

Massachusetts Board of Registration in Nursing

# BOARD NEWSLETTER

**Fiscal Year 2022**

—— [ July 1, 2021 - June 30, 2022 ] ——

**We've made a move!**

From 239 Causeway St to 250 Washington St, Boston, MA



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

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

## Board Mission

The BORN's mission is to protect 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 education and practice.

## 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. Board responsibilities pursuant to these laws include:

- Making, adopting, amending, repealing, and enforcing regulations deemed necessary for the protection of the public health, safety and welfare
- Issuing advisory rulings which guide nursing education and practice
- Approving and monitoring nursing education programs which lead to initial licensure
- Issuing nursing licenses to qualified individuals
- Authorizing qualified nurses to practice in advanced roles
- Verifying licensure status of nurses
- Investigating and taking action on complaints concerning the performance and conduct of licensed nurses
- Auditing the continued competency of nurses
- Administering the Substance Addiction Recovery Program
- Preparing and publishing materials deemed 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
- Participating as an active member in the National Council of State Boards of Nursing
- Providing regulatory guidance and conducting workshops, forums, studies and research on nursing education, nursing practice, and related matters

## Current Members of the Board of Registration in Nursing

**L. Kelly, DNP, CNP, RN:**

Chairperson, Advanced Practice RN Direct Care

**L. Keough, PhD, CNP, RN:**

Vice-Chairperson, Advanced Practice RN Direct Care

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

RN Nursing Service Administrator

**K. A. Barnes, JD, RPh:**

Pharmacist

**K.R. Crowley, DNP, CNP, RN:**

RN Education, Graduate Level

**D. Nikitas, BSN, RN:**

RN Direct Care, Patients Living with Chronic Pain

**V. Percy, MSN, RN:**

RN Direct Care, Not Advanced Nursing Practice

**R. Reynolds, PhD, MSN, RN:**

RN Education, Pre-Licensure Level

**A. Sprague, RN:**

RN Direct Care, Not Advanced Nursing Practice

**L. Wu, RN, MBA:**

RN Direct Care, Patients with Substance Use Disorder

### **\*Vacant Seats**

Physician

LPN Direct Care, Acute or Long Term

LPN Direct Care, Community Health

RN, Education, Post-Graduate Level

RN Education, Pre-Licensure Level

Two (2) Consumer

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 2023 Fiscal Year Officers



Members of the Board elected their 2023 Fiscal Year officers during the June 8, 2022 Board Meeting; Linda Kelly was re-elected as Chairperson and Anthony Alley was elected as Vice-Chairperson.

**Linda Kelly**, Chairperson, (left) and  
**Anthony Alley**, Vice-Chairperson (right).

## Board Member Vacancies

Currently, there are seven (7) vacant seats on the Board: one (1) LPN Direct Care, Acute or Long-Term; one (1) LPN Direct Care, Community Health; one (1) RN, Education, Post-Graduate Level; one (1) RN Education, Pre-Licensure Level; two (2) Consumers: and one (1) Physician.

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:

Claire MacDonald, DNP, MSN, RN, Executive Director  
Massachusetts Department of Public Health  
Board of Registration in Nursing  
250 Washington Street, 3rd Floor  
Boston, MA 02108

## Board Extends Appreciation to Outgoing Members

During 2022 Fiscal Year, members and staff of the BORN extended their sincere appreciation to outgoing Board members, Deborah Drew (Consumer), Eleanor Pusey-Reid (RN Education, Pre-Licensure Level), John Yeh (Physician), Julie Kaneb (Consumer), Colleen LaBelle (RN Direct Care, Outpatient/Community/Behavioral), and Genevieve Conlin (RN Education, Post Graduate Level) for their service on behalf of the residents of the Commonwealth.

## Nursing Board Meeting Dates

For a list of the 2022 Calendar Year Board Meeting dates, visit the Board's website at [www.mass.gov/dph/boards/rn](http://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 Appoints New Executive Director

The Board of Registration in Nursing (Board) has appointed Claire MacDonald, DNP, RN, as its new Executive Director.

Dr. MacDonald brings a fresh perspective to her new role having served in leadership positions in acute care and academia in the Commonwealth. Most recently, she was the Deputy Executive Director of the Board of Registration in Nursing.



