Massachusetts Department of Public Health

Public Health Council Meeting
June 11, 2025

Robert Goldstein, Commissioner

Today's presentation is available on mass.gov/dph under "Upcoming Events" by clicking on the June 11 Public Health Council listing.

Pride Month


LGBTQ+
Pride Month
COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF PUBLIC HEALTH

Juneteenth

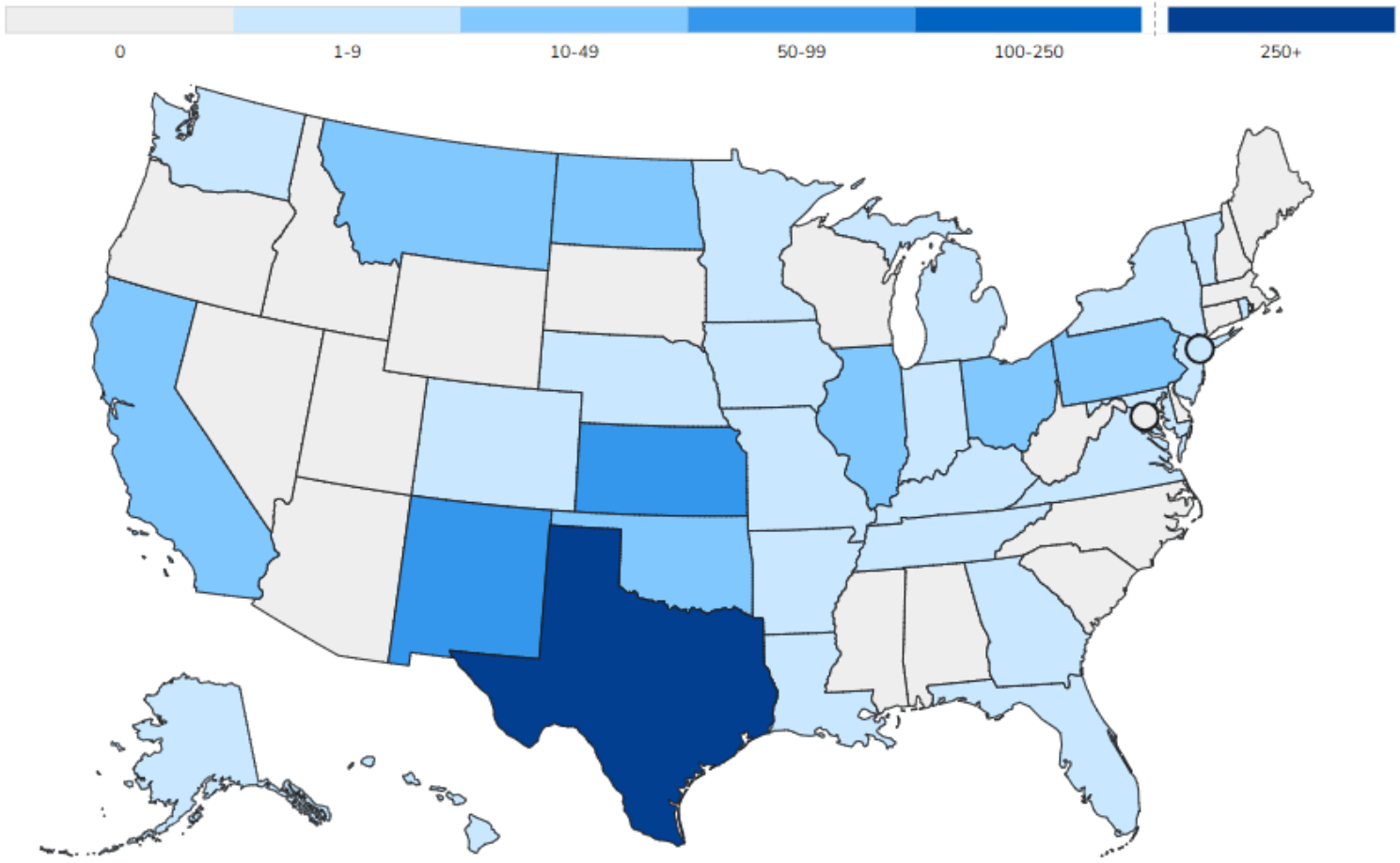
Summer Safety

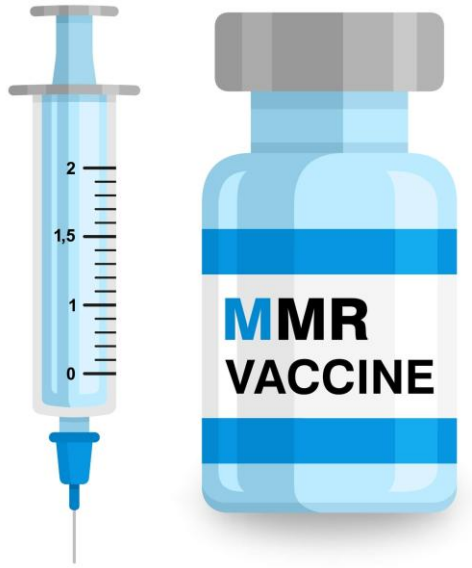
mass.gov/SummerSafety

MA Vital Records Information Collaborative (MAVRIC)

MAVRIC is the new state system for the processing of birth, death, marriage, divorce, fetal death and other vital events.

