department would recommend that the Legislature consider the following structure as a starting point:

1. Creation of a Rehabilitative Evaluation Committee (Committee) which would oversee the Program for professionals licensed, certified or registered by the boards of registration in nursing, pharmacy, dentistry, nursing home administrators, physician assistants, perfusionists, genetic counselors, respiratory therapists, community health workers, naturopathy, and the Office of Emergency Medical Services.
2. Appointment of a Committee which would be appointed by the Governor, consisting of licensed professionals and those with knowledge, experience and treatment practice for substance use or co-occurring disorders.

The Committee would be charged with duties that could include:

- (i) to receive and review information concerning applicants and participants;
- (ii) to evaluate applicants and provide recommendations regarding the admission of a licensed health care professional into the rehabilitation monitoring program;
- (iii) to review and recommend treatment options and services to which participants may be referred as part of their individualized rehabilitation plan;

(iv) to make recommendations, for each participant, whether the participant may continue or may resume professional practice within the full scope of the participant's license; and  
(v) to make recommendations for an individualized rehabilitation plan with requirements for supervision and surveillance for each participant.

As part of any Voluntary Rehabilitative Alternative Program, a monitoring program would be beneficial for monitoring the rehabilitation of licensed health care professionals who have a substance use disorder. The Program could resemble the current Board of Nursing and Board of Pharmacy rehabilitative programs. Both are abstinence-based programs that assist nurses, pharmacists, pharmacy technicians or pharmacy interns whose competency has been impaired by the use of, or dependence on, alcohol and/or other drugs, to return to practice. The programs take five years to successfully complete. They are designed to protect the public health, safety, and welfare by establishing adequate safeguards to maintain professional standards of practice, while monitoring and supporting the ongoing recovery of participants and their return to safe practice.

In order to ensure a more consistent and comprehensive rehabilitation program, the Legislature could consider repealing M.G.L. c.112, § 80F, establishing the Board of Nursing rehabilitation program, and M.G.L. c.112, §, 24H, establishing the Board of Pharmacy rehabilitation program.

Should any program be created that replaces the Board of Nursing and/or Board of Pharmacy rehabilitative programs, it would be important to ensure that individuals currently utilizing their board's program would be able to complete it without harm to their success.

Last, in the event that the Legislature created such a program, there would need to be dedicated funding to support the implementation and maintenance of the program, including staffing and ongoing monitoring activities.

Sincerely,

Monica Bharel, MD, MPH  
Commissioner, Department of Public Health