



Board News

Fiscal Year 2016

August 2016 | Volume 11 | Number 1

Mission

The mission of the Board of Registration in Nursing is to protect the health, safety and welfare of the citizens of the Commonwealth through the fair and consistent application of the statutes and regulations governing nursing practice and nursing education.

Fiscal Year 2016 Board Members

Katherine Gehly, MS, CNP, Chairperson
Patricia Gales, RN, MS, Vice Chairperson
Sara Abbott, Consumer (appointed Oct. 2015)
Anthony Alley, RN (until Feb. 2016)
Margaret Beal, PhD, CNM
Jackie Fantes, MD (appointed April 2016)
Lori Keough, PhD, CNP (appointed May 2016)
Joan Killion, LPN
Colleen LaBelle, BSN, RN (appointed Nov. 2015)
Barbara Levin, RN, BSN (excluding Nov. 2015 to Feb. 2016)
Ann-Marie Peckham, RN, MSN/MBA
E. Richard Rothmund, Consumer (until Jan. 2016)
Catherine L. Simonian, RPh, PharmD
Susan Taylor, MSN, RN (until April 2016)
Christine Tebaldi, MS, CNP
Cheryl Urena, LPN

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New Law in Fight Against Opioid Overdose Epidemic: Implications for APRN Prescribers

Data available from the MA Department of Public Health indicates the number of confirmed unintentional opioid deaths for 2015 (n=1531) represents an 18% increase over 2014 (n=1294) while the number of confirmed unintentional opioid deaths in 2014 represents a 41% increase over cases in 2013 (n=918)¹. Sadly, the estimated rate of unintentional opioid-related overdose deaths was 24.6 deaths per 100,000 residents in 2015 representing a 23% increase from the rate of 20 deaths per 100,000 residents in 2014².

The data also indicates an alarming link between fentanyl and opioid-related deaths. Among the 1319 opioid-related deaths in 2015 in which a toxicology screen was also available, over 50% had a positive screen for fentanyl³, the synthetic opioid prescription pain killer with effects similar to heroin.

In response to this growing epidemic, Governor Charlie Baker signed landmark legislation into law in March 2016 to address the Commonwealth's opioid crisis. [Chapter 52 of the Acts of 2016](#) represents a multi-pronged approach in the fight against this devastating epidemic by focusing on prevention, education, treatment and recovery. The Board of Registration in Nursing takes this opportunity to highlight three of the statutory requirements designed to curb opioid misuse.

7 Day Restriction on Supply of Prescribed Opioids

Effective immediately, the new law establishes a maximum seven day supply on opioid prescriptions when issued to an adult for the first time. It also limits an opioid prescription for minors to a maximum seven day supply. A prescriber may issue a prescription for more than a seven day supply of an opioid to adult or minor patients if, in the prescriber's medical judgment, a greater supply is necessary to treat an acute medical condition, chronic pain, pain associated with a cancer diagnosis or for palliative care. In such a case, the condition must be documented in the patient's medical record and the prescriber must indicate that a non-opioid alternative was not appropriate to address the medical condition. The new law does not apply to opioid medications that are designed for the treatment of substance abuse or opioid dependence.

Additionally, the law enables patients to direct pharmacies to dispense less than the fully prescribed quantity of an opioid. Whenever a prescriber issues a Schedule II opioid, the prescriber must:

1. consult with the patient regarding the quantity of the opioid prescribed and the patient's option to request the prescription be filled in a reduced quantity; and
2. inform the patient of the risks associated with the opioid. If dispensed in a lesser amount, the prescription is void as to the unfilled quantity.

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New Law in Fight against Opioid Overdose Epidemic: Implications for APRN Prescribers, continued from page 2

Online PMP Check Required for Each Schedule II and III Prescription Beginning October 15, 2016

Effective October 15, 2016, prescribers will be required to use the Massachusetts Prescription Awareness Tool (MassPAT), the new online PMP, each time the prescriber issues a prescription for a narcotic drug contained in Schedules II and III. Prescribers must also check MassPAT when prescribing a benzodiazepine or DPH designated drugs in Schedule IV through VI for the first time (Gabapentin and its chemical equivalents are designated as “additional drugs” pursuant to chapter 52 of the acts of 2016).

The MassPAT will go live August 22, 2016. Online registration for MassPAT is now open (users will not be able to conduct patient searches in MassPAT until August 22, 2016).

For more information, including how to access MassPAT, visit the Prescription Monitoring Program website at www.mass.gov/dph/dcp/pmp.

Additional Mandatory Prescriber Education Requirement

All APRN prescribers are now required to complete education related to:

- effective pain management;
- the risks of abuse and addiction associated with opioid medication;

- identification of patients at risk for substance use disorders;
- counseling patients about the side effects, addictive nature and proper storage and disposal of prescription medications;
- appropriate prescription quantities for prescription medications that have an increased risk of abuse; and
- opioid antagonists, overdose prevention treatments and instances in which a patient may be advised on both the use of and ways to access opioid antagonists and overdose prevention treatments.

This new continuing education requirement must be fulfilled as a prerequisite to initial application for a MA Controlled Substance Registration and subsequently during each APRN license renewal period, and it must be consistent with [244 CMR 5.00: Continuing Education](#). The APRN prescriber will be required to attest under the penalties of perjury to complying with M.G.L. c. 94C, § 18(e) when signing the Massachusetts Controlled Substance Registration form and the nursing license/APRN authorization renewal form.

References

1. MA Department of Public Health. Data Brief: Opioid-related Overdose Deaths among Massachusetts Residents. Posted August 2016.
2. Ibid.
3. Ibid.

Board Appoints New Executive and Deputy Executive Directors

The Board of Registration in Nursing (Board) has appointed **Lorena Silva**, MSN-L, MBA, DNP, RN, as its new Executive Director.



Executive Director Lorena Silva.

An accomplished nurse executive and educator, Dr. Silva brings a national perspective to her new role having served in leadership positions in Arizona, California and North Carolina. Most recently, she was the Chief Operating Officer and Chief Nursing Officer at a large healthcare network.

As its Chief Executive Officer, Dr. Silva will oversee and direct the Board's daily operations related to:

- the licensure of over 120,000 Licensed Practical Nurses, Registered Nurses and Advanced Practice Registered Nurses;
- the administration of the Board's Substance Abuse Rehabilitation Program; and
- the regulation of nursing practice and education including the approval of 75 Registered Nurse and Licensed Practical Nurse education programs.

