

Commonwealth of Massachusetts

Division of Health Professions Licensure



Fiscal Year 2013

ANNUAL REPORT

Commonwealth of Massachusetts

Deval L. Patrick, Governor

Executive Office of Health and Human Services

John W. Polanowicz, Secretary

Department of Public Health

Cheryl Bartlett, RN, Commissioner

TABLE OF CONTENTS

Message from the Commissioner.....	3
Introduction.....	5
The Board of Certification of Community Health Workers.....	13
Board of Registration in Dentistry.....	15
Board of Registration of Genetic Counselors.....	18
Board of Registration in Nursing.....	20
Board of Registration of Nursing Home Administrators.....	27
Board of Registration of Perfusionists.....	29
Board of Registration in Pharmacy.....	31
Board of Registration of Physician Assistants.....	37
Board of Registration of Respiratory Care.....	40
Contact Us/Feedback.....	42

Message from the Commissioner



The Division of Health Professions Licensure (HPL) of the Massachusetts Department of Public Health is pleased to submit this report of Fiscal Year 2013 activities.

The mission of the Massachusetts Department of Public Health (DPH) is to prevent illness, injury, and premature death, to assure access to high quality public health and health care services, and to 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 for licensure and granting licenses to those who qualify. HPL establishes rules and regulations to ensure the integrity and competence of licensees. The Boards promote public health, welfare, and safety by ensuring that licensed professionals and entities meet statutory requirements.

This report summarizes and highlights statistics and accomplishments undertaken in fulfilling the mandate to protect the public health, safety, and welfare in Massachusetts. It also reflects HPL's continued commitment to establishing and improving standards.

The Fiscal Year 2013 was marked by the tragedy of a national fungal meningitis outbreak tied to New England Compounding Center, and by subsequent reforms that strengthened our oversight of pharmacies in Massachusetts.

At Governor Deval Patrick's direction, the Board of Pharmacy (BOP) took a series of aggressive regulatory steps following the outbreak. For the first time, pharmacies are now required to report volume and distribution to the state, and they must disclose if they are subject to a disciplinary action in another jurisdiction. The BOP also conducted unannounced inspections of all sterile compounding pharmacies in the Commonwealth, a practice that will continue in the future.

The Governor proposed legislation that would require a special license for sterile compounding, establish fines against pharmacies that break the law, and restructure the Board of Pharmacy to provide a greater diversity of professional background and viewpoints. The Administration has worked closely with the Legislature to build on these reforms to ensure that what occurred at NECC never happens again in Massachusetts.

Fiscal Year 2013 also brought new leadership to the boards. James Lavery, the former chief prosecutor for the Boards, was named Director of HPL. Jim has been a licensed attorney for over 19 years and comes with a wealth of management experience. He is

using the lessons learned from the outbreak to strengthen policies and procedures at all of our Boards.

David Sencabaugh, formerly of Ahold USA (Stop & Shop Pharmacy), was named Executive Director of the BOP. David's background spans more than 30 years in community pharmacy, with emphasis on legislative affairs, regulatory compliance, and quality assurance. He will guide the implementation of our ongoing pharmacy reforms.

Across the Department, we remain mindful of the pain and loss suffered by families and victims in the fungal meningitis outbreak, and our thoughts are always with them. Our systems are stronger as a result. We will continue to take any necessary steps to protect the public's health and safety.

The following pages give a more comprehensive perspective of how HPL works on behalf of Massachusetts. We look forward to your [feedback](#), and to working with you in the future.

Cheryl Bartlett, RN, Commissioner
Massachusetts Department of Public Health

Introduction

The Division of Health Professions Licensure (HPL) is comprised of nine Boards of Registration: Community Health Workers, Dentistry, Genetic Counselors, Nursing, Nursing Home Administrators, Perfusionists, Pharmacy, Physician Assistants and Respiratory Care.

Mission Statement

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 our Boards of Registration and in an open forum, we develop, implement, and enforce regulations and policies that assure 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 healthcare professionals who practice and 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.

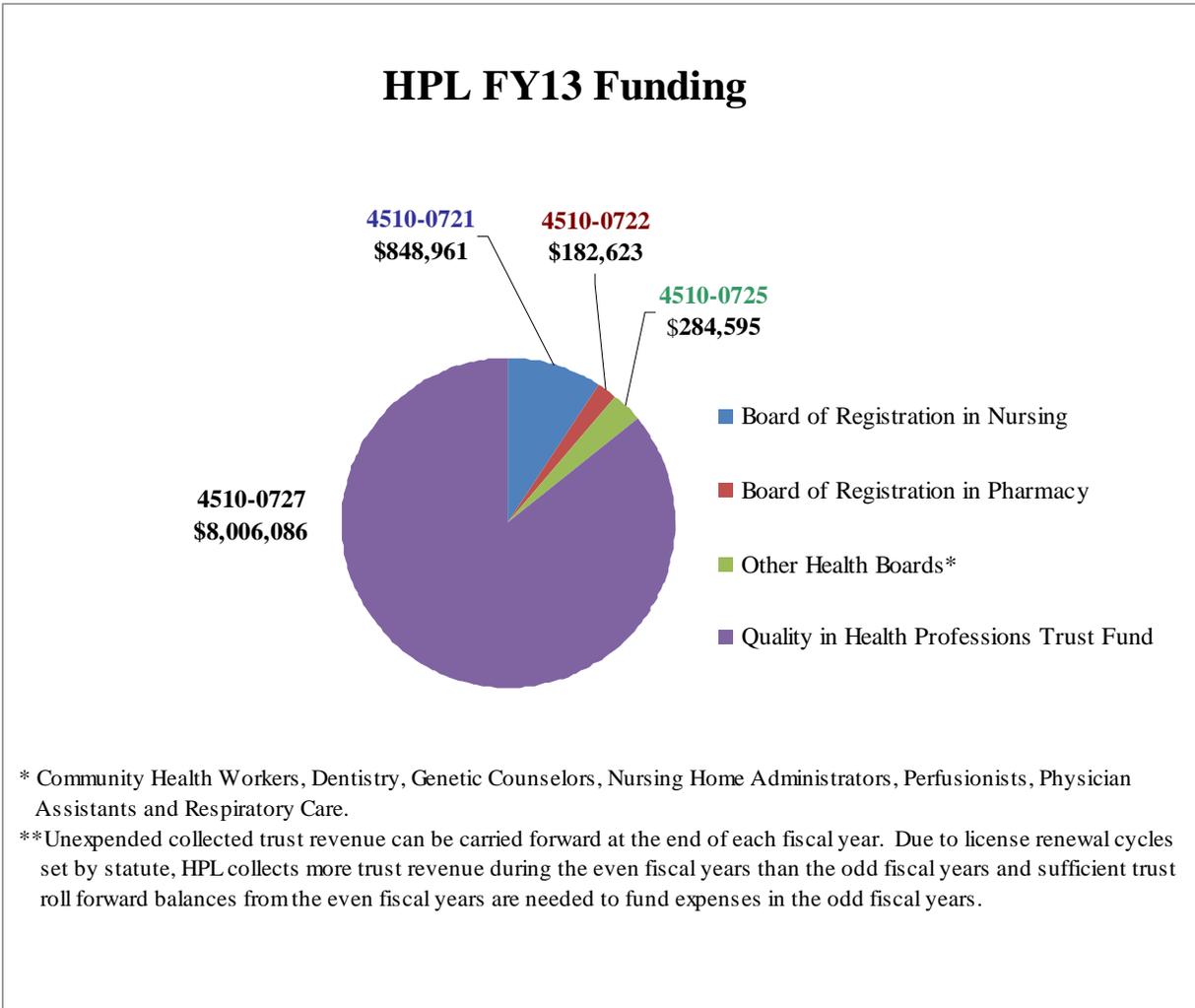
Budget

As of July 1, 2013, HPL licensed, registered, certified or authorized approximately 196,354 health care professionals and businesses and its staffing level included 74.8 full-time equivalent active staff.