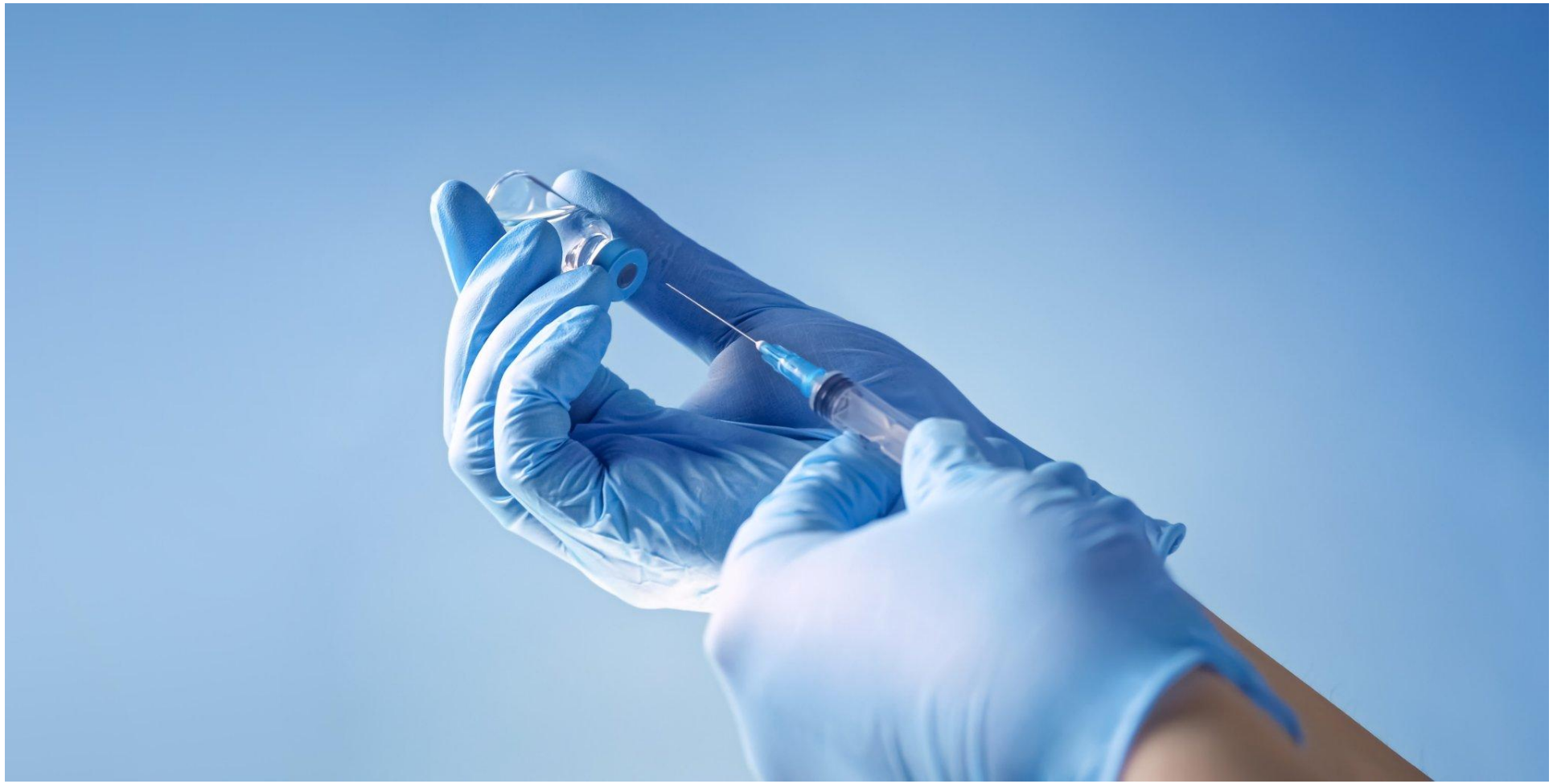
Measles





Map of 2025 measles cases, as of June 6, courtesy of CDC: cdc.gov/measles/data-research/index.html

Vaccination Updates



Massachusetts Department of Public Health

Determination of Need:

Beth Israel Lahey Health, Inc.
Substantial Capital Expenditure and
Substantial Change in Service

Dennis Renaud

Director - Determination of Need Program

Bureau of Health Care Safety and Quality

Background Information

- Beth Isreal Lahey Health, Inc. (BILH)
- Beth Isreal Deaconess Medical Center (BIDMC)

Proposed Project Description

- Relocate and expand a satellite site for the provision of hematology-oncology and infusion services to be located at 10 Cordage Park Circle in Plymouth.
- Establish a multispecialty satellite site to be located at 55 General McConville Way, Quincy.
- Add a CT and MRI at the Quincy satellite site.

Proposed Project Description, cont.

