

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

And Via Zoom Webinar

Wednesday, October 9, 2024 9:00 am | 3 Hours 45 Minutes | (GMT-04:00) Eastern Time (US & Canada)

Event address for attendees:

<https://us06web.zoom.us/j/84359242853>

Join by Phone:

+1-602-333-0032 US Toll

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Access code: 247716

**Minutes of the Regularly Scheduled Board Meeting**  
Wednesday, October 9, 2024

**Board Members Present In Room 3C**

None

**Board Members Not Present**

K. Crowley, DNP, RN

A. Sprague, BS, RN

**Board Members Present Via Audio Or Video**

A. Alley, MSN, RN, Chairperson

L. Kelly, DNP, RN, CNP, Vice Chairperson

K.A. Barnes, JD, RPh

A. Joseph, MD

L. Keough, PhD, RN, CNP (Arrived at 10:11am)

J. Monagle, PhD, RN

D. Nikitas, BSN, RN

R. Reynolds, PhD, MSN, RN

R. Sesay, ASN, RN

H. Underwood, LPN

**Staff Present In Room 3C**

P. Scott, Licensing Coordinator

L. Bermudez, Program Coordinator I

S. Gaun, Office Support Specialist I

**Staff Not Present**

P. McNamee, MS, RN, Nursing Practice  
Coordinator

**Staff Present Via Audio Or Video**

H. Cambra, JD, BSN, RN, Executive Director

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

H. Engman, JD, Chief Board Counsel

R. Barros, JD, Board Counsel

M. Bresnahan, JD, Board Counsel

C. Walsh, MSN, RN, Nursing Education Coordinator

H. Caines Robson, MSN, RN, Nursing Education  
Coordinator

C. DeSpirito, JD, BSN, RN, Complaint Resolution Coordinator  
A. Hallowell, BSN, RN, Complaint Resolution Coordinator  
L. Almeida, RN, Nursing Investigations Supervisor  
M. Waksmonski, MSN, RN, SARP Coordinator  
G. Velez Rivera, MBA, SARP Monitoring Coordinator  
E. Conlon, SARP Monitoring Coordinator  
L. Ferguson, Paralegal  
K. Jones, Probation Compliance Officer

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**TOPIC:**

Call to Order & Determination of Quorum

**DISCUSSION:**

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

**ACTION:**

At 9:00 a.m., A. Alley, MSN, RN, Chairperson, called the October 9, 2024 Regularly Scheduled Board Meeting to order.

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**TOPIC:**

Approval of Agenda

**DISCUSSION:**

None.

**ACTION:**

Motion by L. Kelly, seconded by R. Reynolds, and voted by roll call with A. Alley, K.A. Barnes, A. Joseph, L. Kelly, J. Monagle, D. Nikitas, R. Reynolds, R. Sesay, and H. Underwood unanimously in favor to approve the Agenda as presented.  
Motion carries.

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**TOPIC:**

Approval of Board Minutes for the September 11, 2024 Meeting of the Regularly Scheduled Board Meeting

**DISCUSSION:**

None.

**ACTION:**

Motion by L. Kelly, seconded by R. Reynolds, and voted by roll call with A. Alley, K.A. Barnes, A. Joseph, L. Kelly, J. Monagle, D. Nikitas, R. Reynolds, R. Sesay, and H. Underwood unanimously in favor to accept the Minutes of the September 11, 2024 Regularly Scheduled Board Meeting as presented.  
Motion carries.

**TOPIC:** Reports, Announcements and Administrative Matters  
Announcements

**DISCUSSION:**

H. Cambra reminded Board Members to change their state email passwords to avoid being locked out of their accounts.

H. Cambra stated that all licensed nurses received an email message asking if anyone was interested in an appointment to the Board and the responses to that message was significant. H. Cambra added that Board Staff is working diligently to review eligibility for the vacant seats.

H. Cambra stated L. Hillson is going to be working on the CY 2025 meeting schedule and it will be distributed when finalized. H. Cambra noted that there will be a scheduled Board Meeting in August and if time and Board work permits, the August meeting will be canceled. H. Cambra asked for Board Members to sign up for Complaint Committee meetings.

**ACTION:**

So noted.

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**TOPIC:** SARP  
Activity Report

**DISCUSSION:**

M. Waksmonski was available for questions.

**ACTION:**

So noted.

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**TOPIC:** Probation  
Staff Action Report – None

**DISCUSSION:**

None.

**ACTION:**

None.

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**TOPIC:** Probation  
Request for Termination of Probation/Stayed Probation – None

**DISCUSSION:**

None.

**ACTION:**

None.