HPL and its nine health Boards of Registration are funded by a combination of three state appropriations and the Quality in Health Professions Trust Fund.

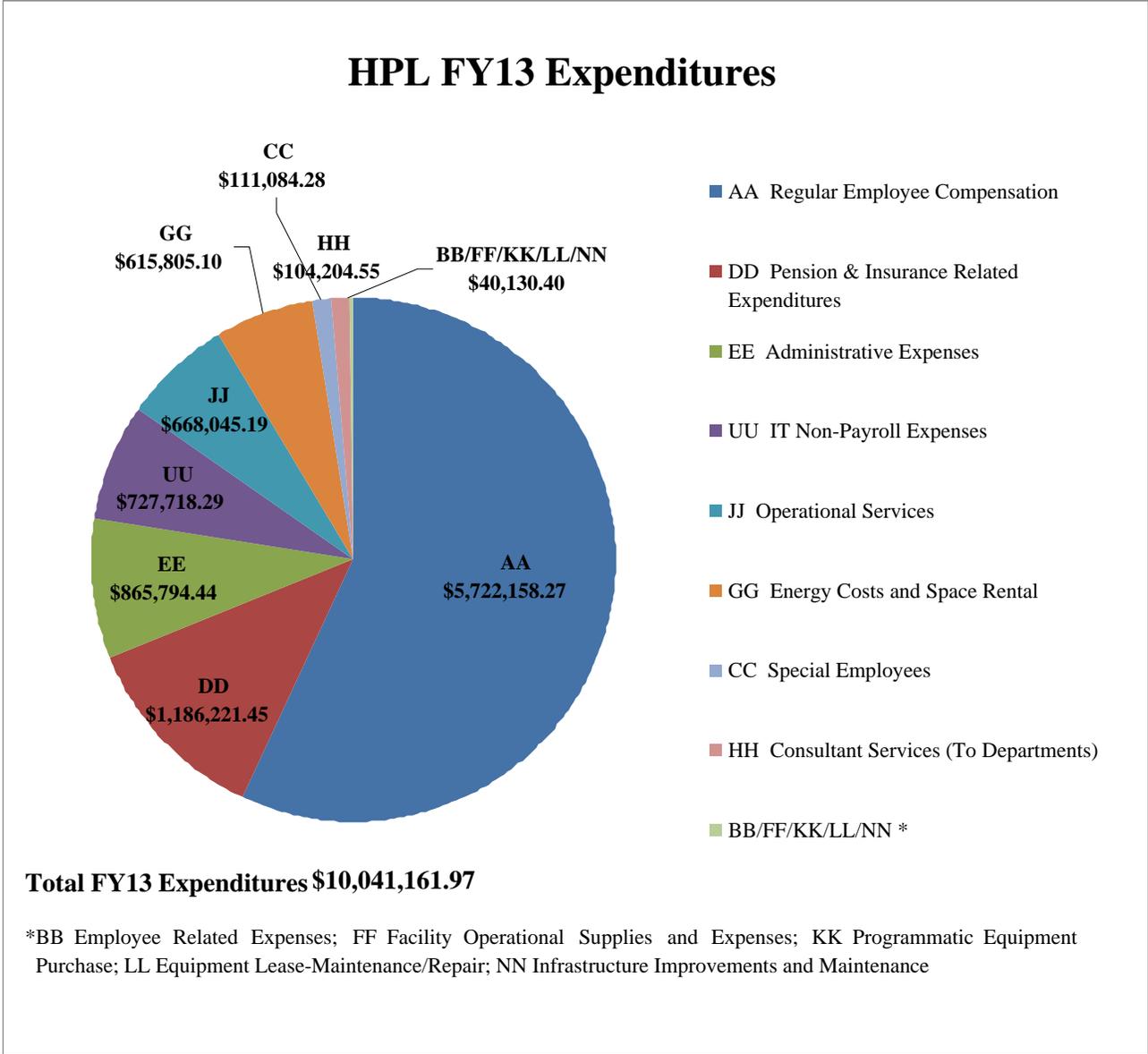
- I. Appropriation account 4510-0721 supports the Board of Registration in Nursing.

- 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 the 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.



The FY14 GAA supports an expansion of pharmacy inspections and investigations with an additional \$1.1M appropriated to the Board of Registration in Pharmacy (4510-0722).

This increased funding is being utilized by the Board to perform heightened inspections and monitoring of sterile and non-sterile compounding pharmacies and unannounced inspections of all pharmacy facilities in the Commonwealth.



Administration and support services for the Boards of Registration 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, collection of revenue, budget and accounting, provision of information technology services, enforcement, investigations, legal services and adjudicatory hearings. All funds expended on the trust fund are attributable to the shared licensing and enforcement activities of the nine Boards.

Compliance

HPL's compliance activities are integral 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 threaten or harm the public. During FY13, the Boards resolved 597 formal complaints against health professional/facility licenses; 40% or 238 formal complaints were resolved by imposition of disciplinary action.

HPL administers the Massachusetts Professional Recovery System (MPRS) for licensed health professionals (dentists, pharmacists, respiratory therapists, physician assistants, perfusionists, nursing home administrators, and genetic counselors). MPRS is a monitoring program which 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. It takes five years to successfully complete the program. As of June 30, 2013, MPRS was monitoring the compliance of approximately 30 participants.

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, 2013, SARP was monitoring the compliance of 167 participants.

Information Technology

In FY13, HPL's Information Technology (IT) department made advancements to increase the efficiency in a multitude of processes, as evidenced by a 92.51% success rate for online licensing renewal. Other accomplishments include: expansion of the scanned consent agreement system abilities; addition of 55 users into division systems; development and implementation of procedures to block addresses on the Verification site for information confidentiality; and defining, installing, and testing six new enhancements and 11 system errors.

The IT department also produced surveys for various HPL Boards; developed an Initial Compounding database to create reports; underwent discussions with the Sex Offender Registry Board for data sharing; and completed verification for data conversions.

IT initiated an Office of Emergency Medical Services (OEMS) and Nurse Aide Registry (NARS) project that joined HPL in My License Office (MLO) and eGOV. IT is also planning the server consolidation of the Reporting Server to ITD/Chelsea.

