



The Commonwealth of Massachusetts
 Executive Office of Health and Human Services
 Department of Public Health
 Division of Health Professions Licensure
 Board of Registration in Nursing

239 Causeway Street, Suite 500, Boston, MA 02114

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 Governor

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MARYLOU SUDDERS
 Secretary

MONICA BHAREL, MD, MPH
 Commissioner

May 20, 2015

Sharon A. Passmore

redact
 [Redacted Address]

VIA FIRST CLASS AND CERTIFIED MAIL RETURN
 RECEIPT REQUESTED NO. 7012 3460 0001 7330 8364

Sharon A. Passmore

redact
 [Redacted Address]

VIA FIRST CLASS AND CERTIFIED MAIL RETURN
 RECEIPT REQUESTED NO. 7012 3460 0001 7330 8371

RE: *In the Matter of Sharon A. Passmore*, Docket No. NUR-2013-0163
 License No. LN40744

Dear Ms. Passmore:

Please find enclosed the **Final Decision and Order by Default** issued by the Board of Registration in Nursing on May 20, 2015 and effective **May 30, 2015**. This constitutes full and final disposition of the above-referenced complaint, as well as the final agency action of the Board. Your appeal rights are noted on page 6.

Please note that as of the effective date, your license status will change to **Revoked**. It will remain in a revocation status until the Board notifies you of a change in license status in accordance with the terms of the order. Please direct all questions, correspondence and documentation relating to licensure reinstatement to the attention of Traci Westgate at the address above. You may also contact Ms. Westgate at (617) 973 – 0894. You may contact Vita Berg, Chief Board Counsel at (617) 973 – 0950 with any other questions that you may have concerning this matter.

Sincerely

Rula Harb

Rula Harb, MSN, RN
 Executive Director, Board of Registration in Nursing

Encl.

cc: Beth Oldmixon, Prosecuting Counsel



I do hereby certify the foregoing to be a true and certified copy of the document on file with the Massachusetts Board of Registration in Nursing.

[Signature] 5/26/15
 Authorized Signature Date

COMMONWEALTH OF MASSACHUSETTS

SUFFOLK COUNTY

BOARD OF REGISTRATION
IN NURSING

In the Matter of)
Sharon A. Passmore)
License No. LN40744)
License Expires 7/01/2015)

Docket No. NUR-2013-0163

FINAL DECISION AND ORDER BY DEFAULT

On March 12, 2015, the Board of Registration in Nursing ("Board") issued and duly served on Sharon A. Passmore ("Respondent"), an Order to Show Cause ("Show Cause Order")¹ related to a complaint filed regarding Respondent's license. In addition to stating the allegations against Respondent, the Show Cause Order notified Respondent that an Answer to the Show Cause Order ("Answer") was to be submitted within 21 days of receipt of the Show Cause Order.² The Show Cause Order also notified Respondent of the right to request a hearing on the allegations,³ and that any hearing request ("Request for Hearing") was to be submitted within 21 days of receipt of the Show Cause Order.⁴ Respondent was further notified that failure to submit an Answer within 21 days "shall result in the entry of default in the above-captioned matter" and, if defaulted, "the Board may enter a Final Decision and Order that assumes the truth of the allegations in the Show Cause Order and may revoke, suspend, or take other disciplinary action against [Respondent's] license...including any right to renew [Respondent's] license." A copy of the Show Cause Order is attached to this Final Decision and Order by Default and is incorporated herein by reference.

¹ Pursuant to 801 CMR 1.01(6)(a).

² In accordance with 801 CMR 1.01(6)(d)(2).

³ Pursuant to M.G.L. c. 112, § 61.

⁴ Respondent was also notified that failure to timely submit a Request for Hearing would constitute a waiver of the right to a hearing.

As of the date of this Final Decision and Order by Default, Respondent has failed to file either an Answer or a Request for Hearing.

The Board has afforded Respondent an opportunity for a full and fair hearing on the allegations in the Show Cause Order as required by M.G.L. c. 30A, § 10, and sufficient notice of the issues involved to afford Respondent reasonable opportunity to prepare and present evidence and argument as required by M.G.L. c. 30A, § 11(1). The Board has also notified Respondent of the obligation under 801 CMR 1.01(6)(d) to file an Answer to the Show Cause Order within 21 days of its receipt and of the consequences of failing to file an Answer or otherwise respond.

As authorized by M.G.L. c. 30A, § 10(2), the Board may make informal disposition of any adjudicatory proceeding by default. Upon default, the allegations of the complaint against Respondent are accepted as true. *Danca Corp. v. Raytheon Co.*, 28 Mass. App. Ct. 942, 943 (1990).

