

**COMMONWEALTH OF MASSACHUSETTS
BOARD OF REGISTRATION IN NURSING**
250 Washington Street, Room 3C
Boston, MA 02108

And Via Zoom

Wednesday, June 8, 2022 9:00 am | 2 hours | (UTC-04:00) Eastern Time (US & Canada)

Event address for attendees:

<https://us06web.zoom.us/j/85667536691>

Join by Phone:

+1-602-333-0032 US Toll

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Access code: 457182

Minutes of the Regularly Scheduled Board Meeting
Wednesday, June 8, 2022

Board Members Present In Room 3C

None

Board Members Not Present

L. Wu, MBA, RN

Board Members Present Via Audio Or Video

L. Kelly, DNP, RN, CNP, Chairperson

L. Keough, PhD, RN, CNP, Vice Chairperson

(Left at 12:30 p.m.) (Arrived at 1:45 p.m.)

A. Alley, MSN, RN

K.A. Barnes, JD, RPh (Arrived at 9:14 a.m.)

K. Crowley, DNP, RN

J. Kaneb, MBA, Public Member

C. LaBelle, MSN, RN

D. Nikitas, BSN, RN

V. Percy, MSN, RN

R. Reynolds, PhD, MSN, RN

A. Sprague, BS, RN

Staff Present In Room 3C

P. Scott, Licensing Coordinator

S. Gaun, Office Support Specialist I

V. Pettigrew, Office Support Specialist I

Staff Not Present

Staff Present Via Audio Or Video

C. MacDonald, DNP, RN, Executive Director

H. Cambra, JD, RN, Acting Deputy Executive Director

L. Hillson, PhD, MSN, RN, Assistant Director for
Policy and Research

O. Atueyi, JD, Board Counsel

M. Jardonnet, JD, Board Counsel
S. Waite, DNP, RN, Nursing Education Coordinator
H. Caines Robson, MSN, RN, Nursing Education
Coordinator
P. McNamee, MS, RN, Nursing Practice Coordinator
C. DeSpirito, JD, BSN, RN, Complaint Resolution
Coordinator
M. Waksmonski, MSN, RN, SARP Coordinator
G. Velez Rivera, MBA, SARP Monitoring Coordinator
L. Almeida, RN, Nursing Investigations Supervisor
L. Ferguson, Paralegal
K. Jones, Probation Compliance Officer

TOPIC:

Call to Order & Determination of Quorum

DISCUSSION:

L. Kelly confirmed by roll call that a quorum of the Board members was present and announced that the meeting was being recorded.

ACTION:

At 9:05 a.m., L. Kelly, DNP, RN, CNP, Chairperson, called the June 8, 2022 Regularly Scheduled Board Meeting to order.

TOPIC:

Approval of REVISED Agenda

DISCUSSION:

H. Caines Robson mistakenly stated Agenda Items VIII.D.1 Education, 244 CMR 6.07 Board Approval of Specific Nursing Education Change, Bay State College Associate Degree Nursing Program, VIII.D.2. Education, 244 CMR 6.07 Board Approval of Specific Nursing Education Change, Mildred-Elley School Practical Nursing Program, and VIII.D.3. Education, 244 CMR 6.07 Board Approval of Specific Nursing Education Change, Emmanuel College Baccalaureate Degree Nursing Program have been deferred to a future Board Meeting.

H. Caines Robson corrected herself and stated Agenda Items VIII.D.1. Education, 244 CMR 6.07 Board Approval of Specific Nursing Education Change, Bay State College Associate Degree Nursing Program, VIII.D.2. Education, 244 CMR 6.07 Board Approval of Specific Nursing Education Change, Mildred-Elley School Practical Nursing Program, and VIII.D.3. Education, 244 CMR 6.07 Board Approval of Specific Nursing Education Change, Emmanuel College Baccalaureate Degree Nursing Program will remain on the REVISED Agenda.

H. Caines Robson stated that she originally deferred the following Agenda Items from the Original Agenda: VIII.D.1. Education, 244 CMR 6.06 (2) Waiver of 244 CMR 6.06 (1)(a) Regularly Scheduled Site Survey, Endicott College Baccalaureate Degree Nursing Program, VIII.D.2. Education, 244 CMR 6.06 (2) Waiver of 244 CMR 6.06 (1)(a) Regularly Scheduled Site Survey, Northern Essex Community College Associate Degree Nursing Program, and VIII.D.3. Education, 244 CMR 6.06 (2) Waiver of 244

CMR 6.06 (1)(a) Regularly Scheduled Site Survey, Northern Essex Community College Practical Nursing Program, and they do not appear on the REVISED Agenda.

S. Gaun confirmed that the three (3) Agenda Items which H. Caines Robson stated were removed from the Original Agenda and they do not appear on the REVISED Agenda.

L. Kelly confirmed for the record that none of the Education Items which are on the REVISED Agenda will be deferred.

After the Motion, R. Reynolds stated she will recuse herself from Agenda Item VIII.D.3. Education, 244 CMR 6.07 Board Approval of Specific Nursing Education Change, Emmanuel College Baccalaureate Degree Nursing Program.

After the Motion, K.A. Barnes announced that she arrived at the Board Meeting at 9:14 a.m.

ACTION:

Motion by L. Kelly, seconded by L. Keough, and voted by roll call with A. Alley, K. Crowley, J. Kaneb, L. Kelly, L. Keough, C. LaBelle, D. Nikitas, V. Percy, R. Reynolds and A. Sprague unanimously in favor to approve the REVISED Agenda as presented.

TOPIC:

Approval of Board Minutes for the May 11, 2022 Meeting of the Regularly Scheduled Board Meeting

DISCUSSION:

None.

ACTION:

Motion by L. Kelly, seconded by L. Keough, and voted by roll call with A. Alley in abstention, and K.A. Barnes, K. Crowley, J. Kaneb, L. Kelly, L. Keough, C. LaBelle, D. Nikitas, V. Percy, R. Reynolds and A. Sprague unanimously in favor to accept the Minutes of the May 11, 2022 Regularly Scheduled Board Meeting as presented.

TOPIC: Reports, Announcements and Administrative Matters

Announcements

DISCUSSION:

C. MacDonald stated that this is the Last Board Meeting for J. Kaneb and C. LaBelle as their three (3) year term has ended. C. MacDonald thanked them for their invaluable service, commitment and contributions to the discussions in the time that they served on the Board. C. MacDonald stated that the Board members and staff are going to miss them greatly and we wished them well and great success as they move forward. C. MacDonald thanked them for all that they did.

In response to C. MacDonald, J. Kaneb stated it has been a great three (3) years, she will miss everyone and she will miss the Board Meetings, as they have been interesting and impactful, and she thought the Board Meetings were very important for Massachusetts.

