

COMMONWEALTH OF MASSACHUSETTS

BOARD OF RESPIRATORY CARE

**250 Washington Street
Boston, MA 02108**

**Thursday, May 29, 2025
Via Zoom**

GENERAL SESSION MINUTES (OPEN SESSION)

BOARD MEMBERS

PRESENT:

Brian Bloom, MD
Meaghan Kaplan, Consumer
Adelline Ntatin, Nurse
Adrian Velasquez, MD

BOARD MEMBERS

NOT PRESENT:

Jason Morin, Respiratory Therapist, Board Chair
William Beal, Consumer, Board Vice Chair
Daniel Fisher, Respiratory Therapist

STAFF PRESENT:

Tracy Tam, Acting Executive Director, Multi-Boards 1, BHPL
Kayla Mikalauski, Acting Executive Director, Multi-Boards 2, BHPL
Danielle MacFarland, Office Support Specialist, Multi-Boards, BHPL
Meghan Bresnahan, Board Counsel, DPH

PUBLIC MEMBER

PRESENT:

Keith Hirst, Program Director, MCPHS

I. CALL TO ORDER | DETERMINATION OF QUORUM

At 1:08 p.m., Ms. Tracy Tam, Acting Executive Director, called the General Session meeting to order. Ms. Tam reminded Board members the meeting was being recorded and asked for a roll call vote to determine quorum.

Roll call as follows: Dr. Brian Bloom: present, Ms. Meaghan Kaplan: present, Ms. Adelline Ntatin: present, Dr. Adrian Velasquez: present.

II. APPROVAL OF GENERAL SESSION AGENDA | CONFLICT OF INTEREST

Discussion: Ms. Tracy Tam stated Item IV on the agenda would be deferred because guest speaker, Keith Hirst, is currently not in attendance to speak on the Certified Respiratory Therapists and Registered Respiratory Therapists credentials.

Action:

Motion to approve the agenda as amended was made by Dr. Brian Bloom, seconded by Ms. Meaghan Kaplan, and unanimously passed by roll call vote as follows: Dr. Brian Bloom: yes, Ms. Meaghan Kaplan: yes, Ms. Adelline Ntatin: yes, Dr. Adrian Velasquez: yes.

Document: May 29, 2025, General Session Agenda

III. APPROVAL OF MINUTES

Discussion: The Board reviewed the drafted General Session Minutes.

Action:

Motion to approve the minutes as written was made by Dr. Brian Bloom, seconded by Dr. Adrian Velasquez, and unanimously passed by roll call vote as follows: and unanimously passed by roll call vote as follows: Dr. Brian Bloom: yes, Ms. Meaghan Kaplan: yes, Ms. Adelline Ntatin: yes, Dr. Adrian Velasquez: yes.

Document: April 17, 2025, General Session Minutes

IV. DISCUSSION ON CERTIFIED RESPIRATORY THERAPIST AND REGISTERED RESPIRATORY THERAPIST

This item was deferred during agenda review. (See discussion under Agenda Item VI.)

V. LIMITED LICENSE GUIDANCE MEMO

Discussion: The Board reviewed the drafted limited license memo and there were no amendments.

Action:

Motion to adopt the limited license policy was made by Dr. Brian Bloom, seconded by Ms. Adelline Ntatin, and unanimously passed by roll call vote as follows: Dr. Brian Bloom: yes, Ms. Meaghan Kaplan: yes, Ms. Adelline Ntatin: yes, Dr. Adrian Velasquez: yes.

Document: Limited License Guidance Memo

VI. REGULATIONS DISCUSSION

A. 261 CMR 2.00: Purpose and definitions

Discussion: Ms. Tracy Tam presented amendments in the Board packet made to regulation 261 CMR 2.00. Ms. Tam asked the Board if they were satisfied with the changes, or would there be any additional amendments that the Board would like to add to? Dr. Brian Bloom stated the updated amendments made to 261 CMR 2.00: Purpose and definitions, summarizes what was previously discussed however he would like for the input from other Respiratory Care members to review the regulations. Ms. Tam stated the Board would need to agree on the amendments before they get released to a public hearing for any public comments.