IT continues to work on the Health Care Professions Workforce Data Collection Initiative. In CY12, HPL continued to establish an effective, efficient and sustainable system for the ongoing collection of accurate, relevant, and timely data, in conjunction with on-line license renewal. The goal is to ensure that data from certain health care professions is available to agencies, including DPH, Massachusetts Boards of Registration, DPH Health Care Workforce Center, Massachusetts Department of Higher Education, and other educators, researchers, labor and workforce planners, employers, municipalities, and public and private entities. Availability of this data will: (1) facilitate the coordination of health care workforce activities with other state agencies and public and private entities involved in health care workforce education training, recruitment, and retention; (2) identify and monitor trends in access to health care services consisting of regional disparities and access to primary care providers including nurse practitioners practicing as primary care providers and other nursing and health care professionals; (3) assess the availability of health care professionals and make projections about the capacity and ability of the workforce to meet the health care needs of all residents over time; and (4) inform policy and decision makers about trends in the employment, education, and workforce satisfaction of nurses, primary care providers, and other health care professionals.

VALOR Act to Assist Active Military, Military Spouses and Veterans

Under Chapter 108 of the Acts of 2012, otherwise known as the VALOR Act, the following provisions relating to health professions licensure are in effect:

- 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. M.G.L. Chapter 112, Section 1B(b).
- II. 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. Chapter 112, Section 1B(c). Note that the Board of Registration in Nursing provides a six month grace period pursuant to St. 1954, c. 627, § 51 and St. 1991, c. 110, § 4.
- III. HPL will expedite 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. M.G.L. Chapter 112, Section 1B(d).

Consult the HPL website for additional information and the necessary affidavit forms. Please note that Active Military and Military Spouses must also identify themselves as such in order to obtain these benefits.

Strategic Priorities for HPL

After preliminary administrative and programmatic reviews in FY13, HPL has developed strategies for enhancing the current platform. 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. Strategic priorities include:

I. Policy Development and Implementation

Policies have been drafted and implemented to standardize and clarify a multitude of common practices and procedures performed by all Boards, including:

- a. Complaint and investigation management
- b. Division-wide critical incident management
- c. Inspection reports
- d. Staff signature authority
- e. Board delegated complaint review
- f. Review process for plan of corrections
- g. Probation monitoring
- h. Standardized CORI, Good Moral Character (GMC), and other provider risk management and discipline

II. Continuing Education Unit (CEU) Management

Plans are underway to restructure CEU data collection and implement random audit processes. The improvements to CEU management will allow for easier auditing and attestation, as well as relieve the burden on other complaint investigations.

III. Strengthening IT Infrastructure

- a. Upgrades to My License Office (MLO) are planned to include investigator case notes and improve supervisor case tracking, audit capability, report functions, other system linkages, and dashboard development. The migration of all licensing processes to a single web-based platform is also planned.
- b. A mobile inspection platform for field investigations is under development. The goal of this platform is more timely, secure and standardized investigation data submissions.
- c. Expanded access to cameras, portable printers, increased server capacity and other resource enhancements are anticipated to improve case documentation quality, case tracking and case disposition timeliness.

IV. HPL Website Restructuring

Website restructuring is under development and is anticipated to include:

- a. Expanded complaint and case disposition information.
- b. Additional HPL Board Member and meeting schedule information.
- c. The capacity for more comprehensive and timely postings of Board actions as well as quality improvement and health alert information.

- d. Installation of the file management software program *Documentum* to facilitate public access to otherwise unrestricted Board documents.

V. Customer Service Improvements

Improvements to customer service are in development. These improvements include, but are not limited to:

- a. Licensing IT changes to relieve initial and renewal licensing difficulties.
- b. Quality assurance and quality improvement developments to improve communication with the field, stakeholder engagement and technical support.
- c. Centralizing public records request management and new standardized processing policies.
- d. Posting of a comprehensive user-friendly web-based *Frequently Asked Questions* section to all Board websites.

VI. Board Composition

Governor Patrick convened the Special Commission on Oversight of Compounding Pharmacies in response to the tragic events in the multi-state meningitis outbreak that has been attributed to products from a Massachusetts-based pharmacy. This commission has studied and provided recommendations for the oversight of compounding pharmacies in the Commonwealth.

Recommendations from the Special Commission, recent compounding pharmacy legislation, and emerging national best practices address diversifying Board membership in order to maximize public engagement and minimize conflict of interest while maintaining adequate expertise on standards of practice for accurate case disposition.

HPL is completing an analysis of all Board and multi-state potential conflict of interest and public, professional or healthcare profession related representation concerns.

VII. *Just Culture* Development in HPL

The Special Commission recommended that the Board of Registration in Pharmacy and all of DPH adopt *Just Culture*¹ as the framework for assuring patient safety and care quality. HPL plans to incorporate *Just Culture* concepts into its investigation and enforcement activities.

VIII. Standardized Complaint Procedures

Throughout all HPL Boards, a policy is in development that addresses standardized procedures for triaging and prioritizing the processing of all incoming complaints to increase efficiency. HPL has added a Priority System to its licensing and enforcement software for regulation management.

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>

The Board of Certification of Community Health Workers

M.G.L. Chapter 13, Sections 9 and 106-108; M.G.L. Chapter 112, Sections 259-262

I. Administration

About the Board

The Board of Certification of Community Health Workers was established through Chapter 322 of the Acts of 2010, signed into law by Governor Deval Patrick on August 31, 2010, with an effective date of January 1, 2012. It was created as a result of state health care reform and is intended to help integrate community health workers 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 Board is chaired by a designee of the Commissioner of the Department of Public Health and includes ten additional members appointed by the Governor and nominated by organizations named in the authorizing legislation.

The Board of Certification of Community Health Workers is made up of eleven members including the Commissioner of Public Health or her designee, four Community Health Workers, one Community Health Worker Training Organization Representative, one Community-Based Community Health Worker 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.

Board Members

Geoffrey Wilkinson, Senior Policy Advisor, Commissioner's Office, DPH, Chair

Pamela Siren, MA Association of Health Plans, Vice-Chair

Henrique Oliveira, CHW, Secretary

Charles Joffe-Halpern, CHW Employer

Joanne Calista, CHW Training Organization

Patricia Edraos, MA League of Community Health Centers

Sheila Och, CHW

Veronica Greaves, CHW

Maritza Smidy, CHW*

Denise Lau, Public*

* New Board Members post FY13

FY13 Board Meetings

July 17, 2012

August 14, 2012

September 18, 2012

October 2, 2012

November 6, 2012

December 4, 2012

January 15, 2013
February 12, 2013
March 12, 2013
April 9, 2013
May 28, 2013
June 11, 2013

Contact Information

Ichelle Herbu, Assistant Executive Director
Board of Certification of Community Health Workers
239 Causeway Street, Suite 500
Boston, MA 02114
617-973-0806
www.mass.gov/dph/boards/chw
CHW.admin@state.ma.us

II. Accomplishments of the Board

The Board held its first meeting in July 2012 and has since convened monthly meetings. In addition, 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.

III. Strategic Priorities

Certification of Community Health Workers: 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 the requirements for community health worker certification and renewal of certification. The Board anticipates beginning to draft regulations in the first half of FY14.