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**TOPIC:** Probation

Request for Notice of Violation and Further Discipline in the matter of A. Barrett, NUR-2016-0192, RN237440 – Present via Zoom Audio with Attorney J. Michael, present via Zoom Audio

**DISCUSSION:**

K. Jones summarized her previously distributed memorandum and attached exhibits to the Board.

**ACTION:**

Motion by A. Alley, seconded by J. Monagle, and voted by roll call with A. Alley, K.A. Barnes, A. Joseph, L. Kelly, J. Monagle, D. Nikitas, R. Reynolds, R. Sesay, and H. Underwood unanimously in favor to offer the Licensee a Non-Disciplinary Consent Agreement Not to Practice due to Medical Incapacity, the Licensee must submit required documentation validating the medical incapacity and authorize Board staff action.

Motion carries.

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**TOPIC:** Practice Coordinator Staff Report

**DISCUSSION:**

H. Cambra was available for questions.

**ACTION:**

So noted.

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**TOPIC:** Education

Nursing Education Staff Report

**DISCUSSION:**

H. Caines Robson was available for questions.

**ACTION:**

So noted.

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**TOPIC:** Education

244 CMR 6.05(2) Initial Approval

Simmons University Masters Entry Program – Represented by Chair C. Kapaale, present via Zoom Audio and Video with Dr. T. Delouchry and Dean H. Shlosser

**DISCUSSION:**

H. Caines Robson summarized her previously distributed memorandum and attached exhibits to the Board.

L. Kelly and R. Reynolds commended the program for their complete and thorough application.

**ACTION:**

Motion by A. Alley, seconded by L. Kelly, and voted by roll call with A. Alley, K.A. Barnes, A. Joseph, L. Kelly, J. Monagle, D. Nikitas, R. Reynolds, R. Sesay, and H. Underwood 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)(a), (1)(b), (1)(c), (1)(d), (1)(e), (1)(f), (1)(g), (1)(h), (1)(i), (1)(j), (1)(k), (1)(l), (1)(m), (2)(a), (2)(b)1, (2)(b)2, (2)(b)3, (2)(b)4, (2)(c), (3)(a),

((3)(b), (3)(c), (3)(d), (4)(a), (4)(b)1, (4)(b)2, (4)(b)3, (4)(b)4, (5)(a), (5)(b)(1), (5)(b)(2), (5)(c)(1), (5)(c)(2), (5)(d) (5)(e) and (5)(f)

2. Determine Simmons University has provided satisfactory evidence of its ability to achieve compliance with 244 CMR 6.04: Standards for Nursing Education Program Approval
3. Determine Simmons University warrants Initial Approval status in the further establishment of the Direct Entry Nursing education program
4. For the effectiveness of the Program:
  - a. Direct the program to revise the agreement template to clarify that the evaluation of students is the responsibility of faculty.

Motion carries.

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**TOPIC:** Education

244 CMR 6.05 (3) (c) Annual Reports

Diman Regional School of Practical Nursing – Represented by Program Administrator L. Brogan, present via Zoom Audio and Video

**DISCUSSION:**

C. Walsh summarized her previously distributed memorandum and attached exhibits to the Board.

A. Alley asked L. Brogan how the program will meet the requirement for pediatric and maternity clinicals. L. Brogan stated that incorporating pediatrics will not be an issue, but maternity will be an issue as there are only two (2) hospitals with maternity floors, and the South Coast hospital system does not allow LPN students on the floor. L. Brogan added that students are able to utilize simulations for maternity experiences and students do at least one (1) rotation in a pediatric setting.

L. Kelly asked C. Walsh if the program did not have adequate Pediatric and OB/GYN experiences, and C. Walsh confirmed. L. Brogan stated that the program does have pediatric rotations and students rotate out to head starts and two (2) doctors' offices. L. Kelly voiced concerns regarding L. Brogan's comment that LPNs do not get hired in OB/GYN capacity, and L. Brogan clarified that the local hospitals do not allow LPN students to do clinicals at the facilities nor will they hire LPNs for OB care.

A. Alley asked for clarification regarding in-person clinicals for OB experiences. R. Reynolds asked for the percentage of simulation to in-person clinical experiences. L. Brogan stated that Med-Surg 1 is Care of the Adult and Child and is 140 hours. L. Brogan stated she forgot to add eight (8) hours of in-person experience, and the percentage is 63.2% in-person for the overall program. J. Monagle stated that the pediatric requirement seems to be met and acknowledged the barriers in obtaining OB clinicals. L. Brogan reiterated to the Board that she has exhausted options and has been denied at the facilities.

