

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

And Via Zoom

Wednesday, September 14, 2022 9:00 am | 5 hours | (UTC-04:00) Eastern Time (US & Canada)

Event address for attendees:

<https://us06web.zoom.us/j/82207515544>

Join by Phone:

+1-602-333-0032 US Toll

+1-888-270-9936 US Toll Free

Access code: 457182

**Minutes of the Regularly Scheduled Board Meeting**  
Wednesday, September 14, 2022

**Board Members Present In Room 3C**

None

**Board Members Not Present**

D. Nikitas, BSN, RN

**Board Members Present Via Audio Or Video**

L. Kelly, DNP, RN, CNP, Chairperson

A. Alley, MSN, RN, Vice Chairperson

K.A. Barnes, JD, RPh

K. Crowley, DNP, RN

L. Keough, PhD, RN, CNP

J. Monagle, PhD, RN

V. Percy, MSN, RN

R. Reynolds, PhD, MSN, RN

A. Sprague, BS, RN

L. Wu, MBA, RN

**Staff Present In Room 3C**

S. Gaun, Office Support Specialist I

V. Pettigrew, Office Support Specialist I

**Staff Not Present**

P. Scott, Licensing Coordinator

**Staff Present Via Audio Or Video**

C. MacDonald, DNP, RN, Executive Director

H. Cambra, JD, RN, 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  
L. Almeida, RN, Nursing Investigations Supervisor  
M. Waksmonski, MSN, RN, SARP Coordinator  
G. Velez Rivera, MBA, SARP Monitoring Coordinator  
M. Toner, SARP Monitoring Coordinator  
L. Ferguson, Paralegal  
K. Jones, Probation Compliance Officer

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**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 9:02 a.m., L. Kelly, DNP, RN, CNP, Chairperson, called the September 14, 2022 Regularly Scheduled Board Meeting to order.

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**TOPIC:**

Approval of Agenda

**DISCUSSION:**

S. Waite requested to change the order of the Education Section Agenda Items and have Agenda Item VIII.F.4. 244 CMR 6.08 Non-Compliance with the Standards of Nursing Education Approval, Worcester State University Baccalaureate Degree Nursing Program be presented after Agenda Item VIII.D.1. 244 CMR 6.05 (3)(b) Annual Reports, Massachusetts General Hospital Institute for Health Professions Accelerated Baccalaureate Degree Nursing Program.

**ACTION:**

Motion by L. Kelly, seconded by A. Alley, and voted by roll call with A. Alley, K.A. Barnes, K. Crowley, L. Kelly, L. Keough, J. Monagle, V. Percy, R. Reynolds, A. Sprague and L. Wu unanimously in favor to approve the Agenda as revised.

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**TOPIC:**

Approval of Board Minutes for the June 8, 2022 Meeting of the Regularly Scheduled Board Meeting

**DISCUSSION:**

None.

**ACTION:**

Motion by L. Kelly, seconded by A. Alley, and voted by roll call with J. Monagle and L. Wu in abstention, and A. Alley, K.A. Barnes, K. Crowley, L. Kelly, L. Keough, V. Percy, R. Reynolds and

A. Sprague all in favor to accept the Minutes of the June 8, 2022 Regularly Scheduled Board Meeting as presented.

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

**DISCUSSION:**

C. MacDonald welcomed J. Monagle as the New Board Member who is sitting in the Post-Graduate Education Level Seat. C. MacDonald stated that J. Monagle has vast experience from the Pre-Licensure Level to the Post-Graduate Level.

C. MacDonald requested that all Board Members to check their State E-Mail Messages regularly so that it will be easier for the Board Staff to communicate to them with any changes to the Board Meeting Agendas and other things.

**ACTION:**  
So noted.

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**TOPIC:** SARP  
Activity Report

**DISCUSSION:**

M. Waksmonski stated the current SARP Activity Report reflected the SARP Staff welcomed Megan Toner, the New SARP Monitoring Coordinator, there were website changes, and updates to documents. M. Waksmonski stated the other version of the SARP Activity Report the Board Members received was an older version.

**ACTION:**  
So noted.

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**TOPIC:** SARP  
Substance Addiction Recovery Evaluation Committee (SAREC) Appointments, Registered Nurse Administrative Seat (D. Jezard)

**DISCUSSION:**

M. Waksmonski summarized his previously distributed memorandum and attached exhibits to the Board. M. Waksmonski stated that D. Jezard was unable to attend the 9/14/2022 BORN Board Meeting Regular Session and D. Jezard has substantial substance use disorder and psychiatric mental health nursing experience in addition to administrative nursing experience.

**ACTION:**  
Motion by L. Kelly, seconded by A. Alley, and voted by roll call with A. Alley, K.A. Barnes, K. Crowley, L. Kelly, L. Keough, J. Monagle, V. Percy, R. Reynolds, A. Sprague and L. Wu unanimously in favor to accept the appointment of D. Jezard in the Registered Nurse Administrative Seat in the SAREC Committee.

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**TOPIC:** SARP

Substance Addiction Recovery Evaluation Committee (SAREC) Appointments, Registered Nurse with Substance Use Disorder and Mental Health Experience Seat (M. Torrance)

**DISCUSSION:**

M. Waksmonski summarized his previously distributed memorandum and attached exhibits to the Board. M. Waksmonski stated M. Torrance attended the 9/14/2022 BORN Board Meeting Regular Session, and M. Torrance has substantial substance use disorder and psychiatric mental health nursing experience in addition to administrative nursing experience.

**ACTION:**

Motion by L. Kelly, seconded by A. Alley, and voted by roll call with A. Alley, K.A. Barnes, K. Crowley, L. Kelly, L. Keough, J. Monagle, V. Percy, R. Reynolds, A. Sprague and L. Wu unanimously in favor to accept the appointment of M. Torrance in the Registered Nurse with Substance Use Disorder and Mental Health Experience Seat in the SAREC Committee.

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**TOPIC:** SARP

Substance Addiction Recovery Evaluation Committee (SAREC) Appointments, Licensed Practical Nurse with Demonstrated Experience in Field of Substance Use Disorders (L. Butner)

**DISCUSSION:**

M. Waksmonski summarized his previously distributed memorandum and attached exhibits to the Board. M. Waksmonski stated L. Butner attended the 9/14/2022 BORN Board Meeting Regular Session, and L. Butner has substantial experience treating individuals with substance use disorders and has psychiatric mental health nursing experience in addition to administrative nursing experience.