- The Cordage Park Satellite and Quincy Satellite are expected to expand access to hematology-oncology and infusion, primary, specialty, and diagnostic care within the respective communities.
- The Satellites will be licensed as BIDMC hospital-based satellites and will be run as a hospital outpatient department (HOPD) of BIDMC.
- Expand regional access to complex clinical services at a lower cost than many of the other Greater Boston academic medical centers.
- The total value for the Proposed Project is $117,006,070.00. The Community Health Initiative (CHI) contribution is $5,850,303.50.

Six Factors of a Determination of Need (DoN) Application

Factor 1	Patient Need, Public Health Value and Operational Objectives
Factor 2	Health Priorities
Factor 3	Compliance
Factor 4	Financial Feasibility and Reasonableness of Expenditures and Costs
Factor 5	Relative Merit
Factor 6	Community Health Initiatives

Factor 1: Patient Need, Public Health Value and Operational Objectives - Requirements

In Factor 1,the Applicant must demonstrate the project will positively impact three areas.

1. Patient Panel Need
2. Public Health Value
3. Operational Objectives

Factor 1: Patient Panel Need Analysis

The Applicant attributes need for the Proposed Project to the following:

Cordage Park Satellite - Need for Hematology-Oncology and Infusion Clinic

1) Impact of High Utilization on Access
2) Projected Growth and Future Need

Quincy Satellite - Need for Primary Care, Specialty, and Diagnostic Imaging Services

1) Underserved region
2) On-Site Diagnostic Imaging Equipment

Factor 1: Patient Panel Need Analysis, cont.

Utilization of Infusion Treatment at BID-Plymouth

Metric	2019 Count	2020 Count	2021 Count	2022 Count	2023 Count
Patient Visits for Chemotherapy by Infusion Treatment	12,890	12,532	12,865	14,322	14,360
Patients Visits for Non-Chemotherapy Infusion Treatments	6,719	6,097	6,340	6,263	6,997
TOTAL	19,609	18,629	19,205	20,585	21,357

Factor 1: Patient Panel Need Analysis- cont.

Average New Patient Appointment Wait Times for BID-Plymouth Hematology-Oncology Clinic

	FY2019	FY2020	FY2021	FY2022	FY2023
Wait time (In days)	26	25	18	27	50

Factor 1: Patient Panel Need Analysis, Volume

Volume Projections for Cordage Park Satellite

Volume Projections (Outpatient)	2027	2028	2029	2030	2031
Hem/Oncology Clinic	15,208	17,189	19,032	19,032	20,875
Infusion Clinic	17,784	20,452	23,119	26,676	27,000

Factor 1: Patient Panel Need Analysis, Need for Primary and Specialty Care

Need for Primary and Specialty Care in Quincy

- The Quincy region has a population of 340,000 that is projected to grow 3.3% from 2021 through 2026, a rate that is higher than Eastern Massachusetts at 2.5%.

- The Applicant's primary care providers and local community health centers have reported challenges with local specialty referral access.

Factor 1: Patient Panel Need Analysis, Benefits

Benefits of On-Site Diagnostic Imaging Equipment – Quincy Satellite

- Referral ratios for imaging exams to project utilization.
- Complement the services anticipated at the Quincy Satellite.

Factor 1: Public Health Value

Improved Outcomes and Quality of Life

- Greater Access to Specialty Services
- Reduction in Travel Time to Access Services

Factor 1: Public Health Value, cont.

Health Equity

- Language Accessibility
- Culturally Competent Staff and Services
- Data Collection and Research

Factor 1: Operational Objectives
Efficiency, Continuity, Coordination of Care Analysis

Local Access Within Health System
Technology Infrastructure
MassHealth ACO Program

Factor 2: Health Priorities – Requirements

The expectation is that, using objective data, Applicants will address how the Proposed Project supports Commonwealth Cost containment goals and improved public health outcomes.

Factor 2: Analysis – Cost Containment

- Improve access and reducing cost of care.
- Establishing the Proposed Project under the BIDMC license.

Factor 2: Analysis – Improved Public Health Outcomes

- Improve public health outcomes by providing local access
- Expand capacity
- Support local clinical offerings
- Enhance patient experience

Factor 3: Compliance – Key Requirements and Analysis

The Determination of Need Program has determined that the Applicant has provided evidence of compliance and good standing with federal, state, and local laws and regulations.

Factor 4: Financial Feasibility and Reasonableness of Expenditures and Costs – Requirements

CPA Review

To assess Financial Feasibility in compliance with this Factor, the Applicant must provide evidence that it has sufficient funds available for capital and ongoing operating costs necessary to support the Proposed Project without negative impacts or consequences to the Applicant's existing Patient Panel. The report is certified by an Independent CPA.

Factor 4: Analysis

As a result of the CPA's analysis, they concluded the following:

"We determined that the projections were not likely to result in insufficient funds available for ongoing operating costs necessary to support the Project. Based upon our review of the projections and relevant supporting documentation, we determined the relocation and expansion of the hematology-oncology and infusion clinics currently located at Beth Israel Deaconess Hospital – Plymouth, Inc. and the development of a new multispecialty ambulatory center is financially feasible and within the financial capability of the Applicant."

