

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

January 5, 2016

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

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

Dear Mr. Clerk,

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

Sincerely,

Monica Bharel, MD, MPH
Commissioner
Department of Public Health

Charles D. Baker
Governor

Karyn Polito
Lieutenant Governor



Marylou Sudders
Secretary

Monica Bharel, MD, MPH
Commissioner

Division of Health Professions

Licensure Annual Report

Fiscal Year 2015



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Legislative Mandate

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

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

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

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

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

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

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

Executive Summary

The Division of Health Professions Licensure (HPL) of the Massachusetts Department of Public Health (DPH) is pleased to submit this report of Fiscal Year 2015 (FY15) regulatory, licensure and enforcement activities.

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

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

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

Under the leadership of James G. Lavery, the Director of HPL, HPL staff has worked diligently over this past fiscal year to strengthen its policies and procedures, improve licensing application processing times, and develop a stronger presence in the community through stakeholder involvement and outreach. The signing of Executive Order 562, which initiated a comprehensive review process for all regulations enforced by the Executive Department, gave HPL the opportunity to review all existing regulations and implement new regulations that continue to bolster the overall goals and accomplishments of HPL to improve public safety.

Significant Accomplishments of FY15:

The Board of Registration in Dentistry promulgated final regulations for the licensure of Dental Assistants in early FY15, and began accepting initial licensure applications. By the close of FY15, the Board of Registration in Dentistry staff processed and issued more than 5,000 Dental Assistant licenses.

The Board of Registration in Pharmacy developed drafts of amended and new regulations in response to the pharmacy practice reform signed into law in early FY15. These drafts of amended and new regulations will be open to public comment and promulgated in FY16. Staff continues to draft additional amendments and new regulations, which will also be reviewed by the Board in FY16.

The Board of Registration in Nursing promulgated amended regulations applicable to Advanced Practice Registered Nursing. The amended regulations at 244 CMR 4.00 incorporate many of the standards of contemporary Advanced Practice Nursing promoted by the national Advanced Practice Registered Nurse Consensus Model developed by the National Council of State Boards

of Nursing. They recognize the ability of Advanced Practice Registered Nurses to provide safe, cost-effective, and high quality care.

Introduction

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

Mission Statement

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

Vision Statement

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

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

An Overview of the Division of Health Professions Licensure

Budget

As of June 30, 2015, HPL licensed, registered, certified, or authorized 218,556 health care professionals and businesses and its staffing level was comprised of over 80 full-time equivalent active staff.

HPL and its nine boards of registration and certification are funded by a combination of three state appropriations and the Quality in Health Professions Trust Fund.²

- 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. Sufficient trust roll forward balances from the even fiscal years are needed to fund expenses in the odd fiscal years.

The FY15 General Appropriation Act supports continued expansion of pharmacy inspections and investigations with an additional \$1.3M appropriated to the Board of Registration in Pharmacy (4510-0722). This funding was utilized by this Board to hire additional staff to perform inspections and monitoring of sterile and non-sterile compounding pharmacies, including unannounced inspections of all pharmacies in the Commonwealth.

Administration and support services for the nine boards of registration and certification are centralized within HPL and shared among the boards to provide economies of scale, promote consistency in the application and enforcement of requirements, and permit streamlined and efficient operations for the issuance of licenses, collection of revenue, budget 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.³

² See Appendix A: *HPL FY15 Funding*.

³ See Appendix B: *HPL FY15 Expenditures*.

Compliance

The compliance activities of HPL are essential to its mission. HPL conducts inspections and investigations of licensees, prosecutes cases, and takes disciplinary action against the licenses of individuals and/or businesses who engage in conduct that may pose a threat to the health, safety, and welfare of the public. During FY15, the boards collectively resolved 616 formal complaints against health professional/facility licenses. 34% or 211 formal complaints were resolved by imposition of disciplinary action.

Probation Department

The Probation Department at HPL monitors licensees whose practice is subject to conditions or who must fulfill requirements, either as part of a formal disciplinary probation or as a non-disciplinary resolution of a complaint. The Probation Department monitors the compliance of licensees with the specific terms of their respective Consent Agreement or Final Decision and Order when their license is subject to Stayed Probation, Probation, Suspension followed by Probation, Surrender followed by Probation, Stayed Suspension, or Reprimand. The Probation Department is in the process of developing a new database to track all probation cases monitoring activity across all HPL boards. The new database will allow the Probation Department to track licensee progress on a more detailed level, as well as run reports on probation data and generate draft compliance summaries with that data. Completion of the new database is anticipated for FY16. As of June 30, 2015, the Probation Department was monitoring 215 participants. In addition, HPL has established a division-wide staff action policy, which is in the process of being adopted by all HPL boards, authorizing the handling of monitored cases in a more efficient and consistent manner.

The Massachusetts Professional Recovery System

HPL administers the Massachusetts Professional Recovery System (MPRS) for licensed health professionals (Dentists, Genetic Counselors, Nursing Home Administrators, Perfusionists, Pharmacists, Physician Assistants, and Respiratory Therapists). MPRS is a monitoring program that assists licensed health professionals who have problems with alcohol and/or other drugs to return to practice while protecting the public's health, safety, and welfare. An advisory panel of seven health care professionals with experience in substance abuse treatment is available to consult with both participants and HPL monitoring staff. The program takes five years to successfully complete. As of June 30, 2015, MPRS was monitoring the compliance of 27 participants.

The Substance Abuse Rehabilitation Program

The Substance Abuse Rehabilitation Program (SARP) is a voluntary, non-disciplinary approach to substance abuse recovery among licensed nurses. Established by M.G.L. c. 112 §80F, SARP is an abstinence-based program to assist nurses whose competency has been impaired by the use of, or dependence on, alcohol and/or other drugs to return to nursing practice. The program takes five years to successfully complete. SARP is designed to protect the public health, safety, and welfare by establishing adequate safeguards to maintain professional standards of nursing practice while monitoring and supporting ongoing recovery of participants and their return to safe nursing practice. As of June 30, 2015, SARP was monitoring the compliance of 169 participants. During FY15, staff from SARP and the Board of Registration in Nursing worked to

expand community outreach and collaboration with stakeholders to provide information about the program.

Information Technology

In FY15, the Information Technology unit (IT) of HPL made multiple advancements to increase efficiency in various licensure processes. IT developed and implemented the creation of the Dental Assistant license type in MyLicense Office (MLO), the licensure database utilized by HPL, including a process for self-registration that allows Dental Assistant applicants to apply for initial licensure and license renewal online. Additionally, five new processes were created, four of which were implemented, for self-registration, allowing applicants to apply for initial licensure online as a Physician Assistant, Respiratory Therapist, Perfusionist, or Genetic Counselor. The processes for self-registration of applicants applying for initial licensure as a Nursing Home Administrator were created and the self-registration and online initial licensure application is anticipated to be available to applicants in early FY16.

Also during FY15, IT worked with the Board of Registration in Pharmacy to lay groundwork for the implementation of specialty and non-resident licenses, by creating license types in MLO. In FY15, IT created 12 of the anticipated 20 new specialty and non-resident facility licensure categories, as well as the Pharmacy Technician Trainee license type, and three license types for Outsourcing Facilities. IT will continue to work with staff to develop the remaining specialty and non-resident licensure categories in FY16.

With the help of IT, HPL maintained a strong 90% success rate for online licensure renewal. IT continues to work on the Health Care Professions Workforce Data Collection Initiative, providing the results of the Physician Assistant and Dental Hygienist surveys from the online renewal system to DPH.

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 statutes have been implemented:

- I. Each of the HPL boards will accept relevant education, training, and service completed by a license applicant as a member of the armed forces or the military reserves toward the qualifications required for licensure. M.G.L. c. 112 §1B(b).
- II. The license of a member of the armed forces who is on active duty remains valid until he or she is released from active duty, and for 90 days thereafter. M.G.L. c. 112 §1B(c).
- III. HPL expedites the licensure process for military spouses who are licensed in other states and have left employment there to accompany a spouse relocated to the Commonwealth due to a military transfer. 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, HPL has processed 49 applications for licensure by service members, veterans, or spouses, and logged the active duty status of 37 licensed service members.

FY15 Licensure applications submitted to HPL that are subject to the VALOR Act include: two active duty service members, 30 spouses of active duty service members and 17 veterans.⁴ The greatest concentration of applicants is military spouses applying for RN licensure.

There are 24 active duty service licenses scheduled for renewal during 2015 and 2016. Appendix D shows the distribution, with the greatest concentration among army dentists.⁵ As per FY13 and FY14, dentists remain the most highly represented group across all active duty service types.

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

HPL Initiatives

Board Composition: HPL focused on increasing recruiting efforts to fill vacant board seats cross all HPL boards. By the end of FY15, 75.6% of all board appointments were filled. A total of 18 new board members were appointed during FY15.