In response to J. Kaneb, L. Keough stated to J. Kaneb that her insights and contributions have been so valuable, she was invested and engaged, and the Board members will miss her.

L. Keough stated to C. LaBelle that she has an intelligent sense of the world around her and in the political environment that we live in and how things work, and she will always appreciate that about her, in addition to her expertise with people who struggle with substance use disorders.

L. Kelly stated that J. Kaneb and C. LaBelle have brought to the Board such amazing perspectives and insights and they were always so appreciated. L. Kelly thanked them for everything they did and they will be missed enormously

C. LaBelle stated it has been a great ride, especially through the CoronaVirus Pandemic, she learned a lot being on the Board and has a greater understanding of what it does and appreciated all of the work the Board members have done.

C. MacDonald stated Board members are needed to sign up for the 7/19/2022 BORN Complaint Committee Meeting from 10:00 a.m. to 1:30 p.m., the 8/16/2022 BORN Complaint Committee Meeting from 10:00 a.m. to 1:30 p.m. and the 8/18/2022 BORN Complaint Committee Meeting from 1:00 p.m. to 4:30 p.m. and they received an e-mail message regarding them. C. MacDonald asked C. DeSpirito if she needed anything else. In response to C. MacDonald, C. DeSpirito stated "No."

ACTION:

So noted.

TOPIC: Reports, Announcements and Administrative Matters
Election of FY 2023 Board Chairperson and Board Vice Chairperson

DISCUSSION:

C. MacDonald stated two (2) Board members were nominated for Board Chairperson: L. Kelly and A. Alley. L. Kelly accepted the nomination for Board Chairperson. A. Alley respectively declined the nomination for Board Chairperson. The Board members voted for Board Chairperson.

C. MacDonald stated two (2) Board members were nominated for Board Vice Chairperson: A. Alley and K. Crowley. A. Alley accepted the nomination for Board Vice Chairperson. K. Crowley accepted the nomination for Board Vice Chairperson. The Board members voted for Board Vice Chairperson.

After the Second Motion, A. Alley thanked everyone very much. L. Kelly congratulated A. Alley. C. MacDonald thanked L. Keough for her years of service as the Board Vice Chairperson, stated that she did an amazing job and thanked her for all that she brought to the role.

In response to C. MacDonald, L. Keough thanked the Board members for the opportunity and she looked forward to continuing to work with them on the Board in a different role. L. Kelly thanked L. Keough for all of her support in the role, her perspective, and the support she gave to the Board members was amazing. In response to L. Kelly, L. Keough stated it was a great opportunity with a lot of development and learning. L. Keough stated good luck to A. Alley and the Board members will be here to support him as well. In response to L. Keough, A. Alley stated he will have hard shoes to fill and thanked L. Keough for everything and stated he will reach out to her for guidance.

ACTION:

Motion by K.A. Barnes, seconded by L. Keough, and voted by roll call with A. Alley, K.A. Barnes,

K. Crowley, J. Kaneb, L. Kelly, L. Keough, C. LaBelle, D. Nikitas, V. Percy, R. Reynolds and A. Sprague unanimously in favor to elect L. Kelly as the Board Chairperson for FY 2023.

Motion by K.A. Barnes, seconded by L. Keough, and voted by roll call with K. Crowley, J. Kaneb and R. Reynolds in opposition, and A. Alley, K.A. Barnes, L. Kelly, L. Keough, C. LaBelle, D. Nikitas, V. Percy and A. Sprague all in favor to elect A. Alley as the Board Vice Chairperson for FY 2023.

TOPIC: SARP
Activity Report

DISCUSSION:
M. Waksmonski was available for questions.

ACTION:
So noted.

TOPIC: Probation
Staff Action Report

DISCUSSION:
K. Jones was available for questions.

ACTION:
So noted.

TOPIC: Probation
Request for Termination of Probation/Stayed Probation

DISCUSSION:
None.

ACTION:
None.

TOPIC: Probation
Request for Notice of Violation and Further Discipline

DISCUSSION:
None.

ACTION:
None.

TOPIC: Practice Coordinator Staff Report

DISCUSSION:

L. Kelly stated to P. McNamee that there appears to still be significant inquiry around prescriptive practice. L. Kelly asked P. McNamee to verbally provide a summary around that. In response to L. Kelly, P. McNamee stated that it appears from the practice inquiries that she has been receiving them from nurses who are applying for reciprocity in the Advanced Practice Registered Nurse (APRN) role and they are navigating the two (2) step process of obtaining authorization to practice in the APRN role and applying for prescriptive authority which in Massachusetts involves the step of applying for an Massachusetts Controlled Substances Registration (MCSR). P. McNamee stated her replies are to refer them to the appropriate webpages on the Board of Registration in Nursing (BORN) Website in addition to sending them the regulations. P. McNamee stated that was the majority and the other step might be people preparing to graduate from their Graduate Schools of Nursing and asking for advice in navigating the process. P. McNamee stated a much smaller component is currently practicing APRNs being told to amend their MCSRs so they can sign the attestation that they have completed the two (2) years of supervised prescriptive practice.

In response to P. McNamee, C. LaBelle stated she understood the process and most of the APRNs understand what they have to do regarding signing the attestation but most of them who work in institutions and nothing is changing, does P. McNamee have any insight on that. L. Kelly asked C. LaBelle what she meant by "institutions". In response to L. Kelly, C. LaBelle stated nurses who work in hospital settings who are still being told that it is "business as usual" and they still remain underneath physicians.

In response to C. LaBelle, C. MacDonald stated the Board can exercise independent practice, but unfortunately, if a setting does not allow the nurses to exercise independent practice, then the Board does not dictate policies for the practice settings, and sometimes the settings can narrow the nurses' scope of practice.

In response to C. LaBelle, L. Kelly stated it is probably related to the by-laws of the institution and her hope would be that the institutions are reviewing their by-laws and changing them to move with the times and the new regulations.

In response to L. Kelly, C. LaBelle stated this is taking place at mostly all of the major hospitals and they may need some advocacy work in this department.

ACTION:

So noted.

TOPIC: Education

Nursing Education Staff Action Report

DISCUSSION:

H. Caines Robson was available for questions.

ACTION:

So noted.

