



Board News

Fiscal Year 2021

(July 1, 2020 — June 30, 2021)

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Board of Registration in Nursing (BORN) and Bureau of Health Professions Licensure

The Bureau of Health Professions Licensure (BHPL) in Massachusetts (MA) oversees and supports the Drug Control Program and 10 boards of registration and certification in health professions. The Board of Registration in Nursing (BORN) is one of ten boards of registration that comprise the BHPL: Community Health Workers, Dentistry, Genetic Counselors, Naturopathy, Nursing, Nursing Home Administrators, Perfusionists, Pharmacy, Physician Assistants, and Respiratory Care.

Board Mission

The BORN protects the health, safety, and welfare of the citizens of the Commonwealth through the fair and consistent application of the statutes and regulations that govern nursing practice and nursing education.

Board Responsibilities

M.G.L., Chapter 13, sections 13, 14, 14A, 15 and 15D and Chapter 112, sections 74 through 81C authorize the BORN to regulate nursing practice and education. Pursuant to these laws, the Board:

- Makes, adopts, amends, repeals, and enforces regulations we deem necessary for the protection of the public health, safety and welfare
- Issues advisory rulings and opinions which guide nursing practice and education
- Approves and monitors nursing education programs which lead to initial licensure
- Issues nursing licenses to qualified individuals
- Authorizes qualified nurses to practice in advanced roles
- Verifies the licensure status of nurses
- Collects fees established pursuant to the provisions of M.G.L., Chapter 7, section 3B
- Investigates and takes action on complaints concerning the performance and conduct of licensed nurses
- Audits the continued competency of nurses
- Administers the Substance Abuse Rehabilitation Program
- Prepares and publishes materials it deems integral to the delivery of safe, effective nursing care, including an annual notification to all licensees of changes in laws and regulations regarding nursing education, licensure and practice
- Participates as an active member in the National Council of State Boards of Nursing
- Provides regulatory guidance and conducts conferences, forums, studies and research on nursing practice, nursing education and related matters

Board Members

L. Kelly, DNP, ANP-BC, NCMP:

Chairperson, Advanced Practice, Direct Care

L. Keough, PhD, CNP:

Vice-Chairperson, Advanced Practice, Direct Care

A. Alley, MSN, RN, NE-BC:

RN Nursing Service Administrator

K. A. Barnes, JD, RPh: Pharmacist

K. Crowley, DNP, APRN-BC, WHNP, ANP, CNE:

RN Education, Graduate Level

D. Drew, MBA, EIT/FE: Consumer

G. Gravlin, EdD, RN:

RN Education, Post Graduate Level

J. A. Kaneb, MBA: Consumer

C. LaBelle, Colleen, MSN, RN:

RN Direct Care, Outpatient, Community, Behavioral

V. Percy, MSN, RN: RN Direct Care

D. Nikitas, BSN, RN:

RN Direct Care to Patients Living with Chronic Pain

E. Pusey-Reid, Eleanor, DNP, MEd: RN Education, Pre-

Licensure Level

L. Wu, Lisa, RN, MBA:

RN Direct Care to Patients with Substance Use Disorder

J. Yeh, MD: Physician

The composition of the 17-member Board is established at M.G.L., Chapter 13, §13 and includes eleven (11) registered nurses (RNs); two (2) licensed practical nurses (LPNs); one (1) physician registered pursuant to chapter 112; one (1) pharmacist registered under section 24 of chapter 112 and two (2) consumers. Both the RN and LPN members are required to include representation from long-term care, acute care, and community health practice settings. Additionally, among the eleven (11) RNs, there must be one representative from each level of nursing education whose graduates are eligible to write nursing licensure examinations (baccalaureate and higher degree programs are considered to be one level); two (2) RNs in advanced practice, at least one (1) of whom is employed providing direct patient care at the time of appointment; one (1) RN who is currently employed as a nursing service administrator and who is responsible for agency or service wide policy development and implementation; and two (2) RNs not authorized in advanced nursing practice and who provide direct patient care. The statute also specifies that the consumer representatives must be knowledgeable in consumer health concerns and have no current or prior association, directly or indirectly, with the provision of health care.

Nursing Board Elects 2022 Fiscal Year Officers

Members of the Board elected their 2022 Fiscal Year officers during the June 9th, 2021 Board meeting; Linda Kelly was re-elected as Chairperson and Lori Keough was re-elected as Vice-Chairperson.



Chairperson,
Linda Kelly (left) and
Vice-Chairperson,
Lori Keough (right).

Board Member Vacancies

Currently, there are four (4) vacant seats on the Board: one (1) LPN Direct Care, Acute or Long-Term Care; one (1) LPN Direct Care, Community Health; one (1) RNs Direct Care, Not Advanced Nursing Practice; and one (1) RN, Post Graduate Level.

To be eligible for a Board appointment, potential members must meet criteria established at M.G.L., Chapter 13, §13 that includes residency in the Commonwealth. Nurse members must hold current licensure as a RN or LPN based on seat; possess at least eight years of nursing practice experience in the ten years immediately preceding appointment; and be employed in the Commonwealth as a nurse. Appointments to the Board are made by

the Governor for a three-year term; members may serve no more than two consecutive terms or until a successor is appointed. All members are subject to the State Conflict of Interest and Ethics Law in accordance with M.G.L. Part IV, Title I, c. 268A.

Individuals who are interested in an appointment to the Board should submit a letter of intent and current resume to:

Dr. Lorena Silva, Executive Director
Board of Registration in Nursing
239 Causeway Street, 5th Floor
Boston, MA 02114

Board Extends Appreciation to Outgoing Members

During 2021 Fiscal Year, members and staff of the BORN extended their sincere appreciation to outgoing Board member, Barbara Levin, BSN, RN (RN Direct Care, Not Advanced Nursing Practice) and Gail Gravlin, Ed.D, RN (RN Education, Post Graduate Level) for their service on behalf of the residents of the Commonwealth.

Governor Appoints New Board Members

Governor Baker appointed four new members to the Board of Registration in Nursing (Board) during Fiscal Year 2021. The Board is pleased to welcome Dr. Yen; physician seat and Virginia Percy, MSN, RN: RN Direct Care seat.

Nursing Board Meeting Dates

For a list of the 2021 Calendar Year meeting dates, visit the Board's website at www.mass.gov/dph/boards/rn, click on "About the Board of Registration in Nursing" and then on the link to the Board Calendar. Minutes of the Board's regularly scheduled monthly meetings are published on the Minutes and Agendas of Previous Board Meetings web page.