Based on the foregoing, the Board enters a default in the above-captioned matter and, consequently, the allegations in the Order to Show Cause are deemed to be true and Respondent has waived the right to be heard. In accordance with the Board's authority and statutory mandate, the Board orders as follows:

ORDER

Based on its Final Decision by Default, the Board revokes Respondent's license to practice nursing in the Commonwealth, license no. LN40744 for an indefinite period. The Board further revokes the Respondent's right to renew her license.

Respondent is hereby ordered to return any license issued to her by the Board, whether current or expired, to the Board's office at 239 Causeway Street, Boston, Massachusetts 02114, by hand or by certified mail, within ten (10) days of the Effective Date set forth below.

Respondent shall not practice as a Licensed Practical Nurse in Massachusetts on or after the Effective Date of this Order. "Practice as a Licensed Practical Nurse" includes, but is not limited to, seeking and accepting a paid or voluntary position as a Licensed Practical Nurse or in any way representing herself as a Licensed Practical Nurse in Massachusetts. Practice as a Licensed Practical Nurse following the Effective Date of this Order and prior to reinstatement of licensure by the Board constitutes unlicensed practice and is grounds for civil and criminal penalties as provided by G.L. c. 112, §§ 65 and 80A.

The Board may choose to reinstate Respondent's license if the Board determines in its sole discretion that reinstatement is in the best interests of the public health, safety and welfare.

Respondent may petition the Board in writing for reinstatement when she can provide documentation satisfactory to the Board demonstrating her ability to practice nursing in a safe and competent manner. Such documentation shall include **either** evidence that Respondent has been in stable and sustained recovery from all substances of abuse for the three (3) years immediately preceding any petition for relicensure or provide proof to the Board that she does not have a substance abuse problem. Accordingly, Respondent shall with any petition for relicensure have submitted directly to the Board:

EITHER

- 1) the results of random supervised urine tests for substances of abuse for Respondent, collected no less than fifteen (15) times per year, according to the requirements outlined in Attachment A, during the two (2) years immediately preceding the petition for relicensure, all of which are required to be negative;
- 2) documentation that Respondent obtained a sponsor and regularly attended Alcoholics Anonymous (AA) and/or Narcotics Anonymous (NA) meetings at least three (3) times per week during the two (2) years immediately preceding any petition for license reinstatement, such documentation to include a letter of support from the Respondent's sponsor and weekly signatures verifying this required attendance;

- 3) documentation verifying that she has regularly attended group or individual counseling or therapy, or both, during the two (2) years immediately preceding any petition for relicensure⁵;
- 4) A comprehensive mental health evaluation of the Respondent conducted by a licensed mental health provider which meets the requirements set forth in Attachment B 2.

OR

If the Respondent seeks to provide evidence to the Board that she has never had and does not now have any type of substance abuse, dependency or addiction problem, then **instead of the evidence required by Paragraphs 1, 2, 3 and 4 above, she shall provide to the Board:**

- 5) A clinically based evaluation of the Respondent conducted by a licensed, board certified psychiatrist currently certified by the American Board of Psychiatry and Neurology in the subspecialty of Addiction Psychiatry (Addiction Psychiatrist which meets the requirements set forth in Attachment B 3.

In addition the Respondent shall with any petition for relicensure have submitted directly to the Board:

- 6) reports from Respondent's primary care provider and any specialist(s) whom Respondent may have consulted verifying that Respondent is medically able to resume the safe and competent practice of nursing, which meets the requirements set forth in Attachment B 1.
- 7) if employed during the year immediately preceding Respondent's petition for relicensure, have each employer from said year submit on official letterhead an evaluation reviewing Respondent's attendance, general reliability, and overall job performance⁶;
- 8) certified Court and/or Agency documentation that there are no pending actions or obligations, criminal or administrative, against the Respondent before any court or Administrative Agency including, but not limited to:
 - a. Documentation that at least one (1) year prior to any petition for reinstatement the Respondent satisfactorily completed all court requirements (including probation) imposed on her/him in

⁵ Such documentation shall be completed by each licensed mental health professional seen by Respondent, and shall be written within thirty (30) days preceding any petition for relicensure. Further, such documentation shall include: a summary of Respondent's progress in therapy and her full, sustained recovery from substance abuse, dependence and addiction; a statement of the frequency and length of therapy; and specific treatment recommendations for Respondent's full, sustained recovery from substance abuse, dependence and addiction.