Document: 261 CMR 2.00

B. 261 CMR 3.00: Documentation of license

Discussion: Ms. Tracy Tam stated that the Board had previously discussed removing 261 CMR 3.06(2) License by Reciprocity due to its redundancy. Ms. Tam stated that this regulation is in the state statute, Mass. Gen. Laws ch. 112, §23U which states “the board may without examination, license as a respiratory therapist, any applicant who is duly licensed or registered under the laws of another state or territory of the United States”. Ms. Tam stated that Massachusetts did not require the NBRC exam until 1988 and our Massachusetts application had the reciprocity option up until 2001 because some states adopted the NBRC exam later than that. Dr. Brian Bloom stated as part of revisiting the regulations, it would be in favor to sunset the section on License by Reciprocity. Ms. Tam stated because this regulation is in the statutes, we could not make any regulation amendments that go against the current law. Dr. Bloom asked if the process to amend state statutes is different than the process to amend regulations. Ms. Meghan Bresnahan stated it is harder to amend state statutes than to amend state regulations, but Board Counsel could look into this for further review and discuss the amendment process for state statutes at the next Board meeting.

Ms. Tracy Tam stated the next section to be discussed is 261 CMR 3.06(3) License by Credential regarding military credentials. Dr. Bloom stated there is one school in Fort Sam, Houston, Texas that uses the same curriculum as any other Respiratory Therapy school so he does not feel it should require any special language or revised amendment. Ms. Tam stated that military medical school is accredited by CoARC and all graduates go on to take the NBRC exam, so the current regulations already accept military credentials.

Ms. Tracy Tam stated the Board had previously suggested amending 261 CMR 3.11: Responsibilities of Licensed Respiratory Therapists in Director Roles to require them to report students who had failed the NBRC exam. Ms. Tam stated the Family Education Rights and Privacy Act (FERPA) governs access to educational information and records for students and those privacy laws have restrictions on releasing individually identifiable student information without the student’s consent. Ms. Tam stated due to FERPA restrictions, we cannot ask schools to send us the NBRC exam results without the student’s consent because it opens up a liability for privacy infringement. Dr. Bloom asked Board Counsel if there was a workaround to retrieve information of failing scores. Ms. Meghan

Bresnahan stated unfortunately this would put the responsibility of the student to report a failing score, however we would not know if they did not self-report. Ms. Bresnahan stated this topic can be revisited after a discussion with Ms. Tracy Ottina, the rest of the legal team, and other licensing Boards for some input on self-reporting.

Ms. Tracy Tam asked the Board if they had any amendments for 261 CMR 3.08 through 261 CMR 3.10. Dr. Brian Bloom asked Board Counsel if they have seen any issues with the Respiratory Care regulations relative to other Boards? Ms. Meghan Bresnahan stated these regulations are comprehensive and sees nothing that would be a cause for concern. Ms. Tam stated that when there are rare issues that occur, rather than specifying them in the regulations, it is better to review them on a case-by-case basis. Ms. Tam stated the Board can review 261 CMR 4.00 and 261 CMR 5.00 for the next meeting.

Document: 261 CMR 3.00

IV. DEFERRED ITEM - DISCUSSION ON CERTIFIED RESPIRATORY THERAPIST AND REGISTERED RESPIRATORY THERAPIST

Discussion: Ms. Meghan Bresnahan stated open meetings are conducted in accordance with the Open Meeting Law which is different than a public hearing. Ms. Bresnahan stated the key features of the Open Meeting Law require notices and agendas to be posted within 48 hours in advance of the meeting so the public can view and anticipate what will be discussed; however, the public does not have the right to participate or ask questions or speak at the meeting. Ms. Bresnahan stated at the discretion of the Board Chair, a member of the public may be invited to speak, but the legal recommendation is to have all discussions prescheduled on the agenda and posted to the public ahead of time to comply with the Open Meeting Law. Ms. Bresnahan stated a public hearing relates more to informational sessions where the public can attend, and public members are encouraged to give their input on matters. Ms. Bresnahan stated the Board cannot deliberate or vote during a public hearing.

