

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

**September 19, 2024
Via WebEx**

GENERAL SESSION MINUTES (OPEN SESSION)

Board Members
Present: Jason Morin, Respiratory Therapist, Board Chair
William Beal, Consumer, Board Vice Chair
Brian Bloom, MD
Adrian Velasquez, MD

Board Members
Not Present: Daniel Fisher, Respiratory Therapist
Meaghan Kaplan, Consumer

Staff Present: Steven Joubert, Executive Director, Multi-Boards, BHPL
Tracy Tam, Assistant Executive Director, Multi-Boards, BHPL
Kayla Mikalauski, Management Analyst, Multi-Boards, BHPL
Danielle Macfarland, Office Support Specialist, Multi-Boards, BHPL
Meghan Bresnahan, Board Counsel, DPH
Gillian Coffey, Health Communications Manager, BHPL, DPH
Jonathan Dillon, Director of Policy, BHPL, DPH
Edmund Taglieri, PSUD Supervisor, BHPL, DPH
Mark Waksmonski, SARP Coordinator, BHPL, DPH
Sophia Emidy, Regulatory Affairs Intern, BHPL, DPH

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

Mr. Jason Morin, Board Chair, called the General Session of the Board of Registration of Respiratory Care meeting to order at 1:00p.m. and asked for a roll call vote to determine quorum. Mr. William Beal: present, Dr. Brian Bloom: present, Mr. Jason Morin: present, Dr. Adrian Velasquez: present.

Absent: Mr. Daniel Fisher, Ms. Meaghan Kaplan.

II. Conflict of Interest | Approval of Agenda

Discussion:

Dr. Brian Bloom stated he was unable to view the agenda.

Action:

Motion to approve the agenda was made by Mr. William Beal, seconded by Mr. Jason Morin, and unanimously passed by roll call vote as follows: Mr. William Beal: yes, Dr. Brian Bloom: yes, Mr. Jason Morin: yes, Dr. Adrian Velasquez: yes.

Absent: Mr. Daniel Fisher, Ms. Meaghan Kaplan.

Document: September 19, 2024, General Session Agenda

III. Approval of Minutes

The General Session Minutes for August 29, 2024, were reviewed for approval.

Discussion:

N/A

Action:

Motion to approve the minutes was made by Mr. William Beal, seconded by Dr. Adrian Velasquez, and unanimously passed by roll call vote as follows: Mr. William Beal: yes, Dr. Brian Bloom: abstain, Mr. Jason Morin: yes, Dr. Adrian Velasquez: yes.

Absent: Mr. Daniel Fisher, Ms. Meaghan Kaplan.

Document: August 29, 2024, General Session Minutes

IV. Unified Recovery and Monitoring Program Discussion

Mr. Jonathan Dillon, Director of Policy, provided a presentation on the Unified Recovery and Monitoring Program (URAMP) as follows:

The Unified Recovery and Monitoring Program is a program that has been around with the current project team for 18 months and will eventually become available to all Bureau of Health Professions Licensure Licensees.

In Chapter 177 of the Acts of 2022 - An Act Addressing Barriers to Care for Mental Health, comprehensive legislation continuing the process of reforming the way mental health care is delivered in Massachusetts, ensuring that people get the mental health care they need when and where they need it. Within the legislation URAMP is established as a voluntary program for monitoring the rehabilitation of licensed health care professionals who seek support for their mental health or substance use or who are referred to the program by a licensing board. The legislation establishes three key

components to the service: the Advisory Committee, Rehabilitation Evaluation Committee (REC), and the URAMP Operational Team of DPH staff.

The primary goal is to promote patient safety while respecting a licensee's condition. This is a monitoring program with a focus on public protection, it will remain confidential (unlike disciplinary proceedings), and allows disciplinary proceedings to be dismissed without prejudice when the incident(s) are found to be a direct result of the licensee's substance use disorder (SUD) or Mental Health Disorder (MHD), and the licensee successfully is admitted to URAMP. Upon admission of a licensed health care professional into the program, the licensing board may dismiss any pending investigation or complaint against the participant that arises from or relates to the participant's mental health or substance use. The licensing board may change the participant's publicly available license status to reflect the existence of non-disciplinary restrictions or conditions regarding the direct circumstances.

In Chapter 177 of the Acts of 2022, a board of registration that is required to establish a similar rehabilitation program by another requirement of this chapter shall fulfill that requirement by formally adopting the program in lieu of establishing its own. The Bureau has two existing alternatives to discipline programs: the Pharmacy Substance Use Disorder (PSUD) Program and the Substance Abuse Rehabilitation Program (SARP). They are both successful programs designed specifically for their professions. URAMP unites the current SARP and PSUD programs but also expands the scope to be available to licensees under all 21 boards, to increase the scope of admissions, and to ensure the confidential monitoring program will help licensees practice safely. Over time, because of these factors, the alternative to discipline caseloads is forecasted to at least double.