Board Staff

Lorena Silva, DNP, MSN-L, MBA, RN,
Executive Director

Claire MacDonald, DNP, RN,
Deputy Executive Director

Stewart Allen, Administrative Assistant

Candice Andfield, Office Support Specialist I

Hansella Caines Robson, MSN, MHA, RN,
Nursing Education Coordinator

Heather Cambra, RN, JD,
Substance Abuse Rehabilitation Program Coordinator

Marjorie Campbell, RN, JD,
Nursing Investigations Supervisor

Carolyn DeSpirito, BSN, RN, JD
Complaint Resolution Coordinator

Randall Dumas, Office Support Specialist I

Steven Guan, Office Support Specialist I

Shalonda Hall, Substance Abuse Rehabilitation Program
Monitoring Coordinator

Laurie Hillson, PhD, MSN, RN,
Assistant Director, Policy & Research

Kimberly Jones, Probation Compliance Officer

Patricia McNamee, MS, RN, Nursing Practice Coordinator

Anthony Pettigrew, Compliance Officer

Edward Riggs, Compliance Officer

Gabrielle Rivera, Office Support Specialist I

Phillip Scott, Licensing Coordinator

Jean Scranton, LPN, Compliance Officer

Stacey Waite, DNP, RN, Nursing Education Coordinator

Lauren Woodward, ADN, RN, Compliance Officer

Board Council

O. Atueyi JD

B. Oldmixon JD, MPH

Vacant

SARP Coordinator

BORN Welcomes New Colleagues and Says Farewell to Others

During Fiscal Year 2021, the Board of Registration in Nursing and its staff welcomed; Complaint Resolution Coordinator, Carolyn DeSpirito, BSN, JD, RN; Patricia McNamee, MS, RN, Nursing Practice Coordinator, Edward Riggs, Compliance Officer, Stacey Waite, DNP, RN, Nursing Education Coordinator, and Diane McKenney, Compliance Officer. The Board and its staff extended appreciation to the following staff member as she departed for a new opportunity: Marsha Gilmore, SARP Coordinator.

Appreciation Extended to Retired BORN Staff

During 2020 Fiscal Year, BORN members and staff extended their sincere appreciation to Amy Fein BSN, RN, JD, as she retired on Wednesday June 10, 2020. She worked for the Board for over 23 years working as the Board's Complaint Resolution Coordinator, interim Executive Director at times during her time with Board, and all around go-to person for just about everything! She will always be remembered for her tireless dedication to her work, public safety, and her ability to take on ever-changing priorities and projects with confidence. While on the Board staff, Amy has been involved on a national level with

the National Council on State Boards of Nursing (NCSBN), Federation of Association of Regulatory Boards (FARB), and the Council on Licensure Enforcement and Regulation (CLEAR). For years, she has been the office resource for policies, procedures, and Board historical knowledge. She never backs down from an opportunity to teach another, answer a question, or provide assistance when a co-worker is in need. Her smile and generosity will be missed, however, all of her colleagues wish her the very best in the next chapter of her journey!

During the Fiscal Year 2021, BORN members and staff extended their sincere appreciation to Mary Matthews, BSN, RN, Compliance Officer. Mary worked as a Compliance Officer for the Board of Nursing for thirteen years, before retiring in December of 2020. Mary was an invaluable team member for the Investigation Unit, bringing a wealth of nursing knowledge and experience to each and every case. Mary had a sound understanding of nursing practice, and this was reflected in the

thoroughness of her investigations and completeness of her written reports. Mary also helped greatly over the years with the training of new Compliance Officers, and she also participated in meetings to help put together several policies over the years that aided in the investigation process. On a separate note, Mary was also well known for creative decorations in her cubicle to reflect the changing seasons and holidays, and it was always fun to stop by her desk and view her creative decor. Mary will be missed.

Keeping Up to Date with BORN

The BORN posts information on its website to alert nurses to licensure requirement revisions or other noteworthy news. In order to keep current, the BORN recommends that nurses regularly check the BORN's website for further developments and subscribe at www.mass.gov/dph/boards/rn to be automatically notified via email when the Board posts a "news and announcements" item. Note: the RSS feed does not work with iPhones, iPads, Safari or Google. Please use a compatible web browser.

Q and A

Q. What is a regulation?

A. A regulation is a rule, promulgated by a government agency that has the effect or force of law. Government agencies are granted rule-making authority by the state Legislature. The purpose of regulation is to clarify the general and board provisions of law. The Board is authorized by Massachusetts General Laws (M.G.L.), Chapters 13 and 112, to promulgate and enforce regulations.

Q. What does CMR mean?

A. CMR is an acronym for the Code of Massachusetts Regulations. The CMR is the entire body of administrative law for Massachusetts. Board regulations are located at title, "244".

Q. What does promulgate mean?

A. Promulgate means to put into effect by formal public announcement. The Board's regulations are promulgated, i.e. become effective, upon publication of the regulations in the Massachusetts Register, the official state publication of regulations.

Q. Can changes in the Board's regulations expand the scope of the Board's authority?

A. No, changes in regulations cannot expand the Board's authority, which is based in statute enacted by the Legislature.

Executive Order 562: Updates on the Board's 244 CMR Review

The BORN has undertaken a multi-step review of its regulations at 244 CMR in compliance with Executive Order (EO) 562, issued by Governor Baker on March 31, 2015. Update on Pending Revisions at 244 CMR 3.00, 5.00, 7.00, 8.00, 9.00 and 10.00 as of June 1, 2021

Pending revisions to BORN regulations at 244 CMR that are ready to promulgate:

- 3.00: Registered Nurse and Licensed Practical Nurse
- 4.00: Advanced Practice Registered Nursing
- 5.00: Continuing Education
- 6.00: Approval of Nursing Education Programs and General Conduct There of
- 7.00: Investigations, Complaints and Board Actions
- 8.00: Licensure Requirements
- 9.00: Standards of Conduct
- 10.00: Definitions and Severability

History

- These revisions were initiated during 2015 in response to an executive order requiring review of all regulations and initially sent out for hearing in two batches in 2016 and 2017.
- Unlike other BHPL boards, BORN regulations had definitions in each chapter instead of a definitions chapter. This led to inconsistent definitions for the same terms. Part of the revision was the transition of all definitions into a chapter for definitions at 244 CMR 10.00.
- 244CMR3.00, 5.00,7.00, 8.00 and 9.00 were approved to promulgate between 2017 and 2019, but due to the transfer of definitions into 10.00, have been waiting until 10.00 was approved.
- 244 CMR 6.00 also went out for public hearing in 2016. However, after the first public hearing and following survey results from 2016, the BORN proposed further significant revisions that required a second public hearing.
- 244CMR10.00 also required a second public hearing to add in definitions supporting terms used in proposed revisions to 6.00.
- The 2nd public hearing on 10.00 was held in 2019, and the 2nd public hearing on 6.00 was held in 2020.
- The Board proposed no further changes to 10.00 following the 2nd public hearing, and it is now (as of April 12, 2021) approved to proceed with promulgating 10.00. The regulations that were waiting on 10.00 can also be promulgated.

Major updates to regulations

On June 9th, the BORN, voted to approve emergency amendments to 244 CMR 4.00 allowing Advanced Practice Registered Nurses independent practice. The new emergency regulations allow for independent prescriptive practice for certified nurse practitioners, certified registered nurse anesthetists, and psychiatric nurse mental health clinical specialists after a minimum of two (2) years of supervised practice by a qualified health care professional with at least one (1) year of independent practice. A public hearing was scheduled for July 16th.

3.00: Registered Nurse and Licensed Practical Nurse

- Improved guidance on delegation of nursing activities to unlicensed persons, including clarified criteria for delegation and supervision
- Recognition in regulation of authority for school nurses to delegate medication administration pursuant to G.L. c. 94C and 105 CMR 700.
 - Delegation provisions distinguish between activities, which “may” and “may not” be delegated.

