



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
Division of Health Professions Licensure
Board of Registration of Physician Assistants
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MARYLOU SUDDERS
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VIA U.S. FIRST CLASS CERTIFIED MAIL # 7012 3460 0002 3702 9174
RETURN RECEIPT REQUESTED

April 13, 2015

Bethany Foster
redacted

Re: In the Matter of Bethany Foster, PA1771
Docket No. PA-2014-002

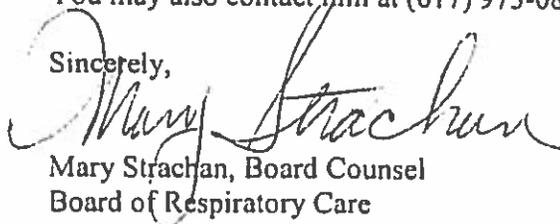
Dear Mr. Foster:

This letter acknowledges receipt by the Board of Registration of Physician Assistants (Board) of two signed, originals of the Consent Agreement for Probation (Agreement) between you and the Board in resolution of the above-referenced complaint. The Board has now signed the Agreement, and submits a copy for your records.

Please note carefully that the effective date of the Agreement is April 10, 2015. It is your responsibility to ensure that the Board receives all required documentation and information by the due dates specified in the Agreement. The Agreement will remain in effect until you fulfill all of its conditions *and* the Board gives you written confirmation that your license stayed probation has ended.

In addition, Scott Sherman, MPRS Coordinator is responsible for monitoring compliance with the agreement that you entered into with the Board. All correspondence and documentation in connection with your Agreement should be directed to him at the Board's office listed above. You may also contact him at (617) 973-0828 with any questions regarding this matter.

Sincerely,


Mary Strachan, Board Counsel
Board of Respiratory Care

Enclosures: Fully signed Consent Agreement

COMMONWEALTH OF MASSACHUSETTS

SUFFOLK COUNTY

BOARD OF REGISTRATION
IN PHYSICIAN ASSISTANTS

In the Matter of
Bethany Foster
License No. PA 1771
Expires: 3/01/2017

Docket No. PA-2014-002

CONSENT AGREEMENT FOR PROBATION

The Massachusetts Board of Registration in Physician Assistants (Board) and the Licensee (Bethany Foster), a Physician Assistant (PA) licensed by the Board, License No.1771, do hereby stipulate and agree that the following information shall be entered into the Licensee's record maintained by the Board:

The Licensee agrees that this Consent Agreement for Probation (Agreement) is entered into in resolution of the Board's investigation of a complaint filed against her Physician Assistant License, (license¹) identified as Docket No. PA- 2014-002.

1. The Licensee admits that she has a substance abuse problem that impairs her ability to practice safely and that while employed as a Physician Assistant (PA) by a healthcare staffing agency and working as a PA at Cooley Dickinson Hospital in Northampton, MA on or about April 15, 2014 she self-reported to the facility that she diverted 1 Percocet tablet from a patient's supply for her own use. The Licensee acknowledges that her conduct, as documented in Docket No. PA-2013-002, constitutes failure to comply with the Board's Standards of Conduct at 263 Code of Massachusetts Regulations (CMR) 6.02 (b) and (d) and warrants disciplinary action by the Board under Massachusetts General Laws (G.L.) Chapter 112 §§ 9F, 9H and Board regulations at 263 CMR 6.02, Disciplinary Actions.
2. The Licensee agrees that her PA license shall be placed on **PROBATION** for no less than five (5) years (Probationary Period), commencing with the date on which the Board signs this Agreement (Effective Date). During the Probationary Period, the Licensee further agrees that she shall comply with all of the following requirements to the Board's satisfaction:
 - a. Comply with all laws and regulations governing the practice of physician assistants, and not engage in any continued or further conduct such as that set forth in Paragraph 1
 - b. Notify the Board in writing within ten (10) days of each change in her name and/or address.
 - c. Notify the Board in writing within ten (10) days of any change of employer and/or supervisor.
 - d. Timely renew her license to practice as a PA.
3. During the Probationary Period, the Licensee further agrees that she will participate in the Massachusetts Professional Recovery System, (MPRS) for a period of no less than five (5) years. The Board acknowledges that the Licensee has not practiced as a Physician Assistant since June

¹ The term "license" applies to both a current license and the right to renew an expired license.

of 2014, and has documented her recovery from substances of abuse; therefore, no period of license suspension is required.