Policy Development and Implementation: Over the course of FY15, HPL continued to review and update policies and procedures to reflect current procedures and, where feasible, implemented changes to align procedures for consistency across the nine boards. A review schedule was implemented to ensure that all policies and procedures remain current.

Continuing Education Audit: The Board of Registration of Respiratory Care conducted a random continuing education audit to ensure that licensees were in compliance with its continuing education requirements. The Board of Registration of Respiratory Care voted to randomly select 10% of 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 10% (303) licensees and provided staff with the name, license number, and contact information of the selected licensees. Staff reviewed minutes and identified three licensees with prior issues related to CEU documentation. On January 26, 2015, a letter and form approved by the Board of Registration of Respiratory Care was forwarded to each of the selected licensees' address of record. The Board of Registration of Respiratory Care subsequently reviewed all CEU documentation submitted by the selected licensees.⁶

⁴ See Appendix C: *FY15 Active Service Duty Licensure Applications*.

⁵ See Appendix D: *FY15 Active Service Duty Licensees*.

⁶ See Appendix F: *RC Board Continuing Education Audit Results*.

Prescription Monitoring Program Regulatory Amendments: On November 12, 2014, the Massachusetts Public Health Council approved amendments relative to the use of the state’s Prescription Monitoring Program (PMP), fulfilling the mandate of M.G.L. c.94C §24A. The amendments at 105 CMR 700.000: *Implementation of M.G.L. c. 94C* will improve public health and safety by:

- Requiring certain PMP participants to utilize the PMP prior to issuing to a patient, for the first time, a prescription for a Schedule II or III narcotic drug, or for a drug product containing a benzodiazepine;
- Outlining those times when a registered individual prescriber does not have to utilize the PMP, such as during emergency care, or other identified circumstances;
- Enabling DPH to issue guidance on PMP utilization prior to prescribing commonly abused and addictive prescription drug products in Schedules IV and V;
- Allowing for the use of delegates, a class of PMP users who, as authorized support staff, may use the system (as designated by DPH) on behalf of a registered participant; and
- Creating a process by which access to the MA Online PMP may be suspended or revoked if a user violates the terms and conditions for use of the system.

Prescribing APRNs and Physician Assistants (PAs) will automatically be enrolled in the online PMP. The automatic PMP enrollment of all prescribers, including physicians, dentists, and podiatrists, in addition to APRNs and PAs, will occur simultaneously with the renewal of the prescribers’ Massachusetts Controlled Substance Registration.

Just Culture Development in HPL: In 2012, the Special Commission on the Oversight of Compounding Pharmacies (Special Commission) was charged to analyze the needs of and gaps in the pharmacy 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 ensuring patient safety and quality of care.⁷ HPL explored various *Just Culture* training options and staff met with training professionals focusing on *Just Culture* development to discuss different approaches on how to best introduce *Just Culture* to HPL. HPL board members and staff attended a webinar on *Just Culture* during FY15.

Improving Transparency through Centralized Management of Public Records: Public record request management is a critical part of maintaining transparency regarding board processes. To ensure consistent management and legal compliance, the management of all public record requests was centralized in FY15 and new standardized processing policies were

⁷ A *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 or performing professional duties while intoxicated). 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>.

implemented across all boards. All public record requests presented to HPL were streamlined and directed to a specially assigned HPL Program Analyst.

Improving Transparency through Posting of Board Minutes and Consent Agreements on Websites: 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. HPL has posted all board minutes and agendas for a minimum of the past two years on its website. In FY15, HPL compiled a database of all Consent Agreements to prepare for posting to the respective board websites.

The Board of Certification of Community Health Workers

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

I. Administration

About the Board

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

The CHW Board is chaired by a designee of the Commissioner of DPH and includes 10 additional members appointed by the Governor. Its makeup includes the following: 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.

FY15 Board Members

Jean Zotter, Department Public Health, Chair

Patricia Edraos, Massachusetts League of Community Health Centers (MLCHC), Representative

Joanne Calista, Community Health Worker Training Organization, Representative

Henrique O. Schmidt (formerly Oliveira), Community Health Worker, Secretary

Charles Joffe-Halpern, Community-Based Community Health Worker, Employer

Maritza Smidy, Community Health Worker

Denise Lau, Public Member

Sheila Och, Community Health Worker

Margaret Hogarty, Massachusetts Public Health Association Representative

FY15 Board Meetings

July 8, 2014

August 12, 2014

September 9, 2014

October 14, 2014

November 6, 2014

December 9, 2014

January 13, 2015

April 14, 2015

Contact Information

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

Draft Regulations: During FY15, numerous draft regulations were developed by the CHW Board.

Draft Fee Proposal: A licensure fee proposal was drafted on behalf of the CHW Board during FY15.

III. Strategic Priorities

Finalize Draft Licensure Fees: Licensure fees are anticipated to be approved and finalized after a public comment period during FY16.

Draft Regulations: The CHW Board and CHW Advisory Work Group will continue to finalize the remaining regulations in FY16.

Initial Licensure: The CHW Board aims to begin to issue certificates to community health care workers in FY16.

IV. License and Licensee Statistics

Due to the recent establishment of the CHW Board, the CHW Board did not process any applications for certification in FY15.

V. Compliance: Disciplinary Statistics

Due to its recent establishment, the CHW Board took no disciplinary action in FY15.

The Board of Registration in Dentistry

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

I. Administration

About the Board

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

Dentistry Board members oversee the practice of dentistry to ensure the public that services are provided in accordance with state statutes and Dentistry Board regulations and policies, including ethical standards of practice. The Board is made up of 11 voting members including six Dentists, two Dental Hygienists, one Dental Assistant, two public members, and two non-voting Dental Assistant Advisors. By statute, five voting members are required to be present to constitute a quorum.

FY15 Board Members

Dr. Cynthia M. Stevens, Dentist
Lois Sobel, RDH, Dental Hygienist
Dr. Stephen C. Dulong, Dentist
Dr. Milton Glicksman, Dentist
Dr. John Hsu, Dentist
Dr. Keith Batchelder, Dentist
Dr. David Samuels, Dentist, Chair
Jacyn Stultz, RDH, Dental Hygienist
Kathleen Held, Dental Assistant
Ward J. Cromer, PhD, Public
Ailish M. Wilkie, CPHQ, Public, Secretary
Diane Grondin, CDA, Dental Assistant Advisor (non-voting)

FY15 Board Meetings

July 16, 2014
September 3, 2014
September 17, 2014
October 1, 2014
November 5, 2014
December 3, 2014
February 4, 2015
February 25, 2015
April 1, 2015
May 6, 2015

June 3, 2015

Contact Information

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

II. Accomplishments of the Board

Registration of Dental Assistants: M.G.L. c.112 §51½ requires Dental Assistants working in the Commonwealth to register with the Dentistry Board. During FY15, the Executive Office of Administration and Finance established fees for the initial registration and renewal of Dental Assistants. Regulations applicable to the practice of Dental Assistants were promulgated in September 2014. The Dentistry Board began accepting initial registration applications in October 2014. The Dentistry Board processed and issued more than 5,000 Dental Assistant registrations by the close of FY15.

Revision of Dental Facility Inspection Checklists: The Dentistry 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 Dentistry Board's web site as a tool for use by licensees to prepare for compliance inspections. The checklist is also used to assess and evaluate applications for facility permits for administration of various types of sedation and anesthesia. The revised checklist was approved by the Board and posted online in October 2014. The checklist will be updated and re-posted again in FY16.

Staff Action Policy regarding Disposition of Selected Complaints (Unlicensed Practice): On September 3, 2014, the Dentistry Board adopted a policy authorizing and allowing for the timely review and disposition of staff assignments and complaints pertaining to the unlicensed practice of dentistry and dental hygiene, and for the employment by dentists of unlicensed dentists and dental hygienists. Under this policy, after investigation and review of a complaint, the Executive Director may act on a complaint for the unlicensed practice of dentistry or dental hygiene and the employment by a licensed dentist of an unlicensed dentist and/or dental hygienist. Where the specified criteria are not met, the Executive Director must submit the complaint to the Dentistry Board for review and disposition. The Executive Director (or designee) must notify the Board quarterly of those complaints of unlicensed practice that have been resolved through the staff action policy.

Advisory Ruling on Prescribing Authority: On September 3, 2014, the Dentistry Board issued an Advisory Ruling on the prescribing authority of limited license dental interns pursuant to M.G.L. c. 30A §8 and M.G.L. c. 112 §43. The Board determined that limited registration dental

interns and dental faculty are “dentists” with prescriptive authority, subject to limitations as to location and supervision, as set forth in M.G.L. c.112 §45A.

Staff Action Policy regarding the Issuance and Renewal of Limited Licenses: On September 3, 2014, the Dentistry Board adopted a policy authorizing the Executive Director to direct the issuance and renewal of limited licenses pursuant to M.G.L. c. 112 §45A on the Board’s behalf while specifying criteria that limits the scope of the Executive Director’s authority.