IV. License and Licensee Statistics

Due to the recent establishment of the Board, the Board of Certification of Community Health Workers did not process any applications for certification in FY13.

V. Compliance: Disciplinary Process and Statistics

Due to the recent establishment of the Board, the Board of Certification of Community Health Workers took no disciplinary action in FY13.

The Board of Registration in Dentistry

M.G.L. Chapter 13, Sections 19-21; M.G.L. Chapter 112, Sections 43-53

I. Administration

About the Board

The Massachusetts Board of Registration in Dentistry is responsible for licensing dentists and dental hygienists for practice in the Commonwealth; establishing rules, regulations, and policies governing the practice of dentistry, dental hygiene and dental assisting; and investigating complaints against licensed dental professionals. The Board is responsible for registering qualified applicants for licensure in dentistry and dental hygiene, including initial licensees and those who have licenses in other jurisdictions who wish to practice in Massachusetts. It also is responsible for issuing limited and faculty dental licenses, as well as facility and practitioner permits for anesthesia administration.

Board members monitor licensees' practice of dentistry to ensure the public that services are provided in accordance with state statutes, Board regulations and policies, including ethical standards of practice. The Board of Registration in Dentistry is made up of eleven members including six Dentists, two Dental Hygienists, one Dental Assistants, and two Public members. By statute, five members are required to be present to constitute a quorum.

Board Members

Dr. Mina Paul, Dentist, Chair**
Dr. Milton Glicksman, Dentist, Secretary
Dr. Stephen C. Dulong, Dentist
Dr. John Hsu, Dentist
Dr. Roderick Lewin, Dentist
Dr. Keith Batchelder, Dentist*
Dr. David Samuels, Dentist*
Dr. Cynthia M. Stevens, Dentist
Lois Sobel, RDH, Dental Hygienist
Ward J. Cromer, PhD, Public
Ailish M. Wilkie, CPHQ, Public
Jacyn Stultz, RDH, MS, Dental Hygienist*
* New Board Members post FY13
** Served as Chair through June 2013

FY13 Board Meetings

July 18, 2012
September 5, 2012
October 3, 2012
November 7, 2012
December 5, 2012
February 6, 2013
March 6, 2013

April 3, 2013
May 1, 2013
June 5, 2013

Contact Information

Barbara A. Young, RDH, Executive Director
Board of Registration in Dentistry
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www.mass.gov/dph/boards/dn
dentistry.admin@state.ma.us

II. Accomplishments of the Board

Administration of Botulinum Toxins and Dermal Fillers by Dentists: In FY13, the Board convened a working group of general dentists, oral surgeons, and oral facial pain management experts to examine proposals to permit general dentists who are appropriately qualified and trained to administer these agents within the practice of dentistry. The working group presented its recommendations to the Board at its March 2013 meeting. The approved new policy is posted on the Board's website.

Use of Laser Technologies by Dental Auxiliaries: A working group of general dentists, dental hygienists, dental specialists, and experts in laser technologies was convened by the Board to examine and provide recommendations. The report was presented to the Board at its April 2013 meeting, and the resulting new policy is posted on the Board's website.

III. Strategic Priorities

Registration of Dental Assistants: Chapter 530 of the Acts of 2008, *An Act to Increase Access to Oral Healthcare*, includes a requirement for 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 A&F 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 and review of the feedback is ongoing. The Board anticipates that approximately 16,000 dental assistants will register.

Revision of Dental Facility Inspection Checklists: The Board 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.

Working Group to Study and Address Post-Graduate Year-1 (PGY-1) as a Pathway to Dental Licensure: The Board convened a working group to address this issue currently being considered as proposed legislation. Members of the working group include members of the Board and the Deans of the three dental schools in Massachusetts.

IV. License and Licensee Statistics

Board of Dentistry FY13 Statistics All licenses are valid for two years except Limited Faculty Licenses, which are valid for one year.	7,111	Dentists
	6,748	Dental Hygienists
	2,116	Dental Hygienists - Anesthesiology Permits
	399	Limited and Faculty License
	727	Facility Permits
	246	General Anesthesia Permits
	708	Nitrous Oxide Permits
	271	Conscious Sedation Permits
	23	Portable Dental Operation and Mobile Dental Facility Permits
TOTAL	18,349	

V. Compliance: Disciplinary Process and 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>
181	140	217	174	62	36%

The Board of Registration of Genetic Counselors

M.G.L. Chapter 13, Sections 103-105; M.G.L. Chapter 112, Sections 252-258

I. Administration

About the Board

Genetic Counselors 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.

Genetic Counselors 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 the family.

Genetic Counselors 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 people for other health care professionals and for the general public.

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

Board Members

Gretchen H. Schneider, Genetic Counselor, Chair

Kristen Mahoney Shannon, Genetic Counselor, Secretary

Jacqueline Rodriguez-Louis, Public

Tomi Toler, MS, CGC, Genetic Counselor *

Kayla Sheets, MS, CGC, Genetic Counselor *

* New Board Members post FY13

FY13 Board Meetings

October 5, 2012

June 3, 2013

Contact Information

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617-973-0806
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Multiboard.Admin@state.ma.us

II. License and Licensee Statistics

Board of Genetic Counselors	162	Genetic Counselors - two year license
	8	Provisional Genetic Counselors - three year license
TOTAL	170	

III. Compliance: Disciplinary Process and Statistics

The Board of Registration of Genetic Counselors took no disciplinary action in FY13.

The Board of Registration in Nursing

M.G.L. Chapter 13, Sections 13-15D; M.G.L. Chapter 112, Sections 74-81C

I. Administration

About the Board

The Board of Registration in Nursing (BORN) 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 Board issues nursing licenses to qualified individuals; verifies licensure status; approves and monitors nursing education programs; authorizes practice in the advanced roles; investigates and acts on complaints concerning the performance and conduct of licensed nurses; participates in workforce initiatives; promotes a culture of safety through community outreach and partnerships; and administers the Substance Abuse and Rehabilitation Program. The Board of Registration in Nursing is made up of seventeen members including nine Registered Nurses, four Licensed Practical Nurses, one Physician, one Pharmacist, and two Consumers. Nine Board members are required to be present to constitute a quorum.

Board Members

Sandra Kelly, RN, MS, NP, RN-Advanced Practice, Direct Care, Chairperson
Katherine Gehly, RN, MSN, NP, Educator-RN Associate Degree, Vice Chairperson
Margaret Beal, RN, PhD, NM, Educator-RN Bachelor's Degree
Patricia Gales, RN, MS, Educator-LPN Program (RN)
Joan Killion, LPN, LPN, Acute Care (Hospital)
Barbara Levin, RN, BSN, RN- Not Advanced Practice, Direct Care
Catherine Lundeen, RN, RN-Not Advance Practice, Direct Care
Ann-Marie Peckham, RN, MSN/MBA, RN Hospital Administrator
E. Richard Rothmund, Consumer
Mary Jean Roy, MS, MEd, RN, Educator- RN Diploma Program
Catherine L. Simonian, RPh, PharmD, Pharmacist
Christine Tebaldi, RN, MS, NP, RN-Advance Practice, Direct Care

FY13 Board Meetings

Except where otherwise noted, meetings are scheduled for the 2nd Wednesday of each month.