⁶ If Respondent wasn't employed at all during this period, submit an affidavit so attesting.

connection with any criminal matter and a description of those completed requirements and/or the disposition of such matters⁷; and

- b. Certified documentation from the state board of nursing of each jurisdiction in which the Respondent has ever been licensed to practice as a nurse, sent directly to the Massachusetts Board identifying her license status and discipline history, and verifying that her nursing license is, or is eligible to be, in good standing and free of any restrictions or conditions.
- 9) documentation satisfactory to the Board of her successful completion of all continuing education equivalent to the continuing education required by Board regulations for the two (2) license renewal cycles immediately preceding any petition for relicensure.
- 10) documentation satisfactory to the Board of her successful completion of continuing education in the following topics:
- a. 6 contact hours in Medication Administration and Documentation;
 - b. 6 contact hours in Legal and Ethical Requirements;
 - c. 3 contact hours in Pain Management in Nursing; and
 - d. 6 contact hours in Critical Thinking in Nursing.

The completion of contact hours for paragraph 10 shall be in addition to the contact hours required in paragraph 9.

The Board may require the Respondent to submit additional documentation prior to acting on the Respondent's petition for reinstatement.

The Board may condition its approval of Respondent's petition for reinstatement upon the Respondent entering into a Consent Agreement for probation of Respondent's nursing license for a period of time, with such restrictions and requirements that the Board may at that time and in its sole discretion determine are reasonably necessary to protect the public health, safety, and welfare.

⁷ The Respondent shall also provide, if requested, an authorization for the Board to obtain a Criminal Offender Record Information (CORI) Report of the Respondent conducted by the Department of Criminal Justice Information Systems and a sworn written statement that there are no pending actions or obligations, criminal or administrative, against the Respondent before any court or administrative body in any other jurisdiction.

The Board voted to adopt the within Final Decision by Default at its meeting held on May 13, 2015, by the following vote:

In favor: A. Alley, BSN, RN; M. Beal, RN/NM; P. Gales, RN; K. Gehly, RN; S. Kelly, RN/NP; J. Killion, LPN; A. Peckham, RN, MSN; C. Simonian, Pharm.D., R.Ph.; S. Taylor, MSN, RN; C. Tebaldi, RN, MS; C. Urena, LPN
Opposed: None
Abstained: None
Recused: None
Absent: B. Levin, RN; E. Richard Rothmund

The Board voted to adopt the within Final Order by Default at its meeting held on May 13, 2015, by the following vote:

In favor: A. Alley, BSN, RN; M. Beal, RN/NM; P. Gales, RN; K. Gehly, RN; S. Kelly, RN/NP; J. Killion, LPN; A. Peckham, RN, MSN; C. Simonian, Pharm.D., R.Ph.; S. Taylor, MSN, RN; C. Tebaldi, RN, MS; C. Urena, LPN
Opposed: None
Abstained: None
Recused: None
Absent: B. Levin, RN; E. Richard Rothmund

EFFECTIVE DATE OF ORDER

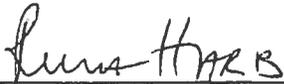
This Final Decision and Order by Default becomes effective upon the tenth (10th) day from the date it is issued (see "Date Issued" below).

RIGHT TO APPEAL

Respondent is hereby notified of the right to appeal this Final Decision and Order Default to either the Supreme Judicial Court pursuant to M.G.L. c. 112, § 64 or to a Superior Court with jurisdiction pursuant to M.G.L. c. 30A §§ 14. Respondent must file his appeal within thirty (30) days of receipt of notice of this Final Decision and Order by Default.

Board of Registration in Nursing

Date Issued: *May 20, 2015*



Rula Harb, MSN, RN
Executive Director

Notified:

VIA FIRST CLASS AND CERTIFIED MAIL, RETURN
RECEIPT REQUESTED NO. 7012 3460 0001 7330 8364
Sharon Passmore

redact


VIA FIRST CLASS AND CERTIFIED MAIL, RETURN
RECEIPT REQUESTED NO. 7012 3460 0001 7330 8371
Sharon Passmore

redact


BY HAND DELIVERY

Beth Oldmixon, Esq.
Prosecuting Counsel
Department of Public Health
Division of Health Professions Licensure
239 Causeway Street
Boston, MA 02114

COMMONWEALTH OF MASSACHUSETTS

SUFFOLK COUNTY

BOARD OF REGISTRATION IN NURSING

IN THE MATTER OF
SHARON A. PASSMORE
LPN LICENSE NO. LN40744
LICENSE EXPIRES 07/01/2015

DOCKET NO. NUR-2013-0163

ORDER TO SHOW CAUSE

Sharon A. Passmore, you are hereby ordered to appear and show cause why the Massachusetts Board of Registration in Nursing (Board) should not suspend, revoke, or otherwise take action against your license to practice as a Licensed Practical Nurse (LPN) in the Commonwealth of Massachusetts, License No. LN40744, or your right to renew such license, pursuant to Massachusetts General Laws Chapter 112, § 61 and Board regulations at 244 CMR 9.03, Standards of Conduct for Nurses, based upon the following facts and allegations:

1. On or about April 17, 1980, the Board issued to you a license to engage in the practice of nursing as a Licensed Practical Nurse in the Commonwealth of Massachusetts under the name of Sharon A. Passmore. Your license is current and unless renewed will expire on July 1, 2015.