**ACTION:**

Motion by A. Alley, seconded by R. Reynolds, and voted by roll call with A. Alley, K.A. Barnes, A. Joseph, L. Kelly, J. Monagle, D. Nikitas, R. Reynolds, R. Sesay, and H. Underwood unanimously in favor to:

1. Accept the Program's 244 CMR6.05(3)(c) annual report
2. Determine the Program is in non-compliance with 244 CMR6.05(3)(c)
3. Continue Full Approve Status at this time
4. Direct the Program to provide to the Board the following in order to demonstrate correction of the regulatory deficiencies:
  - a. Due December 11, 2024:

- i. Submit a comprehensive plan of action to correct the direct patient care clinical hours [ref:244 CMR 6.04 (4)(b)] .
  - ii. Submit the systematic evaluation plan (SEP) and meeting minutes demonstrating evaluation of curriculum and clinical experiences [244 CMR 6.04(4)(b)].
5. 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)].

Motion carries.

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**TOPIC:** Education

244 CMR 6.05 (3) (c) Annual Reports

Greater Lowell School of Practical Nursing -- Represented by Director of Practical Nursing C. Messina, present via Zoom Audio and Video

**DISCUSSION:**

C. Walsh summarized her previously distributed memorandum and attached exhibits to the Board.

C. Messina stated that the program has not been allowed to complete OB clinicals at the local hospitals for many years. C. Messina stated the program developed a rigorous six(6) day maternity clinical with a presentation, role-playing with different scenarios, practice with post-partum and newborn skills, have patient education and present skills regarding postpartum and child care.

**ACTION:**

Motion by A. Alley, seconded by R. Reynolds, and voted by roll call with A. Alley, K.A. Barnes, A. Joseph, L. Kelly, J. Monagle, D. Nikitas, R. Reynolds, R. Sesay, and H. Underwood unanimously in favor to:

1. Accept the Program's 244 CMR6.05(3)(c)
2. Determine the Program is in non-compliance with 244 CMR6.05(3)(c)
3. Continue full approve status at this time
4. Direct the Program to provide to the Board the following in order to demonstrate correction of the regulatory deficiencies:
  - a. Due December 11, 2024:
    - i. Submit a comprehensive plan of action to correct the direct patient care clinical hours [ref:244 CMR 6.04 (4)(b)]
    - ii. Submit the systematic evaluation plan (SEP) and meeting minutes demonstrating evaluation of curriculum and clinical experiences [244 CMR 6.04(4)(b)].
5. 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)].

Motion carries.

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**TOPIC:** Education

244 CMR 6.07 Program Changes

College of Our Lady of Elms Baccalaureate Degree Nursing Program -- Represented by Program Administrator D. Nunes, present via Zoom Audio and Video

**DISCUSSION:**

C. Walsh summarized her previously distributed memorandum and attached exhibits to the Board.

D. Nunes stated that she had submitted a revised credit to clock hour allocation. A. Alley asked if all documents were received, and C. Walsh stated that not all have been, and they have not reviewed the documents that were received this week.

R. Reynolds asked when the last site survey was and C. Walsh stated February 2022.

**ACTION:**

Motion by A. Alley, seconded by R. Reynolds, and voted by roll call with A. Alley, K.A. Barnes, A. Joseph, L. Kelly, J. Monagle, D. Nikitas, R. Reynolds, R. Sesay, and H. Underwood unanimously in favor to:

1. Accept the Program's 244 CMR 6.07 (1) directives; comprehensive credit to clock hour allocations
2. Determine the Program is compliant with 244 CMR 6.07(1)(3)
3. Continue Full Approval Status at this time
4. Determine the Nursing Education Program does not warrant a 244 CMR 6.08 site survey
5. Direct the Program to provide to the Board the following in order to demonstrate correction of the regulatory deficiencies:
  - a. Due December 11, 2024:
    - i. Correct the curriculum credit to clock hour allocations for all nursing courses and submit the corrected curriculum map [ref:244 CMR 6.04 (4)(b)]
    - ii. Submit the systematic evaluation plan (SEP) and meeting minutes demonstrating evaluation of curriculum [244 CMR 6.04(4)(b)].
6. 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)].

L. Keough not present.

Motion carries.

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**TOPIC:** Education

244 CMR 6.08 Noncompliance with Standards

Bay Path Practical Nursing Program – Represented by G. Bolandrina and Superintendent K. Brenner, present via Zoom Audio and Video

**DISCUSSION:**

H. Caines Robson summarized her previously distributed memorandum and attached exhibits to the Board.

R. Reynolds asked when the last complaint was submitted and when the last site survey was, and H. Caines Robson stated the last complaint was submitted in 2023 and the last site survey was in 2019.