III. Strategic Priorities

Regulatory Review Workgroup: The Dentistry Board convened a working group comprised of Board members, staff, practicing oral surgeons, pediatric dentists, orthodontists, and dental assistants, to undertake a section-by-section, line-by-line review of the Board’s August 2010 amendments to 234 CMR. The working group began meeting on January 21, 2015, and started its review with the sections pertaining to anesthesia and sedation. The working group will report its recommendations to the Dentistry Board after completing its review in FY16.

IV. License and Licensee Statistics

Board of Dentistry Biennial licensure except Limited Faculty Licenses, which are annual	7,113	Dentists
	6,852	Dental Hygienists
	5,067	Dental Assistants
	2,638	Dental Hygienists - Anesthesiology Permits
	374	Limited Faculty License
	736	Facility Permits
	253	General Anesthesia Permits
	741	Nitrous Oxide Permits
	298	Conscious Sedation Permits
	41	Portable Dental Operation and Mobile Dental Facility Permits
TOTAL	24,113	

V. Compliance: Disciplinary Statistics

<u>Number of Staff Assignment Investigations Opened</u>	<u>Number of Staff Assignment Investigations Closed</u>	<u>Number of Formal Complaints Opened</u>	<u>Number of Formal Complaints Resolved</u>	<u>Number of Formal Complaints Resolved with Discipline Imposed</u>	<u>% of Formal Complaints Resolved w/Discipline Imposed</u>
168	114	109	146	53	36%

The Board of Registration of Genetic Counselors

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

I. Administration

About the Board

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

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

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

FY15 Board Members

Gretchen Schneider, Genetic Counselor 2, Chair
Kayla Sheets, Genetic Counselor 4, Vice-Chair
Kristen Mahoney Shannon, Genetic Counselor 3
Tomi Toler, Genetic Counselor 1
Jillian Fleming, Public Member

FY15 Board Meetings

October 2, 2014
April 2, 2015

Contact Information

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

II. Accomplishments of the Board

Policy 14-01 Use of Titles and Credentials by Genetic Counselors: In order to clarify the proper use of the title of Genetic Counselor, on October 2, 2014, the GC Board completed and posted Administrative Policy 14-01 Use of Titles and Credentials by Genetic Counselors.

III. Strategic Priorities

Revisions to FAQs and Licensure Applications: During FY16, the GC Board aims to continue to develop public- and applicant-friendly frequently asked questions (FAQs) to assist in educating both the public and its licensees.

Revisions to M.G.L. c. 112 §255: M.G.L. c. 112 §255 provides authority for the provisional licensure of genetic counselors after the completion of an approved education program but prior to sitting for the certification examinations administered by the American Board of Genetic Counseling or the American Board of Medical Genetics. At the time the statute was enacted, the licensing exams were administered once every two years, thus the statute was predicated on this time frame. In FY14, the frequency of certification examinations increased, creating a conflict with M.G.L. c. 112 §255. To place licensees on notice of the change, the GC Board revised its initial provisional licensure letters until such time as M.G.L. c. 112 §255 is amended. The GC Board also plans to implement procedures regarding the expiration date of provisional licenses to reflect the change in the number of times the certification exam is given until such time as M.G.L. c. 112 §255 is amended.

IV. License and Licensee Statistics

Board of Genetic Counselors Biennial licensure	188	Genetic Counselors
	8	Provisional Genetic Counselors
TOTAL	196	

V. Compliance: Disciplinary Statistics

<u>Number of Staff Assignment Investigations Opened</u>	<u>Number of Staff Assignment Investigations Closed</u>	<u>Number of Formal Complaints Opened</u>	<u>Number of Formal Complaints Resolved</u>	<u>Number of Formal Complaints Resolved with Discipline Imposed</u>	<u>% of Formal Complaints Resolved w/Discipline Imposed</u>
0	0	0	1	1	100%

The Board of Registration in Nursing

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

I. Administration

About the Board

The Board of Registration in Nursing (Nursing Board) protects the health, safety and welfare of the citizens of the Commonwealth through the fair and consistent application of the statutes and regulations governing nursing practice and education. The Nursing Board issues nursing licenses to qualified individuals; verifies licensure status; approves and monitors nursing education programs; authorizes practice in 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 Nursing Board is made up of 17 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.

FY15 Board Members

Sandra Kelly, MS, CNP, RN-Advanced Practice, Direct Care, Chairperson until 6/2015
Katherine Gehly, MSN, CNP, Educator-RN Associate Degree, Vice Chairperson until 6/2015, current Chairperson
Anthony Alley, BSN, RN, NE-BC-Not Advanced Practice, Direct Care as of 6/9/14
Margaret Beal, PhD, CNM, Educator-RN Bachelor's Degree
Patricia Gales, RN, MS, Educator-LPN Program (RN), Vice Chairperson since 6/2015
Joan Killion, LPN, LPN, Acute Care (Hospital)
Barbara Levin, RN, BSN, RN- Not Advanced Practice, Direct Care
Ann-Marie Peckham, RN, MSN/MBA, RN Hospital Administrator
E. Richard Rothmund, Consumer
Catherine L. Simonian, RPh, PharmD, Pharmacist
Susan Taylor, MSN, RN, Educator-RN Diploma Program
Christine Tebaldi, MS, CNP, RN-Advance Practice, Direct Care
C. Urena, LPN, LPN General

FY15 Board Meetings

July 9, 2014
August 13, 2014 (emergency meeting)
September 10, 2014
October 8, 2014
November 12, 2014
December 10, 2014
January 14, 2015
March 11, 2015
May 13, 2015
June 10, 2015

Contact Information

Board of Registration in Nursing
239 Causeway Street, Suite 500
Boston, MA 02114
617-973-0900
www.mass.gov/dph/Boards/rn
Nursing.Admin@state.ma.us

II. Accomplishments of the Board

Board-Approved Nursing Education Programs: As of June 30, 2015, the Nursing Board approved the operation of 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; and
- 7 RN – Entry Level Graduate Degree Programs.

M.G.L. c. 112 §§81A and 81C authorize the Nursing Board to establish regulations governing approval and operation of Registered Nurse and Practical Nurse education programs located in the Commonwealth.

Increase in Graduates from Basic Baccalaureate Degree and Direct Entry Masters Programs Continues: The total number of graduates from Board-approved Registered Nurse education programs increased in 2014 (3,771) compared to 2010 (3,341).⁸ Similarly, the number of graduates from Board-approved Practical Nurse education programs increased in 2014 (908) compared to 2010 (820). Of particular note, the number of graduates from pre-licensure Baccalaureate Degree nursing programs increased from 1,484 in 2010 to 1,826 in 2014. Direct Entry Graduate programs also experienced an increase in graduations over the last five years: 380 graduates in 2014 compared to 295 in 2010. A slight decline in the number of graduates was noted among Associate Degree Registered Nurse programs: 1,450 in 2014 compared to 1,494 in 2010.⁹

Nursing Board English Proficiency Policy Now Recognizes MELAB among Other English Proficiency Exams: At their November 2014 meeting, members of the Nursing Board approved revisions to Licensure Policy 06-01: Board-designed Test of English Proficiency and Required Minimum Cut Scores to recognize the Michigan English Language Assessment Battery (MELAB). In taking this action, the Nursing Board considered the findings and recommendations of the Standard Setting Panel convened by the National Council of State Boards of Nursing, which used a recognized standard setting process to identify cut scores sufficient for safe and effective entry-level nursing practice.

⁸ See Appendix E: *Graduates from Board-approved Nursing Education Programs, 2010-2014*.

⁹ Nursing Board data compiled from Admissions/Graduates/Enrollments as reported by Board-approved nursing education programs.

The policy is designed to identify those tests of English proficiency and their corresponding minimum cut score that the Nursing Board has designated as acceptable in fulfilling compliance with its regulations at 244 CMR 8.02(1)(c), 8.03(1)(c), and 8.04(1)(c), (2)(d), and (3)(d), which require an applicant for initial nurse licensure by examination or by reciprocity to demonstrate English proficiency if the applicant is a graduate of an approved nursing education program whose language of instruction or textbooks, or both, was not English. It is available on the [licensing page](#) of the Nursing Board's website.

Easier Transfers Designed to Advance Nurses' Education: Finalized during FY15, the new Nursing Education Transfer Policy (NETP) creates a seamless, cost-effective, timely, and transparent pathway for students to progress from community college Associate Degree in Nursing (ADN) programs to the Bachelor of Science in Nursing (BSN) degree programs at state universities or UMass. Key benefits of the policy are that it:

- Simplifies and clarifies the process of transferring credits from the ADN to BSN programs;
- Mitigates the need for individual agreements between public two- and four-year nursing programs;
- Reduces the overall time for transfer students to earn a BSN; and
- Reduces costs for students by eliminating unnecessary duplication of coursework and, for students who meet minimum GPA requirements, eliminates the application fee.