**ACTION:**

Motion by L. Kelly, seconded by A. Alley, and voted by roll call with A. Alley, K.A. Barnes, K. Crowley, L. Kelly, L. Keough, J. Monagle, V. Percy, R. Reynolds, A. Sprague and L. Wu unanimously in favor to accept the appointment of L. Butner in the Licensed Practical Nurse with Demonstrated Experience in Field of Substance Use Disorders Seat in the SAREC Committee.

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**TOPIC:** Probation

Staff Action Report

**DISCUSSION:**

K. Jones was available for questions.

**ACTION:**

So noted.

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**TOPIC:** Probation

Request for Termination of Probation/Stayed Probation

**DISCUSSION:**

None.

**ACTION:**

None.

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**TOPIC:** Probation

Request for Notice of Violation and Further Discipline

**DISCUSSION:**

None.

**ACTION:**

None.

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**TOPIC:** Practice Coordinator Staff Report

**DISCUSSION:**

P. McNamee was available for questions.

**ACTION:**

So noted.

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**TOPIC:** Education

Nursing Education Staff Action Report

**DISCUSSION:**

H. Caines Robson was available for questions.

**ACTION:**

So noted.

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**TOPIC:** Education

244 CMR 6.05 Clinical Component of Out of State Nursing Education Programs, Great Bay Community College Associate Degree Nursing Program

**DISCUSSION:**

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

D. Kaufman, Director and Chair of the Nursing Program and the program administrator, was present via video. D. Kaufman clarified it was her misunderstanding that once she had submitted the Part A Form and received approval in Spring 2019 and Fall 2020, she assumed that once she had approval, the program was all set. D. Kaufman stated she did not know the Part A Form had to be completed every six (6) months. D. Kaufman stated she submitted the second one because there was a change in President.

**ACTION:**

Motion by L. Kelly, seconded by A. Alley, and voted by roll call with J. Monagle in abstention, and A. Alley, K.A. Barnes, K. Crowley, L. Kelly, L. Keough, V. Percy, R. Reynolds, A. Sprague and L. Wu all in favor to ratify the approval of the Great Bay Community College Associate Degree Nursing

Program Spring 2021 clinical rotation conducted in the state of Massachusetts from March 2021 to May 2021 as outline in the attached Part B Forms.

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**TOPIC:** Education

244 CMR 6.05 Clinical Component of Out of State Nursing Education Programs, Rhode Island College Baccalaureate Degree Nursing Program

**DISCUSSION:**

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

C. Masters, Dean of the School of Nursing, was present via video. C. Masters stated that she explained everything in the documentation. C. Masters stated that 2020 was a rather chaotic time and the program has since corrected and she has been completely informed of everything that needs to be submitted and she will make sure that everything is in.

**ACTION:**

Motion by L. Kelly, seconded by A. Alley, and voted by roll call with A. Alley, K.A. Barnes, K. Crowley, L. Kelly, L. Keough, J. Monagle, V. Percy, R. Reynolds, A. Sprague and L. Wu unanimously in favor to ratify the approval of the Rhode Island College Baccalaureate Degree Nursing Program Spring 2020 clinical rotation conducted in the State of Massachusetts.

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**TOPIC:** Education

244 CMR 6.06 (1)(c) Pre-Requisite Approval, Massachusetts College of Liberal Arts

**DISCUSSION:**

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

J. Birge, President of the College, was present via video. R. Glejzer, Vice President of Academic Affairs, was present via video. E. Fiscella, Associate Dean of Nursing, was present via video. E. Fiscella stated that she made the changes to the program administrator's job description, it has been approved by the President of the College, and she will submit it with the Initial Approval.

**ACTION:**

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

1. Find the program is in compliance with 244 CMR 6.04 (1)(c).
2. Find that Massachusetts College of Liberal Arts has provided satisfactory information describing its potential ability to establish a Nursing Program complying with 244 CMR 6.04: *Standards for Nursing Education Program*.
3. Grant Massachusetts College of Liberal Arts Pre-Requisite Approval Status to establish its proposed Bachelor of Science in Nursing Program.
4. Direct the program to provide evidence of a revised program administrator's job description

that meets the Board's requirements for 244 CMR 6.04 (2)(a) with the Initial Approval.

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**TOPIC:** Education

244 CMR 6.05 (3)(b) Annual Reports, Massachusetts General Hospital Institute for Health Professions Accelerated Baccalaureate Degree Nursing Program

**DISCUSSION:**

**RECUSAL:** J. Monagle recused herself from the matter and stayed in the Zoom Webinar during the deliberation and vote. S. Waite summarized her previously distributed memorandum and attached exhibits to the Board. There was no discussion.

R. Hill, Associate Dean of the Pre-Licensure Nursing Program, was present via video. R. Hill stated that everything was listed in the Program Change Report.

**ACTION:**

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

1. Accept the program's 244 CMR 6.07 (3) Program Change report for increase admissions and that the program has provided evidence that there are sufficient resources to support the increase.
2. Find the program is in compliance with 244 CMR 6.05 (3)(b).
3. Continue Full Approval Status at this time.

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**TOPIC:** Education

244 CMR 6.08 Non-Compliance with the Standards of Nursing Education Approval, Worcester State University Baccalaureate Degree Nursing Program

**DISCUSSION:**

S. Waite summarized her previously distributed memorandum and attached exhibits to the Board. L. Kelly stated there are students enrolled in the program but there is no program administrator. L. Keough asked B. Maloney and L. Wims what their plans are for the duties and role of the program administrator and if there will be an interim program administrator. K. Crowley stated her concerns regarding there is no interim program administrator, and she is not comfortable moving forward. C. MacDonald stated her concerns and that other schools which were in a similar situation were given a definite time to determine a plan on how they are planning to recruit a Board-qualified program administrator. C. MacDonald stated the program staff dividing the administrative duties among the faculty is not the best option with a current class in progress. L. Keough asked the Board members if it would be possible for the program representatives to come back to the Board at the 11/9/2022 Board Meeting to provide an update. In response to L. Keough, S. Waite stated she listed in the Memorandum that the program representatives would need to come back to the Board at the 10/12/2022 Board Meeting.

R. Reynolds stated that she would concur with the program representatives coming back to the Board at the 10/12/2022 Board Meeting. L. Keough asked L. Larrivee if in the interim, she is the person who is maintaining responsibility and oversight over all of those duties. S. Waite asked L. Larrivee if it is correct that she is not a Registered Nurse.

B. Maloney, University President, was present via video. L. Wims, University Provost, was present via video. L. Larrivee, Dean of Science, Technology and Health, was present via video.

