COMMONWEALTH OF MASSACHUSETTS

THIS AGENDA CONSTITUTES NOTICE OF THE REGULARLY SCHEDULED MEETING OF THE BOARD OF RESPIRATORY CARE
IN COMPLIANCE WITH THE OPEN MEETING LAW, M.G.L. c. 30A, § 20

Thursday, March 20, 2025
1:00 p.m.
General Session is open to the public and will be held via Zoom at:
https://zoom.us/j/98876353908?pwd=EEgYn2x1tSmgPuMhE2nCa4LhcEbkUh.1
Call-In Telephone number: 1-929-436-2866
Meeting ID: 988 7635 3908

Agenda

All votes must be via roll call

Time	Item #	Item	Staff Contact
1:00p.m.	**I**	**Call to Order & Introductions** **Determination of Quorum** **Notice of Electronic Recording**	Board Chair
	II	**Approval of Agenda**	Board Chair
	III	**Approval of Minutes** A. Approval of February 27, 2025, General Session Minutes.	Board Chair
	IV	**Unified Recovery and Monitoring Program** A. Generic Practice and Supervisor Criteria B. Operational Policy 24-08	URAMP Staff

Board of Respiratory Care

ADA Compliance Notice: If you need reasonable accommodations in order to participate in the meeting, contact Stacy Hart the DPH ADA Coordinator at phone number 857-274-1120 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.

	V	**Flex Session** A. Telehealth Policy Discussion B. Limited License Discussion C. Regulations Discussion D. Potential to return to in-person meetings E. Who will attend the next board meeting? F. Topics for next meeting	Acting Executive Director & Board Counsel
	VI	**Adjournment:** Next meeting scheduled for April 17, 2025.	Board Chair

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Commonwealth of Massachusetts
Department of Public Health
Bureau of Health Profession Licensure
Board of Respiratory Care
250 Washington Street
Boston, MA 02108

Thursday, March 20, 2025
Via Zoom

GENERAL SESSION MINUTES (OPEN SESSION)

Board Members Present:	Jason Morin, Respiratory Therapist, Board Chair William Beal, Consumer, Board Vice Chair Brian Bloom, MD Daniel Fisher, Respiratory Therapist Adelline Ntatin, Nurse Adrian Velasquez, MD
Board Members Not Present:	Meaghan Kaplan, Consumer
Staff Present:	Tracy Tam, Acting Executive Director, Multi-Boards 1, BHPL Kayla Mikalauskis, Acting Executive Director, Multi-Boards 2, BHPL Tracy Ottina, Board Counsel, BHPL Edmund Taglieri, SARP Coordinator, BHPL, DPH Mark Waksmonski, SARP Coordinator, BHPL, DPH Gillian Coffey, Health Communications Manager, BHPL, DPH

I. Call to Order | Determination of Quorum | Notice of Electronic Recording

At 12:57 p.m. Mr. Jason Morin, Board Chair, called the General Session meeting to order. Mr. Morin reminded Board members the meeting was being recorded and asked for a roll call vote to determine quorum.

Roll call as follows: Mr. William Beal: present, Dr Brian Bloom: present, Mr. Jason Morin: present, Ms. Adelline Ntatin: present.

II. Conflict of Interest | Approval of Agenda

Discussion:
The General Session Agenda for March 20, 2025, was reviewed for approval.

Mr. Daniel Fisher joined the meeting at 12:59 p.m.

Action:
Motion to approve the agenda was made by Mr. William Beal, seconded by Dr Brian Bloom, and unanimously passed by roll call vote as follows: Mr. William Beal: yes, Dr. Brian Bloom: yes, Mr. Daniel Fisher: yes, Mr. Jason Morin: yes, Ms. Adelline Ntatin: yes.

Document: March 20, 2025, General Session Agenda

III. Approval of Minutes

Discussion:
The General Session Minutes for February 27, 2025, were reviewed for approval.

Action:
Motion to approve the minutes as written was made by Dr. Brian Bloom, seconded by Mr. William Beal, and unanimously passed by roll call vote as follows: Mr. William Beal: yes, Dr. Brian Bloom: yes, Mr. Daniel Fisher: yes, Mr. Jason Morin: abstain, Ms. Adelline Ntatin: yes.

Document: February 27, 2025, General Session Minutes

Mr. Adrian Velasquez joined the meeting at 1:03 p.m.