The URAMP Advisory Committee will assist the department in the development and implementation of the program. The Rehabilitation Evaluation Committee (REC) consists of members with a knowledge base in mental health and substance use disorder. The REC will review admissions and make recommendations for individualized plans; review and approve gradual return of practice, return of privileges and successful graduation for successful progression in program; review and approve plans for participants that have non-successful compliance; and review and approve non-successful discharge and license surrender for repeated non-successful progression. URAMP staff will manage in-program administrative matters pursuant to Bureau policies and the URAMP staff action policy. REC and URAMP staff lead the program for BHPL, allowing licensing boards to focus on their core mission. Any changes to a restriction or condition shall be subject to the approval of the participant's licensing board to review and approve de-identified reports upon successful program completion. URAMP is expected to launch by the end of the year.

Mr. Jason Morin asked Mr. Jonathan Dillon if we would be seeing these types of cases initially or would such cases automatically be referred to the URAMP team? Mr. Jonathan Dillon stated there are 3 potential referral points. Mr. Edmund Taglieri stated the majority of referrals that come in are at triage level and if the staff or investigator feels as if there is a high likelihood of a substance use or mental health disorder, they would refer such cases to URAMP. Mr. Jason Morin asked if these Licensees would still be seen by the board of Respiratory Care? Mr. Edmund Taglieri stated the URAMP team would reach out to licensee and there would then be a mental health evaluation and if they were appropriate for admission then they would be admitted and wouldn't be seen by the board.

Mr. Mark Waksmonski stated for the board of Nursing, their nurses have 3 privilege levels. Mr. Mark Waksmonski stated in level 1, a nurse could petition for privileges where they could get back to work with no medication handling. A level 2, is basic medication handling or a level 3, is controlled substance handling in administration. If the Licensees are granted privileges, they would work in the level 1 or level 2 for 6 months and they could then petition to move up to the next level. Mr. Mark Waksmonski stated across these 3 levels, conditions of practice are static. Mr. Mark Waksmonski stated nurses can only work up to 40 hours per week, there must be a preapproved supervisor on sight at all times, they can only workday or evening shifts, they cannot float to other units or facilities, and they have to work within 12 hours of their previous shift. Mr. Mark Waksmonski stated they are highly reliant on someone's compliance history, and letters of support from therapist and other community support members to advance someone's privilege levels.

Mr. Jason Morin asked if these restrictions on practice have any exceptions because many Respiratory Therapist are forced to be on call as part of their job requirements? Mr. Edmund Taglieri stated that with such circumstances they could set up a monitoring parameter that is unique to Respiratory Therapy. Mr. Jonathan Dillon stated they welcome any feedback from the Board of Respiratory Care for the launch of this program.

V. Interstate Compact Licensure Discussion:

Discussion:

Mr. Jason Morin stated the final legislation language has not been finalized and would the Respiratory Care board want to consider being a part of the original 7 state ratification or wait and see where this goes. Ms. Meghan Bresnahan stated it is the legislator's decision if Massachusetts would enter in the interstate compact. Ms. Meghan Bresnahan stated it is the legislator's decision whether or not Massachusetts would enter into the interstate compact. Ms. Meghan Bresnahan stated the Board can

provide information and recommendations however the authority to enact the legislation necessary for joining the compact is reserved for the legislator. Ms. Meghan Bresnahan stated if the Board of Respiratory Care wanted to join the compact our role would be to gather information, and analyze benefits of joining the compact, essentially providing Board member input to the legislators so they can utilize that information to make their decision. Mr. Jason Morin stated the question would be is recognizing if joining the compact would be beneficial, or essentially harmful. Ms. Meghan stated that is correct, and if the Board would like to take it further it would result in a formal report that would be provided to the legislator, and they could use that in their decision making. Dr. Brian Bloom stated the overall concept is appropriate to decrease the amount of burden on board administration and board members.

Mr. Jason Morin stated in terms of next steps, the Board would hold off and once the proposed legislation is finalized, he would forward that information regarding any next steps the Board would like to take. Mr. Jason Morin stated the other question that is in the Board's authority is the original concept of reciprocity. Mr. Jason Morin stated if we do reopen the policy and view it, we could always take up our own reciprocity provisions with neighboring states that are in alignment with our regulations to alleviate the workload for Board staff. Mr. Jason Morin stated he would continue to monitor with the AARC and provide updates as we go.

- VI. Triage: N/A
Staff Assignments: N/A
Complaints: N/A

- VII. Flex Session:

Discussion:

Mr. Jason Morin asked who would be in attendance for the next board meeting? Mr. Steven Joubert stated the next board meeting is October 17, 2024. Dr. Brian Bloom stated he would like to resign as a board member. Mr. Steven Joubert stated he would reach out to Dr. Brian Bloom after board meeting to discuss his matter of resignation from the Board of Respiratory Care. Mr. Jason Morin stated he would not be available. Mr. Steven Joubert stated if the board could not make quorum, he would revisit this matter again before the next meeting.

Mr. William Beal stated he would like to follow up on out of state companies doing mass fittings and has this issue been resolved. Mr. Jason Morin stated there are multiple companies that are being created and this discussion is still one that needs to take place. Ms. Meghan Bresnahan stated we should table these points of discussion to add to next month's agenda.

- VIII. M.G.L. c. 112, 65c Session

IX. Adjournment:

Action:

Motion to adjourn the General Session 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. Jason Morin: yes, Dr. Adrian Velasquez: Absent: Mr. Daniel Fisher, Ms. Meaghan Kaplan.

Let the record show that the meeting was adjourned at 1:58 p.m.

Respectfully Submitted:

The Board of Registration of Respiratory Care