The Board has also appointed **Claire MacDonald**, MSN, DNP, RN, to the position of Deputy Executive Director.



Deputy Executive Director Claire MacDonald.

Dr. MacDonald has served in several leadership roles in academia and acute care in the Commonwealth. Prior to her appointment, she was a Professional Development Specialist of a large academic medical center.

Dr. MacDonald will assist the Executive Director in managing the Board's daily operations.

Both Drs. Silva and MacDonald began their positions in January 2016.

Nursing Board Elects Fiscal Year 2017 Officers

Members of the Board of Registration in Nursing (Board) elected their Fiscal Year 2017 officers during the Board's June 8, 2016, meeting. Associate Degree-RN educator, Katherine Gehly, MS, CNP, was re-elected as the Board's Chairperson. Ms. Gehly is the Assistant Division Dean for Nursing at community college and a certified Pediatric Nurse Practitioner. Barbara Levin, BSN, RN, was elected Vice-Chairperson. She is a Registered Nurse in the Orthopedic Trauma Unit of an academic medical center.



Lorena Silva, Executive Director (far right), congratulates Katherine Gehly (center right), on her re-election as Board Chairperson as Deputy Executive Director, Claire MacDonald (far left) and newly elected Vice-Chairperson, Barbara Levin (center left) look on.

For a list of the Fiscal Year 2017 meeting dates, visit the Board's website at www.mass.gov/dph/boards/rn, click on "About the Board of Registration in Nursing" and then on the link to the [BORN calendar](#). Minutes of the Board's regularly scheduled monthly meetings are published on the [Minutes and Agendas of Previous Board Meetings](#) webpage.

Board Members Extend Their Appreciation to Outgoing Members

During Fiscal Year 2016, members and staff of the Board of Registration in Nursing extended their sincere appreciation to outgoing Board members, Anthony Alley (RN - Direct Care), E. Richard Rothmund (Consumer) and Susan Taylor (Educator, Hospital-Based Diploma Program) for their service on behalf of the residents of the Commonwealth.

Governor Appoints New Board Members

Governor Baker recently appointed three new members to the Board of Registration in Nursing (Board). The Board is pleased to welcome Jackie Fantes, MD, FAAFP (Physician), Chief Medical Officer of a metro Boston community health center; Lori Keough, PhD, CNP (Advanced Practice RN), who practices in a substance use disorder treatment center; and Gail Dufault, LPN, a Transitional Healthcare Coordinator for a law enforcement agency. The Governor has also reappointed former member, Barbara Levin, BSN, RN, (RN - Direct Care).

Board Member Vacancies

The composition of the 17-member Board is established at M.G.L., Chapter 13, §13, and includes a total of nine Registered Nurses, four Licensed Practical Nurses, one physician, one pharmacist and two public members. Both the Registered Nurse and Licensed Practical Nurse members are required to include representation from long-term care, acute care, and community health practice settings.

Additionally, among the nine Registered Nurses, there must be:

- one representative from each level of nursing education whose graduates are eligible to write nursing licensure examinations (baccalaureate and higher degree programs are considered be considered one level);
- two Registered Nurses in advanced practice, at least one of whom is employed providing direct patient care at the time of appointment;
- one Registered Nurse who is currently employed as a nursing service administrator and who is responsible for agency or service wide policy development and implementation; and
- two Registered Nurses not authorized in advanced nursing practice and who provide direct patient care.

The statute also specifies that the consumer board member must be knowledgeable in consumer health concerns and have no current or prior association, directly or indirectly, with the provision of health care.

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Board Member Vacancies
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Currently, there are three vacant seats on the Board: **Licensed Practical Nurse; Educator** representing **Hospital-Based Diploma Education**; and **Consumer**. To be eligible for a Board appointment, potential members must meet criteria established at M.G.L., Chapter 13, §13 which include residency in the Commonwealth. Nurse members must:

- hold current licensure as a Registered Nurse or Licensed Practical Nurse;
- possess at least eight years of nursing practice experience in the ten years immediately preceding appointment; and
- be employed in the Commonwealth as a nurse.

Appointments to the Board are made by the Governor for a three-year term; members may serve no more than two consecutive terms or until a successor is appointed. All members are subject to the State Conflict of Interest and Ethics Law in accordance with M.G.L. Part IV, Title I, c. 268A.

Individuals who are interested in an appointment to the Board should submit a letter of intent and current resume to:

James Lavery, Director
Division of Health Professions Licensure
239 Causeway Street
Boston, MA 02114.

Updates on Nursing Practice Laws and Regulations

Executive Order 562 Regulatory Review

Issued by Governor Baker on March 31, 2015, Executive Order 562 charged all state agencies to undertake a review of each regulation currently published in the Code of Massachusetts Regulations under its jurisdiction. It further calls for the sunset of a regulation through rescission, revision or simplification unless the regulation is mandated by law or essential to the health, safety, environment or welfare of the Commonwealth's residents. In response, the Board of Registration in Nursing (Board) began a multi-step process to review its regulations published at 244 CMR 3.00 through 9.00.

The resulting proposed revisions to 244 CMR were approved by the Board at its December 2015 meeting when it also authorized the submission of the revisions for approval by the Executive Office of Health and Human Services (EOHHS) and the Executive Office of Administration and Finance (ANF) in compliance with Executive Order 562. The proposed revisions are intended to incorporate:

- Extensive and substantive updates to the regulations proposed by Board-appointed task forces including 244 CMR 3.00 with respect to delegation to unlicensed persons and 244 CMR 6.00 designed to modernize standards and streamline the process for the approval of Registered Nurse and Practical Nurse education programs;

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*Updates on Nursing Practice Laws
and Regulations*
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- Recent changes to statutes that impose conditions on nurse licensure such as St. 2010, c. 283, An Act Adding Safeguards to the Prescription Monitoring Program and Furthering Substance Abuse Education and Prevention which added M.L.G. C. 94C, §18(e) requiring Advanced Practice Registered Nurses who prescribe to complete training in topics relating to pain management, substance abuse and counseling and the new mandatory domestic violence training requirement specified at M.G.L. c. 260, §9 of the Acts of 2014 (see following article);
- Technical corrections to 244 CMR 4.00 concerning provisions applicable to the practice of certified registered nurse anesthetists;
- Codification of licensee and applicant responsibilities with respect to license renewal and the information submitted to the Board in connection with any application;
- A newly created chapter of “definitions” to promote internal consistency within 244 CMR; and
- Greater efficiency and consistency in the initiation, investigation and handling of complaints across all boards within the Division of Health Professions Licensure.