NUR-2013-0163

2. From January 11, 1982 through July 3, 2013, you were employed as an LPN at Cape Cod Hospital (CCH) in Hyannis, Massachusetts.
3. On or about June 28, 2013 and before, while working as an LPN at CCH, you engaged in a pattern of conduct in your removal, handling, administration, and documentation of controlled substances that is consistent with diversion and constituted improper nursing practices.

PATIENT A

4. On or about June 27, 2013, a physician's order issued for Patient A to receive two (2) Oxycodone (Schedule II Controlled Substance) 10mg tablets by mouth every three (3) hours for moderate to severe pain as needed.
5. On or about June 28, 2013, the Automated Dispensing Machine's (ADM) activity report shows that you withdrew two (2) Oxycodone 5mg tablets for administration to Patient A at:
 - a. 1635
 - b. 2159

6. On or about June 28, 2013, you documented in Patient A's Medical Administration Record (MAR) that you administered two (2) Oxycodone 5mg tablets on two different occasions during June 28, 2013.
7. On or about June 28, 2013, you documented in Patient A's MAR that you administered 10mg Oxycodone to Patient A at:
 - a. 1633
 - b. 2159
8. On or about June 29, 2013, Patient A called the nightshift nurse (NS) assigned to Patient A and asked for pain medication.
9. On or about June 29, 2013, NS examined the Patient MAR and ADM activity and discovered Patient A had already received Oxycodone from you.
10. On or about June 29, 2013, when speaking with NS, Patient A denied taking any Oxycodone on June 28.
11. On or about June 29, 2013, when shown a Motrin tablet and an Oxycodone 5mg tablet, Patient A indicated to NS that she had only received the Motrin on June 28, 2013.

PATIENT B

12. On or about May 16, 2013, the ADM activity report shows that you withdrew two (2) Hydrocodone/Acctaminophen (Schedule II Controlled Substance) 5/325mg tablets for Patient B.
13. Patient B's MAR is devoid of any documentation that you administered the Hydrocodone/Acetaminophen tablets you withdrew on May 16, 2013 for Patient B.

PATIENT C

14. On or about May 20, 2013, the ADM activity report shows that you withdrew two (2) Oxycodone 5mg tablets for Patient C.
15. Patient C's MAR is devoid of any documentation that you administered the Oxycodone tablets you withdrew on May 20, 2013 for Patient C.

PATIENT D

16. On or about June 03, 2013, the ADM activity report shows that you withdrew two (2) Oxycodone 5mg tablets for Patient D.
17. Patient D's MAR is devoid of any documentation that you administered the Oxycodone tablets you withdrew on June 03, 2013 for Patient D.

PATIENT E

18. On or about June 13, 2013, the ADM activity report shows that you withdrew one (1) Hydromorphone (Schedule II Controlled Substance) 2mg tablet for Patient E.
19. Patient E's MAR is devoid of any documentation that you administered the Hydromorphone tablets you withdrew on June 13, 2013 for Patient E.

PATIENT F

20. On or about June 27, 2013, the ADM activity report shows that you withdrew one (1) Hydromorphone 2mg tablet for Patient F.
21. Patient F's MAR is devoid of any documentation that you administered the Hydromorphone tablets you withdrew on June 27, 2013 for Patient F.
22. On or before June 28, 2013, nursing staff at CCH noted you were in a dazed state and exhibited signs of lethargy.
23. On or about July 3, 2013, you attended a meeting with hospital supervisors.
24. On or about July 3, 2013, you admitted during the meeting identified in Paragraph twenty-three (23) to diverting the narcotics in question from Patient A.
25. On or about July 3, 2013, you admitted during the meeting identified in Paragraph twenty-three (23) to routinely diverting Oxycodone products from the hospital, for approximately three weeks.
26. On or about July 3, 2013, you resigned from your employment as an LPN at CCH.

* * * * *

GROUNDS FOR DISCIPLINE

- A. Your conduct as alleged warrants disciplinary action by the Board against your license to practice as an LPN pursuant to G.L. c. 112 § 61 for deceit, malpractice and gross misconduct in the practice of the profession and for offenses against the laws of the Commonwealth relating thereto.
- B. Your conduct as alleged warrants disciplinary action by the Board against your license to practice as an LPN pursuant to G.L. c. 112 § 74A for lack of good moral character required for initial licensure and license renewal.