As its Chief Executive Officer, Dr. MacDonald will oversee and direct the Board's daily operations related to:

- the licensure of over 120,000 Licensed Practical Nurses, Registered Nurses and Advanced Practice Registered Nurses;
- the administration of the Board's Substance Addiction Recovery Program; and
- the regulation of nursing practice and education including the approval of 76 Registered Nurse and Licensed Practical Nurse education programs.

## Board Staff

Stewart Allen, Administrative Assistant

Lori Almeida, RN, Nursing Investigations Supervisor

Candice Andfield, Licensure Coordinator

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

Heather Cambra, RN, JD, Complaint Resolution  
Coordinator

Carolyn DeSpirito, BSN, RN, JD, Complaint  
Resolution Coordinator

Stephen Gaun, Office Support Specialist I

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

Kimberly Jones, Probation Compliance Officer

Diane McKenney, Compliance Officer

Patricia McNamee, MS, RN, Nursing Practice  
Coordinator

Vanessa Pettigrew, Office Support Specialist I

Kelly Poirier, Licensure Coordinator

Phillip Scott, Licensing Coordinator

Jean Scranton, LPN, Compliance Officer

Maryanne Sheckman, RN, Compliance Officer

Theresa Smith, Office Support Specialist I

Megan Toner, Substance Addiction Recovery Program  
Monitoring Coordinator

Katelyn Vaughn, Compliance Officer

Gabrielle Vélez Rivera, Substance Addiction  
Recovery Program Monitoring Coordinator

Stacey Waite, DNP, RN, Nursing Education  
Coordinator

Mark Waksmonski, MPA, MSN, PMHNP-BC,  
Substance Addiction Recovery Program Coordinator

Lauren Woodward, ADN, RN, Compliance Officer

## Board Counsel

Olajumoke Atueyi, Esq.

Marine M. Jardonnet, Esq.

## 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](http://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 and the Board is authorized by Massachusetts General Laws (M.G.L.), Chapters 13 and 112, to promulgate and enforce regulations.

**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.** 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.** 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

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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 revisions at 244 CMR 3.00, 4.00, 5.00, 6.00, 7.00, 8.00, 9.00 and 10.00 as of June 1, 2022.

BORN regulations at 244 CMR that are promulgated:

- 3.00: Registered Nurse and Licensed Practical Nurse (6/11/2021)
- 4.00: Advanced Practice Registered Nursing (9/03/2021)
- 5.00: Continuing Education (6/11/2021)
- 6.00: Approval of Nursing Education Programs and General Conduct There of (4/?/2022)
- 7.00: Investigations, Complaints and Board Actions (6/11/2021)
- 8.00: Licensure Requirements (6/11/2021)
- 9.00: Standards of Conduct (6/11/2021)
- 10.00: Definitions and severability (6/11/21)

## 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) 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 2022**

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The ECRI Institute has released its list of the top 10 patient safety concerns for 2022:

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](http://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](http://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.

## **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](http://www.nursys.com/e-notify)

## Contacting the Board

<a href="http://www.mass.gov/dph/boards/rn">www.mass.gov/dph/boards/rn</a> Email: <a href="mailto:nursing.admin@state.ma.us">nursing.admin@state.ma.us</a>	250 Washington Street 3rd Floor Boston, MA 02108	Telephone: 617-973-0900 Toll-free: 800-414-0168
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## Email Directory

Applications	<a href="mailto:nursebyexam@pcshq.com">nursebyexam@pcshq.com</a>
General Nursing	<a href="mailto:nursing.admin@state.ma.us">nursing.admin@state.ma.us</a>
Good Moral Character (GMC)	<a href="mailto:GMCliaison@state.ma.us">GMCliaison@state.ma.us</a>
Practice	<a href="mailto:nursing.admin@state.ma.us">nursing.admin@state.ma.us</a>
Reciprocity	<a href="mailto:nursebyreciprocity@pcshq.com">nursebyreciprocity@pcshq.com</a>
Renewal Notice	<a href="mailto:renew.bymail@state.ma.us">renew.bymail@state.ma.us</a>

## Quick Links

Questions About...	BORN Web Page	Telephone/Email
Scheduled Board meetings and agendas List of Board members List of Board staff Emergency and holiday closure	About the Board <a href="http://www.mass.gov/board-of-registration-in-nursing-resources">www.mass.gov/board-of-registration-in-nursing-resources</a>	617-973-0900 or 800-414-0168
Board address and telephone numbers Directions to Board office Board email address	Contact Us <a href="http://www.mass.gov/info-details/contact-the-board-of-registration-in-nursing">www.mass.gov/info-details/contact-the-board-of-registration-in-nursing</a>	617-973-0900 or 800-414-0168