Factor 5: Relative Merit – Requirements

When conducting an evaluation and articulating the relative merit determination, Applicants shall take into account, at a minimum, the quality, efficiency, and capital and operating costs of the Proposed Project relative to potential alternatives or substitutes, including alternative evidence-based strategies and public health interventions.

Factor 5: Analysis, Alternatives Considered to the Proposed Project, Option 1

Alternative Option 1: **Two Separate Sites in Quincy**

- Four potential locations in North and South Quincy were considered.
- Variety of barriers including insufficient parking, poor access to public transportation, and limited space to serve the projected Patient Panel.
- Does not provide opportunity to consolidate services.
- Significantly higher capital expense.

Factor 5: Analysis, Alternatives Considered to the Proposed Project, Option 2

Alternative Option 2: Expand the Hematology-Oncology and Infusion Clinics At BID Plymouth

- Limited space availability at the hospital.
- Considered moving into an on-campus Medical Office Building.
- Capital expense 30% to 40% higher than the proposed Cordage Park Satellite.

Factor 5: Analysis, Alternatives Considered to the Proposed Project, Option 3

Alternative Option 3: **License the Satellites under the community hospitals BID Plymouth or BID Milton**

- Cost structure of the Cordage Park Satellite is expected to be significantly lower under BIDMC operations due to lower pharmaceutical expenses.
- Cordage Park Satellite will have access to a greater number and variety of clinical offerings than BID Plymouth would be able to access on its own as an independent, community cancer center.
- The Applicant states that BID Milton does not have the provider resources nor operational structure to support the development of the Quincy Satellite.

Factor 6: Community Health Initiatives – Requirements

Community-based Health Initiatives (CHI)

Factor 6, or the CHI, serves to **connect hospital expenditures to public health goals** by making investments in Health Priority Areas—referred to interchangeably as the social determinants of health (SDoH).

CHI projects are a mechanism for Applicants to engage local partners in community health investments, **addressing SDoH and advancing racial and health equity**.

Factor 6 requirements and conditions depend on the Applicant and Application Type, and size of CHI contribution.

Factor 6: Key Requirements, Materials

Factor 6 Requirements for this Application

Materials submitted by BIDMC included:

- 2022 Community Health Needs Assessment (CHNA)
- Self-Assessment
- Community Engagement Plan
- Partner Assessments
- CHI Narrative

Factor 6: Key Requirements, Summary Analysis

Summary Analysis

Of the total required CHI contribution of $ 5,850,303.50:

- $1,433,324.36 will be directed to the CHI Statewide Initiative
- $3,869,975.76 will be dedicated to local approaches to the DoN Health Priorities
- $117,006.07 will be designated as the administrative fee

Other Conditions

- Holder's Cost Per Patient based on: Total Net Patient Revenue and Unit of Service, adjusted for patient volume, acuity, payer mix and service mix.
- The Department will compare the percentage growth, if any, in Cost Per Patient year over year (the "Cost Per Patient Growth Percentage").
- If the Department determines the Holder's Cost Per Patient Growth Percentage has materially increased year-over-year, the Holder will be afforded an opportunity to justify such material increases. After review of the Holder's justification, the Department may require the Holder to submit a plan to the Department to remedy the impact of the increase.

Outcome Measures

- Provide the Average New Patient Appointment Wait Time for the Cordage Park Satellite
- Patient Satisfaction
- Blood Pressure Control
- A1c Control and Compliance

Thank you for the opportunity to present this information today.

Please direct any questions to:

Dennis Renaud

Director, Determination of Need Program

Bureau of Health Care Safety and Quality

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Massachusetts Department of Public Health

Post-Comment Revisions to 105 CMR 210

The Administration of Prescription Medications in Public and Private Schools

Karen Robitaille

Director, School Health Program, Bureau of Community Health and Prevention

Ben Kingston

Policy Director, Bureau of Community Health and Prevention

Current regulation Overview

105 CMR 210: *The Administration of Prescription Medications in Public and Private Schools*

- Provides minimum standards for the safe and proper storage and administration of medications to students in the Commonwealth's public and non-public primary and secondary schools.
- Permits school nurses to delegate responsibility for administration of medications to trained, nursing-supervised, unlicensed school personnel.
- Addresses training of unlicensed school personnel who may administer medication under the school nurse’s supervision
- Outlines procedures for students who administer their own medication
- Provides a carve-out specific to administration of epinephrine for life-threatening allergic reactions

Amendments are needed to:

- Reflect significant advances in medical practice and medication prescribing since this regulation was last amended.
- Accommodate students with chronic conditions and medical complexity so they can safely attend school.

Overview of Pre-Comment Changes

Pre-comment amendments to 105 CMR 210 include:

- Language updates and updated definitions
- Requirement for a Massachusetts Controlled Substance Registration (MCSR)
- Expanded access to emergency rescue medications
- Adding a carve-out for emergency rescue opioid antagonist (e.g., naloxone)
- Adding procedures for self-carry
- Outlining the authority in these regulations to conduct investigations

Public Comment Period

A public hearing on the pre-comment changes was held on February 13, 2025, following the presentation to the Public Health Council.