- C. Your conduct as alleged warrants disciplinary action by the Board against your license to practice as an LPN pursuant to Board regulation 244 CMR 9.03 for violation of Standards of Conduct for Nurses, namely:
1. Your conduct as alleged violates 244 CMR 9.03(5) for failing to engage in the practice of nursing in accordance with accepted standards of practice;
 2. Your conduct as alleged violates 244 CMR 9.03 (36) for practicing while impaired;
 3. Your conduct as alleged violates 244 CMR 9.03 (37) for unlawfully obtaining or possessing controlled substances;
 4. Your conduct as alleged violates 244 CMR 9.03 (39) for failing to document the handling, administration, and destruction of controlled substances in accordance with all federal and state laws and regulations and in a manner consistent with accepted standards of nursing practice;
 5. Your conduct as alleged violates 244 CMR 9.03 (47) for engaging in any other conduct that fails to conform to accepted standards of nursing practice or in any other behavior that is likely to have an adverse effect upon the health, safety, or welfare of the public.
- D. Your conduct as alleged also constitutes unprofessional conduct, and conduct which undermines public confidence in the integrity of the nursing profession. *Sugarman v. Board of Registration in Medicine*, 422 Mass. 338, 342 (1996); see also *Kvitka v. Board of Registration in Medicine*, 407 Mass. 140, cert. denied, 498 U.S. 823 (1990); *Raymond v. Board of Registration in Medicine*, 387 Mass. 708, 713 (1982).

* * * * *

You have a right to an adjudicatory hearing ("hearing") on the allegations contained in the Order to Show Cause before the Board determines whether to suspend, revoke, or impose other discipline against your license. G.L. c. 112, § 61. Your right to a hearing may be claimed by submitting a written request for a hearing *within twenty-one (21) days of receipt of this Order to Show Cause*. You must also submit an Answer to this Order to Show Cause in accordance with 801 CMR 1.01(6)(d) *within twenty-one (21) days of receipt of this Order to Show Cause*. The Board will give you prior written notice of the time and place of the hearing following receipt of a written request for a hearing.

Hearings shall be conducted in accordance with the State Administrative Procedure Act, G.L. c. 30A, §§ 10 and 11, and the Standard Adjudicatory Rules of Practice and Procedure, 801 CMR 1.01 and 1.03, under which you are granted certain rights including, but not limited to, the rights: to a hearing, to secure legal counsel or another agent to represent your interests, to call and examine witnesses, to cross-examine witnesses who testify against you, to testify on our own behalf, to introduce evidence, and to make arguments in support of your position.

The Board will make an audio recording of any hearing conducted in the captioned matter. In the event that you wish to appeal a final decision of the Board, it is incumbent on you to supply a reviewing court with a "proper record" of the proceeding, which may include a written transcript. *New Bedford Gas and Light Co. v. Board of Assessors of Dartmouth*, 368 Mass. 745, 749-750 (1975). Upon request, the Board will make available a copy of the audio recording of the proceeding at your own expense. Pursuant to 801 CMR 1.01(10)(i)(1), upon motion, you "may be allowed to provide a public stenographer to transcribe the proceedings at [your] own expense upon terms ordered by the Presiding Officer." Those terms may include a requirement that any copy of the transcript produced must be sent promptly upon completion and on an ongoing basis directly to the Presiding Officer by the stenographer or transcription service. The transcript will be made available to the Prosecutor representing the Board. Please note that the administrative record of the proceedings, including but not limited to, the written transcript of the hearing is a public record and subject to the provisions of G.L. c. 4, § 7 and G.L. c. 66, § 10.

Your failure to submit an Answer to the Order to Show Cause within 21 days of receipt of the Order to Show Cause *shall result in the entry of default* in the captioned matter. Your failure to submit a written request for a hearing within 21 days of receipt of this Order to Show Cause *shall constitute a waiver of the right to a hearing* on the allegations herein and on any Board disciplinary action.

Notwithstanding the earlier filing of an Answer and/or request for a hearing, your failure to respond to notices or correspondence, failure to appear for any scheduled status conference, pre-hearing conference or hearing dates, or failure to otherwise defend this action shall result in the entry of default.

If you are defaulted, the Board may enter a Final Decision and Order that assumes the truth of the allegations in this Order to Show Cause, and may revoke, suspend, or take other disciplinary action against your license to practice as a Licensed Practical Nurse in the Commonwealth of Massachusetts, including any right to renew your license.