July 11, 2012

September 12, 2012

October 10, 2012

November 14, 2012

December 12, 2012

January 9, 2013

February 13, 2013

March 13, 2013

May 8, 2013

June 12, 2013

Contact Information

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II. Accomplishments of the Board

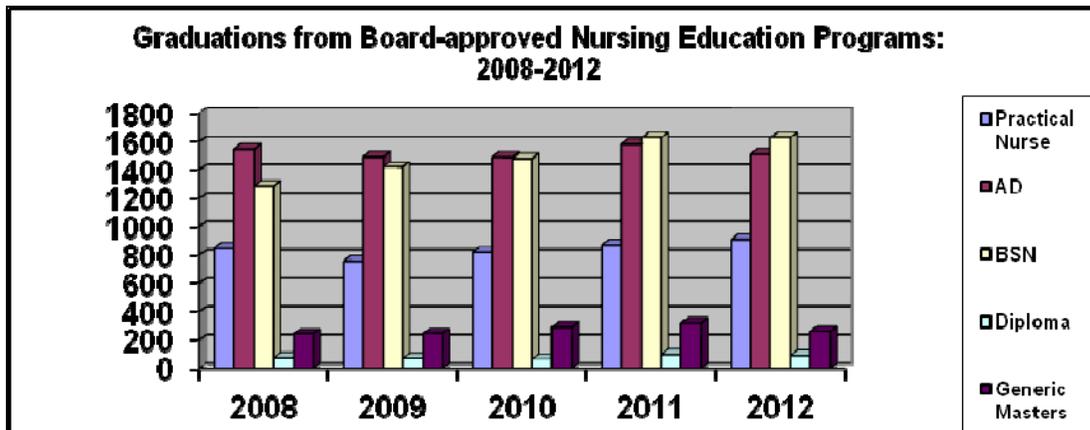
BORN Endorses Calls for All Nurses to Practice to Full Extent of Their Education and Training: Chapter 224 of the Acts of 2012: *An Act Improving the Quality of Health Care and Reducing Costs through Increased Transparency, Efficiency and Innovation* established new programs and policies that provide incentives for primary care, promote innovation in health care delivery, enhance safety, and support workforce development. More specifically, this reform is designed to invest in community-based prevention and wellness, promote patient choice and increased access to care provided by nurse practitioners, foster mental health parity and integration, and cultivate the health care workforce of the 21st century. As the largest segment of the health care workforce in Massachusetts, nurses can play a key role in the provision of safe, affordable and patient-centered care in a reformed health care environment. To that end, the BORN endorses calls for all nurses to practice to the full extent of their education and training, and it supports the independent practice of Advanced Practice Registered Nurses.

Membership in Statewide Initiatives Promoting Safety, Workforce Development: BORN is proud to be an active member of statewide initiatives promoting patient safety, and nursing workforce policy development and implementation. BORN is also a member of the Massachusetts Action Coalition (MAAC), a collaborative of Massachusetts nursing organizations and the Department of Higher Education. In August 2012, the Robert Wood Johnson Foundation Academic Progression in Nursing initiative awarded a \$300,000 grant to the MAAC to support its efforts to increase the number of baccalaureate-prepared nurses in Massachusetts through accelerated pathways for seamless academic progression, and the integration of the Nurse of the Future Nursing Core Competencies.

Approved Nursing Education Programs: During FY13, the BORN approved the continuing operation of 75 Registered Nurse and Practical Nurse education programs:

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

Increase in Graduates from Basic Baccalaureate Degree Programs: The total number of graduates from BORN-approved Registered Nurse and Practical Nurse education programs increased in 2012 compared to 2008. Of particular note, the number of graduates from pre-licensure Baccalaureate Degree nursing programs increased 27% from 1,289 in 2008 to 1,633 in 2012.



Source: MA BORN

New Administrator Orientation: Twenty-two new administrators attended the BORN's annual New Administrator Orientation Program on September 21, 2012. The day-long program is designed to support newly appointed Deans, Directors and Chairs of BORN-approved Registered Nurse and Practical Nurse education programs in complying with the BORN's regulations at 244 CMR 6.00: Approval of Nursing Education Programs and the General Conduct Thereof. It also provides attendees with up-to-date information about the initial nurse licensure by examination regulations at 244 CMR 8.00: Licensure Requirements and the National Council Licensure Examination (NCLEX) processes.

Updated Advisory Rulings: The following Advisory Rulings were updated by the BORN in FY13:

- 9204: Infusion Therapy (formerly IV Therapy)
- 9801: Holistic Nursing and Complementary/Alternative Modalities (now includes Advisory Ruling 9601: Massage)
- 9802: Licensed Practical Nurse Charge Nurses/Nurse Supervisor
- 9804: Administration of Immunizing Agents or Vaccines
- 0801: Withholding Initiation of Cardiopulmonary Resuscitation in MA Long-term Care Facilities with 24-hour Skilled Nursing Staff on Duty (now includes related Nursing Competencies tool)
- 0802: The Use of a Vagal Nerve Stimulator Magnet

These and all other Advisory Rulings are based on a systematic review of numerous sources of information and evidence-based standards of practice by the BORN's Nursing Practice Advisory Panel. In each advisory, the BORN affirms that the licensed nurse is responsible and accountable for acquiring and maintaining the knowledge, skills and abilities (i.e. competencies) necessary to practice in accordance with accepted standards.

The BORN's Advisory Rulings on Nursing Practice can be found in the Nursing Practice section of the BORN's website.

III. Strategic Priorities

Complete revisions to Licensure Policy 00-01: *Determination of Good Moral Character (GMC) Compliance and applications for nurse licensure by examination and reciprocity, and advanced nursing practice authorization:* Systematic review and revision of Licensure Policy 00-01 will be completed in a timely manner and information disseminated to licensure applicants and Board-approved schools of nursing. Applications for nurse licensure by examination and reciprocity, and advanced nursing practice authorization will be revised and accurately reflect all changes made to Licensure Policy 00-01. This GMC policy will be reviewed by all HPL Boards and adopted where appropriate.

Expand community outreach and collaboration with various stakeholders in the interest of public protection, patient safety and related nursing scope of practice issues: Stakeholders including nursing students, licensees, Board-approved nursing education programs, professional organizations and associations, regulatory agencies, risk managers and consumer groups, as appropriate, will receive information about: (1) the disease of addiction and the Board's Substance Abuse Rehabilitation Program; and (2) nursing practice breakdown or conduct to report to the Board, what kind of information or documentation to provide and the Board's formal and informal complaint resolution process inclusive of probation. Participation in statewide nurse workforce initiatives will support the practice of nurses to the full extent of their education; achievement of higher levels of education through seamless academic progression; partnerships among nurses, physicians and other health care professionals in redesigning health care; and effective workforce planning and policy making.

Complete Phase II, Nursys Data Integrity Project: All fields for each nurse license record in the MLO licensing system will be complete and accurate.