4. During the time that the Licensee is participating in MPRS, the Licensee further agrees that she shall comply with all of the following requirements to the Board's satisfaction:
 - a. Abstain from the use of alcohol and all substances of abuse or substances with potential for abuse.
 - b. Provide written verification from each treatment provider, including, but not limited to primary care physicians, dentists, psychiatrists, and therapists that s/he has reviewed this document.
 - c. If prescribed any controlled substance, or when taking over-the-counter (OTC) medications, submit the prescription to the MPRS Coordinator and the Drug Testing Management Company (DTMC) within five (5) days and submit directly to the MPRS Coordinator and the DTMC a written statement of the identity and amount of each controlled substance prescribed, and medical necessity for said prescription, and agree to follow medical advice to minimize the risk of relapse.
 - d. Participate in individual therapy/substance abuse counseling at least twice per month for two years or until such time as the Licensee is discharged by the attending therapist in collaboration with the MPRS Coordinator. The Licensee understands that all therapists and treatment providers must be approved by MPRS and the provider must acknowledge in writing his/her willingness to regularly report to MPRS on the Licensee's progress. In addition, the Licensee understands that she is responsible for the timely submission of all progress reports by her treatment provider(s), utilizing the standardized MPRS form, to the MPRS Coordinator. The Licensee further understands that her therapist will notify MPRS immediately with concerns.
 - e. Advise the MPRS Coordinator in writing within ten (10) days of any change in treatment provider(s), therapist(s), or counselor(s).
 - f. Notify the MPRS Coordinator in writing within ten (10) days in any change of name, address or other personal data.
 - g. Participate weekly in a professional Peer Support Group, approved by MPRS, for the length of the MPRS program.
 - h. Attend at least four (4) twelve-step meetings each week, and actively participate in said program (i.e., obtain a sponsor, join a group), or participate in a MPRS approved alternative program, and notify MPRS in writing immediately thereafter of participation.
 - i. Attend all MPRS monitoring meetings as scheduled and notify the MPRS Coordinator in writing if unable to attend.
 - j. Complete all continuing education (CE) required for each renewal cycle. In addition to the renewal CEs, submit proof of successful completion of at least eight (8) contact hours of continuing education within one year of the Effective Date of this Agreement in the following subjects:
 - (i) Psychopharmacology of addiction; or
 - (ii) The disease concept of addiction; or
 - (iii) Relapse prevention; or

- (iv) The family disease concept of addiction; or
 - (v) The addicted professional.
- k. Have submitted directly to the MPRS Coordinator, according to the conditions and procedures outlined in Attachment A of this Agreement, the results of her random supervised urine tests for substances of abuse, collected no less than fifteen (15) times per year, all of which are required to be negative.
 - l. Report to the MPRS Coordinator any incident of relapse within twenty-four (24) hours of said incident.
 - m. The Licensee agrees to comply with all restrictions placed on her practice by the MPRS program.²
 - n. Agree to provide a copy of this Consent Agreement and any further Consent Agreement amendments to all PA supervising physicians.
 - o. Agree to obtain and forward progress reports of the Licensee's job performance from her employer to the MPRS Coordinator utilizing the standardized MPRS form.
 - p. Notify the MPRS Coordinator prior to any change in job description, employer, and provide the name, address and telephone number of each new employer.
 - q. Request in writing any changes to PA practice restrictions.
 - r. Immediately report to MPRS any arrest and/or conviction of any offense. The Licensee understands that MPRS will report any conviction to the Board and that the Board will determine if a new complaint against the Licensee's PA license will be opened based on that conviction.
 - s. The Licensee understands that her employer will be notified by MPRS in the event of a relapse or other inability to practice as a PA in a safe manner. The Licensee acknowledges that formal discharge from the MPRS will take place only upon completion of the program and recommendation by MPRS Coordinator and approval of the Board.
5. The Board agrees that in return for the Licensee's execution and successful compliance with all the requirements of this Agreement it will not prosecute the complaint contained in Complaint No. PA-2014-002.
6. If the Licensee does *not* comply with each requirement of this Agreement, or if the Board opens a subsequent complaint³ during the Probation Period, upon written notice to the Licensee, and as warranted to protect the public health, safety, or welfare the Board will:
- a. IMMEDIATELY SUSPEND the Licensee's PA license. The Board will SUSPEND the Licensee's PA license prior to an adjudication of the allegations (1) of noncompliance with this Agreement, and/or (2) as contained in the subsequent complaint and such

² Restrictions include, but are not limited to, no patient contact, no access to medications, no overtime, no overnight shifts, no access to narcotics, no double shifts.