Your Answer to the Order to Show Cause and your written request for a hearing must be filed with Beth A. Oldmixon, Prosecuting Counsel at the following address:

Beth A. Oldmixon, Esq.
Prosecuting Counsel
Department of Public Health
Office of the General Counsel
239 Causeway Street, Fifth Floor
Boston, MA 02114

You or your representative may examine Board records relative to this case prior to the date of the hearing, during regular business hours at the office of the Prosecuting Counsel. If you elect to undertake such an examination, then please contact Prosecuting Counsel in advance at (617 973-0923) to schedule a time that is mutually convenient.

BOARD OF REGISTRATION
IN NURSING
Rula Harb, MSN, RN, Executive Director

By:

Beth A. Oldmixon
Beth A. Oldmixon
Prosecuting Counsel
Department of Public Health

Date: 3/12/15

CERTIFICATE OF SERVICE

I, Beth A. Oldmixon, hereby certify that a copy of the foregoing Cover Letter, Order to Show Cause and Certificate of Service were served upon the Respondent, Sharon Passmore, at the following address:

redact

By Certified Mail No. 7014 0510 0001 0375 4996 and by first class mail on this 12th day of March, 2015

And

redact

By Certified Mail No. 7014 0510 0001 0375 5009 and by first class mail on this 12th day of March, 2015

Beth A. Oldmixon
Beth A. Oldmixon
Prosecuting Counsel

MASSACHUSETTS BOARD OF REGISTRATION IN NURSING

ATTACHMENT A

Guidelines for Nurses' Participation in Random Urine Drug Screens for Evaluation by the Massachusetts Board of Registration in Nursing (Board)

- I. Nurses who are required by a Board Agreement or Order to have random, supervised urine drug screens are expected to remain abstinent from all substances of abuse, including alcohol. It is a nurse's responsibility not to ingest any substance(s) that may produce a positive drug screen, including over-the-counter medications. Unless otherwise stated in a nurse's Board Agreement or Order, all nurses shall be randomly tested a minimum of fifteen (15) times per year.
- II. The Board designates one Drug Testing Management Company (DTMC).¹ The Board will accept only the results of urine drug screens that are performed under the auspices of the DTMC and reported directly to the Board.
- III. All costs related to a nurse's participation in the DTMC urine drug screening program are the responsibility of the participating nurse.
- IV. A nurse is expected to sign an agreement with the DTMC and to comply with all of the conditions and requirements of the agreement with the DTMC and any related policies, including without limitation, any requirements related to supervision of urine collection and/or temperature checks.
- V. No vacations from calling to test or from testing shall be approved. This does not mean that a nurse cannot take a vacation while participating in random urine screens; arrangements can be made through the DTMC to have urine screens done at approved laboratories throughout the continental U.S.
- VI. Failure to call the DTMC or failure to test when selected shall be considered non-compliance with the nurse's Board agreement or Order. Calls to the DTMC must be made between the hours of 5:00 a.m. and 1:00 p.m.
- VII. Failure to test when selected, and/or a positive drug screen that is confirmed by the Medical Review Officer (MRO) and that is not supported by appropriate documentation of medical necessity and a valid prescription shall be considered as a relapse in the nurse's abstinence. All prescriptions for any medication (including renewal prescriptions) must be submitted to the DTMC within five (5) days.
- VIII. Urine drug screen reports that show a low creatinine (<20 mg/dl) may be an indication of an adulterated or diluted specimen; further testing may be required.

¹ The current DTMC is First Lab. To contact First Lab call (800) 732-3784.

MASSACHUSETTS BOARD OF REGISTRATION IN NURSING

- IX. Nurses who do not have a current MA nursing license and who are enrolled in urine drug screening with the DTMC for the purpose of documenting to the Board that they are in stable and sustained recovery from substance abuse, must provide written authorization to the DTMC to release to the Board a complete record of their participation in the drug screening program, including documentation of missed calls, no shows, test results and a full history report at the completion of their DTMC participation. During their DTMC participation, nurses who do not have a current MA nursing license for whatever reason (surrender, suspension, lapse, revocation) are expected to designate a monitor of their choosing (e.g. friend, family member, health care provider, AA sponsor) who will be authorized to receive test results from the DTMC. The Board does not monitor the testing of unlicensed individuals and will evaluate a nurse's participation in the DTMC only when the DTMC testing is completed and the nurse applies for license reinstatement. Unlicensed nurses should identify themselves as such to the DTMC and sign an individual agreement with the DTMC.
- X. Random supervised urine tests are done in panels which shall include, but are not limited to, each of the following substances:
- Ethanol and all ethanol products
 - Amphetamines
 - Barbiturates
 - Benzodiazepines
 - Buprenorphine
 - Cannabinoids
 - Cocaine (metabolite)
 - Opiates:
 - Codeine
 - Morphine
 - Hydromorphone
 - Hydrocodone
 - Oxycodone
 - Phencyclidine
 - Methadone
 - Propoxyphene
 - Meperidine
 - Tramadol
 - Suboxone

ATTACHMENT B 1

Minimum requirements for medical evaluations to be submitted to the Board

Medical evaluation

A medical evaluation of the Licensee conducted by a licensed, board certified physician written on the physician's letterhead, sent directly to the Board by the physician and completed within thirty (30) days before submission of the petition for reinstatement or other submission to the Board. The evaluation shall state that the physician has reviewed this document and any Board Consent Agreement, Order, and/or other relevant documents, and that he or she has reviewed the specific details of the Licensee's underlying conduct alleged or otherwise described.