IV. Legislation and Regulations

Nurse Practitioner Signature Authority for Death Certification: Effective November 4, 2012, M.G.L. Chapter 112 was amended to include new section 80I related to the signature authority of Nurse Practitioners. As a result, Nurse Practitioners can now sign forms such as death certificates, work absence and return to work documentation, school physicals and other documents related to an individual's physical or mental health provided that the signature, certification, stamp, verification, affidavit or endorsement does not expand the Nurse Practitioner's scope of practice.

Massachusetts Online Prescription Monitoring Program: The Massachusetts Online Prescription Monitoring Program (MA Online PMP) is a secure website that supports safe prescribing and dispensing. A licensed prescriber or pharmacist may register with the Massachusetts Department of Public Health Drug Control Program (DCP) to obtain

authorization, through completion and submission of an enrollment form, to view the Schedules II through V prescription history of a patient for the prior 12 months as reported by all Massachusetts pharmacies and by out-of-state pharmacies delivering to people in Massachusetts. The goal of the PMP is to inform clinical decision-making to prevent harm from duplicate drug therapy, prescription drug misuse or abuse and diversion.

In August 2012, Chapter 244 of the Acts of 2012: *An Act Relative to Prescription Drug Diversion, Abuse and Addiction* was signed into law, designed to help prevent the diversion and abuse of prescription drugs. As a result, on January 1, 2013, the DCP began automatically enrolling physicians, dentists and podiatrists as participants in the MA Online PMP upon obtaining a new - or the recall of - Massachusetts Controlled Substance Registration (MCSR). An MCSR is required by M.G.L. Chapter 94C, section 7 in order to manufacture, distribute, prescribe, dispense, administer or possess a controlled substance. In Massachusetts, controlled substances include all prescribed medications.

Proposed Revisions to BORN Regulations at 244 CMR 3.05 and CMR 6.00: In 2010, as a result of the growth in community-based care over the last two decades and the state legislature’s consideration of proposals for the delegation by nurses of medication administration to unlicensed persons, the BORN initiated a review of its nurse delegation regulations at 244 CMR 3.05 to evaluate the nurse delegation regulations for currency and relevance; address issues in “non-traditional” settings; and make evidence-based recommendations to the BORN.

In February 2012, the BORN invited the health care community to informally comment on the evidence-based recommendations that were subsequently developed. For an update on the BORN’s review of its delegation regulations at 244 CMR 3.05, visit the BORN’s website.

In March 2012, the BORN invited stakeholders to informally comment on the evidence-based recommendations of its 244 CMR 6.00 Collaborative Task Force. Also convened by the BORN in 2010, the Collaborative Task Force was charged with the review of the BORN’s regulations at 244 CMR 6.00: *Approval of Nursing Education Programs and the General Conduct Thereof* for currency and relevance. BORN is currently reviewing the feedback from the Task Force.

V. License and Licensee Statistics

Board of Nursing (biennial licensure)	111,469	Registered Nurses (RN)
	485	RN Nurse Midwives
	7,367	RN Nurse Practitioners
		RN Psychiatric Clinical Nurse Specialists
LPN-odd Years	902	
RN-even years	1,246	RN Nurse Anesthetists
	21,086	Licensed Practical Nurses (LPN)
TOTAL	142,555	

VI. Compliance: Disciplinary Process and Statistics

One means by which the BORN enforces laws and regulations governing nursing practice is through its evaluation of and action on “complaints” - reports alleging a nurse has engaged in conduct related to nursing practice that violates any law or regulation related to that practice - filed with the BORN regarding an individual nurse’s practice. Complaints are submitted by employers and other regulatory agencies such as DPH’s Division of Health Care Safety and Quality and Drug Control Program, and less frequently by patients, their family members and other concerned individuals.

The BORN’s duty and goal in investigating and evaluating complaints is to protect the public, not to punish the nurse who makes an error. The BORN has employed the *Just Culture* principle for many years in its investigative and enforcement processes. In evaluating a complaint, the BORN considers substantial evidence regarding: the nature and related circumstances of the nurses conduct, applicable remedial activities successfully completed by the nurse, employment performance evaluations of the nurse prior to and following the error, any acknowledgment by the nurse of the practice error and its significance, prior repeated or continuing practice-related issues, associated practice environment or systems-related factors and whether there is a need, in the public’s interest, for an official record of the nurse’s practice-related error. Subsequently, based on its evaluation, the BORN may dismiss a complaint or, under the terms of an agreement entered into between the nurse and the BORN, or by order impose discipline in the form of a reprimand, probation, suspension, surrender or revocation of a nurse’s license to practice nursing. The BORN’s regulations set forth the actions the BORN may take on any complaint and are available on the BORN’s website at 244 CMR 7.00: Action on Complaints.

<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>
210	233	279	287	143	50%

The Board of Registration of Nursing Home Administrators

M.G.L. Chapter 13, Sections 73-75; M.G.L. Chapter 112, Sections 108-117

I. Administration

About the Board

Nursing Home Administrators provide sub-acute and long-term care services to residents of facilities in Massachusetts.

The principal mission of the Board of Registration of Nursing Home Administrators is to protect the health and safety of nursing home residents by ensuring that nursing home administrators are competent and perform their responsibilities properly. The Board monitors licensees' continuing education as part of the license renewal process.

The Board of Registration of Nursing Home Administrators is made up of fourteen members including the Commissioner of Public Health or her designee, the Commissioner of Public Welfare (now known as the Department of Transitional Assistance) or his designee, the Secretary of Elder Affairs and eleven members including: four Nursing Home Administrators, one Nursing Home Administrator/Non-Proprietary, 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.

Board Members

Nancy Lordan, Administrator, Chair

William J. Graves, Administrator- Non Proprietary, Vice-Chair

Roxanne Webster, RN, Secretary

Mary McKenna, Elder Affairs

Janet Cutter, RN, Public Welfare

Michael Baldassarre, Administrator

James Divver, Administrator

Sherman Lohnes, DPH

David M. Becker, Hospital Administrator

Denise Dabney, Public*

* New Board Members post FY13

FY13 Board Meetings

July 19, 2012

September 20, 2012

October 18, 2012

November 29, 2012

December 20, 2012

January 17, 2013

March 28, 2013

May 16, 2013

June 20, 2013

Contact Information

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Board of Registration of Nursing Home Administrators
239 Causeway Street, Suite 500
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617-973-0806
www.mass.gov/dph/boards/nh
Multiboard.Admin@state.ma.us

II. License and Licensee Statistics

Board of Nursing Home Administrators (annual licensure)	961 55	Nursing Home Administrators (one year) Administrators in Training (internship)
TOTAL	1,016	

III. Compliance: Disciplinary Process and 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>
11	7	3	2	1	50%

The Board of Registration of Perfusionists

M.G.L. Chapter 13, Section 11E; M.G.L. Chapter 112, Sections 211-220

I. Administration

About the 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 Board of Registration of Perfusionists 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 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 Board.

The Board of Registration of Perfusionists 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.