Questions About...	BORN Web Page	Telephone/Email
Nursing laws and regulations	Statutes, Rules & Regulations <a href="http://www.mass.gov/board-of-registration-in-nursing-resources">www.mass.gov/board-of-registration-in-nursing-resources</a>	617-973-0900 or 800-414-0168
BORN-approved RN and LPN education programs NCLEX pass rates by RN and education program	About Board approved pre-licensure nursing programs <a href="http://www.mass.gov/service-details/about-board-approved-prelicensure-nursing-programs">www.mass.gov/service-details/about-board-approved-prelicensure-nursing-programs</a>	617-973-0900 or 800-414-0168
Records custodian, closed LPN education programs	Closed LPN program, records custodian <a href="http://www.mass.gov/service-details/closed-schools-and-student-records-office-of-private-occupational-school-education">www.mass.gov/service-details/closed-schools-and-student-records-office-of-private-occupational-school-education</a>	617-973-0900 or 800-414-0168
License applications	Advanced Practice Licensure by exam (NCLEX) Licensure by reciprocity	Professional Credential Services 877-887-9727 (within US) 615-880-4275 (outside US) <a href="mailto:nursebyexam@pcshq.com">nursebyexam@pcshq.com</a> <a href="mailto:nursebyreciprocity@pcshq.com">nursebyreciprocity@pcshq.com</a>
License related	Good moral character requirements Renewal Reciprocity Verification Other license related <a href="http://www.mass.gov/nursing-licenses">www.mass.gov/nursing-licenses</a>	617-973-0900 or 800-414-0168
Recent News and Announcements Upcoming Events	<a href="http://www.mass.gov/orgs/board-of-registration-in-nursing">www.mass.gov/orgs/board-of-registration-in-nursing</a>	
Practice scope: decision making guidelines	<a href="http://www.mass.gov/service-details/learn-about-the-nursing-scope-of-practice">www.mass.gov/service-details/learn-about-the-nursing-scope-of-practice</a>	
Advisory rulings	<a href="http://www.mass.gov/lists/advisory-rulings-for-the-board-of-registration-in-nursing">www.mass.gov/lists/advisory-rulings-for-the-board-of-registration-in-nursing</a>	

# Substance Addiction Recovery Program

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Established in accordance with M.G.L. Chapter 112, § 80F, the Board of Registration in Nursing's Substance Addiction Recovery 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](http://www.ncsbn.org).

In the Spring of 2022, the Substance Abuse Rehabilitation Program (SARP) was renamed the Substance Addiction Recovery Program (SARP). The shift in name aligns with the need to support current and prospective SARP participants by removing stigmatizing language. In parallel, the Substance Abuse Rehabilitation Evaluation Committee (SAREC) that oversees SARP related matters was renamed the Substance Addiction Recovery Evaluation Committee (SAREC). Similarly, BORN staff are collaborating with the Massachusetts Bureau of Substance Addiction Services (BSAS) to adjust public facing SARP program language (e.g. website, documents) that is welcoming and supportive of nurses that may be experiencing a substance use disorder. BORN and BSAS staff are also collaborating on several other projects to improve other elements of SARP.

## Nursing Practice Updates

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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). To date, the BORN has published twenty-four (24) ARs describing the applicability of a statute or regulation to nursing practice. 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. 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](http://www.mass.gov/lists/advisory-rulings-for-the-board-of-registration-in-nursing)

During Fiscal Year 2022, the BORN issued;

- Adopting of one (1) AR, *AR 21-02: Certified Nurse Midwives and Certified Nurse Practitioners as Providers of Abortion for Pregnancies of Less than 24 Weeks*. The purpose of this AR is to guide the practice of Certified Nurse Midwives and Certified Nurse Practitioners whose clinical responsibilities include providing abortions.
- Retiring of one (1) AR, *AR 93-00: School Nursing*, and
- Revising of one (1) AR, *AR 98-02: The LPN in Charge or Sure Supervisor Role*

**On August 11, 2021, the BORN voted to approve the revised regulations for Advanced Practice Registered Nursing (APRN) 244 CMR 4.00**

[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. Here is the link to the regulations pertaining to that legislation that were approved by the Board in August 2021: <https://www.mass.gov/doc/244-cmr-4-advanced-practice-registered-nursing/download>.