IV. Unified Recovery and Monitoring Program

A. Operational Policy 24-08

Discussion:
Mr. Edmund Taglieri, Substance Abuse Rehabilitation Program Coordinator introduced himself to the Board. Mr. Edmund Taglieri was joined by Mr. Mark Waksmonski and Ms. Gillian Coffey. Mr. Edmund Taglieri stated he would give the Board a brief update of what changes have happened over the past 4-6 months regarding the Unified Recovery and Monitoring Program. Mr. Edmund Taglieri stated the Unified Recovery Monitoring Program (URAMP) was formed out of Chapters 177 of the of the Acts of 2022 and that required the Department of Public Health to establish a voluntary program for monitoring the rehabilitation of healthcare professionals who seek support for their mental health and or substance use disorders or have been referred to the program by a Licensing Board who follow under the stewardship of the Bureau of Health Profession Licensure. Mr. Edmund Taglieri stated that prior to URAMP, the Bureau had two programs which were the Pharmacy Substance Use Disorder Program

(PSUD) for Pharmacy, and Substance Abuse Rehabilitation Program (SARP) for Nursing. Mr. Edmund Taglieri stated the Acts of 2022 allowed a program to expand to all BHPL licensees. Mr. Edmund Taglieri the URAMP program began when himself, Mr. Mark Waksmonski, Ms. Gillian Coffey, Mr. Jonathan Dillon, Mr. James Lavery and Ms. Lauren McShane compared PSUD and SARP to make evidence-based comparisons to bring forth to the advisory committee. Mr. Edmund Taglieri stated they went to each Board for input over the course of 4-6 months to finalize the program. Mr. Edmund Taglieri stated the draft was then sent to the DPH Commissioner and to the Executive Office of Health and Human Services. Mr. Edmund Taglieri stated the program was reviewed and approved in mid-December of 2024 as a formal program. Mr. Edmund Taglieri stated as URAMP is expanding, and they are going to each individual Board to get approval to allow these Boards to become a participant of URAMP. Mr. Edmund Taglieri stated the Board can immediately vote or open up discussion for any questions the Board members may have.

Dr. Brian Bloom stated he had no questions, and everything looked straight-forward and comprehensive. Mr. Jason Morin agreed and stated the only question he had was in regard to the scope of practice, what happens when revoking a license or special circumstances? Mr. Jason Morin asked does this Board delegate all of its authority to the URAMP program or do the final decisions still rest with the Board? Mr. Edmund Taglieri stated what would happen is there would be a complaint, the licensee would get a fact sheet from URAMP, they would then screen the licensee for admission and if they met the levels of what was necessary for admission then they would admit them into the program and dismiss the case without prejudice. Mr. Edmund Taglieri stated at this point they would then begin monitoring them for the 5-year program and if they were non-compliant with the program then the consent agreement that they signed would allow them to terminate and then have their license voluntarily surrendered. Mr. Edmund Taglieri stated URAMP would go back to the Board if something was needed that they did not have staff action authority for or there was a problem that they needed the Boards input for. Mr. Edmund Taglieri the first vote needed is to approve and authorize URAMP Operational Policy 24-08.

Action:

Motion to approve URAMP Operational Policy 24-08 was made by Dr. Brian Bloom, seconded by Mr. William Beal, and unanimously passed by roll call vote as follows: Mr. William Beal: yes, Dr. Brian Bloom: yes, Mr. Daniel Fisher: yes, Mr. Jason Morin yes, Mr. Adrian Velasquez yes, Ms. Adelline Ntatin: yes.

Discussion:

Mr. Edmund Taglieri stated the second vote would be the generic practice restrictions and supervisory qualifications. Mr. Edmund Taglieri stated this would allow licensees admitted to the program to go back to work and progress to full operation of their license.

Mr. Jason Morin stated his only concern was in regard to the hours of 12 am to 5 am for licensees who are primarily working night shifts. Mr. Edmund Taglieri stated the Board can tailor the criteria for what works for each individual Board at their own discretion. Dr. Brian Bloom suggested there be 2 edits made to the generic practice restrictions advisory. The first edit should state "not to exceed 12-hour shifts per day" and the second edit to state "not to exceed 48 hours worked weekly". Mr. Edmund Taglieri stated he would propose for the Board to approve the generic practice restrictions advisory qualifications dated on 01/21/2025 with the following 2 edits: where it states, "make recept interns" be changed to "make recept students", and the second edit that states "not to exceed 12 hours shifts per day", be changed to "not exceeding 48 hours per week worked".

Action:

Motion to approve the Generic Practice Restrictions and Supervisory Qualifications as amended was made by Dr. Brian Bloom, seconded by Mr. William Beal, and unanimously passed by roll call vote as follows: Mr. William Beal: yes, Dr. Brian Bloom: yes, Mr. Daniel Fisher:yes, Mr. Jason Morin yes, Mr. Adrian Velasquez yes, Ms. Adelline Ntatin: yes.