- Medication administration was originally included in the “may” section with the limitation “only as permitted” by G.L. c. 94C and 105 CMR 700
- Following comments, medication administration was repositioned to the “may not” section “except as permitted” by G.L. c. 94C and 105 CMR 700

Updates on Nursing Practice-Related Laws

M.G.L. chapter 112, §265 authorizes a primary care provider (PCP) including Certified Nurse Practitioners and Certified Nurse Midwives acting within the PCP’s designated scope of practice, to delegate the administration of an immunization of a patient to a Certified Medical Assistant (CMA) who meets specified qualifications. Under this law, a PCP is permitted to delegate the administration of an immunization to a certified medical assistant only while the PCP is present in the facility and immediately available to assist and direct the certified medical assistant

Chapter 260 of the Acts of 2020: An Act Promoting A Resilient Health Care System That Puts Patients First

was enacted on January 1, 2021, when the Governor signed the Bill S. 2984. The changes will affect three of our APRN clinical categories; Certified Nurse Anesthetists (CRNAs), Certified Nurse Practitioners (CNP), and Psychiatric Clinical Nurse Specialists (PCNSs). The changes do not affect Certified Nurse Midwives (CNMs) or Clinical Nurse Specialists (CNSs)

since CNMs already have independent practice and CNSs do not have prescriptive authority. *After the Board promulgates 244 CMR 4.0 regulations*, APRNs shall have independent practice authority that includes written prescriptions and medication orders and order tests and therapeutics without the supervision if the APRN has completed not less than 2 years of supervised practice following certification from a board-recognized certifying body; provided that supervision of clinical practice shall be conducted by either a qualified physician or APRN who has a demonstrated record of safe prescribing and good conduct consistent with professional licensure obligations required by each jurisdiction in which the APRN has been licensed. The board may also allow an APRN to exercise such independent practice authority upon satisfactory demonstration of alternative professional experience if the board determines that the APRN has a demonstrated record of safe prescribing and good conduct consistent with professional licensure obligations required by each jurisdiction in which the APRN has been licensed.

Landmark Moment

At the June 9th Nursing Board meeting, the Board voted unanimously to authorize the emergency filing of 244 CMR 4.00 proposed revisions. The Order of the Commissioner of Public Health Authorizing Independent Practice of Advanced Practitioners (issued March 26, 2020) is rescinded as of June

15, 2020 with the updates to the DPH Board of Registration in Nursing regulation 244 CMR 4.00 implementing provisions of chapter 260 of the acts of 2020 which got promulgated on an emergency basis June 10, 2021.

The public hearing for 244 CMR 4.00 will be held on **Friday, July 16, 2021, at 1:00 p.m.** The hearing will be conducted on a **moderated conference call**. The information for the moderated conference call is:

Dial in Telephone Number: 888-390-5007
 Participant Passcode: 8006100
 To Testify Press: *1

Speakers are requested to provide a written copy of their testimony. The Department encourages all interested parties to submit written testimony electronically to the following address: Reg.Testimony@state.ma.us. Please submit electronic testimony as an attached Word document or as text within the body of an email, with "BORN: 244 CMR 4.00" in the subject line. All submissions must include the sender's full name and address. The Department will post all electronic testimony that complies with these instructions on its website. Parties who are unable to submit electronic testimony should mail submissions to: Office of the General Counsel, Department of Public Health, 250 Washington Street, Boston, Massachusetts 02108. All written testimony must be submitted by **5:00 p.m. on Friday, July 16, 2021**.

A copy of the Notice of Public Hearing and the proposed amendments to Board regulations may be viewed on the Department's website or obtained from the Office of the General Counsel, at 617-624-5220.

If you are deaf or hard of hearing, or are a person with a disability who requires accommodation, please contact Alex Gomez at least 5 days before the hearing at Tel # 617-624-5928, Fax # 617-624-5075, email Alex.Gomez@mass.gov, or TTY # 617-624-6001.

Status of the Enhanced Nurse Licensure Compact (eNLC) in Massachusetts

Currently, Massachusetts is not a member of the eNLC. **Bill H.5164** makes appropriations for fiscal year 2021 for the Health Policy Commission, in consultation with the Board of Registration in Nursing, to conduct an analysis and issue a report evaluating Massachusetts' entry into the Nurse Licensure Compact. The eNLC allows for registered nurses (RNs)

Chapter 227 of the Acts of 2020: An Act Making Appropriations for the Fiscal Year 2021 for the Maintenance of the Departments, Boards, Commissions, Institutions and Certain Activities of the Commonwealth, for Interest, Sinking Fund and Serial Bond Requirements and for Certain Permanent Improvements expands abortion access to women in the Commonwealth of Massachusetts, where pregnancy has existed for 24 weeks or less, by allowing nurse practitioners and nurse midwives to perform abortions consistent with the scope of their practice under Section 40, Chapter 112 of the General Law Section 12M. An abortion shall not be performed unless the written informed consent of the proper person has been obtained except in an emergency requiring immediate action. If a patient is less than 16 years of age and has not married, an abortion shall not be performed unless the physician, physician assistant, nurse practitioner or nurse midwife first obtains both the consent of the patient and that of one (1) of the patient's parents or guardians. However, if a patient less than 16 years of age has not married and if the patient is unable to obtain the consent of one (1) of their parents or guardians to the performance of an abortion, or if they elect not to seek the consent of a parent or a guardian, or in the case of incest, a judge of the superior court department may authorize a physician, physician assistant, nurse practitioner or nurse midwife to perform the abortion after an appropriate hearing.

and licensed practical (LPNs) to have one multistate license, with the ability to practice in person or via telehealth in both their home state and other eNLC states. Licensing standards are aligned in eNLC states so all nurses applying for a multistate license are required to meet the same standards, which include a federal and state criminal background check

CRI Institute: Top 10 Patient Safety Concerns for 2021

The ECRI Institute has released its list of the top 10 patient safety concerns for 2021:

1. Racial and ethnic disparities in healthcare
2. Emergency preparedness and response in aging services
3. Pandemic preparedness across the health system
4. Supply chain interruptions
5. Drug shortages
6. Telehealth workflow challenges
7. Improvised use of medical devices
8. Methotrexate therapy
9. Peripheral vascular harm
10. Infection risk from aerosol-generating procedures

Created to support healthcare organizations in identifying potential patient safety threats and addressing concerns, detailed information is available from the ECRI Institute at

www.ecri.org/top-10-patient-safety-concerns-2021

Information Confidentiality Program

The BORN facilitates special management of specific information it holds related to MA nurse licensure. M.G.L., chapter 66A §10 provides an exemption to public records law that certain information associated with your license that would normally be publicly available shall be restricted if you are a victim of domestic violence, victim of an adjudicated crime, or a person providing or training in family planning services. This information includes the home address, telephone number, place of employment, and place of education listed in the BHPL database.

Once restricted, applicable information will not be disclosed under §10 in response to a public records request, whether that request is made in writing, in person or by telephone. The restricted information will no longer be publicly available on the Bureau's Check-a-License online feature. Under M.G.L., BHPL is legally mandated to respond to a public records request with the non-exempt information in your licensure records (e.g., your name, license number, and license status). Certain information, including dates of birth and social security numbers, are kept confidential and are exempt from disclosure for all individuals.

If you are interested in this program, please visit the BORN's website at www.mass.gov/service-details/confidentiality-of-your-health-profession-license-information

Please be aware that restrictions applied are only associated with information in connection with your licensure by the BHPL. Should you hold a license not governed by the BHPL you would need to contact that agency directly.

Nursing License Renewal is Green!