As of this writing, the Board has received EOHHS and ANF approval for the proposed revisions at 244 CMR 3.00, 6.00, 7.00 and

10.00 and a public hearing has been scheduled for October 4, 2016. Details regarding the hearing’s time and location will be posted on the Board’s website when available and will also be published at least 21 days before the hearing in selected daily newspapers with broad distribution.

The Board will review all of the comments it receives at the hearing during a regularly scheduled open meeting and based on the public’s feedback, it may make further revisions to the regulations.

Domestic Violence Training Requirement for Licensure

[M.G.L. c. 112, § 264](#) requires the boards of registration in nursing, medicine, nursing home administrators, physician assistants, social workers, psychologists and allied mental health and human services to promulgate regulations establishing standards that require training on the issue of domestic and sexual violence as a condition of licensure and license renewal.

The Board’s proposed regulations are currently progressing through the administrative review process. Once this process is completed, the Board will convene a hearing at which the public may submit oral and written comments on the proposed regulations. Information about the hearing will be posted on the Board’s website as soon as it is available. Nurses are encouraged to consult the Board’s website regularly to stay abreast of further developments.

Nursing Practice Updates

During Fiscal Year 2016, the Board of Registration in Nursing (Board) responded to 1858 inquiries from nurses, employers and health care organizations related to scope and standards of nursing practice, advanced nursing practice, continuing education, statutes and regulations governing nursing, and trends in health care delivery.

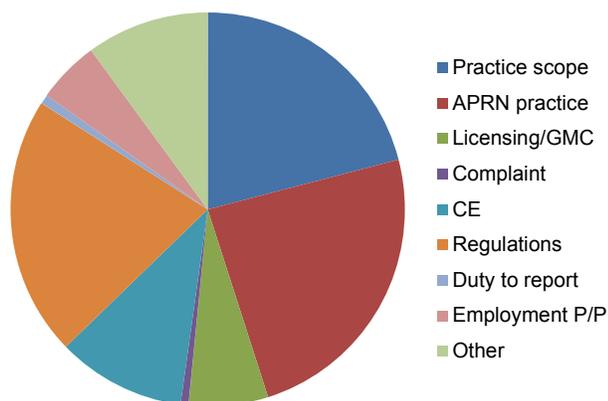


Figure 1: FY 2016 Practice Inquiries by Type

APRN Certification Collected with Authorization Renewal

In order to maintain the Board's authorization to engage in advanced nursing practice, an Advanced Practice Registered Nurse (APRN) must hold current APRN certification from a Board-approved certifying organization [ref: 244 CMR 9.04(4) and 244 CMR 4.05].

As a result, APRNs are required to inform the Board of their current certification including the name of their Board-recognized APRN certification agency (i.e. ANCC, AANP, NCC, PNCB, AACN, AMCB, NBCRNA), certification number and expiration date (mm/dd/year)

when renewing their APRN authorization. To avoid delays in authorization renewal, be sure to provide the certification number only (do not provide the Registered Nurse license number in lieu of the APRN certification number).

Should an APRN's certification lapse for any reason, the APRN must inform the Board by completing a [Request to remove APRN authorization](#) form and cease APRN practice until such time that certification becomes current (there is no "grace period"). Once the re-certification process is successfully completed, the APRN can complete a [Request to reinstate APRN authorization](#). Upon receipt of the form, the Board will verify the certification as current and will update the Board's license verification website, and the APRN may return to practice. It is an APRN professional responsibility to meet the initial and continued certification requirements of the Board approved certifying organization. APRNs should contact their certifying organization for additional certification information.

Board Issues Revised Advisory Rulings

Authorized at M.G.L. c. 30A, § 8, the Board may issue an Advisory Ruling with respect to the applicability of a statute or regulation that it enforces or administers. The Board's Nursing Practice Advisory Panel reviews each advisory at three-year intervals to ensure it reflects evidence-based standards of practice and makes recommendations to the Board. During Fiscal Year 2016, the Board updated the following Advisory Rulings in accordance with its systematic review schedule:

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Nursing Practice Updates
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- 0801: *Withholding Initiation of CPR in Long Term Care Facilities*
- 9401: *The Role of the Licensed Nurse As Trainer or Consultant for the DPH MAP Program*
- 0201: *Nurse Practitioner as First Assistant in Cardiac Catheterization*
- 9802: *Licensed Practical Nurse as Charge Nurse/Nurse Supervisor*
- 9801: *Holistic Nursing and Complementary/Alternative Modalities*
- 0802: *The Use of a Vagal Nerve Stimulator Magnet*
- 9804: *Administration of Immunizing Agents or Vaccines*

In each of its advisories, the Board affirms that the licensed nurse is responsible and accountable for acquiring and maintaining the knowledge, skills and abilities (i.e. competencies) necessary to practice in accordance with accepted standards. The Board's [Advisory Rulings on Nursing Practice](#) can be found in the Nursing Practice section of the Board's website.

Reminder Related to RN and LPN Students Employed as Unlicensed Assistive Personnel

M.G.L. c. 112, § 80B, exempts pre-licensure nursing students enrolled in a clinical course of an approved Registered Nurse (RN) and Licensed Practical Nurse (LPN) education program from

Massachusetts nurse licensure. The Board of Registration in Nursing reminds all nurses that it is unlawful for an RN or LPN student employed as an unlicensed assistive person (UAP) to perform nursing activities requiring a nursing license such as medication administration when the student is functioning as an UAP.

Nursys E-Notify Available Free-of-Charge to Nurses and Employers

The National Council of State Boards of Nursing now provides automatic license status notifications free of charge to LPNs, RNs and APRNs who enroll through Nursys e-Notify. Nurses can self-enroll in Nursys e-Notify to receive license status updates, track license verifications, and create and manage multiple license expiration reminders.

Nursys E-Notify also automatically provides licensure, discipline and publicly available notifications to enrolled institutions that employ nurses. The e-Notify system alerts subscribers when a modification is made to a nurse's record including changes to license status, license expiration, license renewal and public disciplinary action/resolution and alerts. If a nurse's license is about to expire, the system will notify the institution of the expiration date. It will also inform the institution if a nurse is disciplined by a board of nursing.



To learn more about the Nursys e-Notify and to enroll, visit www.nursys.com/e-notify.