TOPIC: Education

244 CMR 6.05 (3)(b) Annual Reports, Bay State College Associate Degree Nursing Program

DISCUSSION:

H. Caines Robson summarized her previously distributed memorandum and attached exhibits to the Board. K. Crowley stated she did not have any questions and concerns. J. Kaneb asked J. Verstreken and if the admissions numbers can be cleared up based on her previous statement and she wondered about the percentages of virtual which were not in alignment with Board requirements, if that was also being addressed, she was looking at the recommendations from H. Caines Robson and thought that it was covered in the regulations 244 CMR 6.05 (3)(b) and she wanted to be clear on that. In response to C. McNerney, H. Caines Robson stated all of the courses except for one (1) course had 90% or greater virtual, and it is more than 50% for all of the courses through the Spring 2021. K. Crowley stated the Report is due back to the Board on 9/8/2022, so all of this should be rectified by the start of the next class of students. K. Crowley stated the Due Date should be 9/8/2022 and not 9/8/2020 as stated in the Annual Report Memorandum. L. Kelly confirmed that 9/8/2022 is the correct Due Date.

J. Verstreken, program administrator, was present via video. Cheryl McNerney, Dean of School of Nursing and Health Sciences, was present via video. J. Verstreken stated she has some talking points she would like to present regarding issues that H. Caines Robson addressed. J. Verstreken stated the College has been through several changes in leadership at multiple levels, most notably in the Office of Institutional Research, there have been three (3) different Directors in the last three (3) years which has caused some of the data to get muddled at the institutional level, there are admittedly some clerical errors that were presented with the Original Board Report, the program has taken on auditing this information internally and has prepared accurate numbers which are close but not what has been reported at the institutional level, many of the numbers which H. Caines Robson has referred to were largely a result of these inconsistencies between the Office of Institutional Research and what the program is tracking internally.

In response to J. Kaneb, C. McNerney stated the program staff was following what it believed to be the NCSBN Guidelines which stated no more than 50% and the percentages in the overall clinical and the simulations the program was using, it is below 50%, however, the program has now clarified that it is suppose to be no more than 50% in any one (1) course. C. McNerney stated the program staff have made adjustments and are continuing to make adjustments in its specialty areas. C. McNerney stated that part of this for that time period was a hangover from the CoronaVirus Pandemic, particularly in the fundamentals where all of the students are placed in skilled nursing facilities and the program staff could just not get the students into them. C. McNerney stated it is not desirable to have 100% virtual clinical and the program staff fully appreciate that, but that was driven by some of the CoronaVirus Pandemic concerns.

In response to H. Caines Robson, J. Verstreken stated while those numbers are accurate in reflection, the amount of clinical that is allocated for specialty courses and in mental health, there are 30 clinical hours per course, and if it is broken down by the hours of clinical, it does fall below the 50% mark at 41.9% that is the total of a 195 of virtual compared to 270 hours of direct patient care which are found in the Med Surge 1 and Med Surge 2 Courses, so it is 41% and 58% if you look at the minutes, but when you look at the percentages, it does appear to exceed the 50%. In response to J. Verstreken, C. McNerney stated the program is addressing that. In response to K. Crowley, J. Verstreken stated that K. Crowley is correct and the program has reintegrated clinical experiences for the fundamentals group, which had largely been in skilled nursing facilities, which had very rigid COVID-19 restrictions to protect the at-risk populations and the program has already been able to reintegrate into these experiences so that should be 100% resolved by Fall 2022 barring another CoronaVirus Pandemic resurgence.

ACTION:

Motion by K. Crowley, seconded by L. Keough, and voted by roll call with A. Alley, K.A. Barnes, K. Crowley, J. Kaneb, L. Kelly, L. Keough, C. LaBelle, D. Nikitas, V. Percy, R. Reynolds and A. Sprague unanimously in favor to:

1. Accept the Program's notification of an additional location, that the new location has appropriately designed and equipped physical facilities and has the required resources to meet the needs of the students.
2. Accept the Program's notification of the addition of a new program option and that the college has demonstrated appropriate support for the addition.
3. Accept the Program's notification of admission of an additional 10 or more students and that the Program has demonstrated appropriate fiscal, physical and human resources for the additional admissions.
4. Find the Program is in compliance with 244 CMR 6.05 (3)(b).
5. Continue Full Approval Status at this time.
6. Direct the Program to provide no later than September 8, 2022:
 - A. Systematic evaluation plan that includes, but not limited to, clearly stated evaluation criteria, operational definitions, expected levels of achievement specificity (achievable and measurable) across all criterion with a calendar outlining the evaluation schedule [ref 244 CMR 6.04 (1)(e)]; Curriculum Vitae for the following part-time faculty members [ref 244 CMR 6.04 (2)(c)]:
 1. Bernardino, Megan
 2. Kauler, Sheighla
 3. Lobalbo, Rachel
 - B. Report outlining plan to ensure adherence to the clinical guidelines for direct patient care [ref 244 CMR 6.04 (4)(b)(3)];
 - C. Table of credits hours and clock hours for each course demonstrating congruence with the published curriculum map and in accordance with generally accepted academic standards and hours/credit hours [ref 244 CMR 6.04 (4)(b)4];
 - D. Table outlining the total number of admissions for each option with identified full time and part time faculty dedicated to each option, the established full-time faculty to student ratios and the method of delivery with percentage of distance delivery if program utilize a hybrid format [ref 244 CMR 6.04 (5)(a)].

TOPIC: Education

244 CMR 6.05 (3)(b) Annual Reports, Berkshire Community College Associate Degree Nursing Program

DISCUSSION:

H. Caines Robson summarized her previously distributed memorandum and attached exhibits to the Board. K. Crowley asked L. Moon if the two (2) positions that are listed in the Annual Report have been filled.

L. Moon, Dean of Nursing, was present via audio. L. Moon stated that there are eight (8) full-time faculty for the program, they have not had any problem hiring new faculty, and the program expects 100% return

of the existing faculty for the Fall 2022 Semester. In response to K. Crowley, L. Moon stated they added one (1) more position because the program had great candidates, it filled the two (2) positions which are listed in the Annual Report, filled the third position, and all positions are full-time.

ACTION:

Motion by L. Kelly, seconded by K. Crowley, and voted by roll call with A. Alley, K.A. Barnes, K. Crowley, J. Kaneb, L. Kelly, L. Keough, C. LaBelle, D. Nikitas, V. Percy, R. Reynolds and A. Sprague unanimously in favor to:

1. Accept the Program's 2021 Annual Report submitted in compliance with Board regulation 244 CMR 6.05(3)(b).
2. Accept the Program's Notification of Admission of 10 or more additional students and that the Program has demonstrated that it has sufficient resources to support the increase.
3. Find the Program is in compliance with 244 CMR 6.05 (3)(b).
4. Continue Full Approval Status at this time.

TOPIC: Education

244 CMR 6.05 (3)(b) Annual Reports, Berkshire Community College Practical Nursing Program

DISCUSSION:

H. Caines Robson summarized her previously distributed memorandum and attached exhibits to the Board. In response to L. Moon, L. Kelly stated it sounds like a wonderful program, it is supportive of students with protected time and also financial stability. K. Crowley stated that she does not have any questions.

