

**COMMONWEALTH OF MASSACHUSETTS**  
**BOARD OF REGISTRATION OF PERFUSIONISTS**  
**250 Washington Street**  
**Boston, MA 02108**

**Thursday, September 5, 2024**  
**VIA WebEx**  
**8:00 AM**

**GENERAL SESSION BOARD MEETING MINUTES**  
(Open Session)

Board Members Present: Kyle Spear, Certified Clinical Perfusionist, Chair  
Nelson Thaemert, M.D., Anesthesiologist, Cardiac Anesthesia,  
Secretary  
Prem Shekar, M.D., Cardiovascular Surgeon  
Thomas Stapleton, Certified Clinical Perfusionist

Board Members  
Not Present: Kevin Lilly, Certified Clinical Perfusionist, Vice Chair

Staff Present: Lauren Nelson, Deputy Director, BHPL, DPH  
Tracy Tam, Assistant Executive Director, Multi-Boards, BHPL, DPH  
Kayla Mikalauski, Management Analyst, Multi-Boards, BHPL, DPH  
Carol Larkin, Office Support Specialist, Multi-Boards, BHPL, DPH  
Heather Engman, Chief Board Counsel, Office of the General Counsel,  
BHPL, DPH  
Jonathan Dillon, Director of Policy, BHPL, DPH  
Gillian Coffey, Health Communications Manager, BHPL, DPH  
Mark Waksmonski, SARP Coordinator, BHPL, DPH  
Edmund Taglieri, PSUD Supervisor, BHPL, DPH  
Sophia Emidy, Regulatory Affairs Intern, BHPL, DPH

**I. Call to Order | Determination of Quorum**

At 8:15 a.m. Mr. Kyle Spear, Board Chair, welcomed everyone to the meeting and called the meeting to order. Mr. Spear asked for a roll call vote to determine quorum. Ms. Tracy Tam reminded Board members the meeting was being recorded.

Roll call as follows: Kyle Spear: present; Nelson Thaemert: present; Prem Shekar: present; Thomas Stapleton: present.

Absent: Kevin Lilly

## II. Approval of General Session Agenda | Conflict of Interest

### DISCUSSION:

Mr. Spear asked the Board members to disclose any recusals with the September 5, 2024, General Session Agenda. There were no recusals noted.

### ACTION:

Dr. Prem Shekar made a motion to approve the agenda, which was seconded by Mr. Thomas Stapleton, and unanimously approved by roll call vote as follows: Kyle Spear: approve; Nelson Thaemert: approve; Prem Shekar: approve; Thomas Stapleton: approve.  
Absent: Kevin Lilly

**Document** September 5, 2024, General Session Agenda

## III. Approval of Minutes

### DISCUSSION:

Mr. Spear asked board members to review the minutes and make a motion to approve when ready.

### ACTION:

Dr. Prem Shakir made a motion to approve the minutes, which was seconded by Mr. Thomas Stapleton, and unanimously approved by roll call vote as follows: Kyle Spear: approve; Nelson Thaemert: approve; Prem Shekar: approve; Thomas Stapleton: approve.  
Absent: Kevin Lilly

**Document:** October 12, 2023, General Session Minutes

## IV. Unified Recovery and Monitoring Program

### DISCUSSION

Mr. Jonathan Dillon was the presenter and stated that within the legislation of Chapter 177 of the Acts of 2022- An Act Addressing Barriers to Care for Mental Health URAMP was established. URAMP is a voluntary program for monitoring the rehabilitation of licensed health care professionals who seek support for their mental health or substance abuse or who are referred to the program by a licensing board. URAMP consists of an Advisory Committee, Rehabilitation Evaluation Committee and URAMP operational team.

The primary goal is to promote patient safety while respecting a licensee's condition. The goal is to remove licensee from patient care while they are being monitored. These are the principles of alternative to discipline. The licensing board may dismiss any pending investigation or complaint against a licensed professional that arises from or relates to mental health or substance abuse, upon admittance to the program. The licensing board may change the participants publicly available status to reflect the existence of non-disciplinary restrictions or conditions.

Currently under Chapter 177, there are two boards, Pharmacy and Nursing. The Pharmacy Substance Use Disorder Program is a five-year abstinence-based program available solely to pharmacists, pharmacy interns, and pharmacy technicians. The Substance Abuse Rehabilitation Program is a three-year abstinence-based program available solely to nurses.

The key changes in URAMP unite the current SARP and PSUD programs. But will also be available to all licensees under all 21 boards. It is forecasted that alternative to discipline caseloads will double. Confidential monitoring will help licensees practice safely.

The URAMP Advisory Committee met seven times in 2024 to discuss parts of existing programs. Key points of discussion included staff action, eligibility and admissions criteria, monitoring and peer support requirements, and safe return to practice.

The Rehabilitation Evaluation Committee consists of nine members with a knowledge base in mental health and substance abuse disorder. The Rehabilitation Evaluation Committee (REC) review admissions and makes recommendations for individualized plans. They review and approve gradual return to practice, return of privileges and successful graduation. The Rehabilitation Evaluation Committee (REC) also reviews and approves plans for participants that have non-successful compliance. The Rehabilitation Evaluation Committee reviews and approves non-successful discharge and license surrender. URAMP manages in-program administrative matters pursuant to bureau policies and the URAMP staff action policy. The Rehabilitation Evaluation Committee (REC) and URAMP staff allow licensing boards to focus on their core mission. Changes to a restriction or condition will be approved by individual licensing boards.

Finalizing the project for launch will include appointing, onboarding and training of REC members; transition of existing staff, bidding for new roles and reviewing vendor requirements and completing core URAMP policy and guidance and approval processes. The upcoming processes will include operations, communications and transition. Policies and guidelines are subject to approval.