L. Wims stated the program staff is aware that it needs to appoint a program administrator, and the University President has submitted appointment letters to qualified individuals on campus who have declined. L. Wims stated the program staff is in search for an Interim Program Director who meets the Board requirements and should be rapidly able to meet that requirement. L. Wims stated the program is a Massachusetts State College Association (MSCA) contractual organization and it has had an unfortunate number of individuals who have experienced personal and family illness who were in senior leadership roles in the department. L. Wims stated the program staff looked forward to rectifying as close to immediately as humanly possible. B. Maloney stated that he concurred with L. Wims.

In response to L. Keough, B. Maloney stated the program staff are being supported by the University Dean and the Provost Office, the program staff has secured outside support for the upcoming Commission on Collegiate Nursing Education (CCNE) Review which will happen later on in the Academic Year, the program staff will bring in temporary support for this Academic Year while they search out for a new program administrator, and the program administrator search has begun. B. Maloney stated the program staff will be working with the faculty throughout the year regarding class scheduling and student support throughout the time the students are in the program.

L. Larrivee stated she is doing the administrative duties, however, she is working very closely with the current faculty and the current faculty are assisting the program staff with all of the administrative duties, but a large number of faculty are in their doctoral programs so it is difficult for them to add program administrator as their full time duty.

L. Larrivee asked L. Wims if the program administrator position has been vacant since 7/1/2022. In response to L. Larrivee, L. Wims stated beginning in July 2022, the University President made appointments, one (1) individual was sick, one (1) individual was on Family and Medical Leave Act (FMLA), and one (1) senior ranked individual declined the position.

In response to the Board members, L. Wims stated that coming back to the Board at the 10/12/2022 Board Meeting is reasonable and she agreed with what K. Crowley stated. In response to L. Keough, L. Larrivee stated she is the person who is in the interim maintaining responsibility and oversight over all of those duties. In response to S. Waite, L. Larrivee stated she is not a Registered Nurse.

#### **ACTION:**

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

1. Find the program is not in compliance with 244 CMR 6.04 (1)(c), (1)(f), and (2)(a).
2. Find the program can continue with Full Approval Status.
3. Direct Worcester State University to immediately appoint a qualified Interim Program Administrator that meets the Board's requirements for 244 CMR 6.04 (2)(a).
4. Direct Worcester State University to provide an update to the Board members at the 10/12/2022



Board Meeting as to the status of the appointment of a Permanent Program Administrator that meets the Board's requirements for 244 CMR 6.04 (2)(a).

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**TOPIC:** Education

244 CMR 6.05 (3)(b) Annual Reports, Worcester State University Baccalaureate Degree Nursing Program

**DISCUSSION:**

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

S. Waite asked the Board members if it is alright with them if L. Larrivee completes the Program Change Report, as that is normally done by the program administrator. L. Keough stated that L. Larrivee was the only person who can complete the Program Change Report, and asked S. Waite if she can send L. Larrivee the regulations and L. Larrivee can read them and ask S. Waite any questions.

K. Crowley asked L. Larrivee to clarify if the Bachelor of Science in Nursing (BSN) Program is (1) face-to-face 100%, (2) hybrid which is less than 50% remote, or (3) all distance education which is more than 50% remote. In response to L. Wims, K. Crowley asked L. Wims what percentage of the program is face-to-face. K. Crowley asked S. Waite to clarify the full-time faculty issue. In response to K. Crowley, S. Waite stated full-time faculty are only dedicated to the program. S. Waite stated the BSN Program had faculty who were teaching across multiple programs, and that needed to be cleaned up, so the Education Staff could verify how many faculty were full-time faculty for the BSN Program and that was not completed. R. Reynolds asked S. Waite if there were only four (4) full-time program. In response to R. Reynolds, S. Waite stated that number has not been determined. L. Kelly stated her concerns regarding having a person who is not a Nurse submit the Program Change Report. L. Keough stated her concerns.

K. Crowley asked L. Larrivee how many full-time faculty are in the BSN Program. K. Crowley asked S. Waite if she determined there are four (4) full-time faculty in the BSN Program and the 1:71 faculty-to-students ratio. In response to K. Crowley, S. Waite stated she determined those are the numbers. L. Keough asked L. Larrivee if the students are aware of the program's issues for if they feel it is business as usual.

B. Maloney, University President, was present via video. L. Wims, University Provost, was present via video. L. Larrivee, Dean of Science, Technology and Health, was present via video.

L. Larrivee stated that the Chairperson left suddenly on a leave of absence due to a family health issue, the Annual Report issues were not brought up to the Chairperson, L. Wims was working with the Chairperson, and L. Larrivee was not informed that the Annual Report was due, and she will complete the Program Change Report as soon as possible. L. Larrivee stated that the program's completion rate has increased to over 70%, there is now a fully dedicated tutor at the University's Math Department for students who are struggling, the Laboratory Coordinators' time has been rearranged so they have time for small group and one-on-one tutoring, faculty will be able to meet with either small groups of students or individual students who need help with their work.

In response to K. Crowley, L. Wims stated the BSN Program is face-to-face that developed hybrid elements due to the COVID-19 Pandemic in 2021. L. Wims stated the program's plan is to be face-to-face with some hybrid elements. In response to K. Crowley, L. Wims stated that L. Larrivee can provide the exact percentage but the program is back to face-to-face clinical laboratory courses. In response to

K. Crowley, L. Larrivee stated all clinical laboratory courses are face-to-face and there maybe an occasional class which will be remote and she can provide the percentage and it will be a high percentage of face-to-face classes.

In response to S. Waite and R. Reynolds, L. Larrivee stated there were not only four (4) full-time faculty and she will work with S. Waite to determine the exact number, there are twelve (12) full-time faculty in the Nursing Program which also encompasses other programs besides the BSN Program. In response to K. Crowley, L. Larrivee stated she will work with S. Waite on the definitions and determine the exact number of full-time faculty. L. Larrivee stated she will do the data collection and have the New Interim Program Administrator provide the Program Change Report to S. Waite by 9/28/2022.

In response to L. Keough, L. Larrivee stated the students feel it is business as usual, and they have not been made aware of the program's issues.

**ACTION:**

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

1. Find the program is in non-compliance with 244 CMR 6.05 (3)(b).
2. Continue Full Approval Status at this time.
3. Direct the program to provide to the Board by September 28, 2022:
  - A. An updated Report related to the number of dedicated full-time faculty in the program.
  - B. Program Completion Rate with strategic initiatives for addressing the completion rate issues.
4. Direct the program to provide to the Board the following in order to demonstrate correction of the regulatory deficiencies:
  - A. Due October 12, 2022:
    1. Corrected 2021 Annual Report with number of full-time faculty and completed faculty grid.
    2. Change Report: Program Outcomes and Program Completion Rate.