### Changes in Prescriptive Practice:

**In addition to promulgating regulations for Independent Prescriptive Practice, the BORN also revised the regulations for Supervised Prescriptive Practice.**

244 CMR 4.07 pertains to Prescriptive Practice and defines the requirements for Independent Prescriptive Practice and the changes made to supervised Prescriptive Practice.

- **Qualified Healthcare Professional:** The legislation expanded the types of healthcare professionals that may supervise Prescriptive Practice. In addition to physicians, APRNs may supervise prescriptive practice if they are in the same clinical category or in area appropriately related to the practice of the person being supervised. The qualifications are specified in section 4.07 (1)(d).
- **Mutually Agreed Upon Guidelines:** Each APRN being supervised must develop Mutually Agreed Upon Guidelines with the Qualified Healthcare Profession who is supervising their Prescriptive Practice. *The minimal requirements have changed.*
  - Identify the supervising Qualified Healthcare Professional, including a mechanism for ongoing supervision by another Qualified Healthcare Professional, including but not limited to, duration and scope of the supervision.
  - Describe the circumstances in which Qualified Healthcare Professional consultation or referral is required.
  - CRNA guidelines do not need to be signed. CNP and PNMHCS guidelines shall be signed.
  - The guidelines shall be kept on file in the workplace; and conform to M.G.L. 94C, the regulations of the Department of Public Health at 105 CMR 7.00 *Implementation of M.G.L. 94C*, 105 CMR 721.000: *Standards of Prescription Format and Security in Massachusetts*, M.G.L. c.112 section 80B, 80E, 80H, and 80I, and 244 CMR 4.00.
  - Physicians are required to conform to their regulations when supervising Prescriptive Practice: 243 CMR 2.10: *Advanced Practice Registered Nurse (APRN) Eligible to Engage in Prescriptive Practice* when supervising an APRN's Prescriptive Practice.
  - APRNs, who require supervision of their prescriptive practice, are responsible for ensuring their supervisor's name is on each prescription they issue.
- **Attestation:** CRNAs, CNPs or PNMHCSs with a minimum of two years of supervised practice may engage in prescriptive practice without supervision upon submission of an attestation to the Board that they have completed a minimum of two years supervised prescriptive practice by a Qualified Healthcare Professional.
  - To sign the attestation and remove supervision, CRNAs, CNPs or PNMHCSs must amend their **MA Controlled Substance Registration (MCSR)**. Here is the link: <https://www.mass.gov/how-to/amend-your-mcsr>
  - The signed attestation, as part of amending the MCSR, fulfills the BORN's regulation for an attestation.

- Here are links to the BORN's webpages that have additional information and guidance for Prescriptive Practice:

- <https://www.mass.gov/how-to/apply-for-aprn-prescriptive-authority>
- <https://www.mass.gov/service-details/learn-more-about-prescriptive-authority-requirements-and-practice-guidelines>
- <https://www.mass.gov/service-details/learn-more-about-prescriptive-authority-requirements-and-practice-guidelines>

### Scope of Practice:

**APRN's Scope of Practice is within their specialty certification and their formal education at the advanced level. The following regulation from Standards of Conduct 244 CMR 9.04 (1) states:**

- (1) Preparation and Competency. An APRN shall practice only in the category of advanced practice registered nursing for which the Board has authorized him or her. The APRN's clinical practice shall include only those areas of practice for which the APRN has formal, advanced nursing education and documented competency. Such formal, advanced nursing education shall meet the criteria for education in nursing as specified in 244 CMR 4.00: Advanced Practice Registered Nursing.
- On the job/in-house training or experience as a registered nurse does not substitute for formal advanced nursing education. It is not within the APRN's scope of practice to treat patient populations for which they do not hold certification or formal education at the graduate level.
- Are there age group limitations?
  - Certifying agencies do not state a minimum age for adult-gerontological nurse practitioners or a maximum age for pediatric nurse practitioners. The APRN's clinical practice shall only include those areas of practice for which the APRN has formal, advanced nursing education and documented competency.