Mr. Kyle Spear asked Mr. Dillon if we as a board determined an individual had a substance abuse or mental health issue do we refer this individual to your group and not deal with this internally? Mr. Taglieri explained that typically the referral would happen before it came to the attention of the board. Mr. Taglieri explained that a report would come in from the workplace and the investigator and the internal team would make the referral to URAMP to screen the person to see if they were eligible for admission. Mr. Taglieri also stated that URAMP would want to make sure that the individual wasn't using the program as a shield from discipline and the primary focus is to protect the public. There is a three-to-five-year monitoring program and monitoring with using screening fifteen times a year and an app is used to notify times of random tests. They are required to go to four self-help meetings a week and one peer meeting a week. Mr. Kyle Spear asked if anyone was highlighting the restrictions, especially not being able to work for six months or not being able to work more than twelve hours. Mr. Taglieri explained that licensees would be made aware of conditions and restrictions. Mr. Taglieri also stated that the licensees are facing losing their licenses and are suffering from mental health or substance abuse issues which would prevent them from working. Mr. Kyle Spear asked if restrictions would be Board specific Mr. Taglieri stated that restrictions could be tailored to individual boards specific. Mr. Mark Waksmonski stated that input would be needed from board members.

**Document:** Unified Recovery and Monitoring Program URAMP

V. Discussion on the following items:

- A. HIPEC (Hyperthermic Intraperitoneal Chemotherapy)- A procedure to provide chemotherapy to ovarian cancer patients.
- B. NRP (Normothermic Regional Perfusion)- A procedure to provide a bypass to the liver organ.
- C. Normothermic Regional Perfusion- Ex-Vivo Perfusion.

DISCUSSION:

Mr. Kyle Spear wanted to talk about HIPEC and NRP which are gaining popularity among the perfusionist population. HIPEC provides chemotherapy to ovarian cancer patients given a pump and a reservoir and is heavily used among perfusionists. Mr. Spear spoke about NRP, a procedure which provides a bypass to the liver organ for ninety minutes after a patient has passed away. Dr. Prem Shekar asked for more specifics on the NRP procedure. Mr. Kyle Spear stated that use of the NRP is increasing and is now being used only for liver transplants. He stated that it is recommended by the ABCP that perfusionists should be involved in the NRP procedure. Mr. Kyle Spear informed the board that Beth Israel Hospital is using Keystone as an outsource provider for NRP procedures with their own equipment. Ms. Heather Engman asked if the concern was for this procedure to be included in the Perfusionist's scope of practice and Mr. Kyle Spear responded yes and said, "I am concerned about the vagueness of the current regulation scope of practice". Ms. Heather Engman stated that the board can define scope of practice within the parameters of the regulation. She also stated that the board can also add a guidance document to the scope of practice. Ms. Engman also advised the board that they do not have the jurisdiction to say that a perfusionist must be present for this procedure. Mr. Kyle Spear asked if another licensed medical could perform the NRP procedure. Ms. Engman answered that would fall under the scope of practice for other licensing boards. Dr. Prem Shekar stated that there were two problems: the scope of practice and the ability of a group of perfusionists to provide this service on an institutional level. Dr. Shekar advised that transplants are starting to become front and center and that other services perfusionists perform would suffer. The institution can decide that they can train other non-cardiac personnel to do the NPR procedure. Mr. Thomas Stapleton stated that NRP was a new technology and there are many states that didn't have licensed perfusionists. Mr. Thomas Stapleton also stated that anyone using this technology should be under the supervision of a licensed perfusionist. Mr. Kyle Spear asked if Keystone was using licensed perfusionists. Thomas Stapleton advised that the individuals were stating they were perfusionists. Mr. Stapleton also advised that they are from out of state, and it is unsure if they are licensed perfusionists. Mr. Stapleton stated that his main concern was not knowing who these people are that are doing NRPs. Mr. Kyle Spear asked, "Does it matter, the patient is deceased?" Mr. Thomas Stapleton stated, "it does matter as the liver is being transplanted into a Massachusetts patient." Ms. Engman advised the Board does not have the authority to tell a hospital how to provide this service and it falls under the authority of Health Care Quality. Ms. Engman also advised the board that she will look through the legislation for

authorized activities for non-licensed perfusionists. Mr. Spear, Mr. Stapleton and Dr. Shekar all agreed that the scope of practice in place was fine and that decisions can be made on an institutional level. Mr. Spear asked if Health Care Quality should be involved, and Ms. Engman stated that was a question for Mr. Joubert when he comes back from vacation.

Mr. Spear asked that this matter be put on the agenda for the December meeting. The item on the agenda for next meeting would be licensed perfusionists for NRP procedures in Massachusetts.

VI. Flex Session

DISCUSSION:

Ms. Tracy Tam asked for the attendance at the next board meeting scheduled on Thursday, December 5, 2024, at 8:00am. All Board members present stated they would be able to attend. Ms. Tam stated that the board had requested an agenda item for the next meeting to discuss including licensed perfusionists for NRP procedures in Massachusetts.

VII. Adjournment

There being no other business before the board, Dr. Nelson Thaemert, MD motioned to adjourn the meeting which was seconded by Mr. Thomas Stapleton, and unanimously approved by roll call vote as follows: Kyle Spear: adjourn; Nelson Thaemert: adjourn; Prem Shekar: adjourn; Thomas Stapleton: adjourn.

Absent: Kevin Lilly

*Let the records show the meeting adjourned at 9:24 AM.*

The next meeting of the Board of Registration of Perfusionists is scheduled for December 5, 2024, via Webex at 8:00AM.

Respectfully submitted,

The Board of Registration of Perfusionists