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**TOPIC:** Education

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

**DISCUSSION:**

S. Waite summarized her previously distributed memorandum and attached exhibits to the Board. K. Crowley asked J. Verstreken if the open position for the Laboratory Coordinator has been filled. K. Crowley asked J. Verstreken about the completion rate which was below the benchmark and what strategies the program has undertaken to increase it.

J. Verstreken, program administrator, was present via video. J. Verstreken stated the Program has submitted a robust report which addressed the concerns of the Board, the institutional challenges lie with enrollment, the enrollment estimates for the previous year did fall short, the Board Education Staff stated

the programs could serve as a blueprint, the Taunton, MA Satellite Campus has two (2) full time faculty, the Laboratory Coordinator has been hired who is non-faculty, the first cohort from the Taunton Campus graduated with a 78% National Council Licensure Examination (NCLEX) Pass Rate, she sent the Systematic Evaluation Plan to S. Waite, the didactic classroom rate is 1:16 faculty to students ratio, the clinical faculty to students ratio is 1:6, the nursing faculty to students ratio is 1:13.

In response to K. Crowley, J. Verstreken stated the Laboratory Coordinator started in the position on 9/6/2022. In response to K. Crowley, J. Verstreken stated the data she looked at regarding persistence rates and she did not find a consistent marker, the program's completion rate is not as robust as it could be, there are tutors, the program administers the ATI Testing Nursing Education (ATI) Anatomy and Physiology Norm Assessment to identify students who are at risk for lack of success in the science courses, the faculty's workload has been decreased. J. Verstreken stated the 2021 NCLEX Pass Rate was 79.5% and the aggregated Pass Rate was 82%.

**ACTION:**

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

1. Order a 6.08: Non-Compliance with the Standard of Nursing Education Approval Site Survey to determine Program compliance with 244 CMR 6.04.
2. Continue Full Approval Status.
3. Find the program has demonstrated appropriate resources to support ongoing increases in enrollment.
4. Direct the program to provide to the Board by November 10, 2022:
  - A. A report documenting plan for sustainability including but not limited to updates on Mission and Governance, Faculty, Students, and Resources;
  - B. A Systematic Evaluation Plan demonstrating evaluation of all Board require components [ref 244 CMR 6.04 (1)(e)];
  - C. All ongoing communications with the Parent Institution Accrediting Body.
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)].

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**TOPIC:** Education

244 CMR 6.07 Board Approval of Specific Nursing Education Program Changes, Massachusetts General Hospital Institute for Health Professions Accelerated Baccalaureate Degree Nursing Program

**DISCUSSION:**

**RECUSAL:** J. Monagle recused herself from the matter and stayed in the Zoom Webinar during the deliberation and vote. S. Waite summarized her previously distributed memorandum and attached exhibits to the Board. There was no discussion.

R. Hill, Associate Dean of the Pre-Licensure Nursing Program, was present via video.

**ACTION:**

Motion by L. Kelly, seconded by L. Keough, and voted by roll call with A. Alley, K.A. Barnes, K. Crowley, L. Kelly, L. Keough, V. Percy, R. Reynolds, A. Sprague and L. Wu 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 proposed program changes warrant approval.

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**TOPIC:** Education

244 CMR 6.07 Board Approval of Specific Nursing Education Program Changes, Massachusetts General Hospital Institute for Health Professions Accelerated Direct Entry Nursing Program

**DISCUSSION:**

**RECUSAL:** J. Monagle recused herself from the matter and stayed in the Zoom Webinar during the deliberation and vote. S. Waite summarized her previously distributed memorandum and attached exhibits to the Board. There was no discussion.

R. Hill, Associate Dean of the Pre-Licensure Nursing Program, was present via video. R. Hill 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, L. Kelly, L. Keough, V. Percy, R. Reynolds, A. Sprague and L. Wu 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 proposed program changes warrant approval.

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**TOPIC:** Education

244 CMR 6.07 Board Approval of Specific Nursing Education Program Changes, Curry College Accelerated Entry Master of Science Degree Nursing Program

**DISCUSSION:**

**RECUSALS:** J. Monagle and R. Reynolds recused themselves from the matter and stayed in the Zoom Webinar. Because the two (2) Board members recused themselves, L. Kelly stated the matter will be deferred due to loss of Board quorum.

**ACTION:**

Deferred.

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**TOPIC:** Education

244 CMR 6.08 Non-Compliance with the Standards of Nursing Education Approval, Laboure College Associate Degree Nursing Program

**DISCUSSION:**

**RECUSAL:** L. Wu recused herself from the matter and stayed in the Zoom Webinar during the deliberation and vote. S. Waite summarized her previously distributed memorandum and attached exhibits to the Board.

L. Kelly stated her concerns that the NCLEX Pass Rates have been low for six (6) out of the past eight (8) years and the students deserve an education which is of high standards. K. Crowley stated the NCLEX Pass Rates for the last three (3) years have been below the benchmark, the 2021 NCLEX Pass Rate of 69% was very concerning, the issues which S. Waite raised go across the entire program, including the curriculum planning, admission criteria, retention criteria, progression courses within the program, the readmission process, and program outcomes at the application level. J. Monagle asked P. Santana what was the Second Time NCLEX Pass Rate for the students and if P. Santana had data on that. In response to K. Manning, J. Monagle stated her concerns regarding the policies and procedures which are not putting the correct gate in place so that the students do not spend all this money and do not pass the NCLEX. L. Kelly stated her concerns regarding the program's significant non-compliance with the regulations, and the Approval With Warning Status needs to occur because of the number of years of non-compliance. R. Reynolds stated she agreed with K. Crowley, there are many holes, from when the students get admitted until their program outcomes, and she agreed with L. Kelly regarding the Approval With Warning Status. K. Crowley stated she agreed with L. Kelly and R. Reynolds regarding the Approval With Warning Status.

P. Santana, Associate Dean of Nursing and the program administrator, was present via video. L. Hsu, College President, was present via video. K. Manning, Dean of the Division of Nursing, was present via video. M. Altobello, Provost, was present via video.

P. Santana stated she is grateful the Board is interested in the program and thanked H. Caines Robson and S. Waite for their review of the program and thoughtful feedback. P. Santana stated that since receiving the report, the program staff has taken additional actions to complete a longitudinal study of the students who have been in the program from 2018 to 2021, and based on the findings, the program has been able to make changes in the admission process, increased student services, and aligned the curriculum with the NCLEX Blueprint. P. Santana stated the program staff will continue to monitor that on a semester-by-semester basis and adjust accordingly. P. Santana stated the program staff and students are happy to be back on campus, the students are very hardworking and resilient, and the students are financially challenged. P. Santana stated the Boston healthcare community deserves the diverseness of the graduates. P. Santana thanked the Board for its continued support for the program and the students it serves.