Endorsed by the Board of Higher Education last year, the transfer policy is part of a statewide initiative to increase the percentage of nurses with bachelor degrees from just over 55% as of today, to 66% by 2020, and 80% by 2025, in accordance with the recommendation set by the Institute of Medicine in its 2010 report, *The Future of Nursing: Leading Change, Advancing Health*.

The policy was developed by a project team comprised of nursing deans and faculty who worked with Department of Higher Education staff and the Massachusetts Action Coalition (MAAC), a statewide coalition of nurse leaders including the Nursing Board and representing practitioners, educators, and health care delivery organizations.

Nursing Board Membership in Statewide Initiatives Promoting Safety and Workforce Development: The Nursing Board's participation in statewide nurse workforce initiatives supports 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. The Nursing Board is an active member of the following statewide initiatives promoting patient safety and nursing workforce planning:

- Massachusetts Coalition for the Prevention of Medical Errors;
- DHE Centralized Clinical Placement Task Force;
- Massachusetts Action Coalition
 - Leadership Committee
 - Advanced Practice Scope of Practice Team
 - RN/LPN Scope of Practice Team;
- Eastern Massachusetts Long-term Care Nursing Group, Massachusetts Senior

Care Association;

- MA Prescription Monitoring Program Joint Policy Working Group;
- Prescription Drug Task Force, Office of the Norfolk County District Attorney; and
- Care Transitions Education Project Statewide Advisory Board.

In addition to active participation in the above-referenced initiatives, the Nursing Board collaborated with the DPH Health Care Workforce Center (HCWC) in the development of the 2015 Licensed Practical Nurse workforce survey to collect important information (demographics, education, employment, and future work plans) in order to assess, forecast and inform nursing workforce development. Data analysis is performed by the HCWC and [reports](#) are published on the Nursing Board's website.

Nursing Board Outreach: In FY15, staff focused on outreach to the stakeholder community. In April 2015, staff made a presentation to aspiring long-term care directors of nursing at MA Senior Care Association related to scope of practice, delegation, and responsibilities of a nurse in a management role. During FY15, staff made the following presentations to publicize the requirements and changes of the newly amended 244 CMR 4.00: *Massachusetts Regulations Governing Advanced Practice Registered Nursing (APRN)*:

- Massachusetts Chapter of American Nurses Association;
- Brigham and Women's Hospital;
- Hallmark Health Hospital;
- Massachusetts General Hospital;
- Boston College Graduate School of Nursing;
- Regis College MSN Program; and
- CRICO Risk Management Foundation of the Harvard Medical Institutions.

Systematic Review of Board-issued Advisory Rulings: The following Advisory Rulings have been updated by the Nursing Board since July 2014:

- 9204: *Infusion Therapy*;
- 9301: *Peripherally Inserted Central Catheters*;
- 9305: *Foot Care*;
- 9324: *Accepting, Verifying, Transcribing and Implementing Prescriber Orders*; and
- 1001: *Management of Patients Receiving Analgesia by Catheter Technique*.

In addition, the Nursing Board has issued a new Advisory Ruling 14-01: *Enhancing the Disclosure of Unanticipated Outcomes*. This Advisory Ruling promotes effective disclosure of unanticipated outcomes to patients and their families by Licensed Practical Nurses, Registered Nurses, and Advanced Practice Nurses when applicable under M.G.L c. 233 §79L and the policies of the employing facility. 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 Board's Nursing Practice Advisory Panel. In each advisory, the Board affirms that the licensed nurse is responsible and accountable for acquiring and maintaining the knowledge, skills, and competencies necessary to practice in accordance with accepted standards.

Updates to Advisory Ruling 09-01: Management of Pain: The Nursing Board provided updated guidance to Licensed Practical Nurses, Registered Nurses and Advanced Practice Nurses

in promoting patient access to appropriate, therapeutic and effective assessment, diagnosis and management of acute and chronic pain. This Advisory Ruling update incorporates a National Transportation Safety Board (NTSB) recommendation that health care providers educate their patients about the effect that their medical condition and medication use may have on their ability to safely operate a vehicle in any mode of transportation. The NTSB recommendation is based on its study, *Drug Use Trends in Aviation: Assessing the Risk of Pilot Impairment* (September 2014), which examined the prevalence of over-the-counter (OTC), prescription, and illicit drug use, which was identified by toxicology testing of 6,677 pilots who died in a total of 6,587 aviation accidents between 1990 and 2012. The goals of the study were to describe the prevalence of drug use among fatally injured pilots over time and to evaluate the need for safety improvements.

Nursing Board Staff Host Portuguese Nurse Regulators: On November 13, 2014, Germano Couto, President, and Raul Fernandes, Head of Office, Ordem do Enfermeiros, the regulatory agency governing nursing practice in Portugal, met with the Nursing Board Executive Director and Board staff to learn about nursing regulation in the United States and, in particular, the Nursing Board's use of best practices in its regulation of nursing practice and entry-level education in the Commonwealth.

Nurse Workforce Data: In collaboration with the MA Health Care Workforce Center (HCWC), the Nursing Board continued to facilitate the collection of nurse workforce data (demographics, education, employment characteristics, and future work plans). The data, collected in conjunction with the online license renewal process, provides important information to assess, forecast, and inform nursing workforce development. Data analysis is performed by the HCWC and reports are published on the Nursing Board's [website](#).

III. Strategic Priorities

Amend Regulations: In FY16, the Nursing Board intends to focus on the promulgation of amendments to its regulations at 244 CMR. These are expected to include extensive, substantive updates to 244 CMR 3.05 with respect to delegation to unlicensed persons, and to 244 CMR 6.00, to modernize the standards and streamline the process for approval of nursing education program. They also include revisions to implement recent statutory changes relating to enrollment in MassHealth as either a provider of services or for the limited purpose of ordering and referring, licensing provisions applicable to service members, veterans and their family members, and training requirements relating to domestic and sexual violence and to substance abuse education and prevention. Additional regulatory updates are planned to codify licensee and applicant responsibilities with respect to license renewal and the information submitted to the Board, aggregation of definitions into a single, separate section, corrections to provisions applicable to certified registered nurse anesthetist (CRNA) practice and the adoption of provisions that will promote investigation and handling of complaints in a manner that will be consistent across all boards within the Division.

Quality Improvement: In FY16, the Nursing Board will continue to audit nursing licensure applications to ensure all applications are processed correctly. The Board will continue its

review of all Nursing Board policies and procedures to ensure they are evidence-based and reflect best practice standards.

IV. Legislation and Regulations

Regulations Governing Advanced Practice Registered Nursing Amended: The Nursing Board approved final amendments to Board regulations governing advanced practice nursing on July 9, 2014. The final amendments reflect the Board's consideration of input that was received from a variety of stakeholders beginning in 2006 with recommendations made by the Board's 244 CMR 4.00 Task Force; the Board's subsequent collaboration, as required by law, with the Boards of Medicine and Pharmacy, and the August 2013 public comment period during which the Board received testimony from professional medical and nursing organizations, the business community, and individual registered nurses. The amended regulations at 244 CMR 4.00 incorporate many of the standards of contemporary advanced practice nursing promoted by the national Advanced Practice Registered Nurse Consensus Model, and recognize the ability of Advanced Practice Registered Nurses (APRNs) to provide safe, cost-effective, and high quality care. Effective August 1, 2014, the amended regulations at 244 CMR 4.00: *Massachusetts Regulations Governing Advanced Practice Registered Nursing*:

- Require a graduate degree or postgraduate certificate (post-masters or doctorate) for *initial* APRN authorization, as well as course completion in advanced assessment, pathophysiology and pharmacotherapeutics;
- Specify APRN initial and ongoing competencies and scopes of practice for each practice category;
- Change the titles of the four APRN practice categories authorized by the Board, fostering uniform recognition regardless of the state in which an APRN practices;
- Create a fifth APRN practice category - the non-psychiatric Clinical Nurse Specialist (CNS) - providing title protection for qualified registered nurses;
- Require Registered Nurses who meet the academic preparation and certification requirements to apply for and be granted Board authorization as a CNS in order to continue to use the CNS title;
- Identify CNS-equivalent competency conditions to grandfather eligible Registered Nurses until December 31, 2016. The CNS who is authorized by the Nursing Board on the basis of this equivalent competency will be eligible to renew his or her CNS authorization;
- Clarify that requirements for written guidelines developed with a supervising physician apply solely to the Certified Registered Nurse Anesthetist (CRNA), Certified Nurse Practitioner (CNP), and Psychiatric Clinical Nurse Specialist (PCNS) who registers for prescriptive practice (the Certified Nurse Midwife (CNM) is exempted from this requirement in light of M.G.L. c. 112 §80G, which no longer requires a CNM to engage in practice with a supervising physician or to have written guidelines); and
- Requires professional malpractice liability insurance for all APRNs with direct patient care responsibilities.