L. Moon, Dean of Nursing, was present via audio. L. Moon stated the program has come up with an talent pipeline program with a major health care partner located in the Berkshires, the health care partner is offering 40 hours of pay with benefits to students who are enrolled in the program, and if the students apply and are accepted, the students only have to work 16 hours a week and education is also paid for. L. Moon stated the program is hoping this will increase the workforce immediately out of the LPN Program so those nurses will be working 16 hours a week and will be allowed to further their education to obtain an RN License as well.

ACTION:

Motion by L. Kelly seconded by L. Keough, and voted by roll call with A. Alley, K.A. Barnes, K. Crowley, J. Kaneb, L. Kelly, L. Keough, C. LaBelle, D. Nikitas, V. Percy, R. Reynolds and A. Sprague unanimously in favor to:

1. Accept the Program's 2021 Annual Report submitted in compliance with Board regulation 244 CMR 6.05 (3)(b).
2. Accept the Program's Notification of Change in Employment Rates and Patterns Report which included the contributing factors and plan to address.
3. Find the Program is in compliance with 244 CMR 6.05 (3)(b).

4. Continue Full Approval Status at this time.

TOPIC: Education

244 CMR 6.05 (3)(b) Annual Reports, Greenfield Community College Associate Degree Nursing Program

DISCUSSION:

S. Waite summarized her previously distributed memorandum and attached exhibits to the Board.

C. MacDonald stated that as a member of the Next Generation NCLEX Committee, clinical reasoning is going to be the basis for the Next Generation NCLEX which is due out within the next year, and this is really going to serve the students well, that they begin to really develop clinical reasoning, as the previous NCLEX Exam had more of a focus on critical thinking, so the shift to clinical reasoning is something that we are going to see as the Next Generation NCLEX Exam begins to get implemented. C. MacDonald stated it is great that the program is ahead of the game on that and it is something that will serve the students well. L. Kelly stated that the program was very proactive and innovative and regarding the Fourth Semester Course, it was nice to see the Entrance Into Practice Capstone added, and she thought it was missing with the new graduates as they enter into the practice setting, and the program was focusing on the students which was great.

K. Skiathitis, Assistant Dean of Nursing, was present via audio. K. Skiathitis stated with the advent of the Next Generation NCLEX, she has noticed a significant drop in the program's students' ability to be able to bring theory to their tests and practice. K. Skiathitis stated the program staff felt they needed to edify the students' clinical reasoning and better support the students, so they will be successful when they take the NCLEX Exam.

ACTION:

Motion by L. Kelly, seconded by L. Keough, and voted by roll call with A. Alley, K.A. Barnes, K. Crowley, J. Kaneb, L. Kelly, L. Keough, C. LaBelle, D. Nikitas, V. Percy, R. Reynolds and A. Sprague unanimously in favor to:

1. Accept the Program's 244 CMR 6.07 (3) Program Curriculum Change Report for curriculum change.
2. Find the Program is in compliance with 244 CMR 6.05 (3)(b).
3. Continue Full Approval Status at this time.

TOPIC: Education

244 CMR 6.05 (3)(b) Annual Reports, Greenfield Community College Practical Nursing Education Program

DISCUSSION:

S. Waite summarized her previously distributed memorandum and attached exhibits to the Board.

S. Waite stated the program staff informed the Board Education Staff on 6/7/2022 that the program was abruptly moved from Smith Vocational High School to the Greenfield Community College Main Campus due to a fire that occurred somewhere on the campus of the Smith Vocational High School, the PN

Program's facility was not impacted, the change occurred on 5/16/2022 during the time when the program administrator was out of the United States, and a formal Change Report will be forthcoming.

L. Kelly asked S. Waite that once she receives the program's announcement of the location change to Industrial Drive in Northampton, MA, will it be Staff Actioned or would anything need to be done from the Board's perspective. In response to L. Kelly, S. Waite stated she will bring it to the Board members and she does not have any concerns with it.

K. Skiathitis, Assistant Dean of Nursing, was present via audio. K. Skiathitis apologized for the delay in informing the Board Education Staff of the program's location change and she put forth a formal report soon about the change and what precipitated it.

K. Skiathitis stated the PN Program will be moving to a larger, more appropriate site on Industrial Drive in Northampton, MA, she cannot send the letter until she has the contract in her hands, but it is forthcoming. K. Skiathitis stated regarding the change in the program delivery due to limited space at the Smith Vocational High School, that part of her request is null and void at this point because the PN Program will be moving to a facility where all students can be accommodated in one (1) classroom, the classroom at Smith Vocational High School could only accommodate 17 students since the CoronaVirus Pandemic, and there are 32 students in the PN Program, so the program gone to a hybrid platform.

ACTION:

Motion by L. Kelly, seconded by L. Keough, and voted by roll call with A. Alley, K.A. Barnes, K. Crowley, J. Kaneb, L. Kelly, L. Keough, C. LaBelle, D. Nikitas, V. Percy, R. Reynolds and A. Sprague unanimously in favor to:

1. Accept the Program's 2021 Annual Report which was submitted in compliance with the regulation 244 CMR 6.05 (3)(b).
2. Accept the Program's 244 CMR 6.07 (3) Program Change Report.
3. Find the Program is in compliance with 244 CMR 6.05 (3)(b).
4. Continue Full Approval Status at this time.

TOPIC: Education

244 CMR 6.07 Board Approval of Specific Nursing Education Program Change, Bay State College Associate Degree Nursing Program

DISCUSSION:

H. Caines Robson summarized her previously distributed memorandum and attached exhibits to the Board. There was no discussion.

J. Verstreken, program administrator, was present via video. J. Verstreken did not make a statement.

ACTION:

Motion by L. Kelly, seconded by L. Keough, and voted by roll call with A. Alley, K.A. Barnes, K. Crowley, J. Kaneb, L. Kelly, L. Keough, C. LaBelle, D. Nikitas, V. Percy, R. Reynolds and A. Sprague unanimously in favor to:

1. Find the Program is in compliance with regulation 244 CMR 6.04 (1)(f)².
2. Accept the notification of the appointment of Jeff Mason, MFA, as CEO of Bay State College.

TOPIC: Education

244 CMR 6.06 Regularly Scheduled Site Surveys, Greater Lowell Technical School Practical Nursing Program

DISCUSSION:

H. Caines Robson summarized her previously distributed memorandum and attached exhibits to the Board. In response to C. Messina, H. Caines Robson stated that regarding the Systematic Evaluation Plan (SEP), in the Staff Meeting Minutes, the faculty discussed the 11 board required policies, but clear data was not used or identified in the SEP nor in the Staff Meeting Minutes outlining that the program was in fact using data to make the decisions and she did not necessarily feel that they met that requirement within the SEP itself. K. Crowley and L. Keough stated they did not have any concerns.

