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***P****sychiatric*

***N****urses*

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**Testimony**

**Massachusetts Association of Advanced Practice Psychiatric Nurses (MAAPPN) regarding**

**Emergency Amendments to the Board of Nursing Regulations at 244 CMR 4.00**

**July 16, 2021**

The Massachusetts Association of Advanced Practice Psychiatric Nurses (MAAPPN) thanks the Board of Nursing for such speedy and thoughtful draft/emergency regulations.  This is a giant step forward for our profession and the patients we serve.  This move alone has prevented thousands of patients from losing their care at the end of the COVID-19 State of Emergency.

We have the following comments regarding 244 CMR.4.07: Advanced Practice Registered Nurses Eligible to Engage in Prescriptive Practice:

Under the section “For the purposed of 244 CMR 4.07 a Qualified Healthcare Professional means a person who meets the following criteria:”

(b) 2. “advanced practice authorization issued by the Board that is in the same clinical category as the person being supervised.” Since PNMHCS and Psychiatric NPs are the same role, we assume that this language means that a PNMHCS can supervise a psychiatric NP and vice-versa.

(b) 4.i. “a combination of supervised practice for a minimum of two years plus independent practice authority for a minimum of one year.“

We assume, but would like confirmation, that the 15 months of the emergency removal of MD supervision provided by Governor Baker’s Emergency order qualifies as time practicing without supervision. Many experienced psychiatric APRNs are eager to supervise novice psychiatric NPs. In addition, many PNMHCSs and psychiatric NPs have hired novice psychiatric NPs to work for them. Under previous law, a supervising psychiatrist was paid to provide the required supervision, but now under the new law, psychiatric APRNs are ready and eager to provide supervision as Qualified Healthcare Professionals.

(b) 4, ii: “three years of independent practice”.

Please clarify why 3 years of independent practice is an option/ choice? What nurse situation is this regulation intending to address? When would a nurse be required to have 3 years instead of 2 years of independent practice? Confusing this further, Section 4.07 (2) (b) states: “If applying for authorization in Massachusetts by reciprocity, the CRNA, CNP or PNMHCS may engage in prescriptive practice without supervision upon the submission of an attestation to the Board that the CRNA, CNP or PNMHCS has practiced independently or with supervision as a CRNA, CNP or PNMHCS in a jurisdiction other than Massachusetts for a minimum of two years.”

(2) (a): “CRNAs, CNPs or PNMHCSs with a minimum of two years of supervised practice may engage in prescriptive practice without supervision upon a submission of an attestation to the

board that the CRNA, CNP or PNMHCS has completed a minimum of two years of supervised practice by a Qualified Healthcare Professional”.

We assume that the BON is expediting the availability of the attestation form as soon as possible. Historically, APRN’s have given attestations without supervisor signatures, e.g., our MA nursing license, MA Controlled Substances and DEA renewals. Because some of our supervisors have lost substantial sources of income and many of our supervisors are very aged, may no longer be in practice, or may now be deceased, we strongly recommend that only our own attestation will be required, and not the supervising physician or in the future, an APRN in independent practice. We do not think that obtaining our MD supervisor’s signature will easily be attainable and/or without cost and delay. Nor do we think it is necessary for safe patient care.

Thank you in advance for your timely attention to these details. Please do not hesitate to contact us for discussion or clarification of any issue.

Sincerely,

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Chair, Massachusetts Association of Advanced Practice Psychiatric Nurses

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