Pre-Licensure Nursing Education

Board-Approved Nursing Education Programs

M.G.L. c. 112, §81A and §81C, authorize the Board of Registration in Nursing to establish regulations governing the approval and operation of Registered Nurse and Practical Nurse education programs located in the Commonwealth.

As of June 30, 2016, there were 75 Board-approved Registered Nurse and Practical Nurse education programs:

- 27 Practical Nurse Programs
 - Pre-requisite Approval Status: Salter College
 - Initial Approval Status: None
 - Approval with Warning Status: Medical Professional Institute
 - Full Approval Status: all other Practical Nurse Programs
- 20 Registered Nurse – Associate Degree Programs (all programs hold Full Approval status)
- 20 RN – Baccalaureate Degree Programs
 - Pre-requisite Approval Status: None
 - Initial Approval Status: None
 - Full Approval Status: all Baccalaureate Degree Programs

- 1 RN - Hospital-based Diploma Program – Full Approval status
- 7 RN – Entry level Graduate Degree Programs – all programs, Full Approval status

A list of all Board approved nursing education programs is available on the Board’s website at www.mass.gov/eohhs/docs/dph/quality/boards/rnnecpro.pdf.

Board actions related to individual nursing education programs during Fiscal Year 2016 is contained in the Board’s monthly meeting minutes available on the [Minutes and Agendas of Previous Board Meetings](#) webpage.

Board Moves to Withdraw MPI Practical Nurse Program Approval Following Warning

In action taken June 1, 2016, the Board of Registration in Nursing (Board) moved to withdraw its approval of the Medical Professional Institute (MPI) Practical Nurse Program effective August 18, 2016.

The Board’s action was based on its review of two Board-directed reports, one addressing the Program’s regulatory deficiencies including its ongoing annual NCLEX-PN pass rate less than 80% and the second addressing its difficulty retaining a qualified nurse administrator.

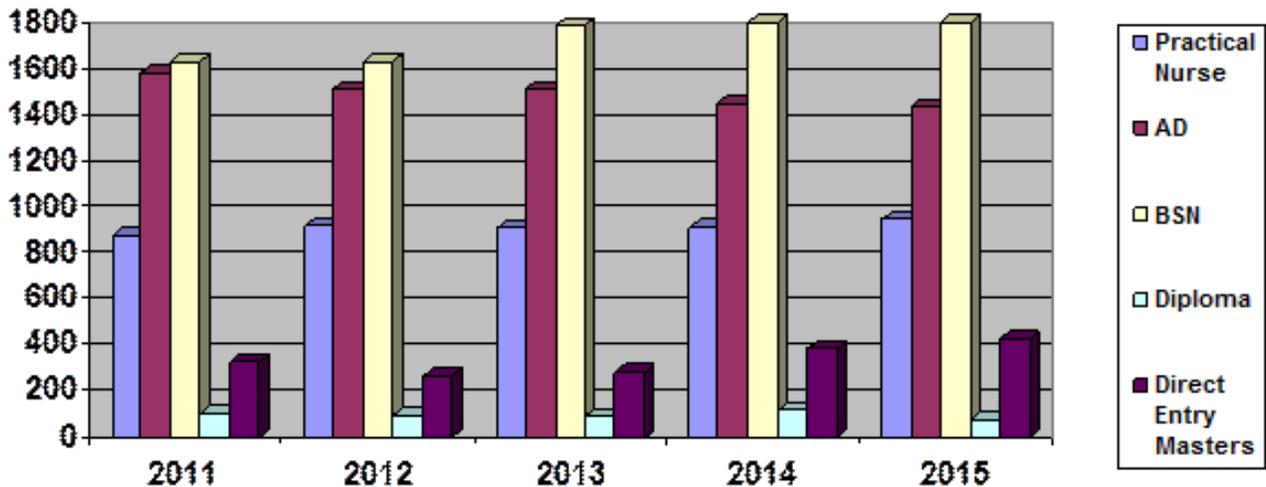
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Pre-Licensure Nursing Education
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Five Year Comparison Indicates Increase in Graduates from MA Practical Nurse, Basic Baccalaureate Degree and Direct Entry Graduate Programs

The total number of graduates from Board-approved Registered Nurse education programs increased in 2015 (n=3,790) compared to 2011 (n=3,640). Of particular note, the number of graduates from pre-licensure Baccalaureate Degree nursing programs increased from 1,633 in 2011 to 1,854 in 2015. Similarly, the number of “graduates” from the pre-licensure component of Direct Entry MSN programs also increased over the last five years from 425 in 2015 compared to 323 in 2011. A decline in the number of graduates from Associate Degree Registered Nurse programs was also noted, from 1582 in 2011 to 1437 in 2015.

Number of Graduates from BRN-approved Nursing Education Programs: 2011 to 2015



Source: MA BRN data compiled from 2015 Annual Reports submitted by BRN-approved nursing education programs

2015 NCLEX® Performance of Massachusetts Graduates

The 2015 pass rate of first-time writers of the National Council Licensure Examination for Registered Nurses (NCLEX-RN) who graduated from Board-approved Registered Nurse education programs was 83.61%. The 2015 performance of all U.S.-educated Registered Nurse program graduates during the same period was 84.51%.

The pass rate for graduates of Board-approved Practical Nurse education programs who wrote the National Council Licensure Examinations for Practical Nurses (NCLEX-PN) for the first time during 2015 was 84.84% compared to 81.89% for all U.S.-educated Practical Nurse program graduates.

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Pre-Licensure Nursing Education
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The NCLEX-RN and NCLEX-PN are valid and reliable assessments of the competencies needed to perform safely and effectively as a newly licensed, entry-level Registered Nurse or Licensed Practical Nurse. The NCLEX exams are administered daily Monday through Friday using computer adaptive testing (CAT) which merges computer technology with the latest measurement theory to increase the efficiency of the exam process. The NCLEX has been administered using CAT since 1994 when it replaced the pencil-and-paper version of what many nurses refer to as “Boards.”

For information on the 2015 NCLEX pass rate for individual Board-approved nursing education programs, visit the Board’s [2015 Performance Summary for Massachusetts Nursing Education Programs](#) webpage.

Current NCLEX-RN® Passing Standard in Effect through March 2019

The National Council of State Boards of Nursing (NCSBN) announced last December that the NCLEX-RN passing standard will remain at the current level of 0.00 logit through March 31, 2019. In reaching this decision, the NCSBN Board of Directors considered multiple sources of information including the recommendations of an expert panel of 11 nurses who performed a criterion-referenced standard setting procedure. The panel’s findings supported retaining the current passing standard. Other information sources included the results of national surveys of nursing professionals from academia, directors of nursing in acute care settings and administrators of long-term care facilities.