C. Messina, Director of the Practical Nursing Program, was present via audio. C. Messina stated the Report she sent in which was due on 2/10/2022, the program staff addressed the 11 board required policies in a separate form which accessed the Program was in compliance with the 11 board required policies, and the documentation which was submitted for the 5/10/2022 Due Date, in the Staff Meeting Minutes were seven (7) pages related to regulation 244 CMR 6.04 (3)(a)2 where they address in every single staff meeting minutes the 11 board required policies which needed to be addressed. C. Messina stated it was confusing because the Systematic Evaluation Plan (SEP) was quite large, and the 11 board required policies were listed on Page 2 of the SEP.

ACTION:

Motion by L. Kelly, seconded by L. Keough, and voted by roll call with A. Alley, K.A. Barnes, K. Crowley, J. Kaneb, L. Kelly, L. Keough, C. LaBelle, D. Nikitas, V. Percy, R. Reynolds and A. Sprague unanimously in favor to:

1. Accept the staff compliance report finding that the Program has provided satisfactory evidence of compliance with the regulations at 244 CMR 6.04 (1)(b), (1)(c), (1)(d), and noncompliance with 244 CMR 6.04 (1)(e), (3)(a)2 and (5)(f).
2. Continue Full Approval Status at this time.
3. Direct the program to provide the following:
 - A. Due no later than September 8, 2022:
 1. A revised systematic evaluation plan that includes, but not limited to, clearly stated evaluation criteria, operational definitions, expected levels of achievement specificity (achievable and measurable) across all criterion; a calendar outlining the evaluation schedule; and review of all Board required outcomes the 11 board required policies and program outcomes [ref 244 CMR 6.04 (1)(e)];
 2. A clearly outlined admission policy to include required prerequisites, and rubrics used to evaluate applicants [ref 244 CMR 6.04 (3)(a)1];

3. Nursing student handbook with revised published policies with specific non-discriminatory criteria and faculty meeting minutes demonstrating the use of data by faculty to develop, implement, and evaluate those policies [ref 244 CMR 6.04 (1)(d) and (3)(a)2]; and
4. Revised written agreements with cooperating agencies utilized as clinical learning sites that are current and specific in defining parameters of activities and the responsibilities of the program, the student and the cooperating agency including primary responsibility for patient care and safety and evaluation of student achievement of nursing competencies [ref 244 CMR 6.04 (5)(f)].

B. Due no later than December 8, 2022:

1. Meeting minutes demonstrating full implementation of a written plan for the systematic evaluation of all components of the program including, but not limited to, Program outcomes related to NCLEX performance; admission, retention and graduation rates; graduate satisfaction; and employment rates and patterns as required at 244 CMR 6.01, the 11 policies required by the Board and that results of the systematic evaluation of Program components are used for Program development, maintenance and revision [ref 244 CMR 6.04 (1)(e)].
4. Failure to correct these regulatory deficiencies by the established due dates will result in the Board's evaluation of the Program's approval status [ref 244 CMR 6.08 (1)].

TOPIC: Education

244 CMR 6.07 Board Approval of Specific Nursing Education Program Change, Mildred-Elley School Practical Nursing Program

DISCUSSION:

H. Caines Robson summarized her previously distributed memorandum and attached exhibits to the Board. K. Crowley asked H. Caines Robson to clarify if the Pass Rate on the New Report consistent with the Board's requirement for pass rates. In response to K. Crowley, H. Caines Robson stated the program is currently meeting the Board's requirements, but the ELA will be corrected to state 80% the minimum benchmark. K. Crowley asked H. Caines Robson that the various percentages of the distance education which is stated in the Report and they will not fall under 49%. In response to K. Crowley, H. Caines Robson asked E. Braun to respond.

K. Crowley asked E. Braun about the percentages of virtual, hybrid and on ground clinical and laboratory courses and the number of didactic, clinical and laboratory hours. K. Crowley asked E. Braun about program's plan for the low cost computers for certain students. H. Caines Robson stated the hybrid program is less than 50% and explained the program needed Board's approval and the program's DPL Occupational Approval requires that the Board also approves the change before the change can be made.

E. Braun, program administrator, was present via audio. E. Braun stated the recommendation was made after a collaborative effort with the program faculty and students in the general population who were presenting with many difficulties with the CoronaVirus Pandemic with trying to catch up with childcare and financial obligations but still wanting to continue with their education.

In response to K. Crowley, E. Braun stated that all of the didactic courses in the nursing program are delivered online, all of the laboratories and clinical components of the nursing courses will be on ground (in person), and the pre-requisite courses for the nursing program are currently being offered as hybrid.

In response to K. Crowley, E. Braun stated the percentage of the nursing credits are 0% currently, the pre-requisite nursing courses are being offered as hybrid, the clinical and laboratory courses are conducted on ground, the didactic courses are requested to be offered as hybrid, 45 hours for Didactic, 35 hours for Laboratory and 40 hours for Clinical.

In response to K. Crowley, E. Braun stated that during the CoronaVirus Pandemic, the program staff loan low cost computers and distributed them to certain students, and other students can come to the campus and use the computers that are there.

ACTION:

Motion by L. Kelly, seconded by L. Keough, and voted by roll call with A. Alley, K.A. Barnes, K. Crowley, J. Kaneb, L. Kelly, L. Keough, C. LaBelle, D. Nikitas, V. Percy, R. Reynolds and A. Sprague unanimously in favor to:

1. Find the Program is in compliance with 244 CMR 6.07 (1) and (2).
2. Find the proposed changes to the Board Approved Nursing Program meets the regulatory requirements.
3. Approve the proposed changes to the Mildred Elley Practical Nursing curriculum.
4. Continue Full Approval Status at this time.

TOPIC: Education

244 CMR 6.07 Board Approval of Specific Nursing Education Program Change, Emmanuel College Baccalaureate Degree Nursing Program

DISCUSSION:

RECUSAL: R. Reynolds recused herself from the matter and left the Board Meeting via Zoom.

S. Waite summarized her previously distributed memorandum and attached exhibits to the Board.

L. Kelly asked C. Femia if she can clarify that the program has six (6) full-time faculty members noted versus it actually has five (5) full-time faculty members. K. Crowley asked C. Femia if the program has a graduating class yet, how many cohorts have gone through the Pathophysiology and the Pharmacology courses, removing the Transition to Practice course, and about the Senior Spring Capstone Course.

K. Crowley asked S. Waite if the program provided a comparative table regarding objectives of the Transition to Practice course and where they align to the Capstone course, the Leadership course and the Professional Practice course because the Board approved the program based on the removal of the Transition to Practice course with objectives the Board thought was important for the graduating nurse. In response to K. Crowley, S. Waite stated she did not believe there was a comparative table but there was a delineation of the course credits, the credit hours and the objectives of the courses, and they were cross-checked with the Senior Spring Capstone course.