Guest Speaker Keith Hirst joined the meeting at 1:38 pm

Ms. Tracy Tam welcomed Mr. Keith Hirst to the meeting. Mr. Keith Hirst is the Program Director at the Massachusetts College of Pharmacy and Health Sciences of the BSRT degree advancement program and is also an item writer for the NBRC which involves writing questions for the NBRC exams. Mr. Hirst stated the current NBRC exam has two exams consisting of a Therapist Multiple Choice (TMC) Exam which has two cut scores, followed by a clinical simulation exam (CSE). If a candidate scores above the high cut score, they will earn the CRT credential and then be allowed to sit for the CSE. They would then have to pass the CSE in order to earn the RRT credential. However, if a candidate were to score between the low and high cut score, a CRT credential is earned, and they will have to retake the TMC again to score above the high cut score to sit for the CSE if they want to obtain the RRT credential. In 2027, the NBRC will sunset the CSE and there will only be one exam with two cut scores. The CSE will be incorporated into the new exam structure. If the candidate scores above the high cut score, then they would earn the RRT

credential, and if the candidate scores between the low and the high cut score, then they would earn the CRT credential.

Mr. Hirst also stated the NBRC recognizes both CRT and RRT credentials. They must follow the same guidelines for their continuing maintenance program through the NBRC which is a requirement for all new candidates since 2002. There is no difference between the type of materials required to maintain their credential, CRTs and RRTs learn the same information. CRTs in hospitals are expected to work at the same level as an RRT and all Respiratory Care programs are designed to prepare students to become an RRT. Many hiring managers do not make a distinction between the job descriptions for CRTs and RRTs, however a lot of Boston hospitals provide CRTs with a certain time period to become credentialed as an RRT after their date of hire. Rural hospitals may not have that rule in place for their CRTs because although RRTs are preferred, they are not mandated.

Dr. Brian Bloom stated there is currently a high demand for Respiratory Therapists without adequate manpower, we could not limit the workforce for CRTs in Massachusetts. Mr. Hirst stated the NBRC and CoARC would like all states to move towards setting the RRT credential as the minimum entry to practice instead of keeping the CRT as the minimum. Dr. Bloom stated once there are enough Respiratory Therapists in the field, we can work towards that goal. Mr. Hirst agreed.

Guest Speaker Keith Hirst exited the meeting at 1:50 pm

VII. FLEX SESSION

Discussion: Ms. Tracy Tam asked for the attendance at the next Board meeting scheduled for June 26, 2025. Dr. Brian Bloom, Ms. Meaghan Kaplan, Ms. Adelline Ntatin, and Dr. Adrian Velasquez all stated they would be present. Ms. Tracy Tam stated she would follow up with the remaining Board members for their attendance.

Ms. Tracy Tam stated she will add the regulations discussion again as a topic for the next Board meeting.

VIII. ADJOURNMENT

At 1:52 p.m., motion to adjourn the meeting was made by Dr. Brian Bloom, seconded by Ms. Adelline Ntatin, and unanimously passed by roll call vote as follows: Dr. Brian Bloom: yes, Ms. Meaghan Kaplan: yes, Ms. Adelline Ntatin: yes, Dr. Adrian Velasquez: yes.

Let the record show that the meeting was adjourned at 1:52 p.m.

The next meeting of the Board of Respiratory Care is scheduled for Thursday, June 26, 2025, at 1:00 p.m.

Respectfully Submitted:
The Board of Respiratory Care