Since the 2018 RN and the 2019 LPN renewal cycles, license renewal reminders and nursing licenses in paper format have not been mailed via the U.S. Postal Service to Massachusetts' nurses. Now nurses initiate renewal of their nursing license without a paper reminder by logging on to www.mass.gov/how-to/renew-your-nursing-license

Licensure status can be verified by accessing the MA Health Professions License Verification site at www.mass.gov/how-to/check-a-nursing-license.

The license verification site is considered primary source of verification and is available twenty-four (24) hours a day, seven (7) days a week at no cost. It is possible to print information from the website or download licensing information into an excel spreadsheet. Directions are provided at the site. Details regarding the BORN's process for Primary Source Verification are available on the Board's website.

Need A Reminder to Renew Your Nursing License?

The BORN will use email to send reminders to nurses who maintain a current email address in the BORN's database. Log onto the MA Department of Public Health Online Licensing site to update email or mailing addresses. Please note that the mailing and email addresses for each license held must be updated individually. For example, those with both a RN license and APRN authorization will be required to maintain current addresses for both categories.

The National Council of State Boards of Nursing (NCSBN) provides automatic, real-time license status notifications free of charge to LPNs, RNs and APRNs who enroll in Nursys® e-Notify. Nurses can self-enroll

in Nursys e-Notify to receive license status updates, track license verifications, and manage license expiration reminders. Nursys e-Notify also provides real-time licensure, discipline and other publicly available notifications to enrolled nurse employers. The e-Notify system alerts subscribers when a modification is made to a nurse's license record including changes to license status, license expiration, license renewal and public disciplinary action/resolution and alerts. If a nurse's license is about to expire, the system will notify the employer of the expiration date. To learn more about Nursys e-Notify and to participate, visit www.nursys.com/e-notify

Additional Reminders: Nurse Licensure and APRN Authorization

RN license and APRN authorization renewals occur on the RN's birthday in even-numbered years. LPN license renewals occur on the LPN's birthday in odd-numbered years. Once the RN or LPN completes the renewal process, the renewed license status will immediately appear on the Board's license verification site. Licenses automatically change to an "Expired" status should the licensee fail to renew by 11:59 p.m. on the license expiration date. Practice with an expired license is illegal and grounds for Board discipline. Pursuant to M.G.L. c. 112, §65A, a

civil administrative penalty for unlicensed practice of up to \$2,500 and or six months of imprisonment may be imposed. During the renewal process, all nurses attest under penalties of perjury to compliance with:

- State tax and child support laws
- Mandatory reporting laws
- All Board laws and regulations including continuing education requirements
- Prescriber training requirements pursuant to M.G.L. c. 94C, §18(e)

Contacting the Board

www.mass.gov/dph/boards/rn
Email: nursing.admin@state.ma.us

239 Causeway Street
Suite 500, 5th Floor
Boston, MA 02114

Telephone: 617-973-0900
Toll-free: 800-414-0168

Email Directory

Applications	nursebyexam@pcshq.com	Practice	Patricia.McNamee@mass.gov
General Nursing	nursing.admin@state.ma.us	Reciprocity	nursebyreciprocity@pcshq.com
Good Moral Character (GMC)	GMCliaison@state.ma.us	Renewal Notice	renew.bymail@state.ma.us

Quick Links

Questions About...	BORN Web Page	Telephone/Email
<ul style="list-style-type: none"> ■ Scheduled Board meetings and agendas ■ List of Board members ■ List of Board staff ■ Emergency and holiday closure 	About the Board www.mass.gov/board-of-registration-in-nursing-resources	617-973-0900 or 800-414-0168
<ul style="list-style-type: none"> ■ Board address and telephone numbers ■ Directions to Board office ■ Board email address 	Contact Us www.mass.gov/info-details/contact-the-board-of-registration-in-nursing	617-973-0900 or 800-414-0168
<ul style="list-style-type: none"> ■ Nursing laws and regulations 	Statutes, Rules & Regulations www.mass.gov/board-of-registration-in-nursing-resources	617-973-0900 or 800-414-0168
<ul style="list-style-type: none"> ■ BORN-approved RN and LPN education programs ■ NCLEX pass rates by RN and education program 	About Board approved pre-licensure nursing programs www.mass.gov/service-details/about-board-approved-prelicensure-nursing-programs	617-973-0900 or 800-414-0168
<ul style="list-style-type: none"> ■ Records custodian, closed LPN education programs 	Closed LPN program, records custodian www.mass.gov/service-details/closed-schools-and-student-records-office-of-private-occupational-school-education	617-973-0900 or 800-414-0168

Questions About...	BORN Web Page	Telephone/Email
<ul style="list-style-type: none"> License applications 	Advanced Practice Licensure by exam (NCLEX) Licensure by reciprocity	Professional Credential Services 877-887-9727 (within US) 615-880-4275 (outside US) nursebyexam@pcshq.com nursebyreciprocity@pcshq.com
<ul style="list-style-type: none"> License related 	Good moral character requirements Renewal Reciprocity Verification Other license related www.mass.gov/nursing-licenses	617-973-0900 or 800-414-0168
<ul style="list-style-type: none"> Recent News and Announcements Upcoming Events 	www.mass.gov/orgs/board-of-registration-in-nursing	
<ul style="list-style-type: none"> Practice scope: decision making guidelines 	www.mass.gov/service-details/learn-about-the-nursing-scope-of-practice	Top of Form Bottom of Form
<ul style="list-style-type: none"> Advisory rulings 	www.mass.gov/lists/advisory-rulings-for-the-board-of-registration-in-nursing	Top of Form Bottom of Form

SUBSTANCE ABUSE REHABILITATION PROGRAM

Established in accordance with M.G.L. Chapter 112, § 80F, the Board of Registration in Nursing's Substance Abuse Rehabilitation Program (SARP) is a voluntary, non-disciplinary approach to Substance Use Disorders (SUDs) among licensed nurses. SARP is a three-year abstinence-based program designed to protect the public health, safety and welfare by establishing adequate safeguards to maintain professional standards of nursing practice. It is accomplished by monitoring and supporting participants' ongoing recovery and their return to safe nursing practice.

The National Council of State Boards of Nursing (NCSBN) now offers its continuing education courses, Understanding Substance Use Disorder in Nursing and Nurse Manager Guidelines for Substance Use Disorder, free of charge. These and other resources related to Substance Use Disorder are available at www.ncsbn.org.

Nursing Practice Updates

Did you know?

In order to provide more information about the applicability of statutes and regulations enforced or administered by the BORN in accordance with M.G.L. c. 30A, § 8, the BORN issues adopted and revised Advisory Rulings (ARs).

- The BORN has published twenty-four (24) ARs, describing the applicability of a statute or regulation to nursing practice. All licensed nurses, including Licensed Practical Nurses (LPNs), Registered Nurses (RNs) and Advanced Practice Registered Nurses (APRNs) are encouraged to review them at www.mass.gov/lists/advisory-rulings-for-the-board-of-registration-in-nursing
- In each of its ARs, the BORN affirms that the licensed nurse is responsible and accountable for acquiring and maintaining the knowledge, skills and abilities (i.e. competencies) necessary to practice in accordance with accepted standards.