Board Members

Adam B. Lerner, MD, Anesthesiologist Chair
Kevin Lilly, CCP, Perfusionist, Vice-Chair
Raymond Hawkins, Perfusionist
Sary Aranki, MD, Cardiovascular Surgeon
Kyle Spear, CCP, Perfusionist
Teresa Porter-D'Aversa, CCP, Perfusionist

FY13 Board Meetings

October 9, 2012
March 26, 2013

Contact Information

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II. License and Licensee Statistics

Board of Perfusionists (biennial licensure)	112 2	Full Licenses Provisional Licenses (one year, may be extended)
TOTAL	114	

III. Compliance: Disciplinary Process and Statistics

The Board of Registration of Perfusionists took no disciplinary action in FY13.

The Board of Registration in Pharmacy

M.G.L. Chapter 13, Sections 22-25; M.G.L. Chapter 112, Sections 24-42A

I. Administration

About the Board

Pharmacists dispense and/or distribute prescription drug products and provide patient information services to consumers in hospitals, nursing homes, retail pharmacy departments and home care settings. They consult directly with patients, or with their caregivers, explaining proper use and storage of drug products and providing information on contraindications for use.

The Board of Registration in Pharmacy provides a code of professional regulations for ensuring the highest degree of ethical and moral practice by pharmacists, pharmacy interns and pharmacy technicians. The Board strives to assure that consumers are receiving the highest quality prescription drug products from pharmacists who have graduated from accredited colleges of pharmacy. The Board monitors pharmacists to ensure they meet requisite continuing educational requirements and sets standards of quality assurance and best practices, requiring safe delivery systems in licensed pharmacies.

The mission of the Board of Registration in Pharmacy 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 Massachusetts Board of Registration in Pharmacy has a leadership role in regulating the practice of pharmacy and acts in accordance with the highest standards of ethics, accountability, efficiency, effectiveness, and openness.

The Board of Registration in Pharmacy is made up of eleven members including seven Pharmacists, one Nurse, one Physician and two Public members. Six members are required to be present to constitute a quorum.

Board Members

James T. DeVita, RPh, Chain Pharmacist, President
Anita Young, EdD, RPh, Pharmacist Consultant, Secretary
Jane F. Franke, RN, Public
Patrick M. Gannon, RPh, MS, FABC, Pharmacist
Karen M. Ryle, MS, RPh, Non-Profit Hospital Pharmacist
Edmund Taglieri, MSM, RPh, NHA, LTC Pharmacist
Joanne M. Trifone, RPh, Chain Pharmacist
Anthony Perrone, MD, MBA, RPh, Physician*
Richard Tinsley, MBA, Med, Public *

* New Board Members post FY13

FY13 Board Meetings

Except where otherwise noted, meetings are scheduled for the 1st Tuesday of each month.

July 10, 2012

August 7, 2012

September 11, 2012

October 9, 2012

November 13, 2012

December 11, 2012

January 8, 2013 (2nd Tuesday of the month)

February 5, 2013

March 5, 2013

April 2, 2013

May 7, 2013

June 4, 2013

Contact Information

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Pharmacy.Admin@state.ma.us

II. Compounding Pharmacies

Following the multi-state meningitis outbreak that has been attributed to products from a Massachusetts-based pharmacy, Governor Patrick created the Special Commission on the Oversight of Compounding Pharmacies. Governor Patrick subsequently filed legislation based on the Commission's recommendations to prevent a similar tragedy.

Governor Patrick's legislation included numerous provisions to insure public safety such as requiring a special license for sterile compounding, monetary fines for compounders that violate laws or regulations, whistleblower protection, licensing of out-of-state pharmacies that do business in Massachusetts, and reorganizing the Board of Registration in Pharmacy's structure to include more members who are not practicing in the industry they are responsible for regulating.

Subsequent to the Governor's legislation, the House and Senate released proposed bills that maintain the core principals of the Governor's reform, keeping patient safety at the forefront and enhancing and strengthening the regulation of compounding pharmacies. The bills are now in a legislative conference committee.

As a result of the multi-state meningitis outbreak, new federal legislation was also enacted. On November 17, 2013, President Obama signed legislation, H.R. 3204, the *Drug Quality and Security Act*, designed to improve the safety of compounded drug products. Among other improvements, H.R. 3204 requires enhanced communication

between the FDA and state boards to identify compounding practices that may be operating beyond the scope of traditional pharmacy compounding.

III. Accomplishments of the Board

The Board of Registration in Pharmacy initiated unannounced inspections of all sterile compounding pharmacies in FY13. The first wave of unannounced inspections, with support from Comprehensive Pharmacy Services, began in fall 2012 and was completed in early January 2013. Over the course of the unannounced inspections, partial or complete cease and desist orders were issued to 11 pharmacies for a range of violations. The Board cited another 21 pharmacies for minor deficiencies that have since been corrected or are currently being addressed through corrective measures. This aggressive action led to significant corrective measures and increased compliance among sterile compounders in Massachusetts.

As part of the Board's continuing effort to track pertinent information from licensed Massachusetts pharmacies, all licensed pharmacies have submitted documentation, signed under the penalties of perjury, attesting to whether they engage in sterile compounding and that they follow all laws and regulations of the Commonwealth. Additionally, the Board of Registration in Pharmacy issued new regulations that for the first time require sterile compounding pharmacies in Massachusetts to report volume and distribution to the Board.

Frequent communication with sterile compounding pharmacies and noticeable field presence of inspectors has been ongoing. In addition, the Board has been collecting, reviewing, and responding to reports of abnormal results and positive environmental sampling tests. The Board has also continued to monitor pharmacies' corrective actions and educate pharmacy staff on appropriate responses.

IV. Strategic Priorities

Advisory Groups: The Board will form advisory groups to address important policy topics. Two groups have been identified for best practices study and development of a regulatory model for non-resident licensure. Additional advisory groups will be identified and their input will be used to inform the development of new and updated regulations.

New England Compounding Pharmacy Consortium: The Board created a New England Compounding Pharmacy Consortium to facilitate a timely inter-state information exchange with all six New England states and New York. The first meeting took place on November 21, 2013 at the Massachusetts College of Pharmacy and Health Sciences in Worcester, MA. The meeting was a great success with an excellent turnout from the various states as well as representatives from the FDA.

More Aggressive Inspection Schedule: The FY14 investment for HPL will allow a more aggressive schedule for compounding pharmacy inspections to be developed.

V. Legislation and Regulations

New Legislation: House Bill 39 was introduced by Governor Patrick in order to implement long-term reforms to enhance and strengthen the regulation of compounding pharmacies. This legislation is based on the premise that patient safety is paramount and addresses critical gaps in state oversight. The Legislature has established a Conference Committee to address its respective versions of pharmacy reform bills.

JOINT POLICY 2012- 01: Permitted Prescription Changes and Additions After Consultation with Prescriber: The Massachusetts Department of Public Health, through the Board of Registration in Pharmacy and the Massachusetts Drug Control Program, adopted Joint Policy 2012- 01, which advises pharmacists of the changes or additions that may be made to a controlled substances prescription after consultation with the prescribing practitioner (prescriber) or authorized agent of the prescriber (agent). According to guidance issued by the DEA, “whether it is appropriate for a pharmacist to make changes to a prescription varies case-by-case based on the facts present. Consequently, DEA expects that when information is missing from or needs to be changed on a schedule II prescription, pharmacists use their professional judgment and knowledge of state and federal laws and policies to decide whether it is appropriate to make changes to that prescription.” (August 24, 2011 U.S. Drug Enforcement Administration (DEA) letter.)