- The Department received 103 comments from 35 commentors. **24** of those comments resulted in substantive changes.
- No additional changes resulted from
  - **18** supportive comments
  - **50** comments that did not require a change
  - **11** comments outside the scope of the pre-comment changes

Final Amendments: Changes based on Comments Received

Summary of Pre-Comment Changes

- New provision allows delegation of additional emergency rescue medications, especially medications for students with diabetes and seizure disorders. This provision only allowed FDA-approved, pre-dosed forms that are administered through the mucous membranes of the nose, mouth, or lungs.

Summary of Proposed Final Amendment

- Many commentors also requested allowing the delegation of glucagon in injectable form in addition to nasal administration. The final regulation has been changed to allow glucagon in pre-dosed autoinjector form.
  - This expansion is safe and effective and ensures availability for a variety of insurance coverages and children ages 2 and up.

Final Amendments: Changes based on Comments Received

Summary of Pre-Comment Changes

- A new definition was added for the term **"Emergency Rescue Medication"**
- A new definition was added for the term **"Regular School Activities"**
- A new definition was added for **“Self Carry”**
- A new definition was added for **"Unlicensed School Personnel“**

Summary of Proposed Final Amendment

- The definition of **“Emergency Rescue Medication”** was further updated to replace “mouth” with “digestive tract”
  - Allows for the use of emergency rescue medications administered rectally.
- The definition of **“Regular School Activities”** was modified
  - Clarifies that field trips are considered part of the school day.
- The definition of **“Self-Carry”** was modified
  - Allows multi-dose medications to be self-carried.
- The definition of **“Unlicensed School Personnel”** was modified
  - Inclusive of both regular employees and contract employees.

Final Amendments: Changes based on Comments Received

Summary of Pre-Comment Changes

- 105 CMR 210.004(A)(3): A school nurse shall be on duty while medications are being administered by designated unlicensed school personnel, and available for (telephonic or web-based) consultation.

Summary of Proposed Final Amendment

- 105 CMR 210.004(A)(3): A school nurse shall be on duty while prescription are being administered by designated unlicensed school personnel and be available should consultation be required. The consultation may be in person or virtual (telephonic or web-based).
    - Clarifies that the delegating nurse may be available for consultation virtually.

Final Amendments: Changes based on Comments Received

Summary of Pre-Comment Changes

- 105 CMR 210.004(A)(5): Medications to be administered pursuant to p.r.n. orders may be administered by authorized unlicensed school personnel after an assessment by or consultation with the school nurse for each dose, with the exception of emergency rescue medications.

Summary of Proposed Final Amendment

- 105 CMR 210.004(A)(5): With the exception of emergency rescue medications, which may be administered under the delegation model according to the student's emergency medication plan without a separate nursing assessment, medications to be administered pursuant to p.r.n. orders may be administered by authorized unlicensed school personnel after an assessment by or consultation with the school nurse for each dose.
    - Further clarification of who may administer medications administered under p.r.n. orders.

Final Amendments: Changes based on Comments Received

Summary of Pre-Comment Changes

- 105 CMR 210.005(D)(2)(c): For medications administered under a standing order, the school nurse shall follow the Board of Registration in Nursing's Advisory Ruling 9324: Accepting, Verifying, Transcribing and Implementing Medication Orders.

Summary of Proposed Final Amendment

- 105 CMR 210.005(D)(2)(c): For medications administered under a standing order, the school nurse shall follow the Board of Registration in Nursing's Advisory Ruling 9324: Accepting, Verifying, Transcribing and Implementing Medication Orders. *Unlicensed school personnel can only administer a medication under a standing order that is specific to an individual patient (with the exception of an emergency rescue opioid antagonist) and under the delegation or training model.*
  - Reinforces that only nurses can administer medication under a standing order.

Final Amendments: Changes based on Comments Received

Summary of Pre-Comment Changes

- 105 CMR 210.006(A): Consistent with school policy, the school nurse may permit self-administration of medication by a student provided that the following requirements are met:
  (1) the student, school nurse and caregiver, where appropriate, enter into an agreement which specifies the conditions under which medication may be self-administered, which may include the conditions under which a student may self-carry medication, or whether the medication being self-administered is being taken or applied by the student themselves or with an FDA-approved medical device;

Summary of Proposed Final Amendment

- 105 CMR 210.006(A): Consistent with school policy, the school nurse may permit *self-carry and* self-administration of medication by a student provided that the following requirements are met:
  (1) the student, school nurse and caregiver, where appropriate, enter into an agreement which specifies the conditions under which medication may be self-administered, which may include the conditions under which a student may self-carry medication *for the purpose of administration by another,* or whether the medication being self-administered is being taken or applied by the student themselves or with an FDA-approved medical device;
  - Allows students to self-carry medications they do not intend to self-administer.

