



The Commonwealth of Massachusetts Board of Registration in Medicine

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EXECUTIVE SUMMARY

CHAPTER 2.00 OF THE BOARD OF MEDICINE REGULATIONS

243 CMR 2.01 – 2.15

The Board of Registration in Medicine (BORIM) is promulgating significant changes to its regulations on licensing and the practice of medicine. These amendments can be found on the BORIM website. Chapter 2.00 is effective on August 8, 2019.

Here are some of the highlights of the new Chapter 2.00.

LICENSING REGULATIONS

- The Board incorporates a clear statement of its mission in each of its licensing regulations. The purpose of these licensing regulations is to ensure that the Board licenses only “qualified, competent physicians of good moral character.”
- Several new educational trainings are included for initial and renewing applicants for licensure. These include statutorily mandated Child Abuse and Neglect training and the Domestic Violence and Sexual Violence training. These are both one-time requirements. The statutorily-mandated training on Alzheimer’s disease and other dementias will be included in the next BORIM regulatory filing.
- The Legislature has required that all active physicians apply to participate in the MassHealth program, either as a provider of services or as a non-billing provider for the limited purpose of ordering and referring services.
- A change to BORIM’s regulations on the “Seven-Year Rule” now allows a license applicant only four attempts to pass either Step 1, Step 2 or Step 3 of the USMLE examination.
- The phrase “continuing professional development (CPD)” is now replaced throughout the regulations with the more commonly-used “continuing medical education (CME).”
- Applicants for initial and limited licensure can withdraw their license applications before it is reviewed by the Licensing Committee. However, once the application is

on the Licensing Committee's agenda, an application cannot be removed unless there are extraordinary circumstances and with the unanimous vote of the Board.

PRACTICE OF MEDICINE REGULATIONS

- “There shall be no delegation of medical services to an individual who is not licensed to perform those services in Massachusetts.”
- An important clarification is made in the “5F Exemption” rule (referring to MGL c. 112, s. 5F). If a physician is impaired by, dependent upon or misusing alcohol or drugs while in the workplace or while “on call,” he or she is not eligible for the 5F exemption. In addition, a physician who has violated any Board statute or regulation is not eligible for the 5F exemption. In those cases, health care providers must report to the BORIM when there is a “reasonable basis to believe” a physician is impaired by alcohol or drugs.
- The Board strengthens and expands its existing regulation on Informed Consent. This regulation will exist in both Chapters 2.00 and 3.00, so that it applies to all active physicians in Massachusetts.
 - The attending physician/primary operator must obtain and record a patient's written informed consent before diagnostic, therapeutic or invasive procedures, medical interventions or treatments. The patient must be given “ample opportunity to ask questions.” The attending physician/primary operator will share the name of the other providers that will participate in the surgery, including all physician extenders. For example if the attending physician/primary operator expects to step out of the operating room and have someone else take over, they will share with the patient in writing on the consent form who will take over and when it will occur. If the attending physician/primary operator, other attendings, physician extenders, or trainees change at any point prior to surgery it will be the attending physician's/primary operator's responsibility to update the patient in writing on the consent form.
 - Informed consent is necessary whenever disclosure of significant medical information, including the risks involved, would assist a patient in making an informed decision.
 - The informed consent must be clear and detailed and must be signed before the procedure, intervention or treatment.
 - The patient's medical record as well as the informed consent must show who is participating in the procedure, intervention or treatment, including the names of the attending physician/primary operator, other attendings, physician extenders, or trainees.

- The attending physician/primary operator is responsible for recording - or having recorded for him/her - in the medical record his/her absences during the procedure, who took over as attending and the time of the absences.
- There is an updated provision in the regulations requiring all physicians practicing medicine in a surgical or outpatient setting to implement and maintain infection control policies and procedures.
- The Board includes Clinical Nurse Specialist (CNS) in its regulation on Advanced Practice Registered Nurses (referred to as APRNs throughout).
- “Serious injury” is added to the list of adverse events occurring in a licensee’s office that must be reported to the BORIM.
- Whenever a hospital or health care facility suspends or terminates a physician, the facility must notify the BORIM within two business days of the occurrence. The facility may report to the Board via telephone or fax, but must follow-up with a written report within 30 days (preferably as soon as possible).

Updated regulations on physician profiles can be found in 243 CMR 2.15.