C. Femia, Chairperson of the BSN Program and the program administrator, was present via video.

C. Femia stated the changes were made using evidence and full faculty approval and agreement, and the program staff is hopeful the changes will promote good outcomes in the students. In response to L. Kelly, C. Femia stated that the time of the report, the program had six (6) full-time faculty members, one (1) faculty member has since left, and the program staff are actively recruiting to replace that faculty member.

In response to K. Crowley's several questions, C. Femia stated that Spring 2023 will be end of the first cohort, which will be the first graduating class, the program had two (2) cohorts go through the pharmacology independent course, and using feedback from the students and results from the course, they decided to spread the pathopharmacology course throughout two (2) semesters, and in looking at the Capstone course, the Leadership course, the proposal, objectives and the course descriptions for those courses were redundant and not really needed at all, and the nursing courses total 70 credits after removing those four (4) credits.

ACTION:

Motion by K. Crowley, seconded by L. Kelly, and voted by roll call with A. Alley, K.A. Barnes, K. Crowley, J. Kaneb, L. Kelly, L. Keough, C. LaBelle, D. Nikitas, V. Percy and A. Sprague unanimously in favor to:

1. Find the Program is in compliance with regulation 244 CMR 6.07 with the written request for Board approval of Program changes in accordance with current Board guidelines.
2. Find the Emmanuel College Baccalaureate Degree Nursing Program's proposed curriculum change is in compliance with regulation 244 CMR 6.04.
3. Find the proposed Program changes warrant approval.

TOPIC: Requests for License Reinstatement

DISCUSSION:

None.

ACTION:

None.

TOPIC: Strategic Development, Planning and Evaluation

Presentation / Report, Proposed Revisions to Advisory Ruling 98-02: The LPN In Charge or Nurse Supervisor Role

DISCUSSION:

P. McNamee summarized her previously distributed memorandum and attached exhibits to the Board. J. Kaneb stated that on the bottom of Page 1 in the "assistive personnel" section, the word "aid" should be changed to "aide". In response to J. Kaneb, P. McNamee stated the document which was sent to the Board members had the markup and she thought she removed the markup, the Board does not have the Certified Medical Assistant role in Massachusetts, because generally speaking, the Board does not allow an unlicensed personnel to administer medications, the Board defined the circumstances of how to delegate medication administration to an unlicensed personnel, but it is in very specific settings that are regulated by Massachusetts law. P. McNamee stated that Massachusetts does have Certified Nursing Assistants (CNAs) and they would fall into unlicensed personnel. J. Kaneb asked P. McNamee if the "unlicensed

personnel” definition is going to be listed in the regulations. In response to J. Kaneb, P. McNamee stated that in the regulations, the unlicensed person is from 244 CMR 10.1. P. McNamee stated that in 2021, all of the definitions were pulled out of the separate regulations, and now regarding the definitions, the regulations refer the reader to 244 CMR 10, and that is why that is referenced to the definition of unlicensed personnel, however in the body of 244 CMR 3.0. the term “unlicensed person” the abbreviation “UP” is used.

J. Kaneb stated the “assistive personnel” definition is confusing and she wanted to correct it if it is going to be in the by-laws. In response to J. Kaneb, P. McNamee stated it will not be in our by-laws, it is just referred to in the Advisory Ruling, but it does not appear anywhere in our regulations.

P. McNamee stated she needed to make it clearer on the Advisory Ruling and will make further adjustments. In response to P. McNamee, C. MacDonald stated it does line up with the regulations, and she thought it was good. K. Crowley stated she thought it look great.

ACTION:

Motion by L. Kelly, seconded by K. Crowley, and voted by roll call with A. Alley, K.A. Barnes, K. Crowley, J. Kaneb, L. Kelly, L. Keough, C. LaBelle, D. Nikitas, V. Percy and A. Sprague unanimously in favor to approve the Proposed Revisions to Advisory Ruling 98-02: The LPN In Charge or Nurse Supervisor Role.

TOPIC: Strategic Development, Planning and Evaluation
Presentation / Report, Proposed SAREC Name Change

DISCUSSION:

M. Waksmonski summarized his previously distributed memorandum and attached exhibits to the Board. K.A. Barnes stated that she loved the Name Change and it will remove any stigmatism with respect to the program and the CoronaVirus Pandemic. A. Alley and L. Kelly stated they agreed with K.A. Barnes.

ACTION:

Motion by L. Kelly, seconded by L. Keough, and voted by roll call with A. Alley, K.A. Barnes, K. Crowley, J. Kaneb, L. Kelly, L. Keough, C. LaBelle, D. Nikitas, V. Percy and A. Sprague unanimously in favor to approve the SAREC Name Change to Substance Addiction Recovery Evaluation Committee.

TOPIC: Strategic Development, Planning and Evaluation
Presentation / Report, Proposed Adoption of SARP Policy 22-01: SARP Admission Assessment Professionals Criteria

DISCUSSION:

M. Waksmonski summarized his previously distributed memorandum and attached exhibits to the Board. M. Waksmonski stated the purposed of the presentation and report at this Board Meeting was for the Board members to discuss the Proposed Policies and the Board members would vote to either approve or reject them at the Next Month’s Board Meeting.

M. Waksmonski stated there are two (2) Policies: 22-01A and 22-01B. M. Waksmonski explained the two (2) Policies. C. LaBelle stated that what he stated was much needed and she does not see Certified Nurse Practitioners (CNP’s) and Physician Assistants (PAs) on the list. In response to C. LaBelle, M. Waksmonski stated that they are listed in Number 8 Eligibility Criteria in both Policies.

M. Waksmonski explained the approval policy. C. LaBelle stated that Certified Nurse Specialists (CNSs), Certified Nurse Practitioners (CNPs) and Certified Registered Nurse Anesthetists (CRNAs) should be included if they have an Advanced Practice (AP) Certification in Addiction Nursing. L. Keough asked M. Waksmonski who is going to develop the Assessment and make the final decision on it. In response to L. Keough, M. Waksmonski stated SARP Program Staff would develop the Assessment and would be happy to present it to the Board for approval.

L. Keough stated diagnostics are needed and here it is called medical impressions, and in general, some of the people on the list are not diagnostic clinicians and are not able to make diagnosis, so the Board would not be able to use those people. But if the Board is going to do something like a bio psych social, that is appropriate, but it cannot come from all of the individuals on the list except for the individuals who have a PhD in Psychology.