New CNP Requirement to Inform Patients: Palliative and End-Of-Life Care Options: In compliance with M.G.L. c. 111 §227, amendments to DPH regulations at 105 CMR governing health care facility licensure have been approved by the Public Health Council. As a result, each

hospital, clinic, and long-term care facility (levels I through IV) in the Commonwealth is now required to provide its attending health care practitioners – defined as a physician or nurse practitioner who has primary responsibility for the care and treatment of the patient - with culturally and linguistically suitable information regarding the availability of palliative care and end-of-life-options for distribution to appropriate patients.

To that end, the DPH, in collaboration with numerous hospice and palliative care experts from across the Commonwealth, has published an informational brochure, *Know Your Options: A Guide for Patients with Serious Advancing Illness*. Designed to help patients and their advocates make informed choices regarding palliative and end-of-life care, the brochure is available in nine languages (Arabic, Cape Verdean, Chinese, Haitian Creole, Khmer, Portuguese, Russian, Spanish, and Vietnamese). Facilities may opt to create and distribute their own educational materials containing the information specified in the regulation. Each facility is also required to establish a policy to guide its attending health care practitioners in identifying appropriate patients and ensuring that they receive an informational brochure in a timely manner.

CNPs to Use New Electronic Death Registration System: Effective September 1, 2014, all death registrations are now managed through the Vitals Information Partnership (VIP) Electronic Death Registration System (EDRS). As a pre-requisite to the submission of an electronic death certificate, a medical certifier must register with the state (the grace period for registering death records by paper has expired).

With the enactment of M.G.L. c. 112 §80I in November 2012, a Nurse Practitioner is now authorized to sign a death certificate for persons who have been under the Nurse Practitioner's care. For other decedents, the Nurse Practitioner may sign the death certificate provided their certification of the information on the death certificate, including cause of death, does not expand the scope of the nurse practitioner's practice. Accordingly, a medical certifier is a physician or nurse practitioner who initiates the death certificate process and is primarily responsible for documenting the decedent's cause(s) of death.

Domestic Violence Training Requirement for Licensure: M.G.L. c. 112 §264 requires that the Nursing Board promulgate regulations establishing standards requiring training on the issue of domestic and sexual violence as a condition of licensure and license renewal. Information about the Board's promulgation of the new regulations and how nurses can comply with this new requirement will be posted on its website when it is available.

V. License and Licensee Statistics

Board of Nursing	125,229	Registered Nurses (RN)
Biennial licensure	489	RN Nurse Midwives
	8,242	RN Nurse Practitioners
	830	RN Psychiatric Clinical Nurse Specialists
	35	RN Clinical Nurse Specialists
	1,271	RN Nurse Anesthetists
	21,129	Licensed Practical Nurses (LPN)
TOTAL	157,225	

VI. Compliance: Disciplinary Statistics

<u>Number of Staff Assignment Investigations Opened</u>	<u>Number of Staff Assignment Investigations Closed</u>	<u>Number of Formal Complaints Opened</u>	<u>Number of Formal Complaints Resolved</u>	<u>Number of Formal Complaints Resolved with Discipline Imposed</u>	<u>% of Formal Complaints Resolved w/Discipline Imposed</u>
136	160	236	189	95	50%

The Board of Registration of Nursing Home Administrators

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

I. Administration

About the Board

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

The NHA Board is made up of 14 members including the Commissioner of Public Health or their designee, the Commissioner of Transitional Assistance or their designee, the Secretary of Elder Affairs and 11 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.

FY15 Board Members

Nancy Lordan, Nursing Home Administrator 3, Chair

Roxanne Webster, Registered Nurse, Secretary

Mary McKenna, Executive Office of Elder Affairs

Sherman Lohnes, Department of Public Health

James Divver, Nursing Home Administrator 4

Michael Baldassarre, Nursing Home Administrator 2

Patrick J Stapleton, Nursing Home Administrator 5 (Non-Proprietary Nursing Home)

Aaron Tobey, Public Member 2

William Graves, Nursing Home Administrator 1, Vice-Chair

Janet Cutter, Executive Office of Public Welfare

Wayne Saltsman, Physician

FY15 Board Meetings

August 21, 2014

September 18, 2014

November 20, 2014

December 18, 2014

February 19, 2015

March 13, 2015

April 16, 2015

May 21, 2015

June 18, 2015

Contact Information

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

II. Accomplishments of the Board

Regulation Revisions: A NHA Board Subcommittee was formed on August 21, 2014, to draft revisions to NHA Board regulations. The NHA Board Subcommittee met five times during FY15. When the NHA Board Subcommittee completes draft revisions to the regulations, their work will be presented to the NHA Board for draft approval.

Application Revisions: In FY15 the NHA application was revised and replaced on the NHA Board’s website. Staff has observed that the new application is more user-friendly and has assisted staff in meeting their goal to improve application processing timelines.

III. Strategic Priorities

Electronic Initial Licensure Applications: Staff has worked with IT to develop an online initial application for licensure. The application is anticipated to launch in the beginning of FY16.

Domestic Violence Training Requirement for Licensure: M.G.L. c. 112, §264 requires training and education on the issue of domestic violence and sexual violence. Staff will work to implement this new training and education requirement relating to domestic and sexual violence as a requirement for licensure. Additionally, the NHA Board plans to review regulations with the intent to revise the criteria for the educational requirements for the administrator in training program.

IV. License and Licensee Statistics

Board of Nursing Home Administrators	932	Nursing Home Administrators
Annual licensure	64	Administrators in Training (Internship)
TOTAL	996	

V. Compliance: Disciplinary Statistics

<u>Number of Staff Assignment Investigations Opened</u>	<u>Number of Staff Assignment Investigations Closed</u>	<u>Number of Formal Complaints Opened</u>	<u>Number of Formal Complaints Resolved</u>	<u>Number of Formal Complaints Resolved with Discipline Imposed</u>	<u>% of Formal Complaints Resolved w/Discipline Imposed</u>
15	8	2	0	0	0%

The Board of Registration of Perfusionists

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

I. Administration

About the Board

The Board of Registration of Perfusionists (Perfusionists Board) is charged with evaluating the qualifications of applicants for licensure and granting licenses to qualified applicants. It establishes rules and regulations to ensure the integrity and competence of licensees. The 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 Perfusionists 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 Perfusionists Board is made up of seven members including four Perfusionists, one Anesthesiologist, one Cardiovascular Surgeon, and one Public member. By statute, four members are required to be present to constitute a quorum.

FY15 Board Members

Adam Lerner, M.D., Anesthesiologist (Cardiac Anesthesia), Chair

Kevin Lilly, Certified Clinical Perfusionist 1, Vice-Chair

Raymond Hawkins, Perfusionist 3

Kyle Spear, Perfusionist 4

Sary Aranki, M.D., Cardiovascular Surgeon

FY15 Board Meetings

September 2, 2014

March 3, 2015

Contact Information

Board of Registration of Perfusionists
239 Causeway Street, Suite 500
Boston, MA 02114
617- 973-0806
<http://www.mass.gov/dph/boards/pf>
MultiBoard.Admin@state.ma.us

II. Strategic Priorities

Amend Regulations: Over the next fiscal year, the Perfusionists Board will be reviewing Board regulations and revising them as appropriate.

Update Applications and Forms: The Perfusionists Board will update licensee forms and work to improve the application process.

III. License and Licensee Statistics

Board of Perfusionists Biennial licensure, except Provisional Licenses, which are annual.	117	Full Licenses
	4	Provisional Licenses
TOTAL	121	

IV. Compliance: Disciplinary Statistics

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

The Board of Registration in Pharmacy

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

I. Administration

About the Board

The Board of Registration in Pharmacy (Pharmacy Board) provides a code of professional regulations for ensuring the ethical and moral practice of Pharmacists, Pharmacy Interns and Pharmacy Technicians, in a variety of healthcare settings, including retail pharmacy departments, hospitals, nursing homes, and home care settings. The Pharmacy Board strives to assure that consumers are receiving quality prescription drug products from pharmacists who have graduated from accredited colleges of pharmacy.

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

The Pharmacy Board is made up of 13 members. Seven members are required to be present to constitute a quorum. Legislation signed on July 10, 2014, changed the make-up of the Board from 11 to 13 members, and to include eight Pharmacists, one Pharmacy Technician, one Nurse, one Physician, and two public members. New appointments began late in 2014 and have continued under Governor Baker, who appointed the two most recent members to occupy the two independent pharmacist seats. Board staff resources were instrumental in the orientation of new members, including training on Open Meeting Law and State Ethics Law.