V. Flex Session:

A. Telehealth Policy

Discussion:

Mr. Jason Morin stated his concern had to do with the initial onset of care. Dr. Brian Bloom stated the Board wanted to make it clear that the patient could opt of receiving Telehealth services if they wanted to see a provider in person and that has been updated. Mr. Jason Morin asked if there is an expectation on how individual providers are documenting that the patient has the option to opt out of Telehealth Services? Dr. Brian Bloom stated that the policy does state that providers must maintain an accurate and thorough record while having Telehealth interactions and include the patients consent. Ms. Tracy Ottina agreed. Mr. Jason Morin asked if a patient's signature is required anywhere on the documentation of consent? Dr. Brian Bloom stated that is usually not needed because verbal consent is a part of Telehealth interaction as recorded. Ms. Tracy Ottina stated if it was put in the regulation or in the policy, then it must be a signed document and that is going to mandate that every provider changes their standard of practice to appease this. Ms. Tracy Ottina stated that other Boards have already adopted a Telehealth Policy and if a complaint comes and it is reviewed by the Board, the Board can review the practice and determine if it is sufficient.

Ms. Adelline Ntatin asked the Board are the in-person options made available to the patient prior to the first visit or during the first visit? Ms. Adelline Ntatin stated the way the Telehealth policy is written it sounds like the face-to-face options are given at the

time of the visit and not prior to the visit. Mr. Jason Morin stated the language can be changed to a generic statement saying, “an in-person Care option is available to any and all patients that request it”. Dr. Adrian Velasquez and Dr. Brian Bloom agreed. Mr. Jason Morin asked if the goal of this requirement is to require individual companies to provide themselves both with in-person and Telehealth or to refer the patient to another provider if they don’t offer Telehealth? Dr. Brian Bloom stated he does not think that would matter as long as the patient receives care, and the in-person option is made available. Mr. Jason Morin stated as the policy is written that there are many companies operating in different states that have no ability or partnership in Massachusetts that would still be providing services. Ms. Tracy Ottina stated her concern is that this is going beyond the scope and entering into how businesses are run.

Mr. William Beal stated this is the first instance where the Board is creating something that would go to the employer or the company, and if they choose to utilize Telehealth, what is the consequence for them not having clinicians readily available. Ms. Tracy Ottina stated that would be considered a business decision and would beyond the scope of this Board. Dr. Brian Bloom stated in the Respiratory Care Board regulations it states, “The state of Massachusetts does not allow people who are not Respiratory Therapists to provide Respiratory Care”. Mr. William Beal asked if there is a way the Board can take that information from the regulations and publicize it for the benefit of the businesses. Mr. Jason Morin stated this document is intended to be for the licensee and not for the business because the Board does not have any authority over the businesses themselves. Ms. Tracy Ottina stated that is correct. Mr. Jason Morin asked if Board members had any other edits besides striking bullet three from section five of the Telehealth Policy. All Board members were in agreement.

Action:
Motion to approve the Respiratory Care Telehealth Policy as amended was made by Dr. Brian Bloom, seconded by Dr. Adrian Velasquez and unanimously passed by roll call vote as follows: Mr. William Beal: yes, Dr. Brian Bloom: yes, Mr. Daniel Fisher: yes, Mr. Jason Morin yes, Mr. Adrian Velasquez yes, Ms. Adelline Ntatin: yes.

B. Limited License

Discussion:
Ms. Tracy Tam stated at the last meeting a limited license guidance memo was proposed which Board Counsel Ms. Tracy Ottina will work on, and this is something that can be published a lot faster while the Board also works on regulation changes. Mr. Jason Morin asked if the Board had come to a consensus on whether the Board is applying the regulation as written? Ms. Tracy Ottina stated the document that she is working on will provide guidance and go through the history of Respiratory Care, and as the field has evolved, recognizing the evolution of the practice, which will allow someone who has completed 12 months of school can apply and be granted a Respiratory Care limited license. Ms. Tracy Ottina stated this will enable licensees in

schools to become educated on the changes that are in place without fear of violating the regulations as written or putting people in a position to violate the regulations.

Dr. Brian Bloom stated in regard to the regulations he suggests adding the term "and has approval of his/her program director." Ms. Tracy Ottina agreed. Mr. Jason Morin stated that in the current practice there is a form that needs to be signed off by the Dean of students for a particular program but also list the specific skills the licensee has been approved for. Ms. Tracy Ottina stated when the Board reviews the guidance the Board has an opportunity to comment, and she can make any changes that are suggested.

C. Regulations Discussion

Discussion:
Ms. Tracy Tam stated at the last meeting the Board decided to set some time aside at each Board meeting to review the regulations. Ms. Tracy Tam stated the best way to approach this would be to review the regulations in order and suggest the Board start at 261 CMR 2.00 today and review it at the level of purposes and definitions. Ms. Tracy Tam stated the Board can review the regulation and if there are any edits they can email them to her and then the Board would review them at the next meeting. Mr. Jason Morin stated looks good at first glance but would like to reserve the right to go back to that section as the Board reviews 261 CMR 3.00 in case anything needs to be redefined or changed. Dr. Brian Bloom agreed.