Final Amendments: Changes based on Comments Received

Summary of Pre-Comment Changes

- 105 CMR 210.010(A)(5): epinephrine shall be administered only in accordance with an individualized medication administration plan satisfying the applicable requirements of 105 CMR 210.005(E) and 210.009(A)(6), updated every year, which includes the following:

Summary of Proposed Final Amendment

- 105 CMR 210.010(A)(5): epinephrine *given by unlicensed school personnel* shall be administered only in accordance with an individualized medication administration plan satisfying the applicable requirements of 105 CMR 210.005(E) and 210.009(A)(6), updated every year, which includes the following:
  - Clarifies that unlicensed school personnel can only administer epinephrine through the training model to students to whom it is prescribed. Only a nurse can give stock epinephrine.

Final Amendments: Changes based on Comments Received

Summary of Pre-Comment Changes

- 105 CMR 210.011(A)(4)(b): the medication program manager, or school nurses designated by this person, shall document the training and *testing* of competency.

Summary of Proposed Final Amendment

- 105 CMR 210.011(A)(4)(b): the medication program manager, or school nurses designated by this person, shall document the training and *evaluation* of competency.
  - Corrects a typo in the pre-comment version.

Additional Updates

- To clarify the difference between the delegation model and the training model:
  - A new definition of “Delegation” was added to 105 CMR 210.002.
  - Parts of 105 CMR 210.004 were updated to clarify the different models
  - A new section 105 CMR 210.007(G) was added to clarify the different models

Additional Updates, continued

- A new section was added to 105 CMR 210.003 to allow schools to purchase “stock” medications (medications not prescribed to an individual patient) using their Massachusetts Controlled Substances Registration.
- A new section 105 CMR 210.011(A)(7) was added to address storage of emergency rescue opioid antagonists.
- A new section was added to 105 CMR 210.011 to clarify that any school staff may carry and use an emergency rescue opioid antagonist under state law and regulation.

Next Steps

- Based on a comprehensive review of 105 CMR 210: The Administration of Prescription Medications in Public and Private Schools, and the incorporation of comments from the public, DPH recommends Public Health Council approval of these amendments for promulgation.

- The School Health Program will provide training and guidance on the amended regulation to ensure awareness, consistency, and compliance.

Thank you for the opportunity to present this information today.

For more information regarding this regulation, please find the relevant statutory language and the full current regulation here:

Massachusetts Law:

malegislature.gov/Laws/GeneralLaws/PartI/TitleXV/Chapter94C

malegislature.gov/Laws/GeneralLaws/PartI/TitleXII/Chapter71/Section54B

Regulation:
mass.gov/regulations/105-CMR-21000-the-administration-of-prescription-medications-in-public-and-private-schools

Please direct any questions to:

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Massachusetts Department of Public Health

Unified Recovery and Monitoring Program (URAMP)

Public Health Council Meeting 06/11/2025

Lauren Nelson
Deputy Director, Bureau of Health Professions Licensure

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Bureau of Health Professions Licensure

What we do:

- We oversee and support the Drug Control Program and 22 boards of registration and certification, totaling 94 health professional license types.
- Our boards assess the qualifications of applicants for health care professional licensure, registration, and certification.
- Our boards also set standard rules and regulations to ensure the integrity and competence of all health care professionals in Massachusetts, and promote public health, wellness, and safety.
- If we receive information that a licensee may have violated law, regulations or our standards of conduct and poses a risk to the public, our boards investigate and, where necessary, take disciplinary action.

22 Boards of Licensure and Certification

- Board of Allied Health Professions
- Board of Registration of Allied Mental Health and Human Services Professions
- Board of Registration in Nursing
- Board of Registration in Pharmacy
- Board of Registration in Dentistry
- Board of Registration of Chiropractors
- Board of Registration of Dietitians and Nutritionists
- Board of Registration of Dispensing Opticians
- Board of Registration of Hearing Instrument Specialists
- Board of Registration of Genetic Counselors
- Board of Registration in Optometry
- Board of Registration of Perfusionists
- Board of Registration of Physician Assistants
- Board of Registration in Podiatry
- Board of Registration of Psychologists
- Board of Respiratory Care
- Board of Registration in Naturopathy
- Board of Registration for Speech-Language Pathology and Audiology
- Board of Registration of Social Workers
- Board of Certification of Community Health Workers
- Board of Registration of Nursing Home Administrators
- Board of Registration in Midwifery

Alternative to Discipline Programs (ATD)

We may receive information about incidents that have occurred as the result of a health condition that is impacting a licensee's practice and is posing a risk to the public and/or the licensee.

In these circumstances, an ATD program may be more appropriate than traditional discipline.

The primary goal of an ATD program is to **secure patient safety in a fair and appropriate manner, respecting a licensee's condition.**

- **Focused on public protection** (like traditional disciplinary proceedings)
- **Confidential program** (unlike disciplinary proceedings)
- **A monitoring program** (rather than a treatment program)
- **Allows disciplinary proceedings to be dismissed without discipline** when the incident(s) are found to be a direct result of the licensee's SUD or Mental Health Condition, and the licensee successfully completes the assigned URAMP program

Alternative to Discipline before URAMP

Pharmacy Substance Use Disorder Program (PSUD) M.G.L. c.112, § 24H

- Voluntary monitoring program for pharmacists that serves as an alternative to traditional discipline.
- PSUD is:
  - a five-year abstinence-based program.
  - available solely to pharmacists, pharmacy interns, and pharmacy technicians.