FY15 Board Members

Patrick Gannon, RPh, Institutional Pharmacy Member, President
Edmund Taglieri Jr., RPh, Long Term Care Pharmacy Member, President-elect
Richard Tinsley, MBA, MEd, Public Member, Secretary
Timothy Fensky, RPh, FACA, Sterile Compounding Member
Catherine Basile, PharmD, RPh, Academia Member
Karen Conley, DNP, RN, AOCN, NEA-BC, Nurse Member
Susan Cornacchio, JD, RN, Public Member
Michael Godek, RPh, Chain Pharmacy Member
Garrett Cavanaugh, RPh, Chain Pharmacy Member
William Cox, CPhT, Pharmacy Technician Member
Andrew Stein, Pharm D, RPh, Independent Pharmacy Member
Phillippe Bouvier, RPh, Independent Pharmacy Member

FY15 Board Meetings

Although the Pharmacy Board is statutorily required to hold 11 meetings each year, in FY15, the Pharmacy Board held 14 meetings to prioritize the regulatory review process. Except where otherwise noted, meetings were scheduled for the 1st Tuesday of each month.

July 1, 2014
August 6, 2014
September 9, 2014
September 30, 2014 (Special evening meeting for new applicants only)
October 9, 2014 (Special evening meeting for regulations only)
December 15, 2014 (Rescheduled from December 2)
January 6, 2015
February 3, 2015
March 3, 2015
March 24, 2015 (Special evening meeting for regulations only)
April 7, 2015
April 28, 2015 (Special evening meeting for regulations only)
May 5, 2015
June 2, 2015
June 30, 2015

About the Advisory Committee to the Board of Registration in Pharmacy

The Advisory Committee is a panel of experts assembled to advise the Pharmacy Board on various topics, including sterile compounding best practices and emerging models of pharmacy. The establishment of the Advisory Committee was the Pharmacy Board's top priority in FY15. The Pharmacy Board identified expert candidates required by M.G. L. c. 112 §42C and St. 2014 c. 159 §24, and these experts were appointed by the Chair of the Committee, the Commissioner of Public Health.

FY15 Advisory Committee Members:

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

FY15 Advisory Committee Meetings

March 27, 2015
June 26, 2015

FY15 Advisory Subcommittee Meetings

May 1, 2015

May 29, 2015

Contact Information

David Sencabaugh, RPh, Executive Director

Board of Registration in Pharmacy

239 Causeway Street, Suite 500

Boston, MA 02114

617-973-0993

www.mass.gov/dph/Boards/pharmacy

Pharmacy.Admin@state.ma.us

Contacting the Pharmacy Board:

Purpose	Email Address
Pharmacy Practice Questions, Applicant questions	pharmacy.admin@massmail.state.ma.us
Abnormal Results Disclosure	abnormalresults@massmail.state.ma.us
DEA 106 Loss Reports, Complaints, mandated reporting (except abnormal results)	dhpl-opp.admin@massmail.state.ma.us
Naloxone Standing Orders	naloxonestandingorders@massmail.state.ma.us

II. Legislation/Regulations

Amendments and Additions to 247 CMR: Following the 2012 multi-state meningitis outbreak that was attributed to products from a Massachusetts-based pharmacy, legislation containing sweeping pharmacy practice reform was signed into law. The Pharmacy Board immediately began the process of developing regulations to implement these statutory changes. Board staff initiated a thorough review of current regulations, drafted and presented proposed new language, and the Pharmacy Board conducted a line-by-line review of each section during the open session of meetings.

The following regulations were drafted by Board staff and approved for administrative review by the Pharmacy Board during FY15:

- 247 CMR 4.00, Personal Registration Renewal and Continuing Education Requirements
- 247 CMR 6.00, Licensure of Pharmacies
- 247 CMR 9.00, Code of Professional Conduct and Practice Standards for Pharmacists, Pharmacies and Pharmacy Departments
- 247 CMR 18.00, Non-Sterile Compounding

Copies of [the draft regulations](#), as proposed, are available on the Pharmacy Board's website. Each section of the regulations will be open for public comment during FY16, upon administrative approval, after which the draft regulations will be revised based on consideration of the comments received. After these revisions are made, the final regulations will be brought before the Pharmacy Board for final approval.

III. Accomplishments of the Board

Aggressive Pharmacy Compliance Inspections: During FY15, seven Pharmacist Investigators from the Office of Public Protection, on behalf of the Pharmacy Board, conducted 1,136 retail compliance inspections, 43 non-sterile compounding inspections, and 45 sterile compounding inspections and site visits. The inspections were made possible by the hiring and training of four new Pharmacist Investigators in FY14 with the increased pharmacy funding provided by the Legislature.

Staff Training: During FY15, two of the four new Pharmacist Investigators attended FDA sterile compounding training. The remaining two Pharmacist Investigators are scheduled to attend the next scheduled training in early FY16. Additionally, the Director of Quality Assurance attended advanced training in cleanroom microbiology, to assist in responding to reports of abnormal environmental monitoring in sterile compounding cleanrooms.

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

Joint Policy 2015-01¹⁰, Pharmacist and Pharmacy Intern Administration of Vaccines and FAQs: This policy allows Pharmacy Interns, under the supervision of a Pharmacist, to administer vaccines in the Commonwealth. The policy was also updated to allow Pharmacists to administer all vaccines approved by the CDC, rather than the specific list of vaccines previously authorized.

Policy 2015-02, Guidance for Changes to Pharmacist Continuing Education Requirements: The policy clarifies the new continuing education requirements for Pharmacists, pursuant to M.G.L. c. 112 §24A and provides the Pharmacy Board's interpretation of what it means to be "engaged" in sterile or non-sterile compounding for the purposes of satisfying the newly required sterile and non-sterile compounding continuing education credits.

Stakeholder Involvement: As the Pharmacy Board endeavors to promote transparency and is determined to improve public safety by working closely with its licensees, the Board considers stakeholder outreach paramount to success. To facilitate outreach to the pharmacy community, the Pharmacy Board staff held meetings and conference calls with many stakeholders, including representation from nuclear pharmacy, environmental monitoring vendors, specific pharmacy-related experts (such as microbiologists, HVAC engineers, USP <797> consultants, radiopharmaceutical consultants), other boards of pharmacy, NABP, and various pharmacists'

¹⁰ This joint policy is between the Board of Pharmacy and the Drug Control Program.

associations. Stakeholder involvement will continue to be an important strategic component as the Board moves forward promulgating regulations in FY16.

Educational Outreach: Pharmacy Board staff made outreach a large focus of FY15 to engage the professional community in proposed new standards and provide guidelines for statutory changes. Board staff made an interagency presentation to the staff of the Bureau of Health Care Quality, illustrating the Board’s sterile compounding inspection tool and progress, to date, with sterile compounding inspections. Outreach also included participation in the following Pharmacist continuing education programs, which attracted a wide range of Pharmacists in a variety of pharmacy practice settings:

- MassHealth Provider Training Series;
- PharmEd Conference Series;
- MCPHS University’s 4th Annual Stoklosa Symposium; and
- Northeastern University’s Implementing Best Practices for USP <795> and <797>.

IV. Strategic Priorities

Continue Draft Regulations: During FY16, the Pharmacy Board will continue to review draft regulations, including: 247 CMR 8.00, where the Board will consider the addition of a new licensure category for technicians in training; 247 CMR 17.00, pertaining to standards for sterile compounding; 247 CMR 19.00, pertaining to standards for hazardous compounding; and 247 CMR 20.00, pertaining to requirements to report information to the Board.

Licensing Inquiries: Board staff intends to focus on licensing inquiries with the aim of posting updated, user-friendly FAQs on the Pharmacy Board’s website.

Advisory Committee: The Advisory Committee to the Pharmacy Board will continue to meet in FY16 with the goal of making recommendations to the Board on sterile compounding best practices and emerging models of pharmacy.

V. License and Licensee Statistics

Board of Registration in Pharmacy Biennial licensure, except Wholesale Distributors, which are annual	11,904	Pharmacists
	59	Nuclear Pharmacists
	10,518	Pharmacy Technicians
	4,904	Pharmacy Interns
	1,175	Retail Pharmacies
	90	Certificate of Fitness Permits
	1,175	Retail Pharmacy Controlled Substance Permits
	6	Nuclear Pharmacies
	6	Nuclear Pharmacy Controlled Substance Permits
	49	Wholesale Distributors
	49	Wholesale Distributors Controlled Substance Permits
TOTAL	29,935	

VI. Compliance: Disciplinary Statistics

<u>Number of Staff Assignment Investigations Opened</u>	<u>Number of Staff Assignment Investigations Closed</u>	<u>Number of Formal Complaints Opened</u>	<u>Number of Formal Complaints Resolved</u>	<u>Number of Formal Complaints Resolved with Discipline Imposed</u>	<u>% of Formal Complaints Resolved w/Discipline Imposed</u>
150	136	186	272	56	20%

The Board of Registration of Physician Assistants

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

I. Administration

About the Board

The Board of Registration of Physician Assistants (PA Board) 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 PA Board; have graduated from a Physician Assistant training program that holds a valid certificate of program approval issued by the PA Board and have 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 that 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 PA Board 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.