The evaluation shall provide a detailed, clinically based assessment of the Licensee and shall be completed in accordance with all accepted standards for such an evaluation. The purpose of the evaluation is to provide the Board with the physician's analysis of the following materials and his or her opinion as to whether the Licensee is able to practice nursing in a safe and competent manner. To be most useful to the Board, the evaluation should include, but not be limited to, the following:

- a. Record Review. A review of the Licensee's written or electronic medical and mental health records (for at least the preceding two years);
- b. Conversation(s) with Provider(s). Follow up conversations with any currently or recently treating primary care physicians or advanced practice nurses and any mental health providers;
- c. Review of Prescriptions. A list of all of the Licensee's prescribed medications with the medical necessity for each prescription; if there are or may be other prescribers than the evaluating physician then the evaluation should include a review of all of the Licensee's pharmacy records for the preceding two years;
- d. In-Person Interview(s). Medical (and mental health if pertinent) history obtained by the physician through in-person interviews with the Licensee, which are as extensive as needed for the physician to reach a clinical judgment;
- e. Detailed Statement of History. A detailed statement of the Licensee's medical (and mental health if pertinent) history including diagnoses, treatments and prognoses;
- f. Detailed Description(s) of Current Conditions. Detailed descriptions of the Licensee's existing medical conditions with the corresponding status, treatments and prognosis including, but not limited to, each condition, if any, which gave rise to the conduct which is the subject of the Board's interest;

- g. Any Existing Limitations. A detailed description of any and all corresponding existing or continuing limitations of any kind;
- h. Ongoing Treatment Plan. Recommendations for the Licensee's on-going treatment and specific treatment plan, if any;
- i. Evaluating Physician's Opinion as to Safety and Competence. The physician's opinion as to whether the Licensee is presently able to practice nursing in a safe and competent manner (in light of all of the above); and
- j. Physician's C.V. A copy of the physician's curriculum vitae should be attached.

ATTACHMENT B 2

Minimum requirements for mental health evaluations to be submitted to the Board

Mental Health evaluation

A comprehensive mental health evaluation of the Licensee conducted by a licensed clinical psychologist (Ph.D or Psy.D or Ed.D) or a licensed, board certified psychiatrist written on said provider's letterhead, sent directly to the Board by the provider and completed within thirty (30) days before submission of the petition for reinstatement or other submission to the Board. The evaluation shall state that the provider has reviewed this document and any Board Consent Agreement, Order, and/or other relevant documents, and that he or she has reviewed the specific details of the Licensee's underlying conduct alleged or otherwise described.

The evaluation shall provide a detailed, clinically based assessment of the Licensee and shall be completed in accordance with all accepted standards for such an evaluation. The purpose of the evaluation is to provide the Board with the provider's analysis of the following materials and his or her opinion as to whether the Licensee is able to practice nursing in a safe and competent manner. To be most useful to the Board, the evaluation should include, but not be limited to, the following:

- a. Record Review. A review of the Licensee's written or electronic mental health records (for at least the preceding two years) (and medical records from the same time frame if pertinent);
- b. Conversation(s) with Provider(s). Follow up conversations with any currently or recently treating mental health providers (and primary care physicians or advanced practice nurses as relevant);
- c. Review of Prescriptions. A list of all of the Licensee's prescribed medications with the medical necessity for each prescription; if there are or may be other prescribers than the evaluating provider, then the evaluation should include a review of all of the Licensee's pharmacy records for the preceding two years;
- d. In-Person Interview(s). Mental health (and medical if pertinent) history obtained by the provider through in-person interviews with the Licensee, which are as extensive as needed for the provider to reach a clinical judgment;
- e. Detailed Statement of History. A detailed statement of the Licensee's mental health (and medical if pertinent) history including diagnoses, treatments and prognoses;
- f. Detailed Description(s) of Current Conditions. Detailed descriptions of the Licensee's existing mental health conditions with the corresponding status,

treatments and prognosis including, but not limited to, each condition, if any, which gave rise to the conduct which is the subject of the Board's interest;