The NCLEX-RN passing standard is evaluated every three years to ensure the minimum competence of entry-level Registered Nurses. The current passing standard was implemented on April 1, 2013.

Board Hosts Annual New Administrator Orientation

The Board of Registration in Nursing hosted its annual New Administrator Orientation in November. Designed to enhance public safety and promote greater compliance with the regulations at 244 CMR 6.00: Approval of Nursing Education Programs and the General Conduct Thereof and 244 CMR 8.00: Licensure Requirements by the Commonwealth’s 75 Board-approved nursing education programs and their graduates, the orientation was attended by 18 new nurse administrators.

Complaint Resolution and Patient Safety

The Board of Registration in Nursing (Board) has long supported a patient safety culture that balances individual accountability and system-related factors. To that end, it considers a variety of factors in its evaluation of a “complaint” or allegation that a nurse has engaged in practice that violates a law or regulation related to that practice. These factors include:

- the nature and related circumstances of the nurses conduct;
- applicable remedial activities successfully completed by the nurse;
- employment performance evaluations of the nurse prior to and following the error;
- any acknowledgment by the nurse of a practice error and its significance;
- prior repeated or continuing practice-related issues;
- associated practice environment or systems-related factors; and
- whether there is a need, in the public’s interest, for an official record of the nurse’s practice-related error.

Based on its evaluation of the evidence, the Board may dismiss a complaint when it determines that:

- it lacks jurisdiction over the person named in the complaint;

- there is insufficient evidence to support the complaint;
- the conduct complained of does not warrant disciplinary action; or
- the nurse has successfully completed the Board’s Substance Abuse Rehabilitation Program (SARP) as determined by the SARP and the Board.

The Board, under the terms of an agreement with a nurse, may impose discipline in the form of a reprimand or probation. Probation consists of a period of time during which a nurse may continue to practice nursing in Massachusetts under terms and conditions specified by the Board. The nurse whose license is subject to probation must comply with the terms and conditions in order to continue to engage in the practice of nursing in Massachusetts. The common terms include:

- active nursing practice requirements,
- practice setting restrictions,
- practice supervision and
- remedial education.

Less frequently, the Board may enter into an agreement with the nurse for a suspension, surrender or revocation of the nurse’s license to practice nursing. For detailed information regarding the Board’s complaint resolution process, visit [244 CMR 7.00: Action on Complaints](#).

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Complaint Resolution and Patient Safety
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During Fiscal Year 2016, the Board opened 251 complaints and closed 175. Of the 175 closed complaints, 99 were resolved through a disciplinary action (i.e. reprimand, probation, suspension, surrender or revocation of the nurse's license).

The types of allegations presented in the 99 closed complaints are reported below:

Drug Violations	37
Dishonest or Deceptive Conduct	13
Discipline in Another Jurisdiction	10
Criminal Activity	7
General Practice Standards	7
Substance Abuse	7
DOR Notice	5
Unethical Conduct	5
Inadequate/Fraudulent Documentation	2
Patient Abuse	2
Unlicensed Practice	2
Abuse	1
Practicing While Impaired	1

(Source: MLO Custom Report Run 8/4/16)

Disciplinary Action Reporting

Disciplinary action reporting systems are designed to protect the public by making it easier to access data about the health care practitioner who is providing care to a patient. The Board of Registration in Nursing is required to report all disciplinary actions taken against a nurse to [National Practitioner Database](#) (NPDB), the result of a May 2013 merger of the federal Healthcare Integrity and Protections Databank and the National Practitioner Databank.

NPDB NATIONAL PRACTITIONER DATA BANK

The NPDB is intended to combat fraud and abuse in health insurance and health care delivery, and can be accessed by employers, federal and state governmental agencies, health insurance plans, medical facilities, individual health care practitioners and the public.

The Board also reports disciplinary action against licensees on its website. It also provides licensee information, including disciplinary actions, to the National Council of State Boards of Nursing NURSYS® database, the only national database for verification of nurse licensure.

Substance Abuse Rehabilitation Program

Established in accordance with M.G.L. Chapter 112, § 80F, the Board of Registration in Nursing's Substance Abuse Rehabilitation Program (SARP) is a voluntary, non-disciplinary approach to Substance Use Disorders (SUDs) among licensed nurses.

SARP is a five-year abstinence-based program designed to protect the public health, safety and welfare by establishing adequate safeguards to maintain professional standards of nursing practice. It is accomplished by monitoring and supporting participants' ongoing recovery and their return to safe nursing practice.

Peer Group Facilitators and SAREC Members Collaborate at Annual Education Retreat

The Substance Abuse Rehabilitation Program (SARP) held its annual retreat on May 20, 2016 at the MCPHS University, Worcester Campus. There were approximately 30 Professional Peer Group Facilitators and Substance Abuse Rehabilitation Evaluation Committee (SAREC) members in attendance to collaborate and discuss a wide range of topics including the science of addiction, the Massachusetts Opiate Task Force, SARP Policies, Complaint Investigation, and Community Resources, such as Learn to Cope. The SARP attributes much of its effectiveness and success to the support and guidance of the SAREC members and Peer Facilitators.

Substance Use Disorder and Nursing

While more recent data regarding the prevalence of Substance Use Disorder in nurses has not been reported, the American Nurses Association has estimated that 6-8% of nurses use a drug or alcohol to an extent that is sufficient to impair their practice¹.

To ensure public safety, it is vital that these nurses are identified, removed from practice, and provided with support and treatment options. Moreover, professional nurses have a legal responsibility to report a nurse's impaired practice or diversion of controlled substances as outlined in the Standards of Conduct 244 CMR 9.03 (26)(b) and (26)(c) Duty to Report.

Standards of Conduct: 244 CMR 9.03 (26): Duty to Report

A nurse who holds a valid license and who directly observes another nurse engaged in the practice of nursing while impaired by substance abuse or engaged in the diversion of controlled substances must report that nurse to the Board in accordance with [Board guidelines](#). For the purpose of this requirement, "impairment" is defined as the inability to practice nursing with reasonable judgement, skill, and safety by reason of alcohol or drug abuse while "diversion" means the unauthorized removal of a controlled substance from a patient or resident supply or care setting.