M. Waksmonski stated this matter was brought to the 5/6/2022 SAREC Meeting, and the members had concerns about the evaluation and ensuring that it was of the highest level of licensure, and the extended professionals used to be able to submit evaluations, specifically Licensed Social Workers (LICSWs), and the SAREC members were concerned about what led to the more restrictive group.

L. Keough stated the educational background of an LICSW and the clinical experience they have to have makes them competent to do diagnostics. L. Keough stated she was not sure about the mental status examination would meet that criteria, people need different credentials to do assessments, and an RN would be able to do the assessment piece but not the diagnostics piece.

L. Kelly stated she agreed with L. Keough and asked the Board members how they want to move forward. In response to L. Kelly, L. Keough stated the assessment piece is “gray” to her and the diagnostic piece is not “gray” to her. L. Keough asked the Board members what they wanted regarding the evaluation. L. Keough stated most facilities do not take LICSWs as diagnostic clinicians, and the Board members need the diagnostic piece and the assessment piece from the evaluation.

In response to L. Keough, M. Waksmonski stated that regarding Numbers 4, 5 and 6 in the Policy 22-01B, if someone were to get an evaluation from any of the individuals who are not working with the substance use population, they would be able to submit that evaluation, relative to if they have that experience.

P. McNamee asked C. LaBelle about the CRNAs and if they have the competency to do substance use disorder evaluations, she would like to double-check how the Scope of Practice is written in the regulations for CRNAs, the regulations were based on the American Association of Nurse Anesthesiology (AANA) Scope of Practice Statement and it does include acute and chronic pain management, but it does not include substance use disorder evaluation, and she is not sure if it is within the CRNAs’ Scope of Practice to perform that activity even if they did the competency, because it goes back to what their academic nursing education and their certification is how they would get the qualification.

C. LaBelle stated she agreed with P. McNamee and that under Data 2000, CRNAs are included as individuals who can prescribe and treat patients with substance use and obtain a waiver.

In response to C. LaBelle, P. McNamee stated she can research that further and she is not familiar with that reference, and that every clinical category which would perform this activity needs to be included and

she could speak with M. Waksmonski about the language, and she and M. Waksmonski could make sure that they are as inclusive as possible with the APRNs, if that is agreeable to the Board members.

L. Keough stated there is no diagnosis language listed in the LICSW Regulations, and the assessment piece is “muddy”. L. Keough stated that M. Waksmonski should also look into Psychology CNPs as well. In response to L. Keough, M. Waksmonski stated on Pages 12 and 13 of Proposed Policies 22-01A and 22-01B include language regarding collecting diagnostics information and testing. In response to M. Waksmonski, L. Keough stated she may have read the regulations incorrectly.

C. MacDonald asked M. Waksmonski if the Board members need to vote on anything. In response to C. MacDonald, H. Cambra stated the Board members can make a vote if they want to, if they feel that more information needs to be ascertained, they can defer this matter to another Board Meeting, but if they feel comfortable, they could make a vote at this Board Meeting.

L. Kelly asked the Board members if they wanted to move forward with a vote. In response to L. Kelly, several Board members stated they would feel more comfortable if the Board members deferred this matter to a future Board Meeting.

After the Motion, H. Cambra stated the Board members are looking for a list of each of those disciplines with information on the scope of their practice and licensure with a focus on diagnosis and assessment.

ACTION:

Motion by K.A. Barnes, seconded by L. Keough, and voted by roll call with A. Alley, K.A. Barnes, K. Crowley, J. Kaneb, L. Kelly, L. Keough, C. LaBelle, D. Nikitas, V. Percy, R. Reynolds and A. Sprague unanimously in favor to defer this matter to a future Board Meeting.

TOPIC: Strategic Development, Planning and Evaluation

Presentation / Report, Proposed Revisions to Licensure Policy 06-01: Board-Designated Tests of English Proficiency and Required Minimum Cut Scores

DISCUSSION:

L. Hillson summarized her previously distributed memorandum and attached exhibits to the Board. K. Crowley asked L. Hillson about the proposed International English Language Testing System (IETLS) academic and general tests that can be used, the academic test is harder and more complex in sentence structure, and the new general test is easier, will the benchmark be appropriate and if it is in the normal range. In response to K. Crowley, L. Hillson stated the score is for the general test and it is the suggested number.

C. MacDonald stated this is one of the steps in making the Applicants eligible to take the NCLEX Exam. C. LaBelle asked C. MacDonald is she knows what the data is on the NCLEX Pass Rates for Applicants who have English as a Second Language in comparison the Applicants who have English as their First Language. In response to C. LaBelle, C. MacDonald stated she did not the NCLEX Pass Rate for the Foreign Educated is much lower and she could bring the data back to the Board members.

C. MacDonald stated the Applicants who were educated in the United States no matter which country they came from do not have to take the other exams.

ACTION:

Motion by L. Kelly, seconded by K. Crowley, and voted by roll call with A. Alley, K.A. Barnes, K. Crowley, J. Kaneb, L. Kelly, C. LaBelle, D. Nikitas, V. Percy, R. Reynolds and A. Sprague unanimously in favor to accept the Proposed Revisions to Licensure Policy 06-01: Board-Designated Tests of English Proficiency and Required Minimum Cut Scores.

TOPIC: Strategic Development, Planning and Evaluation

Presentation / Report, Proposed Revisions to Guidelines for Submitting 244 CMR 6.07 (3) Program Changes

DISCUSSION:

H. Caines Robson summarized her previously distributed memorandum and attached exhibits to the Board. L. Kelly stated that H. Caines Robson included the concerns the Board members have been discussing. Several Board members stated H. Caines Robson did a good job.

ACTION:

Motion by L. Kelly, seconded by K. Crowley, and voted by roll call with A. Alley, K.A. Barnes, K. Crowley, J. Kaneb, L. Kelly, L. Keough, C. LaBelle, D. Nikitas, V. Percy, R. Reynolds and A. Sprague unanimously in favor to Proposed Revisions to Guidelines for Submitting 244 CMR 6.07 (3) Program Changes.

TOPIC: Strategic Development, Planning and Evaluation

Topics for Next Agenda

DISCUSSION:

None.

ACTION:

So noted.

Break from 11:30 a.m. to 11:45 a.m.

TOPIC:

G.L. c.30A, §21 Executive Session

DISCUSSION:

None.

ACTION:

Motion by L. Kelly seconded by K.A. Barnes, and voted by roll call with A. Alley, K.A. Barnes, K. Crowley, J. Kaneb, L. Kelly, L. Keough, C. LaBelle, D. Nikitas, V. Percy, R. Reynolds and A. Sprague unanimously in favor to convene the Executive Session at 11:52 a.m. as per Purpose One of G.L. c.30A, §21 (a)(1).

G.L. c. 30A, § 21 Executive Session 11:52 a.m. to 4:58 p.m.