- **CRNAs:** the previous statute defined a CRNA's scope of practice as "during the immediate perioperative care of patients". The 2021 legislation removed this language. The Scope of Practice specified in 244 CMR 4.06 (1) aligns with both the American Association of Nurse Anesthetists' (AANA) Scope of Practice and their Position Statements which includes anesthesia care, anesthesia related care, acute and chronic pain management, palliative care, emergency care, critical care, resuscitative and sedation services.

- **CNPs:** includes provision of abortion for pregnancy less than 24 weeks.

- **CNMs:** includes provision of abortion for pregnancy less than 24 weeks. Updated the Scope of Practice by using the gender-neutral term "individuals" instead of "women" as recommended by the *American College of Nurse Midwives*.

### **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](http://www.drugabuse.gov/opioid-pain-management-cmesces)

Please note that M.G.L. c. 94C, § 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](http://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](mailto:nursing.admin@state.ma.us)

## Business Ownership

The Board does not regulate facilities, clinics, business establishments or Tax ID's. It is the responsibility of each licensed nurse who owns a business or private practice to research the separate regulations that may need to be followed. However, a "Certificate by Regulatory Board" may be needed to open a professional corporation such as a Limited Liability Corporation.

Below are two links regarding the certificate:

- <https://www.mass.gov/how-to/request-a-certificate-by-regulatory-board>
- <https://www.mass.gov/doc/certificate-by-regulatory-board-request-form-llc/>

The certificate needs to be downloaded, printed and upon completion, mailed through the United States Postal Service to:

Massachusetts Department of Public Health  
Board of Registration in Nursing  
250 Washington Street, 3rd Floor  
Boston, MA 02108

There is a \$15.00 fee, payable by check. The check should be made payable to Commonwealth of Massachusetts.

## Telehealth

The Board does not regulate billing, specific prescriptive practice limitations or requirements as to the minimum number of times a patient must be seen in person when nursing is practiced using telehealth. There is also Federal Law that MA licensed nurses must follow when practicing nursing using telehealth. The Board *regulates the licensure that is required*:

**244 CMR 10.00 Definitions and Severability:** <https://www.mass.gov/doc/244-cmr-1000-definitions-and-severability/download>

**Practice of Nursing.** The practice of nursing as defined in M.G.L. c. 112, § 80B, and 244 CMR 3.00: Registered Nurse and Licensed Practical Nurse. Except for acts specifically excluded in M.G.L. c. 112, § 80B, the practice of nursing includes, but is not limited to, the provision of a nursing service using

telecommunications technology by a nurse physically located outside Massachusetts to a person physically located within Massachusetts, seeking or accepting any paid or voluntary position as a Registered Nurse or Licensed Practical Nurse, or any paid or voluntary position requiring the applicant hold a valid license to practice nursing.

**Telecommunications Technology.** 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, e-mail, 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.

If MA licensed nurse is practicing telecommunications technology while caring for a patient physically located outside of MA when the nursing service is performed, the following regulation is found in 244 CMR 9.00 Standards of Conduct: <https://www.mass.gov/regulations/244-CMR-900-standards-of-conduct-for-nurses>

**(4) 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.

## 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](https://nursing-nurse-continuing-ed-checklist.pdf) ([mass.gov](https://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:
  - **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.
  - **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/](https://chapter260training.org/courses/training/). Licensees should have completed this training by June 30, 2019.

# Disciplinary Action Reporting to the National Practitioner Database

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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 Data Bank (NPDB), the result of a May 2013 merger of the federal Healthcare Integrity and Protections Data Bank and the National Practitioner Data Bank. 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 NURSYS® database, the only national database for verification of nurse licensure.

## Complaint Resolution and Patient Safety

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.

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 <https://www.mass.gov/regulations/244-CMR-700-investigations-complaints-and-board-actions>

During calendar year 2021, the Nursing Investigation Unit opened a total of 333 complaints and closed 273 complaints. Of the complaints that were closed, 105 complaints were dismissed with 75 dismissed without discipline and 30 closed after probation was completed. 168 complaints closed with discipline. The disciplinary actions include: 44 licenses were placed on probation; 48 licenses were surrendered; 36 licenses were revoked; 18 licenses were suspended; and 22 licenses were reprimanded. We also had 20 cases where the licensees were summarily suspended.