R. Reynolds asked if H. Caines Robson was unable to determine the application of these policies and that is why the documents were requested, and H. Caines Robson confirmed. R. Reynolds asked if it would be easier to conduct a site survey due to the program having two (2) complaints in succession and A. Alley agreed.

**ACTION:**

Motion by A. Alley, seconded by R. Reynolds, and voted by roll call with A. Alley, K.A. Barnes, A. Joseph, L. Kelly, L. Keough, J. Monagle, D. Nikitas, R. Reynolds, and R. Sesay unanimously in favor to:

1. Accept the Bay Path Practical Nursing Program's submitted evidence to demonstrate compliance 244 CMR 6.04

2. Determine the Program is compliant with 244 CMR 6.04 (2)(a) and (5)
3. Continue Full Approval Status at this time
4. Determine the Nursing Education Program warrants a 244 CMR 6.08 site survey
5. Direct the Program to provide to the Board the following in order to demonstrate correction of the regulatory deficiencies:
  - a. Due December 11, 2024; submit the following:
    - i. Program policies: grievance and readmission.
    - ii. Redacted lists of students who were deemed unsuccessful with an alternative identifier and the progression and/or grievance outcomes.
    - iii. Submit the systematic evaluation plan (SEP) and meeting minutes demonstrating evaluation of policies and resources [244 CMR 6.04(3)(b) and (5)].
6. Failure to submit the directive by the established due dates will result in the Board's evaluation of the Program's approval status [ref 244 CMR 6.08(1)].

H. Underwood recused.

Motion carries.

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**TOPIC:** Education

244 CMR 6.08 Noncompliance with Standards

Laboure College Associate Degree Nursing Program – Represented by Dean of Nursing E. Costello, Associate Chair of Nursing A. Sinewick, and President L. Hsu, present via Zoom Audio and Video

**DISCUSSION:**

H. Caines Robson summarized her previously distributed memorandum and attached exhibits to the Board.

L. Kelly asked when the last site survey was, and H. Caines Robson stated early 2024.

R. Reynolds voiced concerns regarding the frequent complaints and incidents of deficiencies, and is unsure how to move forward.

**ACTION:**

Motion by A. Alley, seconded by J. Monagle, and voted by roll call with A. Alley, K.A. Barnes, A. Joseph, J. Monagle, D. Nikitas, R. Sesay, and H. Underwood unanimously in favor to:

1. Accept the Laboure Associate Degree Nursing Program's submitted evidence to demonstrate compliance 244 CMR 6.04
2. Determine the Program is compliant with 244 CMR 6.04 (4)(b ) and (5)
3. Continue Full Approval Status at this time
4. Determine the Nursing Education Program does not warrant a 244 CMR 6.08 site survey
5. Direct the Program to provide to the Board the following in order to demonstrate correction of the regulatory deficiencies:
  - a. Due December 11, 2024; submit the following:
    - i. A comprehensive table of all nursing courses with a mapping of student learning outcomes, programmatic learning outcomes, and all learning activities by course.
    - ii. Submit the systematic evaluation plan (SEP) and meeting minutes demonstrating evaluation of curriculum and resources [244 CMR 6.04(4)(b) and (5)].
    - iii. Board staff will report back in January 2025 to the Board confirming that the deadline was met
6. Failure to submit the directive by the established due dates will result in the Board's evaluation of the Program's approval status [ref 244 CMR 6.08(1)].



L. Kelly, L. Keough, and R. Reynolds voted in opposition.  
Motion carries.

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**TOPIC:** Education

244 CMR 6.08 Noncompliance with Standards

Laboure College Associate Degree Nursing Program – Represented by Dean of Nursing E. Costello, Associate Chair of Nursing A. Sinewick, and President L. Hsu, present via Zoom Audio and Video

**DISCUSSION:**

H. Caines Robson summarized her previously distributed memorandum and attached exhibits to the Board.

E. Costello stated that the program is working on the Systematic Evaluation Plan, and faculty are on a decreased workload during the summer. E. Costello stated that faculty is working to correct any errors in the SEP and to redress policies to make them firmer and non-discriminatory in wording. E. Costello stated that the program is doing research into the best methods to evaluate the policies.

R. Reynolds voiced concerns regarding the frequent non-compliance by the Program over the past year. L. Kelly stated that it is difficult to grant full approval status to the Program at this point. E. Costello stated that the complaint came from a student who failed in their first semester despite faculty intervention. E. Costello stated that there are resources available to students and are continuing to make improvements to the program. J. Monagle asked why the policies haven't been written in a non-discriminatory matter, and E. Costello stated the policies have been rewritten, are working on changing the terminology, and needs to undergo the approval status.