In response to J. Monagle, K. Manning stated that the 2018 to 2021 Study found that the First Time and Second Time NCLEX Pass Rate together was 88%.

**ACTION:**

Motion by L. Kelly, seconded by K. Crowley, and voted by roll call with A. Alley, K.A. Barnes, K. Crowley, L. Kelly, L. Keough, J. Monagle, 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)(a), (1)(b), (1)(c), (1)(f), (1)(g), (1)(h), (2)(a), (2)(b), (2)(c), (3)(a)1, (3)(a)3, (3)(b), (4)(a), (4)(b)1, (4)(b)3, (5)(b), (5)(c), (5)(d), (5)(e), (5)(f) and noncompliance with 244 CMR 6.04 (1)(d), (1)(e), (3)(a)2, (3)(b), (4)(b)2, (4)(b)4, (4)(b)5 and (5)(a).

2. Based on a preponderance of the evidence, the program warrants Approval With Warning Status.
3. Direct the program to hold admissions at currently approved number for Spring 2023 and Summer 2023 cohorts.
4. Direct the Board Staff to conduct a 244 CMR 6.08 (1)(h) Verification 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 14, 2022:
    1. A comprehensive analysis of 2018-2019, 2019-2020 and 2020-2021 confidential [redact all student identifiers] individual and aggregate student data, and NCLEX pass and fail performance for the following:
      - a. admission criteria including, but not limited to overall GPA, GPA high school sciences, SAT or ACT [ref 244 CMR 6.04 (3)(a)2];
      - b. transfer criteria including, but not limited to, overall GPA, science course GPA and number of times science courses repeated [ref 244 CMR 6.04 (3)(a)2];
      - c. progression criteria including, but not limited to, nursing course GPA, number of times repeating nursing courses, science course GPA [ref 244 CMR 6.04 (3)(a)2];
      - d. length of time in Program and NCLEX first time pass and fail status [ref 244 CMR 6.04 (4)(b)1];
      - e. exam predictor scores and NCLEX first time pass and fail status [ref 244 CMR 6.04 (4)(b)5];
      - f. length of time to take NCLEX and NCLEX first time pass and fail status [ref 244 CMR 6.04 (4)(b)5].
    2. 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];
    3. Demonstrated faculty role in the development and implementation of policies based on results of comprehensive Program data analysis [ref 244 CMR 6.04 (1)(d)];
    4. Testing policy that specifies breakdown of cognitive level of test questions on nursing course exams; process that ensures test items are written at level consistent with the level at which NCLEX items are written; and how item analysis/performance of an item is reviewed [ref 244 CMR 6.04 (4)(b)4];
    5. Evidence of all clinical placements for Fall 2022 based on the appropriateness of the experience in meeting identified course objectives and curriculum outcomes and meeting the designated credit to clock hours [ref 244 CMR 6.04 (4)(b)4].
  - B. Due Quarterly {(January 31, 2023 (2022); April 30, 2023 (Q1); July 31, 2023 (Q2); October 31, 2023 (Q3)}
    1. Provide evidence of ongoing collection and comparative analysis of individual and aggregate student data (redact all student identifiers) [ref 244 CMR 6.04 (3)(a)2], [ref 244 CMR 6.04 (4)(b)1] and [ref 244 CMR 6.04 (4)(b)5];
      - a. all cohorts by nursing course section and confidential data on pass/fail NCLEX status;

- b. all cohort graduates that repeated nursing courses and pass/fail NCLEX status;
  - c. all cohorts on science course GPA and pass/fail NCLEX status;
  - d. all cohorts science course transfer and NCLEX pass fail status [ref 244 CMR 6.04 (3)(a)2].
2. Provide a detailed comparative analysis using confidential individual and aggregate student data for passed and failed first time NCLEX status examining student preparation by full-time, part-time (adjunct), and waived faculty [ref 244 CMR 6.04 (5)(a)].
  3. Provide comparative analysis of individual and aggregate student data of student utilization of NCLEX–RN preparation programs/tutoring/remediation/offered and NCLEX pass/fail status.

C. Due by March 8, 2023:

1. A revised systematic evaluation plan that includes definitions, expected levels of achievement (achievable and measurable) along with evidence of faculty participation in the development process [ref 244 CMR 6.04 (1)(e) and (2)(b)5];
2. Evidence of compliance to policies including but not limited to, progression, withdraw, and transfer policies based on results of comprehensive program data analysis [ref 244 CMR 6.04 (1)(d)];
3. Evidence of full implementation and adherence to admission policy, for the incoming Fall 2022 and Spring 2023 cohorts, including evidence outlining the non-discriminatory published criteria for the acceptance of applicants that do not meet all admission criteria [ref 244 CMR 6.04 (3)(a)2];
4. Evidence of compliance to testing policy that specifies breakdown of cognitive level of test questions on nursing course exams; process that ensures test items are written at level consistent with the level at which NCLEX items are written; and how item analysis/performance of an item is reviewed [ref 244 CMR 6.04 (4)(b)4];
5. Evidence of all clinical placements for Spring 2023 based on the appropriateness of the experience in meeting identified course objectives and curriculum outcomes and meeting the designated credit to clock hours [ref 244 CMR 6.04];
6. Evaluation methods (e.g. course exams, student assignments, clinical evaluations) demonstrate progressive student achievement of student and course learning outcomes based on curriculum framework [ref 244 CMR 6.04 (4)(b)5].

D. Due by June 14, 2023:

1. Fully implemented a data-driven, faculty-operated systematic evaluation plan [ref 244 CMR 6.04 (1)(e)];
  2. Evidence of all clinical placements for Summer 2023 based on the appropriateness of the experience in meeting identified course objectives and curriculum outcomes and meeting the designated credit to clock hours [ref 244 CMR 6.04 (4)(a)2];
  3. Evidence of professional development for faculty including teaching/learning strategies, item analysis, item writing and program evaluation [ref 244 CMR 6.04 (1)(d) and (1)(e)];
6. The program, which has been placed on Approval with Warning Status, must as specified at 244 CMR 6.08 (2):
    - A. Immediately notify all enrolled students and program applicants in writing, in accordance with established current Board guidelines, of the program's Approval With Warning Status, the basis therefore, and the necessary corrective action(s); and

B. Inform all program graduates that they remain eligible to write the NCLEX.

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**TOPIC:** Education

244 CMR 6.08 Non-Compliance with the Standards of Nursing Education Approval, Merrimack College Baccalaureate Degree Nursing Program

**DISCUSSION:**

H. Caines Robson summarized her previously distributed memorandum and attached exhibits to the Board. K. Crowley asked M. Davis-Ajami if the faculty member's RN License in Massachusetts is unencumbered.