Substance Abuse Rehabilitation Program (SARP) M.G.L. c.112, § 80F

- Voluntary monitoring program for nurses that serves as an alternative to traditional discipline.
- SARP is:
  - a three-year abstinence-based program
  - available solely to nurses.

Before URAMP, only two of the existing BHPL boards could offer licensees an alternative to discipline program; the Nursing Board and the Pharmacy Board.

Furthermore, the existing two programs were only available in circumstances where a licensee's practice was impacted by a substance use disorder.

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 act **URAMP** was established:

URAMP (M.G.L. c. 112, § 65G)

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

Advisory Committee

Development and implementation

Rehabilitation Evaluation Committee (REC)

Receive and review information regarding participants

URAMP Operational team

Director and coordinators with demonstrated professional expertise to support and oversee participants

Transitioning to URAMP

M.G.L. c. 112, § 65G(b)(2)

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****.*

URAMP legislation unites the current SARP and PSUD programs, but also significantly expands the scope:

- Available to licensees under all 22 BHPL licensing boards, requiring the creation of monitoring and practice conditions that are suitable for a wider range of health and social care professions.
- In addition, URAMP increases the scope of admissions – **Substance Use Disorder *and* Mental Health Conditions.**
- With the aim of minimizing stigma and encouraging participation where needed, URAMP is a **confidential monitoring program** that allows individuals with SUD or mental health conditions to safely return to practice**.**

Over time, because of these factors, we forecast that our **alternative to discipline caseloads will more than double.**

URAMP Advisory Committee

***There shall be an advisory committee to assist the department in the development and implementation of the program (*M.G.L. c. 112, § 65G(c)(1)**

The Committee met in public on seven occasions in 2024.

- **Composition:**

  13 committee members, including 11 external from key professional organizations with relevant expertise.

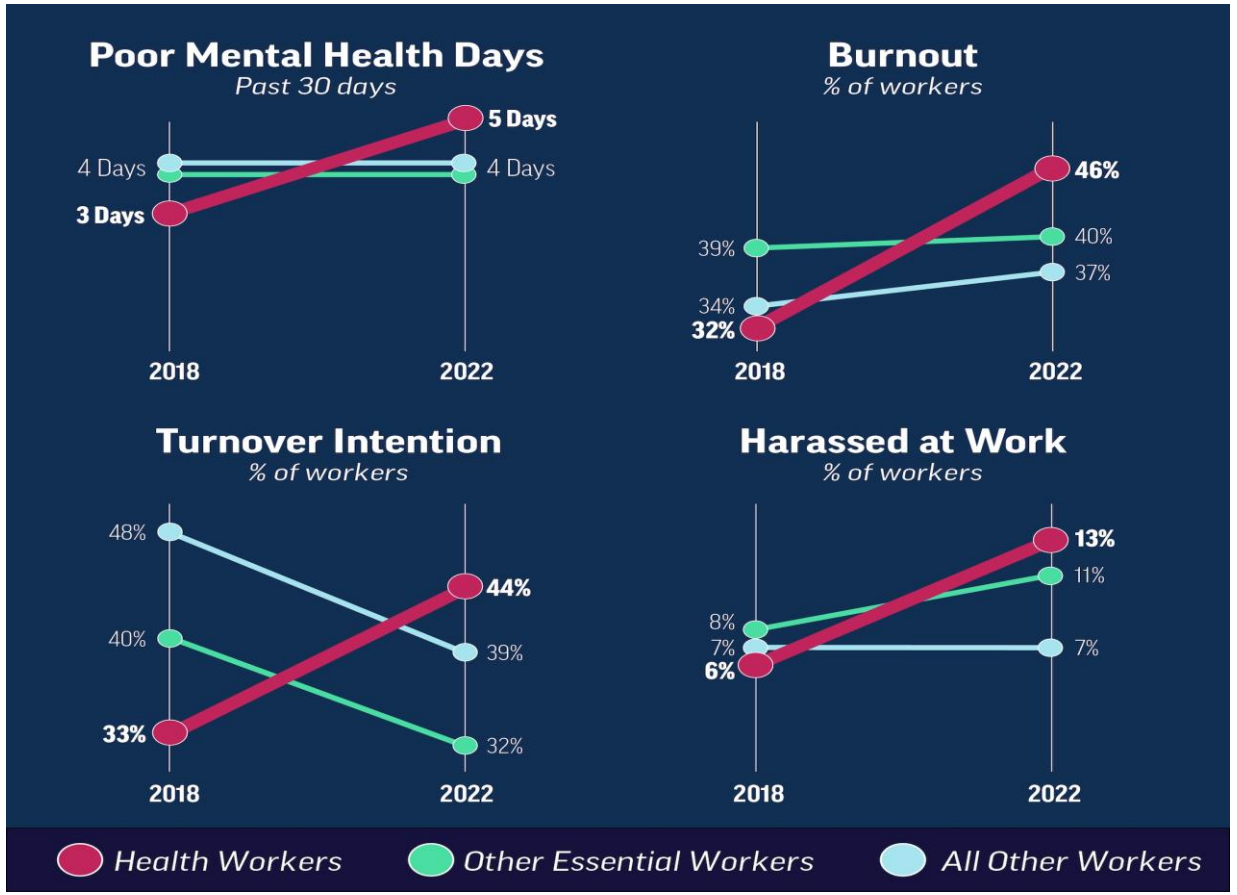
- **Meetings to:**
  - review data, medical literature and expert opinions identify best practices.
  - examine the effectiveness of existing programs.
  - Design URAMP.