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

# Pre-Licensure Nursing Education

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## 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. 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/rnnecpro.pdf](http://www.mass.gov/eohhs/docs/dph/quality/boards/rnnecpro.pdf)

Board actions related to individual nursing education programs during Fiscal Year 2022 is contained in the Board's Monthly Meeting Minutes available on the Minutes and Agendas of Previous Board Meetings web page at <https://www.mass.gov/service-details/meetings-and-agendas-for-the-board-of-registration-in-nursing>

As of June 30, 2022 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

### 20 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

Wheaton College

Approval with Warning Status:

MCPHS University – Boston, Baccalaureate Degree Registered Nurse Program Effective February 9, 2022

MCPHS University – Worcester, Baccalaureate Degree Registered Nurse Program Effective February 9, 2022

Full Approval Status: all other pre-licensure Baccalaureate Degree programs

## **7 Direct Entry Graduate Degree Programs**

Pre-requisite Approval Status: None

Initial Approval Status:

Curry College

Approval with Warning Status: None

Full Approval Status: all other 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

### **Summary:**

From 2012-2021, there has been a 22% increase in RN program graduates (MA BORN Annual Reports, 2012-2021).

From 2012 -2021, the LPN programs have seen a 29% decrease in graduates (MA BORN Annual Reports, 2012-2021).

Since 2016, four (4) LPN programs have closed (MA BORN Annual Reports, 2012-2021).

## **Graduation rates:**

The total number of graduates from Board-approved RN education programs decreased 2.3% in 2021 (n=4,262) compared to 2020 (n=4,363).

### **For the 2021 graduation rates compared to 2020 rates: Increases in graduation rates were noted in the following programs:**

1. Diploma programs increased 39% in 2021 (n=110) compared to 2020 (n=79)

### **Decreases in graduation rates were noted in the following programs:**

1. LPN Programs decreased 5% in 2021 (n=674) compared to 2020 (n=679)
2. Associate Degree Nursing Programs decreased 3.4% in 2021 (n=1,346) compared to 2020 (n=1,394)

3. Baccalaureate Degree Nursing Programs decreased 1% in 2021 (n=2,567) compared to 2020 (n=2,597)
4. Direct Entry Nursing Programs decreased 18% in 2021 (n=239) compared to 2020 (n=293)

### **For the 2021 graduation rates compared to the 2017 rates:**

The total number of graduates from Board-approved RN education programs increased 31% in 2021 (n=4,262) compared to 2017 (n=3,244).

### **Increases in graduation rates were noted in the following programs:**

1. Baccalaureate Degree nursing programs increased 18% in 2021 (n=2,567) compared to 2017(n=2,167)
2. Associate Degree RN programs increased 91% in 2021 (n=1,346) compared to 2017 (n= 705)
3. Diploma Nursing Programs increased 29% in 2021 (n=110) compared to 2017 (n=85)

### **Decreases in graduation rates were noted in the following programs:**

1. Direct Entry MSN programs decreased by 17 % in 2021 (n=239) compared to 2017 (n= 287)
2. LPN program graduates decreased 25% in 2021 (n=644) compared to 2017 (n= 856). Since 2016, four (4) LPN programs have closed.

## **2021 NCLEX® Performance of Massachusetts Graduates**

The 2021 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 86%. The 2021 performance of all U.S.-educated RN program graduates during the same period was 82%.

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 2021 was 88% compared to 80% 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](http://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 2023

### 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 took effect on April 1, 2020 and will remain in effect through March 31, 2023.

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 assess 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](http://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 virtually in 2021. 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 149 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 on March 11, 2020 there were many responses that can be found at [www.mass.gov/orgs/board-of-registration-in-nursing](http://www.mass.gov/orgs/board-of-registration-in-nursing)

### Licensure [www.mass.gov/nursing-licenses](http://www.mass.gov/nursing-licenses)

Temporary License Extended: COVID-19 Public Health Emergency Order No. 2021-13. Issued November 12, 2021. This Order shall remain in effect until December 31, 2022 unless extended or rescinded by me prior to that date, or the public health emergency is terminated by the Governor, whichever shall happen first.

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 authorization was extended. Section 31 of chapter 42, of the acts of 2022, signed by Governor Baker on April 4, 2022, continues the authorization of nursing practice by graduates and students in their last semester of nursing education programs in accordance with guidance from the Massachusetts Board of Registration in Nursing (BORN) until 180 days after the Public Health Emergency ends.