During Fiscal Year 2021, the BORN issued two (2) adopted ARs:

- *AR 2001: Advanced Practice Registered Nurse Delegation of the Administration of Immunizations to Certified Medical Assistants.* This AR was issued in anticipation of large volumes of vaccines that will

likely need to be administered during the Pandemic. M.G.L. c. 112, §265 authorizes a primary care provider (PCP) acting within the PCPs designated scope of practice, to delegate the administration of an immunization of a patient to certified medical assistants (CMAs) who meets the training and certification criteria outlined in the AR. The APRN must provide direct supervision as defined in the AR.

- *AR 2101: Certified Nurse Midwives: Care of Transgender and Gender Diverse Individuals.* The purpose of this AR is to clarify that it is the Board's position that it is within the Certified Nurse Midwives (CNM's) scope of practice to provide care to transgender and gender diverse individuals for which the CNM has been educationally prepared and/or for which competency has been established and maintained. M.G. L. 112 section 80G states that Nurse-midwifery care shall be consistent with the standards of care established by the American College of Nurse Midwives (ACNM).

In addition, the BORN revised two (2) Advisory Rulings:

- AR 9401: The Role of the Licensed Nurse in the Department of Public Health Medication Administration Program.
- AR 1801: Licensure Required to Practice Nursing

Scope of Nursing Practice Decision-Making Guidelines

The BORN publishes its Scope of Nursing Practice Guidelines to assist APRNs, RNs and LPNs, and their employers in determining whether a task or activity is within the nurse's scope of practice. The Nurse Practice Act (i.e. statutes) and regulations

governing nursing practice which are referenced in the Decision-Making Guidelines are available on the Board's web page at www.mass.gov/service-details/learn-about-the-nursing-scope-of-practice

Reminder for APRNs engaged in prescriptive practice of the following requirements of Chapter 52 of the Acts of 2016 ("the STEP Act"):

M.G.L. c. 94C, § 18(e) requires all APRN prescribers to complete education related to effective pain management; the risks of abuse and addiction associated with opioid medication; identification

of patients at risk for substance use disorders; counseling patients about the side effects, addictive nature and proper storage and disposal of prescription medications; appropriate prescription

quantities for prescription medications that have an increased risk of abuse; and opioid antagonists, overdose prevention treatments and instances in which a patient may be advised on both the use of and ways to access opioid antagonists and overdose prevention treatments.

This continuing education requirement must be fulfilled as a prerequisite to initial application for a MA Controlled Substance Registration (MCSR) and subsequently during each APRN license renewal period, and it must be consistent with 244 CMR 5.00: Continuing Education. The APRN prescriber is required to attest under the penalties of perjury to complying with M.G.L. c. 94C, § 18(e) when signing the Massachusetts Controlled Substance Registration form and the nursing license/APRN authorization renewal form.

Education Requirements for Prescribers can also be found on the “[Learn more about prescriptive authority requirements and practice guidelines](#)” section of the Board’s website.

Links to free course work are included:

- [Overview | Online training | Core curriculum | SCOPE of Pain \(Safer/Competent Opioid Prescribing Education\) | Continuing Medical Education | School of Medicine | Boston University](#)
- www.drugabuse.gov/opioid-pain-management-cmesces

Please note that MGL 94C, Section 18(e) does not specify a minimum number of contact hours to comply with this education requirement.

Online Prescription Monitoring Program Check Required for Each Schedule II and III Prescription

All prescribers must use Massachusetts Prescription Awareness Tool (MassPAT), the online Prescription Monitoring Program (PMP) each time the prescriber issues a prescription for a narcotic drug contained in Schedules II and III; and Check MassPAT when prescribing a benzodiazepine or DPH designated drugs in Schedule IV through VI for the first time. Pursuant to Chapter 52 of the Acts of 2016, Gabapentin and its chemical equivalents are designated as “additional drugs.”

Currently, the PMP provides to authorized users, a patient’s prescription history for Schedule II – V prescriptions for the prior 12 months as reported by

all Massachusetts pharmacies and by out-of-state pharmacies delivering to people in Massachusetts. The prescription information is reported electronically to the PMP at least every 24 hours, or next business day, from all Massachusetts community, hospital outpatient and clinic pharmacies as well as from out-of-state mail order pharmacies that deliver to patients in Massachusetts.

For more information, including how to access MassPAT, visit the Prescription Monitoring Program website at www.mass.gov/dph/dcp/pmp

7-Day Restriction on Supply of Prescribed Opioids

Opioid prescriptions are limited to a maximum seven-day supply when issued to an adult for the first time. Opioid prescription for minors, are also limited to a maximum seven-day supply.

Prescriber may issue a prescription for more than a seven-day supply of an opioid to adult or minor

patients if, in the prescriber’s medical judgment, a greater supply is necessary to treat an acute medical condition, chronic pain, pain associated with a cancer diagnosis or for palliative care. In such a case, the condition must be documented in the patient’s medical record and the prescriber must indicate that a non-opioid alternative was not appropriate to

address the medical condition. The new law does not apply to opioid medications that are designed for the treatment of substance abuse or opioid dependence.

Patients may direct pharmacies to dispense less than the fully prescribed quantity of an opioid. Whenever a prescriber issues a Schedule II opioid, the prescriber must: consult with the patient regarding the quantity of the opioid prescribed and the patient's option to request the prescription be filled in a reduced quantity; and inform the patient of the risks associated with the opioid. If dispensed in a lesser amount, the prescription is void as to the unfilled quantity.

Currently, the state online Prescription Monitoring Program (PMP) enables authorized prescribers to access a patient's history for Schedule II through V prescriptions for the past year. The information is reported electronically to the PMP at least every 24 hours, or next business day, by all Massachusetts community, hospital outpatient and clinic pharmacies as well as from out-of-state mail order pharmacies that deliver to patients in the Commonwealth.

Nursing Practice Inquiry

The Board receives practice inquiries daily. When asking about practice, the board requests that the question be in writing using the link [Board of Registration in Nursing | Mass.gov](#). See the section "Contact Us" and use the email address: nursing.admin@state.ma.us

Telehealth

In the Standards of Conduct (244 CMR 9.00), Telecommunications technology is defined as those modalities used in the practice of nursing over distance, whether intrastate or interstate. Such modalities include, but are not limited to: telephones, facsimile, cellular phones, video phones, computers, email, voice mail, CD-ROM, electronic bulletin boards, audio tapes, audio-visual tapes, teleconferencing, video conferencing, on-line services, World Wide Web, internet, interactive television, real-time camera, and still-imaging.

"My patient resides in Massachusetts, but will be spending one month in Florida. Am I able to provide nursing care telehealth while she is in Florida?"

The scenario above pertains to patients physically located outside of Massachusetts by nurses who are located within Massachusetts. [244 CMR 9.00: Standards of conduct for nurses | Mass.gov](#) contains the regulatory language:

- Practice of Nursing in Another Jurisdiction Using Telecommunications Technology: "A nurse licensed by the Board who, while physically located within Massachusetts, provides a nursing service using telecommunications technology to a person physically located outside Massachusetts, shall also be governed by the licensure and practice laws and regulations of the state or jurisdiction in which the recipient of such a service is located." The Board advises MA licensed nurses to contact the Board of Nursing in the state where the patient will be located at the time the nursing activity is provided to determine if state licensure is required.

"Can a MA licensed RN go to Arizona for several weeks during the winter, and do electronic and telephonic work for patients located in MA from a temporary residence in Arizona if not licensed there?"

The answer to the question is "yes". The following definition, again from Standards of Conduct, states nurses must be licensed in MA when providing nursing activities to persons physically located *within* MA.