FY15 Board Members

Dipu Patel-Junankar, PA-C, Physician Assistant 1, Chair

Miguel Valdez, PA-C, Physician Assistant 3, Vice-Chair

Laura Hilf, RN, MS, Public Member 1

Nicole Meregian, PA-C, Physician Assistant 2

Richard Baum, MD, Massachusetts Medical Society

Edward Glinski, MD, Physician

Shannon Sheridan-Geldart, PA-C, Physician Assistant, Educator

Paul Crehan, Physician Assistant 4

FY15 Board Meetings

July 10, 2014

September 11, 2014

October 9, 2014

November 13, 2014

January 8, 2015

March 12, 2015

April 9, 2015

May 14, 2015

June 11, 2015

Contact Information

Board of Registration of Physician Assistants

239 Causeway Street, Suite 500

Boston, MA 02114

617-973-0806

www.mass.gov/dph/Boards/pa

MultiBoard.Admin@state.ma.us

II. Strategic Priorities

Amend Regulations: Over the next fiscal year, the PA Board will be reviewing Board regulations and revising them as appropriate.

Domestic Violence Training Requirement for Licensure: M.G.L. c. 112, §264 requires training and education on the issue of domestic violence and sexual violence. Staff will work to implement this new training and education requirement relating to domestic and sexual violence as a requirement for licensure.

III. Legislation and Regulations

M.G.L. c. 112 §9I: Effective July 1, 2014, the educational requirements for a physician assistant to obtain initial licensure were amended to require only proof of receipt of a bachelor's degree or higher.

IV. License and Licensee Statistics

The Board Registration of Physician Assistants	2,905	Full Licenses
Biennial licensure	1	Temporary Certifications
TOTAL	2,906	

V. Compliance: Disciplinary Statistics

<u>Number of Staff Assignment Investigations Opened</u>	<u>Number of Staff Assignment Investigations Closed</u>	<u>Number of Formal Complaints Opened</u>	<u>Number of Formal Complaints Resolved</u>	<u>Number of Formal Complaints Resolved with Discipline Imposed</u>	<u>% of Formal Complaints Resolved w/Discipline Imposed</u>
6	9	3	3	2	66%

The Board of Respiratory Care

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

I. Administration

About the Board

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

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

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

FY15 Board Members

David Polanik, Respiratory Therapist 2, Board Chair

Annemarie Patten, R.N., Nurse, Board Vice-Chair

Edward Burns, Respiratory Therapist 1

Susan Binall, Consumer 1

Philip Bort, Consumer 2

Paul Nuccio, Respiratory Therapist 1

Leslie Shaff, M.D., Physician 2

FY15 Board Meetings

August 19, 2014

September 16, 2014

October 21, 2014

November 18, 2014

December 16, 2014

March 17, 2015

April 21, 2015

May 19, 2015

June 16, 2015

Contact Information

Board of Respiratory Care
239 Causeway Street, Suite 500
Boston, MA 02114
617-973-0806
<http://www.mass.gov/dph/boards/rc>
MultiBoard.Admin@state.ma.us

II. Accomplishments of the Board

Continuing Education Audit: The RC Board conducted a random continuing education audit to ensure that its licensees were in compliance with its continuing education requirements. The RC Board voted to randomly select 10% 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 10% (303) of licensees and provided Board staff with the name, license number, and contact information of the selected licensees. Board staff reviewed minutes and identified three licensees with prior issues related to CEU documentation, , thus the total number of licensees to be audited was 306. On January 26, 2015, a letter and form approved by the RC Board was forwarded to each of the selected licensees' address of record. The RC Board subsequently reviewed all CEU documentation submitted by the selected licensees.

At the close of the audit, 92 licensees were found to be non-compliant with continuing education requirements, while 17 licensees failed to respond to the RC Board. The 92 licensees that were found to be non-compliant had an investigation opened, each of which was later closed with a cautionary letter informing the licensees that they would be audited during the next renewal cycle. Complaints were opened against the 17 licensees who failed to respond to the RC Board and these licensees were sent a Consent Agreement for Reprimand.¹¹

III. Strategic Priorities

Amend Regulations: Over the next fiscal year, the RC Board will be reviewing its regulations and revising them as appropriate.

IV. License and Licensee Statistics

Board of Respiratory Care	2,995	Full Licenses
Biennial licensure	69	Limited Permits (no renewals)
TOTAL	3,064	

¹¹ See Appendix F: *RC Board Continuing Education Audit Results*.

V. Compliance: Disciplinary Statistics

<u>Number of Staff Assignment Investigations Opened</u>	<u>Number of Staff Assignment Investigations Closed</u>	<u>Number of Formal Complaints Opened</u>	<u>Number of Formal Complaints Resolved</u>	<u>Number of Formal Complaints Resolved with Discipline Imposed</u>	<u>% of Formal Complaints Resolved w/Discipline Imposed</u>
103	96	24	5	4	80%

Conclusion

The foregoing accomplishments and statistics are highlights from FY15. HPL and its nine boards have maintained a continued commitment to establishing and improving practice standards for the health professions under HPL oversight, and makes strides every day to fulfill the mandate to protect the public health, safety, and welfare in Massachusetts. The implementation of new regulations and continued emphasis on community outreach and stakeholder involvement reinforce the overall goal of HPL to improve public safety.

FY16 Strategic Priorities for HPL

HPL continues to implement strategies developed to enhance its current program. While the main focuses of HPL remains improving the uniformity across all nine boards where it is both possible and beneficial to improving health care quality and safety within the practice arenas it regulates, HPL intends to focus, as well, on other specific areas identified for improvement in FY16. FY16 strategic priorities include:

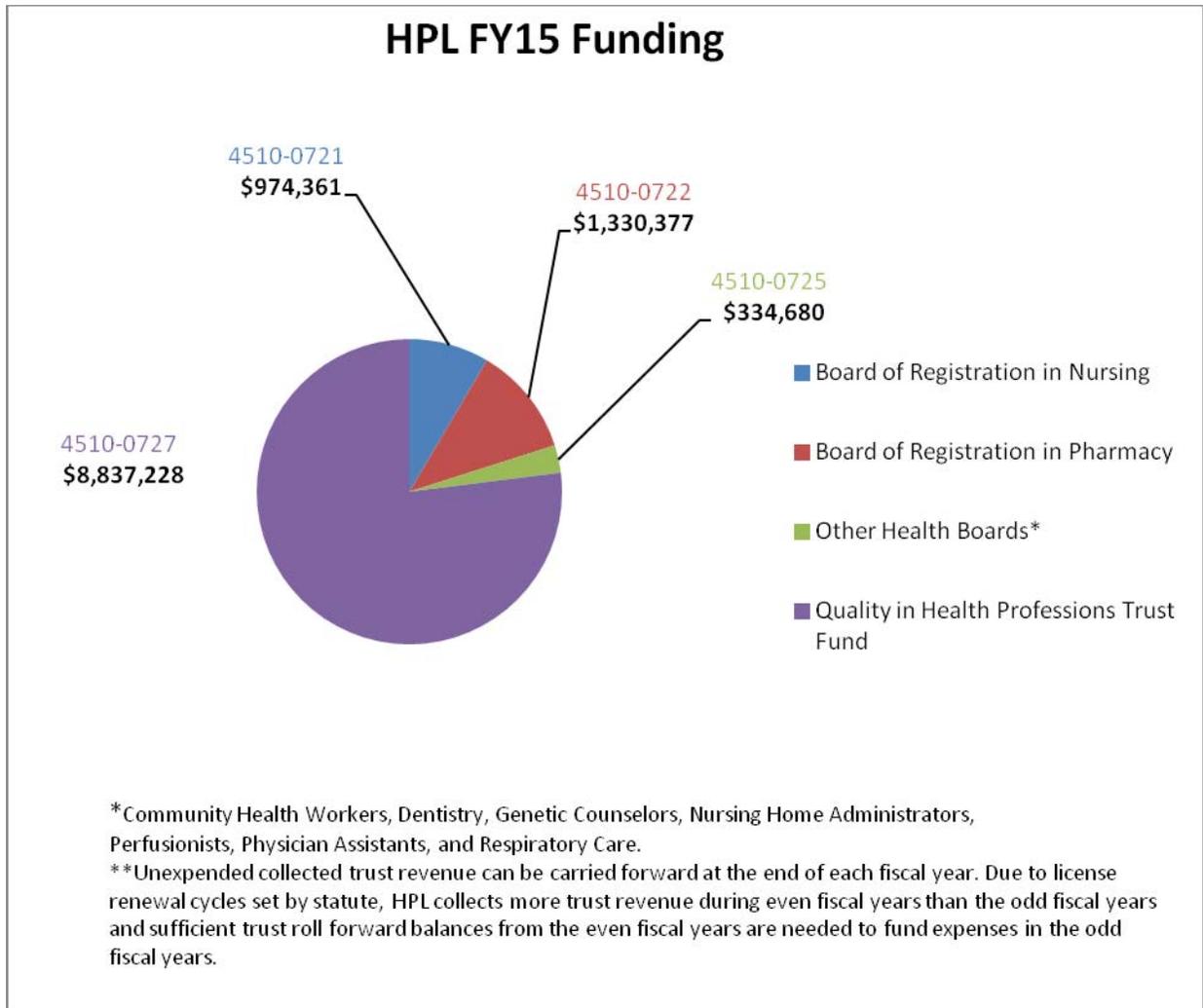
- I. Board Composition:** HPL will continue to focus on increasing recruiting efforts to fill vacant board appointments across HPL. Filling board appointments is crucial to allow each board to meet its respective quorum requirements and enabling it to conduct regular business at board meetings.
- II. Continuing Education Audits:** Following the success of the continuing education audits conducted by the NHA Board in FY14 and the RC Board in FY15, HPL plans to continue random CEU audits for other boards in FY16.
- III. Quality Improvement Staff:** During FY16, HPL plans to hire dedicated staff to focus on continual quality improvement initiatives. The quality improvement staff will conduct audits on the licensure processes and procedures to ensure the integrity of the licensure process, conduct audits on the licensure database to confirm the reliability of HPL data, implement criminal background checks for all initial licensure of individuals, conduct continuing education audits on behalf of its boards, handle legislative reporting on behalf of HPL, and continue to implement best practices across all facets of HPL.
- IV. Improving Transparency through Posting of Consent Agreements on Website:** During FY16, HPL will work with the Executive Office of Health and Human Services' System Support to begin posting Consent Agreements for all its licensees on each of the boards' respective websites.