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Substance Abuse Rehabilitation Program
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Signs and Symptoms of Substance Use Disorder in Nurses

Prompt reporting minimizes patient harm and facilitates treatment for a nurse suffering from a Substance Use Disorder.

Well-informed nurses understand the complex nature of Substance Use Disorders, including the stigma associated with it, internal workplace policies, and treatment options. It is often easy to identify impairment, while diversion may be difficult to recognize.

While not an exhaustive list, the signs and symptoms of Substance Use Disorders in nurses include:

- Absences from the unit for extended periods;
- Frequent bathroom breaks;
- Arriving late or leaving early;
- Making an excessive number of mistakes, including medication errors;
- Subtle alterations in appearance that worsen over time;
- Increasing isolation from colleagues;
- Inappropriate verbal or emotional responses; and
- Diminished alertness, confusion or memory lapses.²

Possible Indicators of Drug Diversion

- Incorrect narcotic counts;
- Large amounts of narcotic wastage;
- Numerous corrections of medication records;
- Frequent reports of ineffective pain relief from patients;
- Offers to medicate co-workers' patients for pain;
- Altered verbal or phone medication orders; and
- Variations in controlled substance discrepancies among shifts or days of the week.³

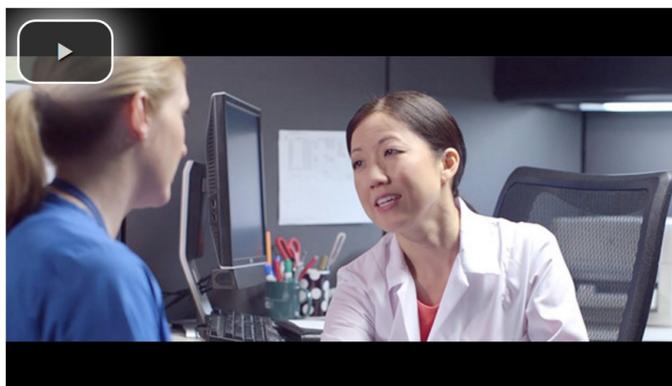
Nurses who recognize the behavioral changes, physical signs and indicators of drug diversion will help not only a colleague with SUD but also protect patients.

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Substance Abuse Rehabilitation Program
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The National Council of State Boards of Nursing offers helpful educational resources:

- *Substance Use Disorder in Nursing*, a video available at ncsbn.org/sud, identifies the warning signs of SUD and provides guidelines for prevention, education and intervention;
- *Understanding Substance Use Disorder in Nursing*, a 4-contact hour online course (cost \$30) is a companion to the video;
- *Nurse Manager Guidelines for Substance Use Disorder* is a 3-contact hour online course (cost \$30) designed for nurse managers.



References

1. National Council of State Boards of Nursing. *Substance Use Disorder in Nursing: A Resource Manual and Guidelines for Alternative and Disciplinary Monitoring Programs* (2011).
2. National Council of State Boards of Nursing. *What You Should Know About Substance Use Disorder in Nursing* (2014).
3. Ibid.

Massachusetts Nurse Workforce

2014 RN Workforce Data to Be Published Shortly

The Massachusetts Health Care Workforce Center, Department of Public Health, will publish its findings shortly from the 2014 Registered Nurse workforce survey. The *Massachusetts Health Professions Data Series* will provide stakeholders such as nurse educators, employers and policy makers with important information about the Registered Nurse workforce characteristics (demographics, education and employment) and supply. The survey is conducted biennially when Registered Nurses renew their nursing licenses online.

The 2014 RN Data Series report will be available on the Board's [Health Professions Data Series: Registered Nurses and Licensed Practical Nurses](#) webpage as soon as it is published.

Massachusetts Nurse Licensure

Nurse Licensure by the Numbers

As of July 1, 2016, a total of 146,672 nurses maintained a current Massachusetts nursing license issued by the Board of Registration in Nursing including:

115,342	Registered Nurses (RN)
1,264	Nurse Anesthetists (CRNA)
479	Nurse Midwives (CNM)
8,567	Nurse Practitioners (CNP)
48	Clinical Nurse Specialists (CNS)
766	Psychiatric Clinical Nurse Specialists (PCNS)
21,206	Licensed Practical Nurses (LPN)
147,672	TOTAL

Source: MLO License Summary Report dated 07/01/16.

Strategic Changes Underway in Nurse Licensure Application Process

In September of 2015, the Board implemented a systematic review of its license application processes including an extensive, historical audit of the nurse licensure database and a review of best practices used by other state nursing boards.

Among the changes resulting from this review are the development of new operational policies for license application processing, which includes the implementation of new license verification requirements, the

addition of new standards for the verification of graduation from an approved nursing education program, including requirements for transcript submission and strict adherence to chain of custody requirements, as well as changes to the Certification of Graduation form completed by program administrators.

Reminder: Nursing License Renewal is Going Green!

Effective with the 2018 Registered Nurse (RN) and the 2019 Licensed Practical Nurse (LPN) renewal cycles, license renewal reminders and nursing licenses in paper format will no longer be mailed via the U.S. Postal Service to Massachusetts nurses.

After the current renewal cycle, nurses will be expected to initiate renewal of their nursing license without a paper reminder by logging on to <https://onlineservices.hhs.state.ma.us>. Nurses who subscribe to Nursys e-Notify will be able to receive renewal reminders.



The Board will use email to send updates to nurses who maintain a current email address in the Board's database. Log onto the [Mass Department of Public Health Online Licensing](#) site to update email or mailing addresses.

Please note that the mailing and email addresses for each license held must be updated individually. For example,

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Massachusetts Nurse Licensure
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those with both a RN license and Advanced Practice Registered Nurse (APRN) authorization will be required to maintain current addresses for both categories.

Licensure status can be verified by accessing the Board of Registration in Nursing (Board) “[Check a License](#)” link that can be accessed at www.mass.gov/dph/boards/rn. The link is considered primary source of verification and is available 24 hours a day, seven days a week at no cost. It is possible to print information from the website or download licensing information into an excel spread sheet. Directions are provided at the site. Details regarding the Board’s process for [Primary Source Verification](#) are available on the Board’s website.

In addition, nurses and employers can automatically receive free, publicly available primary source license and discipline status updates from boards of nursing in multiple jurisdictions after logging into [Nursys e-Notify](#).