M. Davis-Ajami, Chair of the Department of Nursing and the program administrator, was present via video. T. Alberti, Associate Dean of Nursing, was present via video. N. McDonald, Senior Vice President and General Counsel, was present via video.

M. Davis-Ajami stated the program determined the one (1) faculty member was not licensed as an RN in Massachusetts, the program informed the Board of this, the faculty member was removed from her teaching, the faculty member is now licensed as an RN in Massachusetts, and the faculty member is still employed at the College. In response to K. Crowley, M. Davis-Ajami stated the faculty member's RN License in Massachusetts is unencumbered.

**ACTION:**

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

1. Find the Merrimack College Baccalaureate Nursing Program is in non-compliance with 244 CMR 6.04 (2)(b).
2. Continue Initial Approval Status at this time.
3. Direct the program to provide to the Board no later than November 10, 2022:
  - A. A Systematic Evaluation Plan with meeting minutes documenting the ongoing evaluation of 244 CMR 6.04 (2)(b).

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**TOPIC:** Education

244 CMR 6.08 Non-Compliance with the Standards of Nursing Education Approval, Shawsheen Valley School of Practical Nursing Program

**DISCUSSION:**

S. Waite summarized her previously distributed memorandum and attached exhibits to the Board. K. Crowley asked P. Noonan to clarify that the remediation plan was done. S. Waite asked P. Noonan about the safety policy and the near-miss medical pass error. K.A. Barnes asked P. Noonan about the required two (2) identifier medical pass. L. Keough stated there is insufficient evidence to prove the program violated regulation 244 CMR 6.08. L. Kelly agreed with L. Keough and stated the program needs to look at its policy again because the student looked at it and made the mistake.



P. Noonan, Program Coordinator for the Health Sciences Practical Nursing Program, was present via video.

P. Noonan stated the Complainant was Anonymous, it was difficult to know exactly what the Complaint was about, the program did indeed follow all of the policies in a timely fashion, and the faculty member evaluated the student inappropriately without remediation. In response to K. Crowley, P. Noonan stated what happened, the remediation plan was done, and the student passed the outcomes. P. Noonan stated there was personality conflict between the student and the Instructor. In response to S. Waite, P. Noonan stated she did not have the Complaint in front of her, the Instructor identified problems with the student, and the student was remediated. P. Noonan explained the incident regarding the student and the Instructor, the dementia unit the incident occurred in, the student did not identify the patient, and the issues regarding the Instructor who did not get along with the student.

**ACTION:**

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

1. Find the program is in compliance with 244 CMR 6.08 (1)(f).
2. The 244 CMR 6.08 Site Survey will not be conducted.
3. Continue Full Approval Status at this time.

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**TOPIC:** Education

Nursing Education of Foreign Educated Nurses Memo

**DISCUSSION:**

H. Caines Robson summarized her previously distributed memorandum and attached exhibits to the Board. L. Kelly asked H. Caines Robson about the Nepal Applicants. C. MacDonald stated that in this instance, the Board staff are making the Nepal Applicants eligible to issue an Authority To Test (ATT) and sit for the NCLEX, previously CGFNS International, Inc. (formerly Commission on Graduates of Foreign Nursing Schools) had approved them because of a change in their evaluation process, and now the Applicants are no longer eligible. C. MacDonald stated the issue with this is regarding the pre-nursing, the Nepal Applicants had 10 years of education up to the high school level, went into the RN program and completed it. C. MacDonald stated the issue is the Nepal Applicants did not have 12 years of education before they entered the RN program and get the high school equivalency of it. C. MacDonald stated she was on a telephone call with the contact person at CGFNS International, Inc., and the contact person at CGFNS International, Inc. confirmed the Nepal Applicants met the requirements.

K. Crowley stated her concerns and asked H. Caines Robson if the secondary school exam the Nepal Applicants took was equivalent to the General Education Development (GED) in the United States. In response to K. Crowley, H. Caines Robson stated the secondary school exam was not evaluated so she cannot make that determination.

K. Crowley asked H. Caines Robson if the nursing programs in Nepal have admissions criteria that state if a student leaves secondary school after 10 years, was the secondary school exam completion required for the student to enter the RN program. In response to K. Crowley, H. Caines Robson stated “Yes”. H. Caines Robson stated that CGFNS International, Inc. did not evaluate that for the Nepal Applicants, and that CGFNS International, Inc. focused on the RN nursing program education. H. Caines Robson stated that CGFNS International, Inc. confirmed the Nepal Applicants met the requirements, there were not any issues at the RN level, and its concern was the secondary school at the 10 year level.

L. Keough asked H. Caines Robson about CGFNS International, Inc. and what the Board requires of it to do. In response to L. Keough, H. Caines Robson stated that Massachusetts requires the GED, high school graduation, or the equivalent as documentation of secondary school completion. K. Crowley stated she did not want to set a precedence regarding the secondary school completion of the Nepal Applicants. In response to K. Crowley, H. Caines Robson stated the Board staff has accepted college degrees from foreign countries as documentation of secondary school completion.

**ACTION:**

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

1. Find that the listed secondary school and Secondary School Leaving Exam demonstrates equivalency to secondary school completion in the United States for the Nepal Applicants.
2. Find that the Credentialing Evaluation Service (CES) report demonstrates proof of the Applicant's graduation from an approved nursing education program for Registered Nurses.
3. Find that the Proficiency Certificate Level (PCL) education provides instructions in the discipline of nursing, appropriate to the Registered Nurse level and across the lifespan.
4. Approve Nepal Applicants that demonstrate high school equivalency and nursing education completion for Authorization To Test.
5. Approve the applicants who were previously tested and are now requesting repeat testing.
6. License the pending applicant that successfully wrote the NCLEX as first level - Diploma RNs.

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**TOPIC:** Education

2022 Q2 NCLEX Performance Statistical Reports

Explanation of NCLEX DATA Reports

2022 Q2 NCLEX Summary of MA Graduates Regardless of State of Licensure

2022 Q2 MA Licensure Candidates Regardless of State of Education

**DISCUSSION:**

H. Caines Robson was available for questions.

**ACTION:**

So noted.