L. Kelly stated that the lack of accountability by the Program is concerning, and E. Costello disagreed. A. Alley asked for the timeframe to get the policies changed and approved, and E. Costello stated that the policies can be done by the end of the semester. A. Alley asked if that was reasonable, and H. Caines Robson stated that it is.

**ACTION:**

Motion by A. Alley, seconded by J. Monagle, and voted by roll call with A. Alley, K.A. Barnes, A. Joseph, J. Monagle, D. Nikitas, R. Sesay, and H. Underwood 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)(l), (5)(a) and (5)(f) noncompliance with (1)(h) and (3)(b)
2. Continue Full Approval status at this time
3. Direct the Program to submit the follow directives - Due January 9, 2025:
  - a. Revised systematic evaluation plan to includes, but not limited to, clearly stated evaluation criteria, expected levels of achievement specificity (achievable and measurable) across all criteria; review of all Board required outcomes and 14 Board required policies, frequency of assessment, assessment and applied action plans. [ref 244 CMR 6.04 (1)(h)]
  - b. On going plan to ensure program outcomes [ref 244 CMR 6.04 (1)(h)]
  - c. Revised published policies for the 14 Board required 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)(g) & (3)(b)]
  - d. Admission Rubric [ref 244 CMR 6.04 (1)(g) & (3)(b)]

- e. Provide a table outlining the clinical partnerships and clinical assignments for the Fall semester. [ref 244 CMR 6.04 (5)(d)]
  - f. Update to Faculty recruitment plan. [ref 244 CMR 6.04 (5)(f)]
  - g. Continue to submit quarterly reports outlining:
    - i. Number of students enrolled in General Education and each Professional course
    - ii. Prior to the start of semester, Clinical groups with number of students, faculty, clinical agencies and times
    - iii. Any changes to clinical placements after the clinical start
    - iv. Meeting minutes demonstrating faculty using data for program evaluation.
  - h. Board staff will report back in January 2025 to the Board confirming that the deadline was met
4. Failure to provide evidence to the Board by the established due dates will result in the Board's evaluation of the Program's approval status [ref 244 CMR 6.08(1)].
- L. Kelly, L. Keough, and R. Reynolds voted in opposition.  
Motion carries.

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**TOPIC:** Education

2024 Q3 NCLEX Results

Q3 NCLEX MA Graduates Regardless of State of Licensure

Q3 NCLEX MA Licensure Candidates Regardless of State of Education

Nursing Education Program with NCLEX Pass Rates Below 80%

**DISCUSSION:**

C. Walsh was available for questions.

**ACTION:**

So noted.

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**TOPIC:** Requests for License Reinstatement – None

**DISCUSSION:**

None.

**ACTION:**

None.

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**TOPIC:** Strategic Development, Planning and Evaluation

Presentation / Report

Legislative Updates

**DISCUSSION:**

L. Hillson summarized her previously distributed memorandum and attached exhibits to the Board.

L. Kelly asked if the Board of Midwifery would be Certified Nurse Midwives or lay midwives, and L. Hillson stated that there is limited information available now but will know more as things develop. H. Cambra stated there was a press release and the law expands insurance coverage for individuals who receive midwifery and doula services and expands insurance coverage for post-partum care and maternal healthcare services. H. Cambra added that there will be eight (8) Board members which includes one (1)

licensed Certified Nurse Midwife. H. Cambra stated that four (4) members need to have experience in the issues of racial disparities in maternal health or be a member of an underrepresented population in midwifery. H. Cambra added that the law will authorize the ability to write prescriptions, but more clarity is needed on that. H. Cambra stated that the Board of Registration in Nursing will be involved, and updates will be forthcoming.

L. Kelly stated that the law has some good features, but there are concerning potential clinical components. L. Kelly added that the law will address some concerns, but there may be clinical challenges. A. Alley added that doulas will complement the healthcare team in the labor and delivery units and be able to bill for those services. A. Alley stated that role clarity in what they can and cannot do are important for the Board of Registration in Nursing to discuss.

L. Kelly asked L. Hillson who has oversight over graduate and student nurses that are not officially licensed, and L. Hillson stated that the healthcare facilities have oversight. L. Kelly asked if the Board of Registration in Nursing has no oversight over these graduate and student nurses, and L. Hillson confirmed. H. Cambra added that the Board of Registration in Nursing is restricted to providing guidance only, and the guidance is available on the Board of Registration in Nursing's website. H. Cambra emphasized that Board of Registration in Nursing staff is working with agencies to tie into regulatory compliance and licensing, but as of right now, the Board of Registration in Nursing has no jurisdiction over the graduate and student nurses. A. Alley stated that it was not clear if these individuals are practicing under a licensed RN, and if something were to happen, if the liability would be placed on the Registered Nurse.