In response to the emergency order issued by Governor Charlie Baker, there have been 932 temporary LPNs, 8,755 temporary RNs and 289 temporary APRN's authorizations issued by the BORN between July 2021 and May 2022. This represents an increase the nursing workforce in MA by 9,976 nurses as presented in Table 1.

**Table 1: TEMPORARY Licenses Issued July 2021 – May 2022  
(Reference: MA BORN Professional Credential Services).**

	PN Temporary License	RN Temporary License	APRN Temporary Authorization	Total Temporary License per Month
July 2021	0	0	0	0
August 2021	0	1	0	1
September 2021	63	483	5	551
October 2021	83	1,131	9	1,223
November 2021	100	1,616	46	1,762
December 2021	244	2,076	48	2,368
January 2022	218	1,554	64	1,836

	PN Temporary License	RN Temporary License	APRN Temporary Authorization	Total Temporary License per Month
February 2022	73	628	30	731
March 2022	67	508	31	606
April 2022	57	454	29	540
May 2022	27	304	27	358
Total	932	8,755	289	9,976

**MA Department of Public Health issued a guidance on COVID Exemptions** [Massachusetts Department of Public Health Guidance on COVID Exemptions | Mass.gov](https://www.mass.gov/info-details/department-of-public-health-guidance-on-covid-exemptions)

Massachusetts Department of Public Health Guidance on COVID Exemptions: Practitioners (Advance Practice Registered Nurses) who grant vaccination or mask exemptions must have a provider-patient relationship with the person who is the subject of the exemption and a legitimate medical reason supporting an exemption. Practitioners who grant an exemption outside the acceptable standard of care may be subject to discipline. The standard of care applicable is the same whether the patient is seen in person or through telemedicine.

**National Council of State Boards of Nursing (NCSBN)**

**Policy Statement: Dissemination of Non-scientific and Misleading COVID-19 Information by Nurses**

Purpose is to address the misinformation being disseminated about COVID-19 by nurses. Misinformation is defined as distorted facts, inaccurate or misleading information not grounded in the peer-reviewed scientific literature and counter to information being disseminated by the Centers for Disease Control and Prevention (CDC) and the Food and Drug Administration (FDA). Nurses are expected to be “prepared to practice from an evidence base; promote safe, quality patient care; use clinical/critical reasoning to address simple to complex situations; assume accountability for one’s own and delegated nursing care” (AACN, 2021).

SARS-CoV-2 is a potentially deadly virus. Providing misinformation to the public regarding masking, vaccines, medications and/or COVID-19 threatens public health. Misinformation, which is not grounded in science and is not supported by the CDC and FDA, can lead to illness, possibly death, and may prolong the pandemic. It is an expectation of the U.S. boards of nursing, the profession, and the public that nurses uphold the truth, the principles of the *Code of Ethics for Nurses* (ANA, 2015) and highest scientific standards when disseminating information about COVID-19 or any other health-related condition or situation.

When identifying themselves by their profession, nurses are professionally accountable for the information they provide to the public. Any nurse who violates their state nurse practice act or threatens the health and safety of the public through the dissemination of misleading or incorrect information pertaining to COVID-19, vaccines, and associated treatment through verbal or written methods including social media may be disciplined by their board of nursing. Nurses are urged to recognize that dissemination of misinformation not only jeopardizes the health and well-being of the public but may place their license and career in jeopardy as well.

## References

American Association of Colleges of Nursing (AACN). (2021). The Essentials: core competencies for professional nursing education. Retrieved from <https://www.aacnnursing.org/Portals/42/AcademicNursing/pdf/Essentials-2021.pdf>

American Nurses Association. (2015). *Code of Ethics for Nurses*. Retrieved November 10, 2021, from <https://www.nursingworld.org/practice-policy/nursing-excellence/ethics/code-of-ethics-for-nurses/>

## Endorsements

National Council of State Boards of Nursing (NCSBN)

Accreditation Commission for Education in Nursing (ACEN)

American Association of Colleges of Nursing (AACN)

American Nurses Association (ANA)

American Organization for Nursing Leadership (AONL)

National League for Nursing (NLN)

NLN Commission for Nursing Education Accreditation (CNEA)

National Student Nurses' Association (NSNA)

Organization for Associate Degree Nursing (OADN)

For updated information about the Board of Registration in Nursing go to [Board of Registration in Nursing | Mass.gov](#)