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**TOPIC:** Requests for License Reinstatement

**DISCUSSION:**

None.

**ACTION:**

None.

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**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. L. Kelly stated this was brought up in previous Board Meetings and there were great discussions. L. Kelly asked the Board members if M. Waksmonski addressed their concerns. in response to M. Waksmonski, several Board members stated “Yes”.

**ACTION:**

Motion by L. Kelly, seconded by A. Alley, and voted by roll call with A. Alley, K.A. Barnes, K. Crowley, L. Kelly, L. Keough, J. Monagle, V. Percy, R. Reynolds, A. Sprague and L. Wu unanimously in favor to accept the Proposed Adoption of SARP Policy 22-01: SARP Admission Assessment Professionals Criteria as M. Waksmonski outlined.

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**TOPIC:** Strategic Development, Planning and Evaluation Presentation / Report, Retirement of SARP Policy 99-03: SARP Participant Body Fluid Monitoring Policy

**DISCUSSION:**

M. Waksmonski summarized his previously distributed memorandum and attached exhibits to the Board. There was no discussion.

**ACTION:**

Motion by L. Kelly, seconded by A. Alley, and voted by roll call with A. Alley, K.A. Barnes, K. Crowley, L. Kelly, L. Keough, J. Monagle, V. Percy, R. Reynolds, A. Sprague and L. Wu unanimously in favor to retire SARP Policy 99-03: SARP Participant Body Fluid Monitoring Policy.

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

Presentation / Report, Revision of SARP Policy 19-01: Staff Action Authority to Resolve Selected Substance Use Rehabilitation Program Matters

**DISCUSSION:**

M. Waksmonski summarized his previously distributed memorandum and attached exhibits to the Board. K. Crowley asked M. Waksmonski to add the word “month” in the Title of the Document. In response to K. Crowley, M. Waksmonski stated he will add the word.

**ACTION:**

Motion by L. Kelly, seconded by A. Alley, and voted by roll call with A. Alley, K.A. Barnes, K. Crowley, L. Kelly, L. Keough, J. Monagle, V. Percy, R. Reynolds, A. Sprague and L. Wu unanimously in favor to accept the Revision of SARP Policy 19-01: Staff Action Authority to Resolve Selected Substance Use Rehabilitation Program Matters with the further revision.

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**TOPIC:** Strategic Development, Planning and Evaluation  
Presentation / Report

The Policy Revisions for Agenda Items 4 Through 13 are without substantive changes and are limited to the SARP Name Change, grammar edits, and adjustment of use of non-gender identifying pronouns.

4. Revision of SARP Policy 05-02: Staff Action Policy for Admission to the Board of Registration in Nursing Substance Use Rehabilitation Program
5. Revision of SARP Policy 06-01: SARP Participants' Unauthorized Substance Use of Impairment During Program Participation
6. Revision of SARP Policy 07-02: Termination or Withdrawal from the SARP Admission Process
7. Revision of SARP Policy 12-01: Confidentiality for SARP Applicants and Participants
8. Revision of SARP Policy 13-01: SARP Eligibility Criteria for Nurses Prescribed Buprenorphine, Buprenorphine/Naloxone Combination, or Methadone
9. Revision of SARP Policy 17-01: Board Delegation of Authority to Activate the License Suspension Provisions of a SARP Participant's Consent Agreement for SARP Participation
10. Revision of SARP Policy 18-01; SARP Participant's Re-Entry into Monitored Practice
11. Revision of SARP Policy 18-02: Re-Admission for SARP Participation Post Surrender and Discipline Based on SARP Program Non-Compliance
12. Revision of SARP Policy 18-03: SARP Eligibility Criteria for Admission
13. Revision of SARP Policy 99-04: Substance Abuse Rehabilitation Program (SARP) Medical Waiver Development, Planning and Evaluation

**DISCUSSION:**

M. Waksmonski summarized his previously distributed memorandum and attached exhibits to the Board. L. Kelly asked O. Atueyi if the Board members do not want to make any changes to the Policies, can all of them be approved at one (1) time. In response to L. Kelly, O. Atueyi stated "Yes". S. Gaun stated that he can list all of them in one (1) Topic.

**ACTION:**

Motion by L. Kelly, seconded by A. Alley, and voted by roll call with A. Alley, K.A. Barnes, K. Crowley, L. Kelly, L. Keough, J. Monagle, V. Percy, R. Reynolds, A. Sprague and L. Wu unanimously in favor to accept the Revisions of the Agenda Items 4 Through 13 SARP Policies which are listed in the Topic Heading.

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

**DISCUSSION:**

None.

**ACTION:**

So noted.

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**TOPIC:**

G.L. c.30A, §21 Executive Session

**DISCUSSION:**

None.

**ACTION:**

None.

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**G.L. c. 30A, § 21 Executive Session - NONE**

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**TOPIC:**

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

**DISCUSSION:**

None.

**ACTION:**

Motion by L. Kelly by A. Alley, and voted by roll call with A. Alley, K.A. Barnes, K. Crowley, L. Kelly, L. Keough, J. Monagle, V. Percy, R. Reynolds, A. Sprague and L. Wu unanimously in favor to convene the G.L. c. 112, s. 65C Session at 12:33 p.m.

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**G.L. c. 112, s. 65C Session 12:33 p.m. to 3:42 p.m.**

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**TOPIC:**

Adjudicatory Session

**DISCUSSION:**

None.

**ACTION:**

None.

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**Adjudicatory Session - NONE**

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**TOPIC:**

Adjournment

**DISCUSSION:**

None.

**ACTION:**

Motion by L. Kelly, seconded by K. Crowley, and voted by roll call with A. Alley, K.A. Barnes, September 14, 2022 Regular Session Board Meeting Minutes  
(to be Approved 11/9/2022)

K. Crowley, L. Kelly, L. Keough, J. Monagle, V. Percy, R. Reynolds, A. Sprague and L. Wu unanimously in favor to adjourn the meeting at 3:42 p.m.

Minutes of the Board's September 14, 2022, Regularly Scheduled Meeting were approved by the Board on November 9, 2022.

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

Agenda with exhibits list attached.