#### **ACTION:**

So noted.

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#### **TOPIC:** Strategic Development, Planning and Evaluation

Presentation / Report

Proposed Additional Credential Evaluation Services (Education Records Evaluation Services, Josef Silny & Associates, and The Evaluation Company)

#### **DISCUSSION:**

L. Hillson summarized her previously distributed memorandum and attached exhibits to the Board.

J. Silny was available for questions. L. Kelly asked if the previous company, Education Records Evaluation Services, had 31 states, and Josef Silny & Associates has two (2) states they support, and L. Kelly states that Education Records Evaluation Services has 31% of the Boards and Josef Silny & Associates has 53%. H. Cambra clarified that the Board does not have to choose one company over another due to an expansion in the regulations. L. Kelly stated that she is trying to sort out the percentages of other states using these companies and what are the pros and cons and if the safeguards in place at these companies are sufficient. L. Hillson states that survey results show positive feedback surrounding the companies that are brought forward today. H. Cambra asked J. Silny to speak on safeguards against fraudulent applicants and fraudulent documents, and J. Silny stated that documents are sent from the schools directly, and the company reaches out to the school to confirm that the documents were sent from them to verify authenticity. J. Silny added that documents are reviewed thoroughly, and additional information surrounding clinical experiences may be requested to verify the successful completion of the program. A. Joseph asked J. Silny if the company informs the relevant Board that they encountered the situation and there may be an issue with fraud surrounding a certain institution. A. Joseph asked if the company is willing to share information with the appropriate law enforcement agency if an investigation

is to take place. J. Silny states that they notify the relevant Boards and law enforcement authorities of situations of fraud.

S. Chowdhury was available for questions regarding The Evaluation Company. H. Cambra asked S. Chowdhury to address security safeguards, and S. Chowdhury stated that the company uses a closed-loop system and requires authenticated documents directly from the school. S. Chowdhury stated that they also require nursing license verification from the Nursing Board, and the verification team will proactively verify the documents with the institution. S. Chowdhury stated that there are three (3) levels of protection and fraud is occasionally found with nursing applications. S. Chowdhury stated that the company notifies the appropriate agencies. L. Kelly asked if the company works with NCSBN and T. Freelund stated that the company currently does not. J. Silny added that they are in contact with NCSBN and follows the regulations.

**ACTION:**

Motion by A. Alley, seconded by L. Kelly, and voted by roll call with A. Alley, K.A. Barnes, A. Joseph, L. Kelly, J. Monagle, D. Nikitas, R. Reynolds, R. Sesay, and H. Underwood unanimously in favor to approve the utilization of the following credentialing evaluation services for RNs and LPNs with foreign education:

1. Josef Silny & Associates
2. The Evaluation Company

Motion carries.

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**TOPIC:** Strategic Development, Planning and Evaluation

Presentation / Report

Nursing Education Sub-Committee Recommendations and Approval of September 5, 2024 Sub-Committee Meeting Minutes

**DISCUSSION:**

H. Caines Robson summarized her previously distributed memorandum and attached exhibits to the Board.

**ACTION:**

Motion by A. Alley, seconded by L. Kelly, and voted by roll call with A. Alley, K.A. Barnes, A. Joseph, L. Kelly, L. Keough, J. Monagle, D. Nikitas, R. Reynolds, R. Sesay, and H. Underwood unanimously in favor to accept the recommendations and draft policy.

Motion carries.

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**TOPIC:** Strategic Development, Planning and Evaluation

Presentation / Report

Revised GMC Staff Action Policy

**DISCUSSION:**

C. Andfield summarized her previously distributed memorandum and attached exhibits to the Board.

L. Kelly asked about the lack of closure dates, H. Cambra stated that DCF policy changed, and they are not releasing closure dates. A. Alley and L. Kelly asked why there was a change, and R. Barros stated that the proposed changes are the most efficient process. L. Kelly stated that it is hard to understand why there was a change when the process was the same for two (2) years. M. Bresnahan added that DCF became overwhelmed by Licensees asking for closure letters, and Board staff were trying to come to a resolution

October 9, 2024 Regular Session Board Meeting Minutes  
(to be Approved 11/13/2024)

without requesting a closure letter. M. Bresnahan added that closure letters do not confirm the Licensee can practice safely. M. Bresnahan added that this proposed revision is the solution that Board staff has come up with because DCF legal counsel stated that closure letters will no longer be issued.