- g. Specific Assessments. Assessments of the Licensee in each of the following areas:
- i. Cognition status - orientation to time, place and person; ability to recognize and organize responsibilities accurately and to make accurate, appropriate decisions; critical thinking ability sufficient for appropriate clinical judgment; and ability to collect and analyze data to problem solve efficiently and accurately, and to identify cause and effect relationships accurately.
 - ii. Affective status- interpersonal skills sufficient to interact appropriately and honestly with individuals, families and groups; and ability to recognize and conform to lawful standards of social conduct.
 - iii. Ability to recognize the limits of professional boundaries and the risk that the Licensee will violate professional boundaries with patients.
 - iv. Ability to control her/his impulses; and the likelihood that she/he will repeat any of the conduct that gave rise to the Board's review of his/her safety and competency in nursing practice.
- h. Summary of Progress and/or Limitations. A summary of the progress Licensee has made in treatment and detailed description of any and all corresponding existing or continuing limitations of any kind;
- i. Ongoing Treatment Plan. Recommendations for the Licensee's on-going treatment and specific treatment plan, if any;
- j. Evaluating Physician's Opinion as to Safety and Competence. The provider's opinion as to whether the Licensee is presently able to practice nursing in a safe and competent manner (in light of all of the above); and
- k. Provider's C.V. A copy of the provider's curriculum vitae should be attached.

ATTACHMENT B 3

Minimum requirements for substance abuse evaluations to be submitted to the Board

Substance Abuse (addiction psychiatrist) evaluation

A comprehensive, clinically based, written evaluation of the Licensee by a licensed, board certified psychiatrist who is certified by the American Board of Psychiatry and Neurology in the subspecialty of Addiction Psychiatry (Addiction Provider). The evaluation shall be written on said provider's letterhead stationary, sent directly to the Board and completed immediately before Licensee petitions the Board for reinstatement or other submission to the Board. The evaluation shall state that the psychiatrist has reviewed this document and any Board Consent Agreement, Order, and/or other relevant documents, and that he or she has reviewed the specific details of the Licensee's underlying conduct alleged or otherwise described.

The evaluation shall provide a detailed, clinically based assessment of the Licensee and shall be completed in accordance with all accepted standards for such an evaluation. The purpose of the evaluation is to provide the Board with the provider's analysis of the following materials and his or her opinion as to whether the Licensee is able to practice nursing in a safe and competent manner.

Depending on what information the Board requires of this Licensee at the time of the evaluation (which it is the Licensee's responsibility to understand and submit to the Addiction Provider), the evaluation shall verify that the Licensee has been in stable and full, sustained recovery from all substance abuse, dependency and addiction for the three (3) (or more) years immediately preceding any request for reinstatement or other submission to the Board and that the Licensee is able to practice nursing in a safe and competent manner or has never had and does not now have a substance abuse problem. To be most useful to the Board, the evaluation should include, but not be limited to, the following:

- a. Record Review. A review of the Licensee's written or electronic mental health records (for at least the preceding two years) (and medical records from the same time frame if pertinent);
- b. Conversation(s) with Provider(s). Follow up conversations with any currently or recently treating mental health providers (and primary care physicians or advanced practice nurses as relevant);
- c. Review of Prescriptions. A list of all of the Licensee's prescribed medications with the medical necessity for each prescription; if there are or may be other prescribers than the evaluating provider, then the evaluation should include a review of all of the Licensee's pharmacy records for the preceding two years;

- d. In –Person Interview(s). Mental health (and medical if pertinent) history obtained by the provider through in-person interviews with the Licensee, which are as extensive as needed for the provider to reach a clinical judgment;
- e. Detailed Statement of History. A detailed statement of the Licensee's mental health (and medical if pertinent) history including diagnoses, treatments and prognoses;
- f. Detailed Summary of History of Substance Abuse and Treatment. A detailed summary of Licensee's history of substance abuse, dependency and addiction problem(s) including all corresponding treatment received and the Licensee's current recovery program;
- g. Assessment of Sustained Recovery. An assessment of the Licensee's sustained recovery and remission from all substance abuse, dependency and addiction for the three (3) year period immediately preceding submission of any petition for reinstatement by the Licensee including a detailed description of all relapses during this time period;
- h. Prognosis and Ongoing Treatment Plan. The Provider's prognosis and specific treatment recommendations for the Licensee's stable and full, sustained recovery from all substance abuse, dependence and addiction;
- i. Evaluating Physician's Opinion as to Safety and Competence. The provider's opinion as to whether the Licensee is presently able to practice nursing in a safe and competent manner (in light of all of the above); and
- j. Physician's C.V. A copy of the provider's curriculum vitae should be attached.