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

**Notice of the Regularly Scheduled Meeting**

**Regular Session**

250 Washington Street  
Conference Room 3C  
Boston, Massachusetts 02108

And Via Zoom

Wednesday, September 14, 2022 9:00 am | 5 hours | (UTC-04:00) Eastern Time (US & Canada)

Event address for attendees:

<https://us06web.zoom.us/j/82207515544>

Join by Phone:

+1-602-333-0032 US Toll

+1-888-270-9936 US Toll Free

Access code: 457182

**Wednesday, September 14, 2022**

**PRELIMINARY AGENDA AS OF 9/2/22 2:15pm**

<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 June 8, 2022 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	CM

Commonwealth of Massachusetts  
Board of Registration in Nursing

	<b>V.</b>	<b>SARP</b> A. SARP Activity Report B. Substance Addiction Recovery Evaluation Committee (SAREC) Appointments 1. Registered Nurse Administrative Seat (D. Jezard) 2. Registered Nurse with Substance Use Disorder and Mental Health Experience Seat (M. Torrance) 3. Licensed Practical Nurse with Demonstrated Experience in Field of Substance Use Disorders (L. Butner)	Report  Memo Memo  Memo	MW  MW MW  MW
	<b>VI.</b>	<b>PROBATION</b> A. Probation Staff Action Report B. Termination of Probation / Stayed Probation - NONE C. Request for Notice of Violation and Further Discipline - NONE	Report None None	KJ
	<b>VII.</b>	<b>PRACTICE</b> A. Practice Coordinator Staff Report	Report	PM



Commonwealth of Massachusetts  
Board of Registration in Nursing

	<b>VIII.</b>	<b>EDUCATION</b>		
		A. Nursing Education Staff Action Report	Report	HCR
		B. 244 CMR 6.05 Clinical Component of Out of State Nursing Education Programs		
		1. Great Bay Community College Associate Degree Nursing Program	Memo	HCR
		2. Rhode Island College Baccalaureate Degree Nursing Program	Memo	HCR
		C. 244 CMR 6.05 (1)(c) Pre-Requisite Approval		
		1. Massachusetts College of Liberal Arts	Memo	HCR
		D. 244 CMR 6.05 (3)(b) Annual Reports		
		1. Massachusetts General Hospital Institute for Health Professions Accelerated Baccalaureate Degree Nursing Program	Report	SW
		2. Worcester State University Baccalaureate Degree Nursing Program	Report	SW
		E. 244 CMR 6.07 Board Approval of Specific Nursing Education Program Changes		
		1. Bay State College Associate Degree Nursing Program	Memo	HCR
		2. Massachusetts General Hospital Institute for Health Professions Accelerated Baccalaureate Degree Nursing Program	Memo	SW
		3. Massachusetts General Hospital Institute for Health Professions Accelerated Direct Entry Nursing Program	Memo	SW
		4. Curry College Accelerated Entry Master of Science Degree Nursing Program	Memo	SW
		F. 244 CMR 6.08 Non-Compliance with the Standards of Nursing Education Approval		
		1. Laboure College Associate Degree Nursing Program	Memo	SW
		2. Merrimack College Baccalaureate Degree Nursing Program	Memo	HCR
		3. Shawsheen Valley School of Practical Nursing Program	Memo	SW
		4. Worcester State University Baccalaureate Degree Nursing Program	Memo	SW
		G. Nursing Education of Foreign Educated Nurses Memo	Memo	HCR
		H. 2022 Q2 NCLEX Performance Statistical Reports		
		1. Explanation of NCLEX DATA Reports	Memo	HCR
		2. 2022 Q2 NCLEX Summary of MA Graduates Regardless of State of Licensure	Report	HCR
		3. 2022 Q2 MA Licensure Candidates Regardless of State of Education	Report	HCR
	<b>IX.</b>	<b>REQUESTS FOR LICENSE REINSTATEMENT - NONE</b>	None	

Commonwealth of Massachusetts  
Board of Registration in Nursing

	<b>X.</b>	<p><b>STRATEGIC DEVELOPMENT, PLANNING AND EVALUATION</b></p> <p>A. Presentation / Report</p> <ol style="list-style-type: none"> <li>1. Proposed Adoption of SARP Policy 22-01: SARP Admission Assessment Professionals Criteria</li> <li>2. Retirement of SARP Policy 99-03: SARP Participant Body Fluid Monitoring Policy</li> <li>3. Revision of SARP Policy 19-01: Staff Action Authority to Resolve Selected Substance Abuse Rehabilitation Program Matters</li> </ol> <p>The Policy Revisions for Agenda Items 4 Through 13 are without substantive changes and are limited to the SARP Name Change, grammar edits, and adjustment of use of non-gender identifying pronouns:</p> <ol style="list-style-type: none"> <li>4. Revision of SARP Policy 05-02: Staff Action Policy for Admission to the Board of Registration in Nursing Substance Abuse Rehabilitation Program</li> <li>5. Revision of SARP Policy 06-01: SARP Participants' Unauthorized Substance Use of Impairment During Program Participation</li> <li>6. Revision of SARP Policy 07-02: Termination or Withdrawal from the SARP Admission Process</li> <li>7. Revision of SARP Policy 12-01: Confidentiality for SARP Applicants and Participants</li> <li>8. Revision of SARP Policy 13-01: SARP Eligibility Criteria for Nurses Prescribed Buprenorphine, Buprenorphine/Naloxone Combination, or Methadone</li> <li>9. Revision of SARP Policy 17-01: Board Delegation of Authority to Activate the License Suspension Provisions of a SARP Participant's Consent Agreement for SARP Participation</li> <li>10. Revision of SARP Policy 18-01: SARP Participant's Re-Entry into Monitored Practice</li> <li>11. Revision of SARP Policy 18-02: Re-Admission for SARP Participation Post Surrender and Discipline Based on SARP Program Non-Compliance</li> <li>12. Revision of SARP Policy 18-03: SARP Eligibility Criteria for Admission</li> <li>13. Revision of SARP Policy 99-04: Substance Abuse Rehabilitation Program (SARP) Medical Waiver</li> </ol> <p>B. Topics for Next Agenda</p>	<p>Proposed Adoption</p> <p>Proposed Revision</p> <p>Proposed Revision</p> <p>Proposed Revisions Agenda Items 4 Through 13</p>	<p>MW</p> <p>MW</p> <p>MW</p> <p>MW</p>
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Commonwealth of Massachusetts  
Board of Registration in Nursing

		<b>LUNCH BREAK</b>		
	<b>XI.</b>	<b>EXECUTIVE SESSION - NONE</b>	CLOSED SESSION - None	
	<b>XII.</b>	<b>M.G.L. c. 112, § 65C SESSION</b>	CLOSED SESSION	
	<b>XIII.</b>	<b>M.G.L. c. 30A, § 18 ADJUDICATORY SESSION - NONE</b>	CLOSED SESSION	None
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 Erin Bartlett at [erin.bartlett2@mass.gov](mailto: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.***