Continuing Education for Licensure Renewal

The BORN frequently receives inquiries regarding the Board's regulatory requirements at 244 CMR 5.00 for continuing education (CE) programs. It is the responsibility of each licensed nurse to determine whether a CE program provides a planned learning experience that augments the knowledge, skills and attitudes for the enhancement of their individual nursing practice.

In general, CE programs approved by a professional review process or by other jurisdictions' boards of nursing satisfy the Massachusetts continuing educational requirements. However, it remains the responsibility of the licensee to determine whether the program satisfies all the Board's regulatory requirements.

What are the continuing education criteria for licensure?

The Board regulations pertaining to continuing education can be found under 244 CMR 5.00, utilizing the following link: [CMR 5.00: Continuing education | Mass.gov](#)

- Fifteen (15) hours of continuing education (CE) within the two (2) years immediately preceding renewal of registration are required for licensure. RNs renew on their birthday in even numbered years. LPNs renew on their birthday in odd numbered years. New licensees do not have to complete any CE requirements for their first renewal after initial licensure.
 - There is no requirement for clinical hours of practice to renew a license, however, APRNs may have additional CE requirements to maintain certification, as well as practice hours. *These are separate from the Board's requirements.* As a reminder, all APRNs must maintain current certification through a Board approved national certifying organization to maintain current Board authorization to practice. If your certification lapses for any reason, you are no longer authorized to practice as an APRN. Learn how to [request to remove or reinstate APRN authorization](#).
 - The Board may request verification of compliance at any time. It is the nurses' responsibility to maintain evidence of CE completion for their most recent two (2) consecutive renewal periods in last four (4) years.
 - While required in-services held by your work place provide necessary information for performing your job safely and effectively, they do not meet CE requirements for license renewal.
- Basic Life Support Training (BLS) *cannot* be used towards continuing education for licensure renewal. The *first time* Advanced Cardiac Life Support (ACLS) and/or Pediatric Advanced Life Support (PALS) is taken, it *may* be used.
 - Refresher programs and educational programs that offer CME, AMA, or other professional recognized credit may satisfy the Board CE requirement. In general, programs approved by a professional review process or by other jurisdictions' boards of nursing will satisfy the Massachusetts CE requirements. However, it is nurse's responsibility to determine if the program contains all the Board's requirements using the checklist using the link [nursing-nurse-continuing-ed-checklist.pdf \(mass.gov\)](#)
 - Providers can use the link contained on the following web page to find a checklist that determines if the continuing education programs satisfies Board's requirements: [Continuing Education \(CE\) requirements for providers | Mass.gov](#)

Since 2018, the Board has required two (2) specific continuing education activities:

1. Alzheimer's Training:

Pursuant to Chapter 220 of the acts of 2018, as of November 7, 2018, *applicants for initial licensure* must complete a one-time course of training and education in the diagnosis, treatment and care of patients with cognitive impairments, including, but not limited to

Alzheimer's disease and dementia. Licensees applying to *renew a license* must complete the required course by November 7, 2022.

There is no prescribed course or number of education hours for this training. If you received any training or education in your academic nursing program, through professional staff development, conferences, seminars or continuing education in the diagnosis, treatment and care of patients with cognitive impairments including but not limited to, Alzheimer's disease and dementia at any time, then you meet the requirements for training.

APRN Certification

To maintain authorization from the Board of Registration in Nursing (Board) to engage in advanced practice nursing, an Advanced Practice Registered Nurse (APRN) must hold current APRN certification from a Board-recognized certifying organization [ref: 244 CMR 9.04(4) and 244 CMR 4.05]. To that end, the Board has updated its database and will be communicating with APRN certifying organizations on a regular basis to verify certification status.

Board-recognized certifying organizations include the following:

Clinical Nurse Specialist (CNS):

- American Nurses Credentialing Center
- American Association of Critical-Care Nurses

Nurse Anesthetist (CRNA): National Board of Certification and Recertification of Nurse Anesthetists

Nurse Midwife (CNM): American Midwifery Certification Board

Nurse Practitioner (CNP):

- American Academy of Nurse Practitioners
- American Nurses Credentialing Center
- National Certification Corporation
- Pediatric Nursing Certification Board
- American Association of Critical-Care Nurses

2. **Domestic and Sexual Violence training:** Pursuant to Chapter 260 requirements, all applicants for initial licensure and licensure by reciprocity are required to take a one-time, online course in Domestic and Sexual Violence. The link to this website is here:

chapter260training.org/courses/training/

Licensees should have completed this training by June 30, 2019.

Psychiatric Clinical Nurse Specialist: American Nurses Credentialing Center

Should an APRN's certification lapse for any reason, the APRN must inform the BORN by completing a "Request to Remove APRN Authorization" form and cease APRN practice until such time that certification becomes current (there is no "grace period"). Once the re-certification process is successfully completed, the APRN can complete a "Request to Reinstatement APRN Authorization" form. Upon receipt of the form, the Board will verify the certification as current and will update the Board's license verification website, and the APRN may return to practice.

It is APRNs professional responsibility to meet the initial and continued certification requirements of the Board approved certifying organization. For additional certification information APRNs should contact their certifying organization.

If the Board determines that an APRN certification is expired or cannot be found in the certifying organization's database, the APRN will receive a letter requesting that they contact the Board within two weeks to update their APRN status along with an enclosed form to remove APRN authorization. Removal of APRN authorization does not affect the APRN's registered nurse licensure status. A link

to the “Removal of APRN Authorization” form is provided here: [download \(mass.gov\)](#)

The most common reason an APRN certification cannot be found in the certifying organization’s

database is because the last name in the BORN’s database does not match the last name in the certifying organization’s database. When this is the case, the BORN has been sending letters to APRNs to remind them to update their last name.

Mandatory Enrollment in MassHealth for all APRNs

Without exception whether you bill MassHealth or not, you still need to enroll as a fully participating provider or as a nonbilling provider. You will be asked to provide your individual [National Provider Identifier \(NPI\)](#) when enrolling. [MGL c. 112, § 80B](#) was amended to include [mandatory enrollment in MassHealth](#) for ALL APRNs for the limited purposes of ordering and referring services covered under

this program. The mandate includes all certified nurse practitioners (CNPs), psychiatric clinical nurse specialists (PCNSs), clinical nurse specialists (CNSs), certified registered nurse anesthetists (CRNAs) and certified nurse-midwives (CNMs) without exception. The amendment does not require APRNs to include MassHealth patients in their patient panels. [Contact MassHealth](#) if you have any questions.

Disciplinary Action Reporting to the National Practitioner Database

Disciplinary action reporting systems are designed to protect the public by making it easier to access data about the health care practitioner who is providing care to a patient. The Board of Registration in Nursing (Board) is required to report all disciplinary actions taken against a nurse as well as any non-disciplinary license/practice restrictions to National Practitioner Database (NPDB), the result of a May 2013 merger of the federal Healthcare Integrity and Protections Databank and the National Practitioner Databank. The NPDB is intended to combat fraud and abuse in health insurance and health care delivery, and can be accessed by employers, federal and state governmental agencies, health insurance plans, medical facilities, individual health care practitioners and the public.

The Board also reports disciplinary action against licensees on its website. It also provides licensee information, including disciplinary actions, to the National Council of State Boards of Nursing NURSIS[®] database, the only national database for verification of nurse licensure.