Additional Reminders About Nurse Licensure

RN license and APRN authorization renewals occur on the RN’s birthday in even-numbered years. LPN license renewals occur on the LPN’s birthday in odd-numbered years. Once the RN or LPN completes the renewal process, the renewed license status will immediately appear on the Board’s [license verification site](#). Licenses automatically change to an “Expired”

status should the licensee fail to renew by 11:59 p.m. on the license expiration date.

Practice with an expired license is illegal and grounds for Board discipline. A civil administrative penalty for unlicensed practice of up to \$2,500 and or six months of imprisonment may be imposed [ref: M.G.L. c. 112, §65A].

During the renewal process, all nurses attest under penalties of perjury to compliance with:

- State tax and child support laws
- [Mandatory reporting laws](#)
- All Board laws and regulations including continuing education requirements
- Prescriber training requirements pursuant to M.G.L. c. 94C, §18(e)

RN and LPN Titles: What Do They Represent? *(Reprinted from 2015 NBN)*

The titles, Registered Nurse and Licensed Practical Nurse provide evidence of a measure of the nurse’s competence including graduation from a Board-approved Registered Nurse or Practical Nurse school, good moral character or moral competence, achievement of a “pass” score on the NCLEX® or State Board Test Pool Examination, and completion of continuing education when renewing a license. They also convey the rights and privileges with which the nurse may practice.

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Massachusetts Nurse Licensure
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In addition, the titles, Registered Nurse and Licensed Practical Nurse, reflect the conduct standards with which the nurse must comply. Established at 244 CMR 9.03, these standards include, but are not limited to, requirements that the nurse will:

- only engage in the practice of nursing with a valid license issued by the Board on the basis of truthful information related to the qualifications for licensure as a Registered Nurse or Licensed Practical Nurse and which license is not expired, surrendered, suspended or revoked (Standard 1);
- practice nursing in accordance with accepted standards of practice, the authoritative statements that describe a level of care or performance common to the profession of nursing by which the quality of nursing practice can be judged (Standard 5);
- comply with M.G.L. c. 112, §74 through 81C as well as any other laws and regulations related to licensure and practice (Standard 6);
- wear an identification badge which visibly discloses at a minimum his or her first name, licensure status, and if applicable, advanced practice authorization if the nurse examines, observes or treats a patient in any practice setting (Standard 8);
- assume only those duties and responsibilities within his or her scope of practice and for which he or she has acquired and maintained the competencies (Standard 12);
- safeguard a patient's dignity and right to privacy (Standard 17);
- in the event the nurse directly observes another nurse engaged in abuse of a patient; practice of nursing while impaired by substances of abuse; or diversion of controlled substances, report that nurse to the Board in accordance with Board guidelines (Standard 26);
- inform the Board in writing within 30 days of any change of his or her name, address of records or Social Security Number (Standards 26);
- not endanger the safety of the public, patients or coworkers by making actual or implied threats of violence, or carrying out an act of violence (Standard 43); and
- make complete, accurate and legible entries in all records required by federal and state laws and regulations, and accepted standards of nursing practice. On all documentation requiring a nurse's signature, the nurse must sign his or her name as it appears on his or her license (Standard 45).

The Standards of Conduct at 244 CMR 9.00 is available online on the [Board's regulations webpage](#).

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Massachusetts Nurse Licensure
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Continuing Education Programs

The Board of Registration in Nursing (Board) frequently receives inquiries regarding the Board's regulatory requirements at [244 CMR 5.00](#) for continuing education (CE) programs. It is the responsibility of each licensed nurse to determine whether a CE program provides a planned learning experience that augments the knowledge, skills and attitudes for the enhancement of their individual nursing practice.

In general, CE programs approved by a professional review process or by other jurisdictions' boards of nursing satisfy the Massachusetts continuing educational requirements. However, it remains the responsibility of the licensee to determine whether the program satisfies all the Board's regulatory requirements. The Board provides a [checklist](#) to assist nurses in making this determination.

A CE program is not required to be approved by the Board or a professional nursing organization. CE program approval is a voluntary peer review process usually conducted by a professional nursing association, or, as is the case in some states, through that state's board of nursing. The Board provides a [checklist for providers](#) to assist in determining whether a CE program satisfies the Board's regulatory requirements.

Frequently asked questions and responses related to continuing education are detailed on the Board's website at www.mass.gov/eohhs/gov/departments/dph/programs/hcq/dhpl/nursing/faq/continuing-education.html.

Keeping Up to Date with Board News

The Board posts information on its website to alert nurses to licensure requirement revisions or other noteworthy news.

In order to keep current, the Board recommends that all nurses subscribe to the Board's RSS feed icon  at www.mass.gov/dph/boards/rn to be automatically notified via email when the Board posts a "news and alert" item.

Checklist to Determine if a Continuing Education Program Satisfies Board Requirements

The Board of Registration in Nursing (Board) defines Continuing Education (CE) as planned, organized learning experiences designed to augment the knowledge, skills, and attitudes for the enhancement of nursing practice with the goal of improving health care to the public.

The Continuing Education (CE) program satisfies Board requirements at [244 CMR 5.00, Continuing Education](#) if you are able to answer:

"Yes" to all the questions in **Section A**
AND
"Yes" to questions for the appropriate type of CE program listed in **Section B**

Section A

- Does the CE program describe learner objectives that are specific, attainable, measurable, and describe expected outcomes? Yes No
- Does the CE program content contribute to your professional growth and development? Yes No

Examples of what CE content may include:

 - research findings in nursing science, nursing practice, or nursing education;
 - health care delivery management;
 - social, economic, political, legal aspects of health care;
 - patient teaching and consumer health education; and
 - topics which improve competency.
- Does the CE program provide sufficient time to meet its stated objectives? Yes No
- Does the CE program provide an opportunity to evaluate faculty, learning experiences, instructional methods, facilities and educational resources used for the program? Yes No

Section B

If the CE program was a **Live Program or Webinar**, does the program provide all of the following:

- opportunity for you to provide feedback? Yes No
- an authenticated record of attendance specifying provider, title of program, date of program, and number of contact hours awarded for successful completion of the program? Yes No

Nursing Board (BRN) and Division of Health Professions Licensure (DHPL) Staff

The Board of Registration in Nursing is one of nine boards of registration that comprise the Massachusetts Division of Health Professions Licensure: Dentistry, Genetic Counselors, Nursing, Nursing Home Administrators, Perfusionists, Pharmacy, Physician Assistants, Respiratory Care, and Community Health Workers.