Ms. Tracy Tam stated up next is 261 CMR 3.00. Mr. Jason Morin stated the section 3.02 that indicates "responsibilities of employer" refers to what the Board was previously discussing. Mr. Jason Morin stated when this particular regulation was created, this is a reserved section and asked for the reason. Ms. Tracy Ottina stated the purpose of a regulation that is reserved is generally either the legislature wanted more time to consider anything else to add or as a place holder, should the field evolve such that additional requirements that are not already found in corporate law. Mr. Jason Morin asked if the Board of Respiratory Care has an authority to add anything into regulation 261 CMR 3.00? Ms. Tracy Ottina stated she would have to take a closer look and follow up with the Board, but from her understanding the Board does not have the authority to draft regulations to employers because it could possibly conflict with other areas of law. Mr. Jason Morin asked the Board to take a look at the regulations and make any suggestions.

Ms. Tracy Tam asked the Board if the Board would like to look at any particular section? Dr. Brian Bloom states the only thing he saw difficulty with were the section that included limited license, license by reciprocity, and licensing by credential. Mr. Daniel Fisher made a suggestion in regard to section 261 CMR 2.00, where it defines Respiratory Care. Mr. Daniel Fisher stated the last line that says, "Respiratory Care is a changing and evolving profession and shall also include Board-approved procedures described by the Clinical Practice Guidelines of the AARC and the AARC Position

Statements", can we also state "as published in the journal of Respiratory Care" because a lot of revolving Respiratory Care is published in the journal before it gets to the practice guideline level of the AARC. Dr. Brian Bloom stated he understands the field of Respiratory Care progresses faster than the guidelines. Ms. Tracy Ottina stated what other Boards have done is adopt the standard set forth by the professional organization and its current publication so the Board would not have to go back and update that regulation. Ms. Tracy Tam asked if all the publications in the Respiratory Care journal get included into the clinical practice guideline? Mr. Daniel Fisher answered no, there is a disconnect. Dr. Brian Bloom asked Mr. Daniel Fisher what is the phrase that he would like to add? Mr. Daniel Fisher stated he would like to add "consistent with evidence-based practice as published in the journal of Respiratory Care". Ms. Tracy Tam asked if there would be a conflict if there is a publication in the Respiratory Care journal and the AARC decides not to adopt that into their clinical practice guideline. Mr. Daniel Fisher answered no. Ms. Kayla Mikalauskis asked Mr. Daniel Fisher is there a large disconnect between publications and the guidelines that go into the AARC? Mr. Daniel Fisher stated sometimes there are things that have enough evidence that a clinical practice guideline is not needed. Mr. Jason Morin asked if would be helpful to look at other states define Respiratory Care or a universal definition? Ms. Tracy Tam stated every state has their own wording. Dr. Brian Bloom stated we could bring this matter back next month with a proposed change in the sentence. Ms. Tracy Tam stated at the next meeting we will revisit section 261 CMR 2.00, and 261 CMR 3.00 up to 3.06. The Board members were in agreement.

D. Potential to return to in-person meetings

Discussion:

Ms. Tracy Tam stated on Monday, the House voted in favor of the extension and the Governor has eleven days to sign off on it, and if she does not sign off on the extension then the next meeting will be in-person. Ms. Tracy Tam stated there should be an update by April 1st. Mr. Jason Morin asked if there is any insight on making the remote meetings permanent rather than keep extending it. Ms. Tracy Tam stated the extension is what is on the bill currently and there are discussions as to whether this should be made permanent but there is nothing concrete yet.

E. Who will attend the next meeting?

Discussion:

Mr. Jason Morin asked who would be able to attend the next meeting. Dr. Brian Bloom, Mr. William Beal, Mr. Daniel Fisher and Mr. Jason Morin stated they would all be in attendance in person or virtual. Ms. Adelline Ntatin stated she would likely be in attendance virtually.

F. Topics for the next meeting

Discussion:
Ms. Tracy Tam stated Ms. Joelle Hochman submitted a proposal for her Respiratory Care education services which will be presented at the next Board meeting

VI. Adjournment:
At 2:26 p.m., motion to adjourn the meeting was made by Mr. William Beal, seconded by Dr. Brian Bloom, and unanimously passed by roll call vote as follows: Mr. William Beal: yes, Dr. Brian Bloom: yes, Mr. Daniel Fisher: yes, Mr. Jason Morin: yes, Ms. Adelline Ntatin: yes, Dr. Adrian Valasquez.

Let the record show that the meeting was adjourned at 2:26 p.m.

The next meeting of the Board of Respiratory Care is scheduled for Thursday, April 17, 2025, at 1:00 p.m.

Respectfully Submitted:
The Board of Respiratory Care