L. Kelly asked what happens if the Board discovers the case was not closed in the timeframe, and C. Andfield stated that the cases are usually resolved within a year or two (2) but may be longer depending on the situation. C. Andfield stated that this revision reflects the new policy for the ten (10) year lookback period. L. Kelly stated that this is for all DCF cases, and C. Andfield confirmed. A. Joseph asked what the closure letter was utilized for, and H. Cambra stated that it was confirmation of closure of an active case and can help determine eligibility for Massachusetts Licensure. H. Cambra added that applicants will be asked for clarity surrounding the case, and the lengths of time proposed can help ensure that if the closure information is not able to be obtained, there is some assurance that the case should be closed. A. Joseph voiced concerns regarding use of that information for assurance of closure. H. Cambra reiterated that this policy is in regard to staff action authority and if Board staff is uncomfortable making that determination, the matter can be brought before the Board.

L. Keough asked if other boards are running into the same issues, and H. Cambra stated that this will be expanded to all BHPL boards. L. Keough asked if the Board of Registration in Nursing is the only board so far, and H. Cambra stated that the other Boards are being onboarded and it will be an attestation.

C. Andfield added that the closure letters contain relevant information if Licensees have engaged in and completed services requested by DCF. L. Kelly stated that she wanted the justification because the process was the same for two (2) years.

**ACTION:**

Motion by A. Alley, seconded by R. Reynolds, and voted by roll call with A. Alley, K.A. Barnes, A. Joseph, L. Kelly, L. Keough, J. Monagle, D. Nikitas, R. Reynolds, R. Sesay, and H. Underwood unanimously in favor to approve the proposed policy as presented.  
Motion carries.

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**TOPIC:** Strategic Development, Planning and Evaluation  
Topics for Next Agenda

**DISCUSSION:**

None.

**ACTION:**

So noted.

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**TOPIC:**

Adjournment of Regular Session

**DISCUSSION:**

None.

**ACTION:**

Motion by L. Keough, seconded by K.A. Barnes, and voted by roll call with A. Alley, K.A. Barnes, A. Joseph, L. Kelly, L. Keough, J. Monagle, D. Nikitas, R. Reynolds, R. Sesay, and H. Underwood unanimously in favor to adjourn the Regular Session at 11:28 a.m.

October 9, 2024 Regular Session Board Meeting Minutes  
(to be Approved 11/13/2024)

Motion carries.

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**TOPIC:**

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

**DISCUSSION:**

None.

**ACTION:**

Motion by L. Keough, seconded by K.A. Barnes, and voted by roll call with A. Alley, K.A. Barnes, A. Joseph, L. Kelly, L. Keough, J. Monagle, D. Nikitas, R. Reynolds, R. Sesay, and H. Underwood unanimously in favor to convene the G.L. c. 112, s. 65C Session at 11:28 a.m.

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**G.L. c. 112, s. 65C Session 11:54 a.m. to 1:15 p.m.**

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**TOPIC:**

Adjudicatory Session

**DISCUSSION:**

None.

**ACTION:**

No Motion to convene the Adjudicatory Session at 1:17 p.m. to deliberate on proposed final decisions and orders, and rulings on pending adjudicatory matters.

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**Adjudicatory Session 1:17 p.m. to 1:30 p.m.**

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**TOPIC:**

G.L. c.30A, §21 Executive Session

**DISCUSSION:**

None.

**ACTION:**

Motion by A. Alley, seconded by L. Kelly, and voted by roll call with A. Alley, K.A. Barnes, A. Joseph, L. Kelly, L. Keough, J. Monagle, D. Nikitas, R. Reynolds, R. Sesay, and H. Underwood unanimously in favor to convene the Executive Session at 1:30 p.m. as per Purpose One of G.L. c.30A, §21 (a)(1).  
Motion carries.

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**G.L. c. 30A, § 21 Executive Session ◇ p.m. to 5:01 p.m.**

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**TOPIC:**

Adjournment

**DISCUSSION:**

None.

**ACTION:**

Motion by A. Alley, seconded by L. Kelly, and voted by roll call with A. Alley, K.A. Barnes, A. Joseph, L. Kelly, J. Monagle, D. Nikitas, R. Reynolds, R. Sesay, and H. Underwood unanimously in favor to adjourn the meeting at 5:01 p.m.

Motion carries.

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Minutes of the Board's October 9, 2024, Regularly Scheduled Meeting were approved by the Board on November 13, 2024.