- Eligibility and admissions criteria
- Monitoring requirements to ensure safety for patients and licensees, including daily check-ins and toxicology screenings.
- Baseline peer support, supervision and return to practice requirements, which are adaptable to each license type.
- BHPL led workshops with stakeholders of comparable programs in four other states.

Health Professionals and Mental Health

Based on an interview sample of **3,395 health workers** and other essential workers across the US between 2018-2022 the **CDC's Vital Signs Health Report (2023)** found:

- Health Workers reported **worse outcomes post-pandemic** in 2022 compared to 2018, including a 249% increase in rates of work-related injury and illness between 2019 and 2020.
- Health workers reported stress relating to **demanding working conditions**, including taxing work; exposure to infectious diseases; long hours; and challenging interactions with coworkers, patients, and their families.
- Health workers reported **higher levels of poor mental health days**, burnout, intent to change jobs (turnover intention) and being harassed at work in 2022 compared to 2018.



Nigam JA, Barker RM, Cunningham TR, Swanson NG, Chosewood LC. *Vital Signs:* Health Worker–Perceived Working Conditions and Symptoms of Poor Mental Health — Quality of Worklife Survey, United States, 2018–2022. MMWR Morb Mortal Wkly Rep 2023;72:1197–1205. DOI: http://dx.doi.org/10.15585/mmwr.mm7244e1

Data and Success Measures

A review of data collected from 2017-2023 shows that both the PSUD and SARP programs have demonstrated their effectiveness in monitoring a participant's safe return to practice while recovering from substance use.

SARP Program Statistics:

188,918	138	68	60%	108	0	25%
Number of Board of Nursing licensees	Number of total SARP participants	Number of active SARP participants	Successful program completion rate	Number of successful participants now practicing without restriction	Instances of repeat violation involving diversion or impaired practice following successful completion	Expected increase in applicants after URAMP expansion

PSUD Program Statistics:

36,086	31	13	68%	15	0	25%
Number of Board of Pharmacy licensees	Number of total PSUD participants	Number of active PSUD participants	Successful program completion rate	Number of successful participants now practicing without restriction	Instances of repeat violation involving diversion or impaired practice following successful completion	Expected increase in applicants after URAMP expansion

Combining current trends with the expansion in scope created by URAMP, we expect the service to take in at least **55 new applicants each year and safely return at least 35 to unrestricted practice.**

Analysis of program data collected from 2017 – 2023 (partial year)

SARP and PSUD Participant Feedback

- “I would not have been able to do this without the support of PSUD and my fellow participants”
- “It’s changed my life in a positive way”
- “The program is supportive, understanding and non-judgmental….allowing me to succeed in recovery”
- “I thought I’d never be able to practice again with my pharmacist license, this program helped me re-gain control of my life and career”

Next Steps: Focusing on the Management of Mental Health Cases

- URAMP service launched in December 2024, but the management of mental health cases that do not involve substance use disorders continues to be developed.
- Our Advisory Committee considered several key questions and asked for further expert analysis.

  - Can there be any **standardization** in the management of these cases or will medical evaluations always be needed to inform the conditions of the program?
  - What evidence is required to determine that the health condition is the **primary cause of an adverse incident**, rather than a mitigating factor?
  - Should cases not involving substance use disorders **require abstinence**?
  - Is an initial period of **removal from practice** followed by a three-to-five-year program always necessary in cases that do not involve substance use disorders?
  - How do we determine that someone is **fit to return to practice** in circumstances where full recovery is not possible?

- In January 2025, we contracted with Eastern Research Group, Inc. (ERG) of Lexington to conduct more detailed research. ERG are now in contact with 60+ state programs across the US to establish best practice.
- Evaluation report and recommendations due in July 2025. This will inform further development of the program.

Key Benefits of URAMP

1. **Public protection is a secured** in a way that is **fairer and more respectful** to licensees than traditional discipline, where fitness to practice is impaired by a health condition.

2. **Creates a supportive environment** to promote recovery, encouraging participants to engage with health conditions in a proactive manner.

3. **Confidential program, which reduces stigma** surrounding mental health and substance use disorders in the licensing/regulatory sector.

4. **Supports the health care workforce,** harnessing a safe return to practice for all participants engaged in this program.

Thank you for the opportunity to present this information today.

Please direct any questions to:

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Director of Policy

Bureau of Health Professions Licensure

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Next Meeting:
Wednesday, July 9, 2025