Contact Us/Feedback

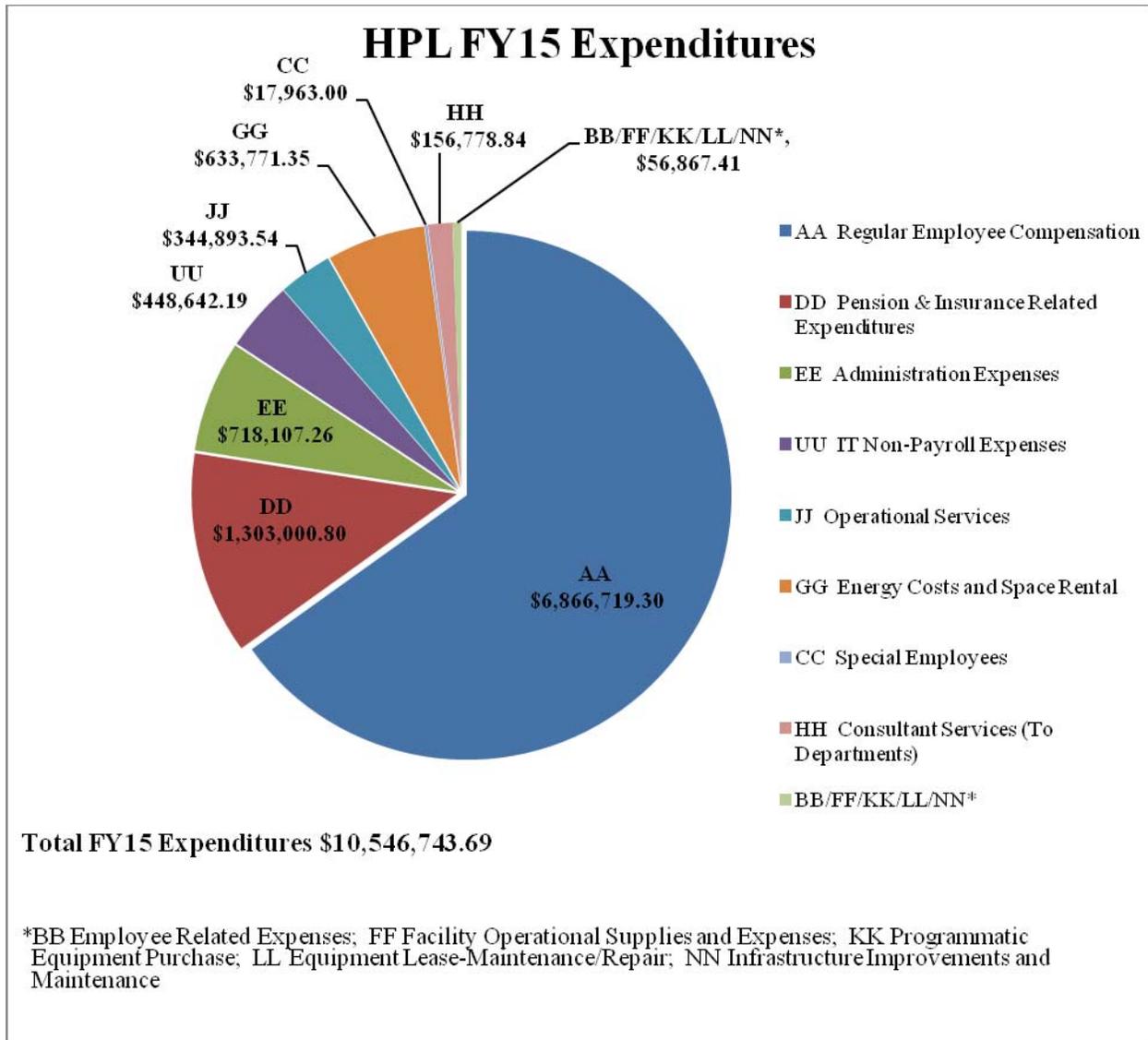
Your feedback is important to us. Please [take our survey](#) and share any questions or comments.

The Division of Health Professions Licensure
239 Causeway Street, Suite 500
Boston, MA 02114
800-414-0168
www.mass.gov/dph/Boards

Appendix A: HPL FY15 Funding



Appendix B: HPL FY15 Expenditures



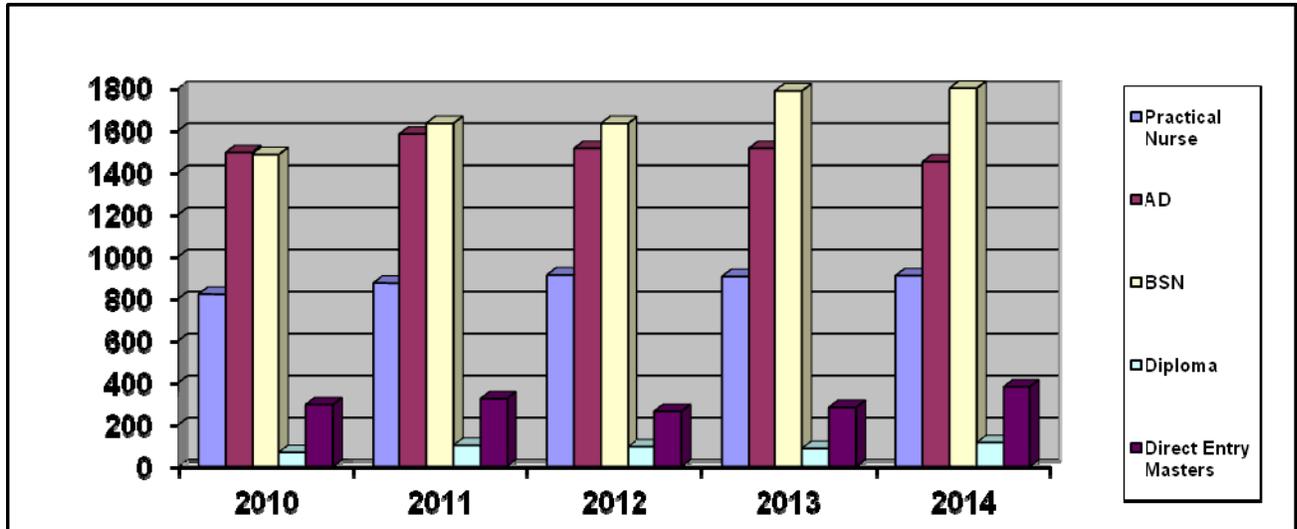
Appendix C: *FY15 Active Service Duty Licensure Applications*

	Spouses (30)	Veterans (17)	Active Duty (2)
RN (28, 3 pending)	20, 2 pending	8, 1 pending	1
LN (5)	1	4	0
DN (3)	2	0	1
DH (2)	2	0	0
RT (3)	1	2	0
PA (3)	1	2	0
NH (1)	1	0	0

Appendix D: *FY15 Active Service Duty Licensees*

	Dentists (15)	Nurses (9)	Pharmacists (8)	Physician Assistants (2)
Air Force (7)	3	1	3	0
Navy (9)	4	4	1	0
Army (15)	9	5	3	1
Commissioned Corps (1)	0	0	1	0
Coast Guard (2)	0	1	0	1

Appendix E: *Graduates from Board-approved Nursing Education Programs, 2010-2014*



Appendix F: RC Board Continuing Education Audit Results

2015 Board of Respiratory Care CEU Audit