Complaint Resolution and Patient Safety

The Board has long supported a patient safety culture that balances individual accountability and system-related factors. To that end, it considers a variety of factors in its evaluation of a “complaint” or allegation that a nurse has engaged in practice that violates a law or regulation related to that practice. These

factors include: the nature and related circumstances of the nurses conduct; applicable remedial activities successfully completed by the nurse; employment performance evaluations of the nurse prior to and following the error; any acknowledgment by the nurse of a practice error and its significance; prior

repeated or continuing practice-related issues; associated practice environment or systems-related factors; and whether there is a need, in the public's interest, for an official record of the nurse's practice-related error.

For detailed information regarding the Board's complaint resolution process, visit 244 CMR 7.00: Action on Complaints at www.mass.gov/files/documents/2016/07/nf/244cmr007.pdf

During calendar year 2020, the Nursing Investigation Unit opened a total of 248 Complaints and closed 202 Complaints. Of the Complaints that were closed, 73 of those Complaints were closed without discipline and 129 Complaints were closed with discipline. The disciplinary actions include: 21 licenses were placed on probation; 1 license surrender; 16 licenses were revoked; 19 licenses were suspended; 26 licenses were reprimanded; and 50 licenses were voluntarily surrendered. We also had 8 cases where the licensees were summarily suspended (MLO Reports).

Disciplinary actions taken by other state boards of nursing can be found by clicking on Nursys Licensure Quick Confirm.

www.mass.gov/board-of-registration-in-nursing-complaint-process

State law authorizes the Board to investigate complaints against nurses. The Board may sanction a nurse's license when there is evidence of their violation of law, regulations, or standards of conduct that pose a risk to the public. Disciplinary action depends on what the Board determines is necessary to ensure that a nurse's unsafe behaviors or practice deficiencies are remediated. To remain licensed, nurses must demonstrate that they are able to practice in a safe and competent manner.

Pre-Licensure Nursing Education

Board-Approved Nursing Education Programs

M.G.L. c. 112, §81A and §81C, authorize the Board to establish regulations governing the approval and operation of RN and LPN education programs located in the Commonwealth. As of June 30, 2021, there were 76 Board-approved RN and LPN education programs:

24 LPN Programs

Pre-requisite Approval Status: None
Initial Approval Status:
Quincy College – Quincy Campus
Quincy College – Plymouth Campus

Approval with Warning Status: None
Full Approval Status: all other Practical Nurse programs

21 RN – Associate Degree Programs

Pre-requisite Approval Status: None
Initial Approval Status:
Quincy College – Quincy Campus
Quincy College – Plymouth Campus
Roxbury Community College

Approval with Warning Status: None
Full Approval Status: all other Associate Degree RN programs

24 RN – Baccalaureate Degree Programs

Pre-requisite Approval Status: None

Initial Approval Status:

Assumption University

Emmanuel College

Merrimack College

Approval with Warning Status:

Becker College (By Board action March 11, 2020)

Full Approval Status: all other pre-licensure

Baccalaureate Degree programs

6 Direct Entry Graduate Degree Programs

Pre-requisite Approval Status: None

Initial Approval Status: None

Approval with Warning Status: None

Full Approval Status: all Direct Entry Graduate

Degree programs

1 RN - Hospital-based Diploma Program

Pre-requisite Approval Status: None

Initial Approval Status: None

Approval with Warning Status: None

Full Approval Status: all

Board actions related to individual nursing education programs during Fiscal Year 2021 is contained in the Board's monthly meeting minutes available on the Minutes and Agendas of Previous Board Meetings web page.

A list of all Board approved nursing education programs is available on the Board's website at www.mass.gov/eohhs/docs/dph/quality/boards/rnecpro.pdf

Summary:

- From 2010-2020, there has been a 23% increase in RN program graduates (MA BORN Annual Reports, 2012-2020).
- From 2010-2020, the number of actual graduates of RN programs has decreased in three (3) of the five (5) regions. The Western and Metro regions had significant increase in graduates, with a 49-52 % increase from 2012-2020 (MA BORN Annual Reports, 2012-2020).
- From 2012 -2020, the LPN programs have seen a 24% decrease graduates (MA BORN Annual Reports, 2012-2020).
- LPN program graduate numbers have decreased over time in all regions, with the exception in the Western region of Massachusetts (MA BORN Annual Reports, 2012-2020).
- The most significant decrease in graduates of LPN students was noted in the Metro and Southeast regions (MA BORN Annual Reports, 2012-2020).
- Since 2016, four (4) LPN programs have closed (MA BORN Annual Reports, 2012-2020).

Graduation rates:

The total number of graduates from Board-approved RN education programs increased 1% in 2020 (n=4,363) compared to 2019 (n=4,325).

For the 2020 graduation rates compared to 2019 rates: Increases in graduation rates were noted in the following programs:

1. Associate Degree Nursing Programs increased 10% in 2020 (n=1,394) compared to 2019 (n=1,263)
2. Direct Entry Nursing Programs increased 6% in 2020 (n- 293) compared to 2019 (n=276)

Decreases in graduation rates were noted in the following programs:

1. LPN Programs decreased 5% in 2020 (n=679) compared to 2019 (n=711)
2. Baccalaureate Degree Nursing Programs decreased 4% in 2020 (n=2,597) compared to 2019 (n=2,707)

Diploma Programs remains the same (n=79)

For the 2020 graduation rates compared to the 2015 rates:

The total number of graduates from Board-approved RN education programs increased 15% in 2020 (n=4,363) compared to 2015 (n=3,790).

Increases in graduation rates were noted in the following programs:

1. Baccalaureate Degree nursing programs increased 40% in 2020 (n=2,597) compared to 2015 (n=1,854)
2. Diploma Nursing Programs increased 7% in 2020 (n=79) compared to 2015 (n=74)

Decreases in graduation rates were noted in the following programs:

1. Direct Entry MSN programs decreased by 31 % in 2020 (n=293) compared to 2015 (n= 425)
2. Associate Degree RN programs decreased 3% in 2020 (n=1,394) compared to 2015 (n = 1,437)
3. LPN program graduates decreased 28% in 2020 (n= 679) compared to 2015 (n= 942). Since 2016, four (4) LPN programs have closed.

2020 NCLEX® Performance of Massachusetts Graduates

The 2020 pass rate of first-time writers of the National Council Licensure Examination for RN (NCLEX-RN) who graduated from Board-approved RN education programs was 90%. The 2020 performance of all U.S.-educated RN program graduates during the same period was 88%.

The pass rates for graduates of Board-approved LPN education programs who wrote the National Council Licensure Examinations for LPN (NCLEX-PN) for the first time during 2020 was 91% compared to 84% for all U.S.-educated LPN program graduates.