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Anthony Alley, MSN, RN  
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 Webinar

Wednesday, October 9, 2024 9:00 am | 3 Hours 45 Minutes | (GMT-04:00) Eastern Time (US & Canada)

Event address for attendees:

<https://us06web.zoom.us/j/84359242853>

Join by Phone:

+1-602-333-0032 US Toll

+1-888-270-9936 US Toll Free

Access code: 247716

**Wednesday, October 9, 2024**

**PRELIMINARY AGENDA AS OF 10/01/24 4:45pm**

<b>Estimated Time</b>	<b>Item #</b>	<b>Item</b>	<b>Exhibit</b>	<b>Presented by</b>
9:00 a.m.	I.	<b>CALL TO ORDER &amp; DETERMINATION OF QUORUM</b>	None	
	II.	<b>APPROVAL OF AGENDA</b>	Agenda	
	III.	<b>APPROVAL OF MINUTES</b> A. Draft Minutes for the September 11, 2024 Meeting of the Board of Registration in Nursing, Regular Session Via Zoom	Minutes	
	IV.	<b>REPORTS, ANNOUNCEMENTS AND ADMINISTRATIVE MATTERS</b> A. Announcements	Oral / Memo	HC
	V.	<b>SARP</b> A. SARP Activity Report	Report	MW
	VI.	<b>PROBATION</b> A. Probation Staff Action Report – None B. Termination of Probation / Stayed Probation – None C. Request for Notice of Violation and Further Discipline 1. A. Barrett, NUR-2016-0192, RN237440	Memo	KJ



Commonwealth of Massachusetts  
Board of Registration in Nursing

	<b>VII.</b>	<b>PRACTICE</b> A. Practice Coordinator Staff Report	Report	PM
	<b>VIII.</b>	<b>EDUCATION</b> A. Nursing Education Staff Report B. 244 CMR 6.05(2) Initial Approval 1. Simmons University Masters Entry Program  C. 244 CMR 6.05 (3) (c) Annual Reports 1. Diman Regional School of Practical Nursing 2. Greater Lowell School of Practical Nursing  D. 244 CMR 6.07 Program Changes 1. College of Our Lady of Elms Baccalaureate Degree Nursing Program  E. 244 CMR 6.08 Noncompliance with Standards 1. Bay Path Practical Nursing Program 2. Laboure College Associate Degree Nursing Program 3. Laboure College Associate Degree Nursing Program  F. 2024 Q3 NCLEX Results 1. Q3 NCLEX MA Graduates Regardless of State of Licensure 2. Q3 NCLEX MA Licensure Candidates Regardless of State of Education 3. Nursing Education Program with NCLEX Pass Rates Below 80%	Report  Report  Memo Memo  Memo  Memo Memo Report  Report Report  Report	HCR  HCR  CW CW  CW  HCR HCR HCR  CW CW  CW
	<b>IX.</b>	<b>REQUESTS FOR LICENSE REINSTATEMENT – None</b>		
	<b>X.</b>	<b>STRATEGIC DEVELOPMENT, PLANNING AND EVALUATION</b> A. Legislative Updates B. Proposed Additional Credential Evaluation Services (Education Records Evaluation Services, Josef Silny & Associates, and The Evaluation Company) C. Nursing Education Sub-Committee Recommendations and Approval of September 5, 2024 Sub-Committee Meeting Minutes  D. Revised GMC Staff Action Policy  E. Topics For Next Agenda	Report Presentation/Report/ Q&A  Recommendations, Minutes, and Exhibits  Draft Policy	LH LH/HC/HCR (ERES, JS&A, TEC) HCR  CA/AH

Commonwealth of Massachusetts  
Board of Registration in Nursing

		<b>LUNCH BREAK</b>	
	<b>XI.</b>	<b>M.G.L. c. 112, § 65C SESSION</b>	CLOSED SESSION
	<b>XII.</b>	<b>M.G.L. c. 30A, § 18 ADJUDICATORY SESSION</b>	CLOSED SESSION
	<b>XIII.</b>	<b>EXECUTIVE SESSION</b> 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.  1. 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.  2. 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.  3. 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 Addiction Recovery Program.  4. Approval of prior executive session minutes in accordance with M.G.L. c. 30A, § 22(f) for sessions held during the September 11, 2024 meeting.	CLOSED SESSION
5:00 p.m.	<b>XIV.</b>	<b>ADJOURNMENT</b>	

***If you need reasonable accommodations in order to participate in the meeting, contact the DPH ADA Coordinator Stacy Hart at Stacy.Hart@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.***