³ The term "Subsequent Complaint" applies to a complaint opened after the Effective Date, which (1) alleges that the Licensee engaged in conduct that violates Board statutes or regulations, and (2) is substantiated by evidence, as determined following the complaint investigation during which the Licensee shall have an opportunity to respond.

suspension shall remain in effect until final disposition of the matter in accordance with this Paragraph 6; and/or

- b. MODIFY the Probationary Period requirements; and/or
 - c. EXTEND the Probationary Period.
7. The Licensee agrees that if the Board suspends her PA license in accordance with Paragraph 6, she will immediately return her Massachusetts PA license to the Board, by hand or certified mail. Upon said suspension, she will no longer be authorized to practice as a PA in the Commonwealth of Massachusetts and shall not in any way represent herself as a PA until such time as the Board reinstates her PA license or right to renew such license⁴.
 8. The Licensee understands that any SUSPENSION of her PA license in accordance with this Agreement shall be for an indefinite period, commencing with the Effective Date of the notice of SUSPENSION. The Licensee may petition the Board in writing for reinstatement of her PA license when she can demonstrate her ability to practice in a safe and competent manner. With any petition for reinstatement, the Licensee will submit the following:
 - 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 in connection with any criminal matter and a description of those completed requirements and/or the disposition of such matters;⁵ and
 - b. Certified documentation from the state board of Physician Assistants of each jurisdiction in which the Bethany Foster has ever been licensed to practice as a PA, sent directly to the Massachusetts Board identifying her license status and discipline history, and verifying that her Physician Assistants license is, or is eligible to be, in good standing and free of any restrictions or conditions.
 9. The Board may choose to reinstate Bethany Foster's PA license if the Board determines that reinstatement is in the best interests of the public at large. The Board's approval of Bethany Foster's petition for reinstatement may be conditioned upon, and immediately followed by, probation of her PA license for a period, as well as other restrictions and requirements that the Board may then determine are reasonably necessary in the best interests of the public health, safety, and welfare.
 10. The Licensee understands that she has a right to formal adjudicatory hearing concerning the allegations against her and that during said adjudication she would possess the right to confront and cross-examine witnesses, to call witnesses, to present evidence, to testify on her own behalf, to contest the allegations, to present oral argument, to appeal to the courts, and all other rights as set forth in the Massachusetts Administrative Procedures Act, G. L. c. 30A, and the Standard Adjudicatory Rules of Practice and Procedure, 801 CMR 1.01 *et seq.* The Licensee further understands that by executing this Agreement she is knowingly and voluntarily waiving her right to a formal adjudication of the complaints.

⁴ Any evidence of unlicensed practice or misrepresentation as a PA after the Board has notified the Licensee of her license suspension shall be grounds for further disciplinary action by the Board and the Board's referral of the matter to the appropriate law enforcement authorities for prosecution, as set forth in G.L. c. 112, §§ 9F, 9H.

⁵ The Licensee shall also provide, if requested, an authorization for the Board to obtain a Criminal Offender Record Information (CORI) Report of the Licensee conducted by the Massachusetts Department of Criminal Justice Information Services (DCJIS) and a sworn written statement that there are no pending actions or obligations, criminal or administrative, against the Licensee before any court or administrative body in any other jurisdiction.

11. The Licensee acknowledges that she has been at all times free to seek and use legal counsel in connection with the Complaint and this Agreement.
12. The Licensee acknowledges that if the Board SUSPENDS her PA license pursuant to this Agreement, the Agreement constitutes a public record of disciplinary action by the Board. The Board may forward a copy of this Agreement to other licensing boards, law enforcement entities, and other individuals or entities as required or permitted by law.
13. The Licensee certifies that she has read this Agreement. The Licensee understands and agrees that entering into this Agreement is a final act and not subject to reconsideration, appeal or judicial review.

Ann R. [Signature] 3/20/15 Bethany Foster [Signature] 3/28/15
 Witness (sign and date) Bethany Foster (sign and date)

Brian Foster
 Witness (print name)

[Signature]
 Mary Phillips, Executive Director
 Board of Registration in Physician Assistants

4/10/15
 Effective Date of Agreement

Fully Signed Agreement Sent to Bethany Foster on 4/13/15 by Certified Mail No. 7012 3460 0002 3702 9174

ATTACHMENT A

Guidelines for PAs Participation in Random Urine Drug Screens for Evaluation by the Massachusetts Board of Registration in Physician Assistants (Board)

- I. PAs 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 PA'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 PA's Board Agreement or Order, all PAs shall be randomly tested a minimum of fifteen (15) times per year.
- II. The Board designates one Drug Testing Management Company (DTMC).⁶ 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 PA's participation in the DTMC urine drug screening program are the responsibility of the participating PA.
- IV. A PA 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 PA 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 PA'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 PA's abstinence. All prescriptions for any medication (including renewal prescriptions) must be submitted to the DTMC within five (5) days of their issuance.
- 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. PAs who do not have a current MA Physician Assistants 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

⁶ The current DTMC is First Lab. To contact First Lab call (800) 732-3784.

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, PAs who do not have a current MA Physician Assistants 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 PA's participation in the DTMC only when the DTMC testing is completed and the PA applies for license reinstatement. Unlicensed PAs 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