The NCLEX-RN and NCLEX-PN are valid and reliable assessments of the competencies needed to perform safely and effectively as a newly licensed, entry-level RN or LPN. The NCLEX exams are administered daily Monday through Friday using computer adaptive testing (CAT) which merges computer technology with the latest measurement theory to increase the efficiency of the exam process. The NCLEX has been administered using CAT since 1994 when it replaced the pencil-and-paper version of what many nurses refer to as “Boards.” For information on the 2020 NCLEX pass rate for individual Board-approved nursing education programs, visit the Board’s 2020

Performance Summary for Massachusetts Nursing Education Programs web page at

www.mass.gov/service-details/about-board-approved-prelicensure-nursing-programs

Regulation, 244 CMR 6.08(1)(h), identifies an ongoing annual NCLEX pass rate less than 80% for first time writers who are graduates of a Board-approved nursing education program as grounds for the Board’s review of the program’s approval status and an on-site survey. In action taken March 8, 2017, the Board will now interpret the term “ongoing” as it appears in 244 CMR 6.08(1)(h) as any second year within a three-year period. As a result, the Board will direct a program with an NCLEX pass rate less than 80% for first-time writers for any second year within a three-year period to conduct an evaluation of its compliance with the regulations at 244 CMR 6.04: Standards for Nursing Education Program Approval.

Current NCLEX-PN® Passing Standard in Effect through March 2020

NCLEX-PN Passing Standard

In December 2019, the National Council of State Boards of Nursing (NCSBN) Board of Directors voted to raise the passing standard for the NCLEX-PN Examination. The new passing standard is -0.18 logits*, 0.03 logits higher than the current standard of -0.21 logits. The new passing standard was scheduled to go into effect on April 1, 2020.

As the practice of nursing is constantly evolving, there is a need to periodically reevaluate the appropriateness of the NCLEX-RN and the NCLEX-PN passing standards. In taking this action, the NCSBN Board of Directors considered multiple sources of information including the

recommendations of an expert panel of subject matter experts who performed a criterion-referenced standard setting procedure. The NCSBN Board of Directors also considered an historical record of the NCLEX-PN passing standard and test-taker performance and the results of the annual national surveys of nursing professionals including nurse educators and directors of nursing in acute and long-term care settings.

The NCSBN Board of Directors re-evaluates NCLEX passing standards every three years to ensure the minimum competence of entry-level Nurses.

Next Generation NCLEX®

Findings of research by Examination Department staff at the NCSBN indicated that critical thinking and decision-making skills were an essential component of entry-level nursing education. This research further identified the need for measurement of competence in clinical judgment within high-stakes nursing licensure exams.

As a result, NCSBN has announced it is conducting a research project to assess the ability of current and potential innovative items, or test questions, to evaluate a nurse licensure candidate's clinical judgment.

With an anticipated start in 2023, the NCLEX-RN® will include a Special Research Section. The Special Research Section will be given to select candidates taking the NCLEX-RN and will take approximately 30 minutes to complete. This section will be administered following a candidate's regular NCLEX

exam and will not count as part of their NCLEX score. Information about the Special Research Section is available to NCLEX candidates via the NCSBN and Pearson VUE websites.

According to NCSBN, clinical judgment is defined as the observed outcome of critical thinking and decision-making. It is an iterative process that uses nursing knowledge to observe and access presenting situations, identify a prioritized client concern, and generate the best possible evidence-based solutions in order to deliver safe client care (please visit the following link for a more detailed discussion of the clinical judgment model: www.jattjournal.com/index.php/atp/article/view/89187). NCSBN research, literature review and pilot studies identified the following important elements of nursing clinical judgment: cue recognition; hypotheses generation; hypotheses evaluation; taking actions; and evaluating outcome.

Programs to Orient New Administrators and Faculty to Board Regulations

The BORN hosted its biannual New Administrator Orientation last February. Designed to promote public protection through greater compliance by the Commonwealth's Board-approved nursing education programs with the regulations at 244 CMR 6.00: Approval of Nursing Education Programs and the General Conduct Thereof and 244 CMR 8.00: Licensure Requirements and their graduates, the program was attended by 14 new nurse administrators.

In addition, the BORN hosted its biannual Nursing Faculty Orientation for nurse educators of Board-approved RN and LPN education programs. Designed to promote public protection, enhance regulatory compliance, and the important role of nursing faculty in the development, implementation and evaluation of an evidence-informed program of study that prepares graduates for safe, entry-level practice.

COVID-19 Responses

Since the public health emergency was declared and per the Board action on March 11, 2020 there were many responses that can be found at www.mass.gov/orgs/board-of-registration-in-nursing

- The Order of the Commissioner of Public Health Extending the Authorization for Nursing Practice by Graduates and Senior Nursing Students of Nursing Education Programs (issued June 14, 2021) was posted on our website 6/17/21 and Guidance was issued.
- The Order and Guidance of the Commissioner of Public Health Allowing Certain Individuals to Administer Influenza Vaccine were posted on our website 11/10/20.
- Notice to Nursing Programs: Simulation Guidance was posted on our website 8/04/20.
- The Order and Guidance Authorizing Nursing Practice by Graduate and Senior Students of Nursing Education Programs Issued April 9, 2020 were posted on our website 4/16/20.
- The Assisted Living Residences Order and Guidance Issued on April 2, 2020 were posted on our website 4/10/20.
- The Order of the Commissioner of Public Health Maximizing Health Care Provider Availability were posted order on our website on 3/31/20.
- The APRN Prescribing Order and Guidance Issued March 26, 2020 were posted on our website 3/27/20 (Order) and 3/31/20 (Guidance).
- The Massachusetts Board of Registration in Nursing Policy Brief: Practice/Academic Partnerships to Assist the Nursing Workforce was posted on our website 3/30/20.
- Notice to Nursing Programs: COVID-19 Student Planning was posted on our website 3/23/20.
- Notice of COVID-19 State of Emergency was posted on our website 3/18/20.

Licensure www.mass.gov/nursing-licenses

- The Order of the Commissioner of Public Health Rescinding Order Extending Validity of Temporary Licenses to September 15, 2021 (issued June 14, 2021) was posted on our website 6/17/21 and Guidance was issued.
- The Order of the Commissioner of Public Health Extending the Authorization for Nursing Practice by Graduates and Senior Nursing Students of Education Programs (issued on June 14, 2021) was posted on our website 6/17/21.
- The COVID-19 Registration Renewal Extension Notice was posted on our website October 2, 2020.
- The Renewal actions in accordance with COVID-19 Order No. 41 was posted on our website June 26, 2020.

- The Order Extending the Registrations of Certain Licensed Professionals was posted on our website March 18, 2020.
- The Order Extending the Registrations of Certain Licensed Health Care was posted on our website March 17, 2020.

Updated the Temporary License Documents were posted on the Apply for a Nursing License by Reciprocity page on 4/02/20.

In response to the emergency order issued by Governor Charlie Baker and Commissioner Monica Bharel of the DPH pursuant to the governor's declaration of a state of emergency there have been 624 temporary LPNs, 6,360 temporary RNs and 271 temporary APRN's authorizations issued by the BORN between July 1, 2020 and June 15, 2021. This represents an increase the nursing workforce in MA by 7,255 nurses as presented in Table 1.

Table 1: TEMPORARY Licenses Issued July 2020 – June 15, 2020 (Reference: MA BORN. Professional Credential Services).

	PN Temporary License	RN Temporary License	APRN Temporary Authorization	Total Temporary License per Month
July 2020	32	229	25	286
August 2020	29	177	22	228
September 2020	34	182	13	229
October 2020	47	192	18	257
November 2020	64	282	35	381
December 2020	76	655	25	756
January 2021	62	616	25	703
February 2021	117	525	34	676
March 2021	41	1008	14	1063
April 2021	35	1182	32	1249
May 2021	58	1059	22	1139
June 2021	29	253	6	288
Total	624	6,360	271	7,255