JOINT POLICY 2012-02 and FAQs: Pharmacist Administration of Vaccines: The Massachusetts Department of Public Health, through the Massachusetts Drug Control Program, Immunization Program and Board of Registration in Pharmacy, is making adult vaccines more accessible by allowing administration by pharmacists. Qualified pharmacists may administer to adults 18 years of age and older certain vaccines included in the Recommended Adult Immunization Schedule approved by the U.S. Centers for Disease Control and Prevention (CDC). Regulations at 105 CMR 700.004(B) (6) permit pharmacists, who have completed a duly accredited training course, to administer vaccines designated by the Department. The regulations can be viewed at: www.lawlib.state.ma.us/source/mass/cmr/cmrtxt/105CMR700.pdf.

POLICY 2012-03: Pharmacist License Reactivation After Expiration Beyond One Renewal Cycle: Policy No. 2012-03 sets forth the requirements for the reactivation of a pharmacist license issued by the Board of Registration in Pharmacy after expiration beyond one renewal cycle (greater than two years after the expiration date), in accordance with Board Regulations 247 CMR 4.02 *et seq.* This Policy does **not** apply to licenses which have been suspended or revoked by action of or agreement with the Board.

VI. License and Licensee Statistics

Board of Registration in Pharmacy (All are biennial licensures except Wholesale Distributors and Brokers are annual)	11,331	Pharmacists
	4,434	Pharmacy Interns
	10,281	Pharmacy Technicians
	1,180	Retail Pharmacies
	1,180	Retail Pharmacy Controlled Substance Permits
	98	Certificate of Fitness Permits
	53	Nuclear Pharmacists
	6	Nuclear Pharmacies
	6	Nuclear Pharmacy Controlled Substance Permits
	52	Wholesale Distributors and Brokers
52	Wholesale Distributor and Broker Controlled Substance Permits	
TOTAL	28,673	

II. Compliance: Disciplinary Process and 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>
136	54	219	127	30	24%

The Board of Registration of Physician Assistants

M.G.L. Chapter 13, Section 11C; M.G.L. Chapter 112, Sections 9C-9K

I. Administration

About the Board

The Board of Registration of Physician Assistants licenses individuals of good moral character who hold a baccalaureate degree from an educational institution on the list of accredited colleges of the United States Office of Education, or any like institution approved by the Board, has graduated from a physician assistant training program which holds a valid certificate of program approval issued by the Board, and has passed the certifying examination of the National Commission on Certification of Physician Assistants.

A Physician Assistant may, under the supervision of a licensed physician, perform any and all services which are (a) within the competence of the physician assistant 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 Board of Registration of Physician Assistants is made up of nine members including four Physician Assistants, one Physician Assistant Educator, two Public members, and two Physicians, one that is a member of the Massachusetts Medical Society. By statute, five members are required to be present to constitute a quorum.

Board Members

Dipu Patel-Junankar, PA-C, Physician Assistant, Chair

Miguel Valdez, PA-C, Physician Assistant, Vice-Chair

Edward Glinski, MD, Physician

Richard Baum, MD, MMS, Physician-Massachusetts Medical Society

Frieda Cohen, Public

Laura Hilf, RN, MS, Public 1

Nicole Meregian, PA-C, Physician Assistant

Jessica Britnell, Physician Assistant*

Shannon Sheridan-Geldart, PA-C, PA Educator

* New Board Members post FY13

FY13 Board Meetings

- July 12, 2012
- September 13, 2012
- October 11, 2012
- November 1, 2012
- December 13, 2012
- February 14, 2013
- March 14, 2013
- April 11 2013
- June 13, 2013

Contact Information

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Multiboard.Admin@state.ma.us

II. Legislation and Regulations

New Regulations Authorizing Physician Assistants to Perform Procedures Involving Ionizing Radiation: The Board of Registration of Physician Assistants, in collaboration with the Board of Registration in Medicine and the Radiation Control Program, and with the input of multiple stakeholders, drafted regulations authorizing physician assistants to perform procedures involving ionizing radiation provided the physician assistants have the required education, training, and competency. The Board’s final regulations at 263 CMR 5.04 and 5.08 became effective on April 12, 2013.

Deletion of Regulation Establishing the Number of Physician Assistants Who May Be Supervised by a Supervising Physician: Chapter 224 of the Acts of 2012 amended M.G.L. c. 112, § 9E, by deleting the existing physician assistant/supervising physician ratio of four physician assistants to each supervising physician. On May 29, 2013, the Board of Registration of Physician Assistants filed an emergency regulation deleting 263 CMR 5.05(2) governing the number of physician assistants who may be supervised by a supervising physician at any one time. The emergency regulation was effective on May 29, 2013.

III. License and Licensee Statistics

The Board Registration of Physician Assistants (biennial licensure)	2,471 8	Full Licenses Temporary Certifications
TOTAL	2,479	

IV. Compliance: Disciplinary Process and 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>
8	12	11	5	1	20%

The Board of Respiratory Care

M.G.L. Chapter 13, Section 11B; M.G.L. Chapter 112, Sections 23R-23BB

I. Administration

About the Board

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 Board of Respiratory Care 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 Board protects the public health, safety and welfare through regulation of the practice in the Commonwealth of Massachusetts in accordance with applicable statutes.

The Board of Respiratory Care is made up of seven members including two Respiratory Therapists, one Nurse, two Physicians, and two Consumers. Four members are required to be present to constitute a quorum.

Board Members

Edward Burns, RRT, Respiratory Therapist, Chair

Armand Riendeau, RN, RRT, Respiratory Therapist

David Polanik, RRT, MHA, CPHRM, Respiratory Therapist*

Susan Binnall, Consumer*

* New Board Members post FY13

FY13 Board Meetings

July 18, 2012

September 12, 2012

October 3, 2012

November 15, 2012

December 12, 2012

February 13, 2013

May 15, 2013

June 19, 2013

Contact Information

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 Board of Respiratory Care
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 www.mass.gov/dph/boards/rc
 Multiboard.Admin@state.ma.us

II. Accomplishments of the Board

Respiratory Therapists and the Performance of Extracorporeal Oxygenation

(ECMO): It is the Board’s position that the performance of Extracorporeal Membrane Oxygenation (ECMO) by respiratory therapists is within the scope of practice of licensed respiratory therapists. Any respiratory therapist who performs ECMO must meet the education and training requirements identified in the American Association of Respiratory Care’s (AARC) Position Statement, Respiratory Therapists as Extracorporeal Membrane Oxygenation (ECMO) Specialist. In FY13, the Board issued a statement of the Board’s position and posted it on the Board’s website.

III. License and Licensee Statistics

Board of Respiratory Care (biennial licensure)	2,904 86	Full Licenses Limited Permits (cannot be renewed)
TOTAL	2,990	

IV. Compliance: Disciplinary Process and 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>
5	5	9	2	1	50%

Contact Us/Feedback

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

Division of Health Professions Licensure
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