TOPIC: Motion to Defer All of the Section 65C Session and Adjudicatory Session Agenda Items

DISCUSSION:

O. Atuey asked the Board members to make this Motion due to loss of quorum at 5:05 p.m.

ACTION:

Motion by L. Kelly, seconded by L. Keough, and voted by roll call with A. Alley, K.A. Barnes, K. Crowley, J. Kaneb, L. Kelly, L. Keough, C. LaBelle, D. Nikitas, V. Percy, R. Reynolds and A. Sprague unanimously in favor to defer all of the Section 65C Session and Adjudicatory Session Agenda Items.

TOPIC:

G.L. c. 112, s. 65C Session

DISCUSSION:

Deferred.

ACTION:

Deferred.

G.L. c. 112, s. 65C Session DEFERRED

TOPIC:

Adjudicatory Session

DISCUSSION:

Deferred.

ACTION:

Deferred.

Adjudicatory Session DEFERRED

TOPIC:

Adjournment

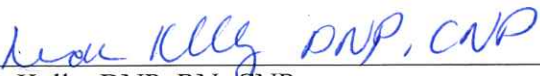
DISCUSSION:

None.

ACTION:

Motion by L. Kelly, seconded by L. Keough, and voted by roll call with A. Alley, K.A. Barnes, K. Crowley, J. Kaneb, L. Kelly, L. Keough, C. LaBelle, D. Nikitas, V. Percy, R. Reynolds and A. Sprague unanimously in favor to adjourn the meeting at 5:02 p.m.

Minutes of the Board's June 8, 2022, Regularly Scheduled Meeting were approved by the Board on August 10, 2022.



Linda Kelly, DNP, RN, CNP
Chairperson
Board of Registration in Nursing

Agenda with exhibits list attached.

**Commonwealth of Massachusetts
Board of Registration in Nursing**

REVISED Notice of the Regularly Scheduled Meeting

Regular Session

250 Washington Street
Conference Room 3C
Boston, Massachusetts 02108

And Via Zoom

Wednesday, June 8, 2022 9:00 am | 2 hours | (UTC-04:00) Eastern Time (US & Canada)

Event address for attendees:

<https://us06web.zoom.us/j/85667536691>

Join by Phone:

+1-602-333-0032 US Toll

+1-888-270-9936 US Toll Free

Access code: 457182

Wednesday, June 8, 2022

PRELIMINARY AGENDA AS OF 6/1/22 1:35pm

Estimated Time	Item #	A. Item	Exhibit	Presented by
9:00 a.m.	I.	B. CALL TO ORDER & DETERMINATION OF QUORUM	None	
	II.	APPROVAL OF REVISED AGENDA	Agenda	
	III.	APPROVAL OF MINUTES A. Draft Minutes for the May 11, 2022 Meeting of the Board of Registration in Nursing, Regular Session Via Zoom	Minutes	
	IV.	REPORTS, ANNOUNCEMENTS AND ADMINISTRATIVE MATTERS A. Election of FY 2023 Board Chairperson and Vice Chairperson	Oral / Memo	CM
	V.	SARP A. SARP Activity Report	Report	MW

Commonwealth of Massachusetts
Board of Registration in Nursing

	VI.	PROBATION A. Probation Staff Action Report - NONE	None	
	VII.	PRACTICE A. Practice Coordinator Staff Report	Report	PM
	VIII.	EDUCATION A. Nursing Education Staff Action Report B. 244 CMR 6.05 (3)(b) Annual Reports 1. Bay State College Associate Degree Nursing Program 2. Berkshire Community College Associate Degree Nursing Program 3. Berkshire Community College Practical Nursing Program 4. Greenfield Community College Associate Degree Nursing Program 5. Greenfield Community College Practical Nursing Education Program C. 244 CMR 6.06 Regularly Scheduled Site Surveys 1. Greater Lowell Technical School Practical Nursing Program D. 244 CMR 6.07 Board Approval of Specific Nursing Education Program Change 1. Bay State College Associate Degree Nursing Program 2. Mildred-Elley School Practical Nursing Program 3. Emmanuel College Baccalaureate Degree Nursing Program	Report Report Report Report Compliance Report Memo Memo Memo	HCR HCR HCR SW SW SW HCR HCR HCR SW
	IX.	REQUESTS FOR LICENSE REINSTATEMENT - NONE	None	
	X.	STRATEGIC DEVELOPMENT, PLANNING AND EVALUATION A. Presentation / Report 1. Proposed Revisions to Advisory Ruling 98-02: The LPN In Charge or Nurse Supervisor Role 2. Proposed SAREC Name Change 3. Proposed Adoption of SARP Policy 22-01: SARP Admission Assessment Professionals Criteria 4. Proposed Revisions to Licensure Policy 06-01: Board-Designated Tests of English Proficiency and Required Minimum Cut Scores 5. Proposed Revisions to Guidelines for Submitting 244 CMR 6.07 (3) Program Changes B. Topics For Next Agenda	Proposed Revisions Proposed Change Memo Proposed Policy Adoption Proposed Revisions / Memo Proposed Revisions / Memo	PM MW MW LH HCR

Commonwealth of Massachusetts
Board of Registration in Nursing

		LUNCH BREAK	
	XI.	EXECUTIVE SESSION <p>The Board will meet in Executive Session as authorized pursuant to M.G.L. c.30A, § 21(a)(1) for the purpose of discussing the reputation, character, physical condition or mental health, rather than professional competence, of an individual, or to discuss the discipline or dismissal of, or complaints or charges brought against, a public officer, employee, staff member or individual.</p> <ol style="list-style-type: none"> Specifically, the Board will discuss and evaluate the Good Moral Character and Massachusetts Department of Children and Families Cases as required for registration for pending applicants. Specifically, the Board will discuss and evaluate the reputation, character, physical condition or mental health, rather than professional competence, of licensees relevant to their petitions for license status change. Specifically, the Board will discuss and evaluate the reputation, character, physical condition or mental health, rather than professional competence, of licensees relevant to their compliance with the term of monitored licensed practice or participation in the Board's Substance Abuse Rehabilitation Program. Approval of prior executive session minutes in accordance with M.G.L. c. 30A, § 22(f) for sessions held during the May 11, 2022 meeting. 	CLOSED SESSION
	XII.	M.G.L. c. 112, § 65C SESSION	CLOSED SESSION
	XIII.	M.G.L. c. 30A, § 18 ADJUDICATORY SESSION	CLOSED SESSION

If you need reasonable accommodations in order to participate in the meeting, contact the DPH ADA Coordinator Erin Bartlett at erin.bartlett2@mass.gov in advance of the meeting. While the Board will do its best to accommodate you, certain accommodations may require distinctive requests or the hiring of outside contractors and may not be available if requested immediately before the meeting.