New Colleagues are Welcomed as We Say Farewell to Others

During Fiscal Year 2016, the Board of Registration in Nursing welcomed Executive Director, Lorena Silva; Deputy Executive Director, Claire MacDonald; Board Counsel, Beth Oldmixon; and Compliance Officers, Lauren Woodward, RN, and Jennifer Morisset, LPN. In addition, the Board and its staff extended its appreciation to the following staff members as they departed for new opportunities: Compliance Officers, Carey Lambert and Phil Beattie.

BRN and DHPL Staff as of June 30, 2016

BRN Executive Director

Lorena Silva, MSN-L, MBA, DNP, RN

BRN Deputy Executive Director

Claire MacDonald, MSN, DNP, RN

BRN Staff

Stewart Allen, Administrative Assistant
 Kathleen Ashe, MS, RN, Nursing Education Coordinator
 Heather Cambra, RN, JD, Complaint Resolution Coordinator
 Marjorie Campbell, RN, JD, Supervisor, Compliance Officers
 Dawn Marie DeVaux, RN, MSN, SARP Coordinator
 Amy Fein, BSN, RN, JD, Complaint Resolution Coordinator
 Shalonda Hall, Administrative Assistant
 Valerie Iyawe, MBA, RN, SARP Coordinator
 Kevin Keenan, BA, Licensing Coordinator
 Mary Matthews, BSN, RN, Compliance Officer
 Jennifer Morisset, LPN, Compliance Officer
 Sherri Muise, RN, Compliance Officer
 Ellen Sandler, MPH, RN, Compliance Officer
 Jean Scranton, RN, Compliance Officer
 Maryann Sheckman, RN, Compliance Officer
 Carol A. Silveira, MS, RN, Assistant Director
 Laurie Talarico, MS, CNP, Nursing Practice Coordinator
 Lauren Woodward, RN, Compliance Officer

BRN Legal Staff

Olajumoke Atueyi, JD, Board Counsel
 Beth Oldmixon, JD, Board Counsel

DHPL Director

James Lavery, JD

Chief Board Counsel

Vita Berg, JD
 Jodi Greenburg, JD, Chief Prosecutor
 Richard Banks, JD, Prosecuting Counsel
 Sean Casey, JD, Prosecuting Counsel
 Eugene Langner, JD, Prosecuting Counsel
 Anne McLaughlin, JD, Prosecuting Counsel
 Patricia Blackburn, JD, Prosecuting Counsel
 Michelle Fentress, JD, Prosecuting Counsel

Hearing Officers

Jason Barshak, JD, Chief Hearings Officer
 Beverly Kogut, JD, Administrative Hearing Counsel
 Karen Gray Carruthers, JD, Administrative Hearing Counsel

Probation

Karen Fishman, Probation Monitor
 Cliff Pascarella, JD, Compliance Officer

BORN

Quick Links

Questions About...	BORN Web Page	Telephone/Email
<ul style="list-style-type: none"> Scheduled Board meetings and agenda List of Board members Emergency and holiday closure 	About the Board...	617-973-0900 or 800-414-0168
<ul style="list-style-type: none"> Board address and telephone numbers Directions to Board office List of Board staff members Board email address 	Contact Us	617-973-0900 or 800-414-0168
<ul style="list-style-type: none"> Nursing laws and regulations 	Statutes, Rules & Regulations	617-973-0900 or 800-414-0168
<ul style="list-style-type: none"> BORN-approved Registered Nurse (RN) and Licensed Practical Nurse (LPN) education programs 	RN and LPN education programs	617-973-0900 or 800-414-0168
<ul style="list-style-type: none"> Records custodian, closed LPN education programs 	Closed LPN program, records custodian	617-973-0900 or 800-414-0168
<ul style="list-style-type: none"> NCLEX pass rates by RN & LPN education program 	NCLEX pass rates	617-973-0900 or 800-414-0168
<ul style="list-style-type: none"> License applications 	Advanced Practice Licensure by exam (NCLEX) Licensure by reciprocity	Professional Credential Services 877-887-9727 (within US) 615-880-4275 (outside US) nursebyexam@pcshq.com nursebyreciprocity@pcshq.com
<ul style="list-style-type: none"> Other license-related forms 	Change of Address or Name or Duplicate License Request to remove APRN authorization Request to reinstate APRN authorization Affidavit to Verify Social Security Number or Date of Birth	617-973-0900 or 800-414-0168
<ul style="list-style-type: none"> License renewal 	Online license renewal	617-973-0900 or 800-414-0168 Renew.bymail@state.ma.us

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BORN Quick Links

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Questions About...	BORN Web Page	Telephone/Email
<ul style="list-style-type: none"> • License fees • Good moral character licensure requirement • Important information for new nurse licensees • Verification of nurse licensure • Imposter alerts 	Licensing	617-973-0900 or 800-414-0168
<ul style="list-style-type: none"> • Name or address change form • Duplicate license request form 	Name, address, duplicate	617-973-0900 or 800-414-0168
<ul style="list-style-type: none"> • License information confidentiality form 	Information confidentiality	617-973-0921
<ul style="list-style-type: none"> • Online license verification 	Check-A-License	617-973-0900 or 800-414-0168
<ul style="list-style-type: none"> • Online alerts 	Alerts	
<ul style="list-style-type: none"> • Practice Scope: decision making guidelines 	Decision making guidelines	Laurie.Talarico@state.ma.us
<ul style="list-style-type: none"> • Advisory rulings 	Advisory rulings	Laurie.Talarico@state.ma.us
<ul style="list-style-type: none"> • Preparing for APRN practice • Guidelines and prescriptive authority • Guideline audit tool • FAQ's 	Advanced practice	Laurie.Talarico@state.ma.us
<ul style="list-style-type: none"> • Continuing Education including FAQ's 	Continuing education	617-973-0900 or 800-414-0168 Laurie.Talarico@state.ma.us
<ul style="list-style-type: none"> • Substance Abuse Rehabilitation Program 	SARP	617-973-0904 or 617-973-0867 Valerie.Iyawe@state.ma.us Dawn.DeVaux@state.ma.us
<ul style="list-style-type: none"> • Filing a complaint information • Disciplinary action list 	Complaint resolution	617-973-0865

Contacting the Board

www.mass.gov/dph/boards/rn
Email: nursing.admin@state.ma.us

239 Causeway Street
Suite 500, 5th Floor
Boston, MA 02114

Telephone: 617-973-0900
Toll-free: 800-414-0168